



Policy 661

Competent Professional Authority: Appropriate Counseling for Risk Levels

July 12, 2018 (Revised)

POLICY

All local programs must have qualified staff to provide appropriate counseling for participants at all risk levels. The services of a registered dietitian nutritionist (RDN) or qualified nutritionist is required to provide counseling to high-risk participants.

PURPOSE

To ensure that all participants receive counseling appropriate to their risk level including access to the specialized expertise of a registered dietitian or qualified nutritionist.

RELEVANT REGULATIONS

7 CFR §246.11 ¶(e)(5)—Participant Contacts

1997 State Technical Assistance Review (STAR) by USDA (Approved by CLHO MCH Committee January 2001, Approved by CLHO Executive Committee February 2001 and May 2006)

OREGON WIC PPM REFERENCES

- ◆ [626—Hemoglobin and Hematocrit Screening in WIC](#)
- ◆ [660—Competent Professional Authority: Requirements](#)
- ◆ [675—Risk Criteria Codes and Descriptions](#)
- ◆ [830—Nutrition Focused Counseling for High Risk Participants](#)

APPENDICES

Page 661.7	Appendix A	Oregon WIC Program List of High Risks
Page 661.9	Appendix B	Oregon WIC Program List of Medium Risks

DEFINITIONS

High-risk participant: Those participants who are assigned a high-risk level based on identified health risks that meet the state’s high-risk criteria as defined in Appendix A.

Low risk participant: Those participants with no assigned medium or high level risks.

Medium risk participant: Those participants who are assigned a medium risk level based on identified health risks that meet the state’s medium-risk criteria as defined in Appendix B.

WIC nutritionist: A nutrition professional who meets one or more of the following qualifications: a 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).

Individual care plan: A written plan that outlines actions that will assist the participant for improving identified nutrition and health-related problems.

PROCEDURE

Risk Level

- 1.0 Participants will receive appropriate counseling based on their risk level. Risk levels are designated by the data system based on the assigned risks for each participant.
 - 1.1. For Risk 201 Low Hemoglobin or Hematocrit, the CPA must manually change the participant risk level from medium to high when specific criteria are met. See Appendix A for the criteria.
 - 1.2. Risk levels must not be changed except in circumstances described in 1.1.

Low risk counseling

- 2.0 Low risk participants may be counseled at certification by any competent professional authority (CPA) and participate in any group or individual quarterly nutrition education activities appropriate for their category and identified needs.

Medium risk counseling

- 3.0 Medium risk participants may be counseled at certification by any CPA. It is recommended that the CPA be an experienced counselor who is skilled at addressing the level of need associated with medium risk.

Quarterly nutrition education may be scheduled for either group sessions or individual counseling. Individual appointments for medium risk participants are not required, however local programs may choose to follow these participants more closely. When an individual appointment is appropriate, it is recommended that the participant be seen by the RDN/WIC nutritionist or by another health professional, such as a B.S. nutritionist (with a Bachelor's of Science in nutrition), registered nurse, IBCLC or health educator.

Development of high-risk care plans are not required for medium risk participants.

High-risk counseling: written procedure required

- 4.0 Each local program must have a written procedure for referring high-risk participants to the RDN/WIC nutritionist. The guidelines must include, at a minimum:
 - the high-risk criteria defined by the state WIC program (see Appendix A),
 - guidelines for when participants should be referred for RDN/WIC Nutritionist follow up in 1, 2 or 3 months after initial contact based on assigned risk
 - the procedure for RDN review of high risk charts when appointments with the RDN are declined

Services to all high-risk participants must be monitored by the RDN. Local programs may designate alternate methods for contact (skype, phone calls, etc.) when face-to-face appointments are not feasible. Local programs may set higher standards for referral to the RDN with state approval, however, risk levels assigned by the data system must not be changed except in circumstances described in 1.1.

- 4.1. 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. If possible, one of the nutrition interventions should occur at the time of certification. Additional nutrition interventions shall be based on the individual care plan developed by the local RDN/WIC nutritionist.

