



## **Policy 830** **Nutrition Counseling and Services for High-Risk Participants**

December 12, 2019

### **POLICY**

Nutrition-focused counseling must be provided to all high-risk adult participants, or the parent or caregiver of infant and child participants. In-person counseling is recommended, although alternative methods of communicating with high-risk participants may be used, in certain circumstances.

### **PURPOSE**

To provide guidance for high-risk nutrition-focused counseling, including the use of methods other than face-to-face encounters onsite. To ensure that all high-risk participants receive accurate and personalized nutrition information to meet their health care needs.

### **RELEVANT REGULATIONS**

ASM 06-24—WIC Nutrition Education Guidance

### **OREGON WIC PPM REFERENCES**

- ◆ [510—WIC Cardholder Requirements](#)
- ◆ [661—Competent Professional Authority: Appropriate Counseling for Risk Levels](#)
- ◆ [840—Documentation of Nutrition-Focused Education and Counseling](#)

### **BACKGROUND**

In WIC, participants assigned certain health risk codes are considered “high-risk” participants, and they are provided the opportunity to meet one-on-one with a qualified RDN/WIC nutritionist. This individualized care is a program benefit which enables participants to modify their lifestyles and eating habits to improve and/or maintain their nutritional status and general health.

### **DEFINITIONS**

**High-risk participant:** A participant with a health risk that has been identified to meet one of the State’s high-risk criteria. See ◆ [661—Competent Professional Authority: Appropriate Counseling for Risk Levels](#).

**Individual care plan:** A written plan developed for a high-risk participant by a RDN/WIC nutritionist that outlines actions that will assist the participant to improve identified nutrition and health-related problems.

**Nutrition-focused counseling:** An interactive helping process that is focused on eating behaviors, physical activity, and lifestyle, designed to improve health status and help participants to achieve their personal goals.

**WIC nutritionist:** A nutrition professional who meets one or more of the following qualifications: Master’s degree in nutrition; a registered dietitian nutritionist (RDN) with the

Academy of Nutrition and Dietetics (AND); eligible for AND registration; an Oregon licensed dietitian (LD).

## **SECTION LIST**

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## **PROCEDURE**

### **RDN/WIC nutritionist position**

- 1.0 Federal regulations require each local agency to have an RDN/WIC nutritionist on staff. Services provided by the RDN/WIC nutritionist include:
  - Nutrition assessment, counseling and follow-up care for participants at high nutritional risk, and other participants as needed
  - Training and support to paraprofessional staff, including the provision of quarterly in-services
  - Tailoring food packages to meet nutritional needs of participants
  - Facilitating nutrition and breastfeeding group sessions for participants
  - Management of the high-risk caseload
  - Review of medical documentation forms
  - Communication with other health care providers when needed
  - Collaborating with community partners
  - Administrative duties such as writing local policies, collecting data, completing required reports, creating a yearly nutrition services plan, and providing outreach

### **Counseling provided by RDN/WIC nutritionist**

- 2.0 The RDN/WIC nutritionist shall provide all high-risk participants with nutrition-focused counseling and follow-up care appropriate to their condition. Participants categorized as low or medium risk may be referred to the RDN/WIC nutritionist if appropriate or by request. See [◆661—Competent Professional Authority: Appropriate Counseling for Risk Levels](#) for further details.
  - 2.1. Nutrition intervention includes assessment, counseling and the development and documentation of an individual care plan for each high-risk participant.
  - 2.2. Participants identified as high-risk shall receive at least two nutrition interventions from the RDN/WIC nutritionist during a one-year certification period or one nutrition intervention when the certification period is less than one year.

- 2.2.1. Ideally the first nutrition intervention occurs at the time of certification. If that is not possible, schedule the first appointment with the RDN/WIC nutritionist 1, 2 or 3-months following certification, as determined by the local agency policy.
- 2.2.2. The timing of the follow-up appointments with the RDN/WIC nutritionist are based on the individual care plan developed by the RDN/WIC nutritionist.
- 2.2.3. The mid-certification health assessment (MCHA) may be one of these appointments.
- 2.3. Reschedule high-risk participants who miss their appointment with the RDN/WIC nutritionist as soon as possible.
  - 2.3.1. Contact each high-risk participant to reschedule the appointment with the RDN/WIC nutritionist within the same month. If this is not possible, reschedule the participant with the RDN/WIC nutritionist the following month. One month of food benefits may be issued when the appointment with the RDN/WIC nutritionist is missed and two-way communication is made with the participant or cardholder to reschedule the appointment with the RDN/WIC nutritionist. Two-way contact means the participant has responded to clinic staff in person or by calling, texting or emailing back.
  - 2.3.2. If the participant does not show up for the next appointment, contact the participant to offer an alternative way to have an individual appointment with the RDN/WIC nutritionist, such as a telephone or interactive video appointment. If two-way communication occurs with the participant and an appointment is scheduled, one month's food benefits may be issued.
  - 2.3.3. Contact the participant after each missed appointment. If two-way communication has occurred, continue to provide benefits on a month by month basis until they "show" for an individual appointment or until it is time for the participant's mid-certification or recertification appointment.
  - 2.3.4. Online nutrition education lessons or self-paced lessons may not be used with high-risk participants who have missed their scheduled appointment with the RDN/WIC nutritionist.
- 2.4. A "no-show" for an RDN/WIC nutritionist follow-up appointment is not considered a refusal to participate.
  - 2.4.1. If a participant explicitly refuses to participate in nutrition-focused education or counseling with the RDN/WIC nutritionist, this shall be documented in the "Progress Notes". Refer the participant's record to the RDN/WIC Nutritionist.
  - 2.4.2. The RDN/WIC nutritionist develops an individual care plan for each high-risk participant, *including* participants who refuse follow-up care. For participants that are not seen, the RDN/WIC nutritionist enters a brief note indicating that the record was reviewed and a plan for how to proceed with the participant.

