

7-3 High Risk Referral Process

How does the WIC nutritionist provide high-risk services?

Every WIC agency is required to have a WIC nutritionist to oversee WIC services provided to high-risk participants.

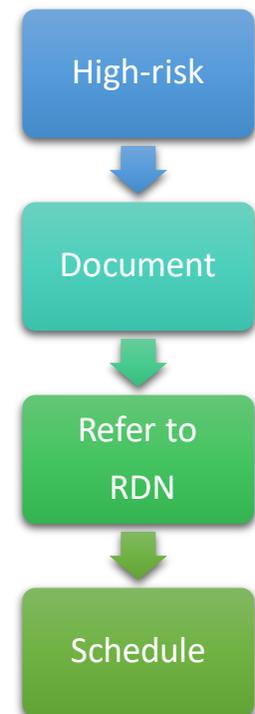
WIC nutritionist responsibilities related to high risk services:

- Nutrition assessment, counseling and follow-up care for high-risk participants and other participants as needed;
- Developing individual care plans for high-risk participants;
- Coordinating participant care with other health care providers when needed;
- Review and approval of medical documentation forms;
- Supporting other WIC staff by providing consultation and training;
- Oversight of the high-risk caseload.

How do other certifiers support the WIC nutritionist?

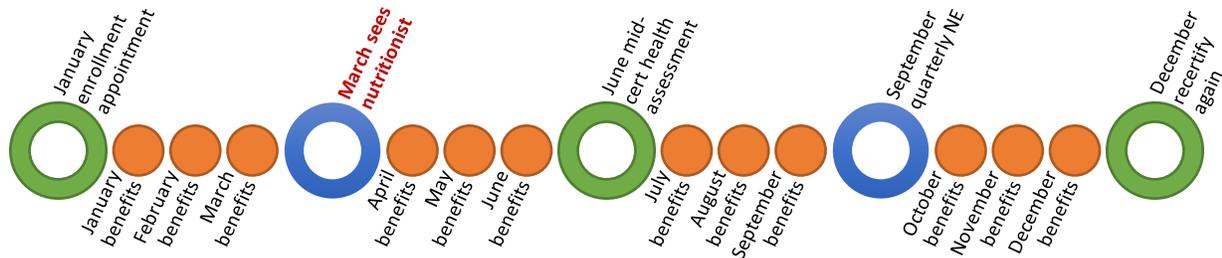
Every certifier is responsible for helping the WIC nutritionist provide services to high-risk participants by:

- Identifying participants who are high-risk or who would benefit from being seen by the WIC nutritionist;
- Providing an in-house referral to the WIC nutritionist for all high-risk participants;
- Clearly documenting what you learn from participants, so the WIC nutritionist can provide services without having to reassess;
- Reviewing individual care plans written by the WIC nutritionist for participants to make sure you follow-up as needed;
- Consulting with the WIC nutritionist if something comes up that you are not sure how to handle;
- Planning WIC nutritionist appointments as part of the quarterly nutrition education plan for high-risk participants.



Making an in-house referral to the WIC nutritionist

Every high-risk participant needs to be seen by the WIC nutritionist at least twice during a year-long certification period. The certifier that identifies the participant as high-risk will set up the first appointment with the WIC nutritionist. This is the in-house referral to the nutritionist. The WIC nutritionist will determine the schedule for future high-risk appointments within that certification.



Every local agency has a different process for making the referral to the WIC nutritionist. The in-house referral procedure will depend on the availability of the WIC nutritionist and how your agency appointments are set up.

Considerations:

- What is your agency procedure for referring to the WIC nutritionist?
 - Do you schedule the participant to see the nutritionist next month or in 2 or 3 months?
 - Does it depend on what risk the participant is assigned?
- When is the nutritionist scheduled to see participants?
 - Do they work full-time, part-time, or on contract?
 - How often are they in the office?
 - How does the nutritionist communicate their schedule or availability to the rest of the WIC staff?
- Who makes the appointment?
 - Does the certifier schedule the actual appointment or make a request?
 - Does the nutritionist make their own appointments?
- How does the nutritionist connect with the participant?
 - Face-to-face appointments in the office?
 - Electronically – skype, email, text?
 - Phone calls?

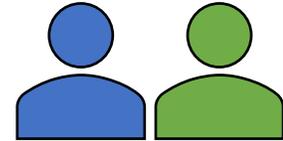
Learning activity

Talk with your training supervisor about the procedure for referring high-risk participants to the WIC nutritionist in your agency. Make sure you cover all the considerations.



What happens during high-risk appointments?

High-risk appointments with the WIC nutritionist are similar to standard WIC appointments, but have some key differences.



During high-risk appointments the WIC nutritionist will:

- Review the information documented by the certifier in the participant record;
- Complete a thorough assessment based on the assigned high-risk factors;
- Provide higher-level, specific nutrition-focused counseling that is out of the scope of other certifiers;
- Review and adjust the assigned food package if needed to meet the special needs of the participant, especially if there are any special formulas or medical foods assigned;
- Review any medical documentation forms or information from the health care provider and adjust food packages or plans accordingly;
- Coordinate participant care with the participant's health care team;
- Develop and document an individual high-risk care plan tailored to the specific needs of the participant;
- Schedule the appropriate quarterly nutrition education contacts.

What are individual high-risk care plans?

Individual high-risk care plans are a written plan developed by the WIC nutritionist that outlines actions that will help the participant improve the health-related problems identified during the assessment. Care plans are documented in progress notes in the participant record.



Care plans include:

- The date of counseling and the name of the WIC nutritionist that developed the plan;
- Any progress made in resolving the nutrition risk;
- Any nutrition-focused counseling provided;

- The behavior changes the participant has agreed to;
- A plan that will help address their nutrition risks, including suggested next steps or actions and scheduled appointments.