4.1.1. When nutrition intervention by the RDN/WIC nutritionist cannot occur at the certification visit, schedule at least two quarterly nutrition education contacts with the RDN/WIC nutritionist during the one-year certification period.

4.2. Nutrition intervention for high-risk participants shall include the following:

- Individual high-risk counseling that provides follow up for their high-risk condition
- An individual high-risk care plan documented in the participant's record

4.3. Individual high-risk care plans must be documented in the data system using "Progress Notes" and include at a minimum:

- Date of counseling
- Progress made in resolving assigned nutrition risk
- Nutrition education and counseling provided
- Identification of participant behavior change whenever possible
- A plan for future intervention that addresses risks

When the RDN/WIC nutritionist determines that no future RDN/WIC nutritionist contacts are required for a participant that was assigned a high-risk level during their current certification period, document the rationale for this decision in Progress Notes. This determination needs to be reassessed for each certification period.

When a participant declines an appointment with the RDN/WIC nutritionist, document the refusal in Progress Notes and refer the participant's record to the RDN/WIC nutritionist. The RDN/WIC nutritionist must review the participant's record in the data system and document guidance for other staff to follow at future appointments with that participant.

Requirement for RDN/ WIC nutritionist

5.0 Local programs will have on staff a full-time or part-time RDN/WIC nutritionist to provide nutrition services to high-risk participants. For programs without such a resource, arrangements should be made with an RDN/WIC nutritionist in the community who can provide these services on a contract basis.

5.1. If a high-risk participant is referred to an RDN/WIC nutritionist in the community, there must be no cost to the WIC participant for these services. Any cost associated with this referral must be covered by the local WIC program.

5.2. A referral to an RDN/WIC nutritionist for nutrition assessment and counseling does not preclude a referral to other health care providers such as the participant's primary care practitioner for medical conditions or other health care needs.

- 5.3. If the high-risk care plan developed by the RDN/WIC nutritionist in the community is not entered directly into the participant's record, a hard copy must be retained on site and be accessible to WIC staff.

High-risk intervention when RDN/ WIC nutritionist is not available

- 6.0 If an RDN/WIC nutritionist services are temporarily unavailable, high-risk participants may receive their high-risk counseling from another health professional as defined in [◆660—Competent Professional Authority: Requirements](#). For agencies that are unable to hire or contract with a local RDN to provide on-site high-risk counseling, using interactive video technology may be an optional delivery method for face-to-face counseling when utilization of this technology provides adequate services given assigned caseload and is approved by the state office. Refer to [◆ 830—Nutrition Focused Counseling for High Risk Participants for guidance](#).
 - 6.1. Health professionals other than RDNs may only be utilized for high-risk counseling in limited circumstances such as during the time that a program works to fill a vacant nutritionist position.
 - 6.2. When a participant misses an original face-to-face high-risk nutrition education appointment and rescheduling is not possible, telephone contacts are an optional delivery method. See [◆ 830—Nutrition Focused Counseling for High Risk Participants](#)
 - 6.3. Under no circumstances can high-risk counseling be provided by a paraprofessional. Refer to [◆660—Competent Professional Authority: Requirements](#) for the definition of a paraprofessional.

REFERENCES

Paraprofessionals in the WIC Program: Guidelines for Developing a Model Training Program. United States Department of Agriculture, Food and Nutrition Service. FNS-269. 1993.

Ensuring the Quality of Nutrition Services in the WIC Program. WIC Nutrition Services Committee, National Association of WIC Directors and U.S. Department of Agriculture, Food and Nutrition Service. January 1988.

STAR Guide. United States Department of Agriculture Food and Nutrition Service. Special Supplemental Program for Women, Infants, and Children. December 1989.

NAWD/FNS Joint Statement on Quality Nutrition Services in the WIC Program. January 1993.

Oregon WIC Training: Nutrition Risk Module. Oregon Department of Human Services. 2006.