- 2.5. If high-risk participants are being seen by an RDN or other health professional outside of WIC, the RDN/WIC nutritionist will provide coordination of care.
  - 2.5.1. Communicate with the non-WIC RDN to develop or obtain an individual care plan.
  - 2.5.2. Confirm that the nutrition education and food package that WIC is providing is appropriate.
- 2.6. If the RDN/WIC nutritionist determines through follow-up care that the health risk for a high-risk participant has been resolved, this shall be documented in the individual care plan in the participant's record. Include a statement that follow-up by the RDN/WIC nutritionist is not required for the remaining time in the certification period. This determination needs to be reassessed for each certification period.

### **Onsite counseling recommended**

- 3.0 Onsite face-to-face, in-person counseling is recommended for all high-risk participant contacts.
  - 3.1. Local agencies are encouraged to develop a memo of understanding (MOU) with their local Coordinated Care Organization/Medicaid for transportation to WIC appointments. Providing participants with access to nonemergent medical transportation alleviates one barrier to service.
  - 3.2. For situations when a participant is unable to attend the high-risk counseling appointment with the RDN/WIC nutritionist, the use of alternative methods to interact with participants may be used to provide nutrition-focused counseling. These include:
    - Telephone contacts
    - HIPPA-compliant interactive video technology
    - Texting using an approved HIPAA-compliant service
    - Other methods, such as secure email or a secure electronic chat feature

### **Telephone contacts**

- 4.0 Nutrition-focused counseling may occur by telephone when circumstances require it. Telephone contacts may also be a way to provide additional follow-up care to participants between appointments, such as responding to the concerns of a breastfeeding participant, or a child who has special health care needs.
  - 4.1. Telephone contacts shall not be used as a substitute for scheduled face-to-face appointments with the RDN/WIC nutritionist.
  - 4.2. Some examples of **appropriate** telephone contacts include:
    - High-risk participant is unable to come to the clinic due to a physical injury.
    - Participant's high-risk status involves health issues that need to be addressed or coordinated with a health care provider in the community prior to the face-to-face contact with the RDN/WIC nutritionist.
    - Participant missed a face-to-face appointment with the RDN/WIC nutritionist and rescheduling is not possible.

- Participant does not have transportation to the clinic when the RDN/WIC nutritionist is there and is not able to access nonemergent medical transportation offered by the local Coordinated Care Organization.

**Example 1:** A high-risk participant misses her follow-up appointment with the RDN/WIC nutritionist (appointment type “FD”). She is not able to be rescheduled for this month because WIC RD services are not offered at this site for the remainder of the month and the participant is unable to schedule on the day the RDN/WIC nutritionist has open appointments. The RDN/WIC nutritionist contacts the participant to conduct the FD appointment over the telephone. After the contact occurs, the RDN/WIC nutritionist includes documentation in the individual care plan that the contact was held over the telephone.

**Example 2:** A high-risk participant has been put on bed rest due to complications with her pregnancy. She calls to let the staff know she cannot come to the clinic for her FD appointment with the RDN/WIC nutritionist. The RDN/WIC nutritionist contacts the participant to conduct the appointment over the telephone. After the contact occurs, the RDN/WIC nutritionist includes documentation in the individual care plan that the contact was held over the telephone.

4.3. Some examples of *inappropriate* telephone contacts include:

- Telephone contact used as a substitute for scheduled face-to-face appointments with the RDN/WIC nutritionist.

**Example 1:** A WIC program receives a caseload increase. Instead of increasing the RDN/WIC nutritionist’s work hours proportional to the caseload increase, the program asks the RDN/WIC nutritionist to conduct high-risk counseling over the phone. Telephone contacts should not be used since the original face-to-face appointment was never made.