Learning activity



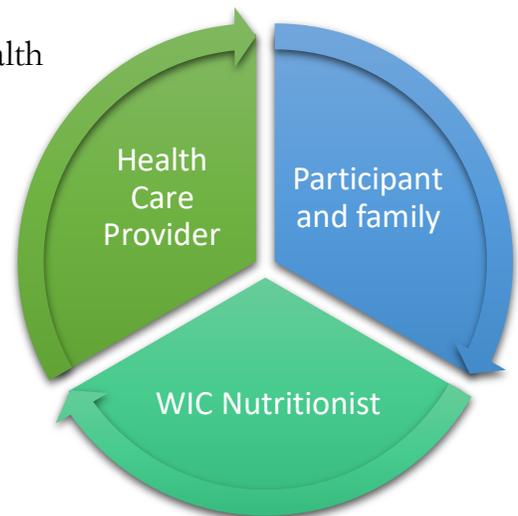
Observe your agency's WIC nutritionist do high-risk counseling and review the individual care plan they develop for the participant.

- How did the nutritionist build on what was learned at the original appointment?
- What was the difference between the high-risk counseling and what would have happened at a standard appointment?
- What stood out about the individual care plan?

Coordination of care

High-risk participants are often being seen by a health care provider or other organizations that are supporting them. The WIC nutritionist is responsible for coordinating the care and benefits that WIC provides with the services being provided by others.

Care coordination is a family-centered, relationship-based, interdisciplinary activity that supports the best health outcomes for participants and increases the capabilities of families.



Coordination of care includes:

- Communicating with other health care providers about the participant's health condition and needs, and clarifying when necessary;
- Finding the resources that are needed by the participant;

- Sharing information about what WIC can provide and what is outside of the WIC program’s scope;
- Advocating for what the participant needs with other providers;
- Helping the participant access the resources and services they need;
- Updating the food package or nutrition education plan based on what is learned from other providers;

Review of medical documentation forms

One way that the WIC nutritionist provides coordination of care is by reviewing all medical documentation forms. The medical documentation form is a way WIC and the health care provider communicate with each other about what special medical formulas or foods the participant needs.



The health conditions of participants issued medical formulas and foods require close medical supervision. The health care provider is responsible for medical oversight. The WIC nutritionist is responsible for making sure that the food package WIC provides is appropriate for the health condition. The WIC nutritionist can also determine which supplemental foods to provide and their amounts.

Considerations:

- Not every participant who is high-risk needs a medical documentation form or special formulas, and not every participant who needs a medical documentation form is high-risk.
- The medical documentation form is a request for WIC to provide a special formula or foods, not a prescription from the health care provider.
- Review of the form should not keep the participant from getting the formula or food they need.
- The WIC nutritionist will review the food package assignment of participants assigned special formulas or foods during high-risk appointments to find out if there are changes to their health status or if they need a change of special formula or food.
- The WIC nutritionist may contact the participant’s health care provider to coordinate care, to update the medical formula and to get new authorization, if needed.
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Learning activity



Talk with your agency's WIC nutritionist about their review of a medical documentation form for a participant.

- How does the information in the medical documentation form relate to what is in the participant's record?
- What modifications to the food package or nutrition education plan would the nutritionist make because of the medical documentation form?
- What coordination of care does the nutritionist believe is necessary for this participant?

Sometimes things change

As with all participants, sometimes the situation with high-risk participants changes and you must be ready to adjust the plan.



Examples of when things change and what to do:

- You add a risk at the mid-certification health assessment or other appointment that changes the participant's risk level to high.
 - Refer the participant to the WIC nutritionist for their next appointment no matter when they become high-risk.
- You are concerned that the participant needs to be seen by the WIC nutritionist sooner than 3 months.
 - If you are concerned, you can consult with the WIC nutritionist or coordinator.
 - High-risk participants can be scheduled to see the WIC nutritionist in 1, 2, or 3 months depending on your agency schedule.
- The nutritionist reviews the participant record and decides they need to change the scheduled appointment.
 - The nutritionist is responsible for developing a care plan for all high-risk participants, so they may adjust the plan as needed.
- After meeting with the nutritionist, the nutritionist determines that no more follow-up is needed.
 - Only the WIC nutritionist can determine if they no longer need to see a high-risk participant.

- The nutritionist will document this change in the individual care plan so other WIC staff members know how to support the plan and can schedule correctly.
- The participant refuses to meet with the WIC nutritionist.
 - Consult with the WIC nutritionist, ask them to review the participant record, and document what has happened.

Learning activity



For each of the case studies below, decide how you would adjust your high-risk referral plan.

Case study – Cheri

You are doing a follow-up weight check on Cheri, who is 5 months pregnant. She tells you that her doctor just told her that she has gestational diabetes. Cheri only had dietary risks assigned when she was certified.

Case study – Kyo

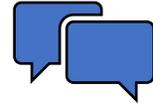
When enrolling 6-week-old Kyo you find out he is being tube fed. Mom has a lot of questions about the formula and is feeling overwhelmed.

Case study – Arya

3-year old Arya was born with Phenylketonuria (PKU) and is seen regularly by the dietitians at a specialty metabolic clinic. She is doing well on the special formula and her mom feels comfortable with her diet. She would rather do a phone consult with the WIC nutritionist or an online class than come in to yet another medical appointment.

Talk it over

Talk with your training supervisor about any questions you have related to high-risk referrals and scheduling participants to see the WIC nutritionist.



References

[Policy 661 – Competent Professional Authority: Appropriate Counseling for Risk Levels](#)

[Policy 765 – Medical Documentation](#)

[Policy 830 – Nutrition Counseling and Services for High-Risk Participants](#)