Nutrition Services Standards. United States Department of Agriculture. Food and Nutrition Services. 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
7/12/2018	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

APPENDIX A

List of High Risks

Risk Code	Risk Criterion		
103	Underweight for Infants and Children Birth to <24 months: \leq 5 th percentile weight-for length 2 to 5 years: \leq 10 th percentile BMI for age		
134	Failure to thrive		
135	Infant weight loss		
141	Low birth weight < 5#8 oz (2500 grams)		
201	Low hemoglobin, low hematocrit. Change risk level from medium to high risk if hemoglobin/hematocrit levels are :		
	Category	Hemoglobin	Hematocrit
	Infants 9 to <12 months	9.9 or lower	29.9% or lower
	Children 12 to < 24 months	9.9 or lower	29.9% or lower
	Children 2-5 years	10.0 or lower	29.9% or lower
	Pregnant women First trimester (0-13 weeks)	9.9 or lower	29.9% or lower
	Pregnant women Second trimester (14-26 weeks)	9.4 or lower	28.9% or lower
	Pregnant women Third trimester (27-40 weeks)	9.9 or lower	29.9% or lower
	Postpartum women	10.9 or lower	32.9% or lower
		See Policy 626 , Appendix A for standing orders.	
211	Elevated blood lead levels		
301	Hyperemesis gravidarum		
302	Gestational diabetes		
331	Pregnancy at a young age		
341	Nutrient deficiency or disease		
342	Gastrointestinal disorders		
343	Diabetes Mellitus		
345	Hypertension and Prehypertension		
346	Renal disease		

Risk Code	Risk Criterion
347	Cancer
348	Central nervous system disorders (e.g. cerebral palsy, neural tube defects)
349	Genetic and congenital disorders (e.g. Down's, cleft lip/palate)
351	Inborn errors of metabolism (e.g. PKU, galactosemia)
352A	Infectious diseases-Acute (pneumonia, meningitis)
352B	Infectious diseases-Chronic (HIV, AIDS)
354	Celiac disease
357	Drug nutrient interactions
358	Eating Disorders
360	Other medical conditions
362	Developmental delays, sensory or motor delays interfering with the ability to eat
363	Pre-Diabetes
382	Fetal Alcohol Syndrome
383	Neonatal Abstinence Syndrome
902	Woman or infant/child of a primary care provider with limited ability to make feeding decisions and/or prepare food

For complete description of each risk criterion, see [◆675—Risk Criteria Codes and Descriptions](#).

APPENDIX B

List of Medium Risks

Risk Code	Risk Criterion
101	Underweight Women WP: Pre-pregnant BMI <18.5 WE, WB, WN: < 6 months postpartum: Pre-pregnant or current BMI <18.5 WE, WB: > 6 months postpartum: Current BMI <18.5
111	Overweight Women WP: Pre-pregnant BMI \geq 25.00 WE, WB, WN: < 6 months postpartum: Pre-pregnant BMI \geq 25 WE, WB: > 6 months postpartum: Current BMI \geq 25
113	Monitor Weight for Children 2-5 years of age \geq 95 th percentile Body Mass Index (BMI) for age
114	At Risk of Overweight for Children 2-5 years of age \geq 85 th and < 95 th percentile BMI for age
115	High Weight for Length for Infants and Children < 24 months of age \geq 98 th percentile weight for length
131	Low prenatal weight gain
133	High maternal weight gain
142	Preterm or Early Term Delivery, Infants and children to 24 months of age born at < 39 weeks gestation
201	Low Hemoglobin/Low Hematocrit (except for values defined as high-risk in Appendix A)
335	Multiple fetus pregnancy
344	Thyroid Disorders
353	Food allergies
361	Depression
372	Alcohol and substance use
411.7	Infrequent breastfeeding
602	Breastfeeding complications or potential complications for woman
603	Breastfeeding complications or potential complications for infants

For complete description of each risk criterion, see [◆675—Risk Criteria Codes and Descriptions](#).