- Telephone contact suggested when current data needed to make an accurate assessment was not available (such as weight, height, hemoglobin or hematocrit values).

**Example 2:** A high-risk participant misses the FD appointment with the RDN/WIC nutritionist for her child. At this appointment the child’s current height and weight measurements were to be collected. This data has not been collected since the participant was in the clinic 2 months ago. A telephone contact should not be used in this situation unless they have recent measurements from their medical provider.

4.4. Telephone contacts are a useful form of communicating with participants when set up in an appropriate manner.

- 4.4.1. Ensure that telephone contacts between the RDN/WIC nutritionist and the participant occur in an environment that promotes effective communication and protects the confidentiality of participant information.

- 4.4.2. Contact the participant in advance to schedule the appointment for the high-risk telephone contact. Schedule the call at a time when the participant is available and has time to talk.
  - 4.4.3. Schedule the same amount of time for the appointment as would occur in a face-to-face interaction, to ensure there is adequate time to address all program requirements. Inform the participant of the length and purpose of the telephone appointment.
  - 4.4.4. Prior to the call, the RDN/WIC nutritionist will review recent information collected in the participant's record.
  - 4.4.5. When contact is made, verify the identity of the caller to ensure it is the first or second cardholder. See [◆510—WIC Cardholder Requirements](#) for details.
  - 4.4.6. If the participant is not available at the designated time, reschedule the contact.
  - 4.4.7. Use participant centered skills to establish rapport, ask questions, and provide nutrition information.
  - 4.4.8. After the call, if appropriate and desired, the RDN/WIC nutritionist may mail or use secure email to send the participant written nutrition information (pamphlet, brochure) to support the counseling provided.
- 4.5. Each telephone contact must be documented in the participant's record using the same criteria as a face-to-face high-risk nutrition education contact, including an individual care plan. Documentation shall also include that the counseling was provided over the phone. See [◆840—Documentation of Nutrition-Focused Education and Counseling](#) for details.

### **Interactive video technology**

- 5.0 In some cases, interactive video technology is a useful substitute for a face-to-face appointment with the RDN/WIC nutritionist.
- 5.1. Establish a location in the clinic where interactive video technology may be used to provide nutrition-focused counseling for high-risk participants. Ensure that it is an environment where the confidentiality of participant information is protected.
  - 5.2. Obtain and install the appropriate equipment and software. Contact the State agency for questions or guidance. It is up to the local agency to maintain the equipment needed for utilizing the video technology.
  - 5.3. Promote effective communication between the RDN/WIC nutritionist and the participant by ensuring that both can actively participate in the interaction.
    - 5.3.1. Contact the participant in advance to schedule the appointment for high-risk counseling using video technology. Inform the participant of the length and purpose of the appointment.
    - 5.3.2. Schedule the appointment at a time when the participant is available and has time to interact. If the participant is not available at the designated time, attempt to reschedule the contact.

- 5.3.3. Prior to the call, the RDN/WIC nutritionist will review recent information collected in the participant's record.
  - 5.3.4. When contact is made, verify the identity of the participant to ensure it is the first or second cardholder. See [◆510—WIC Cardholder Requirements](#) for details.
  - 5.3.5. Use participant centered skills to establish rapport, ask questions, and provide nutrition information.
  - 5.3.6. After the appointment, if appropriate and desired, the RDN/WIC nutritionist may mail or use secure email to send the participant written nutrition information (pamphlet, brochure) to support the counseling provided.
- 5.4. Document the high-risk counseling appointment in the individual care plan, noting in the Progress Notes section of TWIST that it was a video contact. See [◆840—Documentation of Nutrition-Focused Education and Counseling](#) for details.
- 5.5. One example of an **appropriate** situation for using interactive video technology to provide nutrition-focused counseling for high-risk participants is when a local agency has made a good faith effort to hire or contract with a local WIC nutritionist and has been unable to do so.
- Example:** A local agency has been actively recruiting for an RDN/WIC nutritionist for several months. They have been able to contract with an RDN/WIC nutritionist who lives in another county; however, the distance between the RDN/WIC nutritionist and the local agency is significant and thus cost prohibitive.
- 5.6. It is **inappropriate** for local agencies to use interactive video technology as a substitute for scheduled face-to-face appointments with the RDN/WIC nutritionist, if they have a local RDN/WIC nutritionist on staff or on contract.
- 5.7. The continued use and appropriateness of utilizing interactive video technology for high-risk counseling will be re-evaluated during the agency's biennial review.

### Texting or secure email/electronic chat

- 6.0 In special circumstances, alternative methods may be used to provide nutrition-focused counseling for high-risk participants. These methods, which do not use face-to-face communication, include:
- Texting using an approved HIPAA-compliant service
  - Secure email or electronic chat feature
- 6.1. High-risk participants are encouraged to schedule individual face-to-face counseling appointments with the RDN/WIC nutritionist. When that is not possible, telephone or video contacts are an alternative. If that is not feasible, another option is to schedule an appointment to communicate with the participant by text, secure email or an electronic chat feature.
- 6.2. Ensure that any alternative communication methods used at the local agency occur in an environment that promotes effective communication, and protects

the confidentiality of participant information, such as an approved HIPAA-compliant service on a secure platform.

- 6.2.1. Contact the participant in advance to schedule the appointment. Schedule the contact at a time when the participant is available and has time to communicate by text or secure email/chat.
- 6.2.2. Schedule *extra* time for this type of appointment since the use of a keyboard is needed to carry out the two-way communication. Ensure there is adequate time to address the elements required which are the same as for a face-to-face interaction.
- 6.3. Prior to the call, the RDN/WIC nutritionist will review recent information collected in the participant's record.
- 6.4. When contact is made, verify the identity of the participant to ensure it is the first or second cardholder. See [◆510—WIC Cardholder Requirements](#) for details.
- 6.5. If the participant is not available at the designated time, reschedule the contact.
- 6.6. Use participant centered skills to establish rapport, ask questions, and share nutrition information that is of interest or concern to the participant. This applies to all methods of communication, even written forms such as texting, electronic chat or email.
- 6.7. When finished, document the high-risk counseling appointment in an individual care plan. In addition, note the type of appointment (Text message contact or Email contact) in the Progress Notes section of TWIST. See [◆840—Documentation of Nutrition-Focused Education and Counseling](#) for further details.

### **RDN/WIC nutritionist position unfilled / Remote RDN/WIC nutritionist**

- 7.0 Local agencies without an RDN/WIC nutritionist on staff, may temporarily develop a contract with an RDN/WIC nutritionist in the community to provide nutrition services, provided the following criteria are met.
  - 7.1. Efforts to recruit an RDN/WIC nutritionist have occurred at least twice yearly, and the local agency has not yet been successful at recruiting an RDN/WIC nutritionist to fill a staff position.
  - 7.2. The contract is written to include the hours necessary for the RDN/WIC nutritionist to provide individual counseling and follow-up care to all high-risk participants, develop individual care plans, communicate with other health care providers when needed, review medical documentation forms, and provide training and support to paraprofessional staff.
  - 7.3. The local agency has a current assigned caseload greater than 1,000 and equal to or less than 1500 participants. Local agencies using a contract RDN/WIC nutritionist that are currently above this caseload threshold will be asked to provide a justification for this during the biennial WIC review. At this time a State agency nutrition consultant will also evaluate whether efforts to recruit an RDN/WIC nutritionist are occurring, whether the high-risk referral

process is working successfully and whether all required RDN/WIC nutritionist services are being provided.

- 7.4. In limited circumstances, local agencies who are unable to contract with an RDN/WIC nutritionist in the community may contract with an RDN/WIC nutritionist outside of the service area by utilizing interactive video technology or other alternative methods to provide nutrition services remotely. Such arrangements must be pre-approved by the state agency and meet one of the following criteria.
  - 7.4.1. For an agency with a caseload above 1000 participants, remote RDN services are used as a *temporary* measure while the program works to fill a vacant RDN/WIC nutritionist position, -OR-
  - 7.4.2. The agency has a current assigned caseload equal to or less than 1000 participants and contracts with an RDN/WIC nutritionist to provide nutrition services remotely on a routine basis.
- 7.5. Local agencies using an RDN/WIC nutritionist remotely that are currently above this caseload threshold will be asked to provide a justification for this during the biennial WIC review. At this time a State agency nutrition consultant will also evaluate whether efforts to recruit an RDN/WIC nutritionist are occurring, whether the high-risk referral process is working successfully and whether all required RDN/WIC nutritionist services are being provided.
- 7.6. A health professional who is not an RDN/WIC nutritionist may only provide nutrition-focused counseling in limited circumstances. See [♦661—Competent Professional Authority: Appropriate Counseling for Risk Levels](#), section 6.0, for further information.

## REFERENCES

1. *WIC Nutrition Services Standards*, US Department of Agriculture, Food and Nutrition Service, August 2013.

**If you need this in large print or an alternate format, please call 971-673-0040.**

**This institution is an equal opportunity provider.**

## POLICY HISTORY

Date	* Major Revision, Minor revision
10/5/2018	Revision
12/12/2019	Major revision

The date located at the top of the policy is the implementation date unless an “effective date” is noted on the policy. Policies will become compliance findings 6 months from the implementation date.

Release notes can be found in the corresponding document on the [Policy and Procedure Manual page](#).

**\*Major Revisions:** Significant content changes made to policy.

**Minor Revisions:** Minor edits, grammatical updates, clarifications, and/or formatting changes have occurred.

**Date of Origin:** Date policy was initially released