



SECTION: Certification 661
SUBJECT: **COMPETENT PROFESSIONAL AUTHORITY:**
APPROPRIATE COUNSELING FOR RISK LEVELS
DATE: June 29, 2016 *(Revised)*

POLICY: All local programs shall have access to the services of a registered dietitian (RD) or qualified nutritionist to provide high-risk counseling. All local programs will have access to a registered dietitian, qualified nutritionist or health professional to provide medium risk counseling.

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:**
- ◆660—Competent Professional Authority: Requirements
 - ◆675—Risk Criteria Codes and Descriptions
 - ◆760—Medical Formulas
 - ◆821—Nutrition Education: Telephone Contacts for High Risk Participants with the RD
 - ◆822—Nutrition Education: High Risk Counseling Using Interactive Video Technology
 - ◆830—Nutrition Education: Documentation

DEFINITIONS:	<i>High risk participant</i>	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.
	<i>Medium risk participant</i>	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.
	<i>Low risk participant</i>	Those participants with no medium or high health risks.
	<i>WIC nutritionist</i>	A nutrition professional who meets one or more of the following qualifications: a Master’s degree in nutrition; a registered dietitian (RD) with the Academy of Nutrition and Dietetics (AND); eligible for AND registration; an Oregon licensed dietitian (LD).
	<i>Individual care plan</i>	A written plan that outlines actions that will assist the participant to assume responsibility for improving identified nutrition and health-related problems on a prioritized basis.

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- APPENDICES:** 661.4 Appendix A Oregon WIC Program List of High Risks
661.6 Appendix B Oregon WIC Program Lists of Medium Risks

PROCEDURE:

Low risk counseling

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

Medium risk counseling

- 2.0 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.

Second nutrition education may be scheduled for either group nutrition education 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 RD/WIC nutritionist or by another health professional, such as a B.S. nutritionist (with a Bachelor's in 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***

- 3.0 Each local program must have a written procedure for referring high risk participants to the RD/WIC nutritionist. The guidelines must include, at a minimum, the high risk criteria defined by the state WIC program (see Appendix A). Local programs may set higher standards with state approval.

- 3.1 Participants identified as high risk shall receive at least one nutrition intervention from the RD/WIC nutritionist during a certification period. If possible, this nutrition intervention should occur at the time of certification. Additional nutrition interventions shall be based on the individual care plan developed by the local RD/WIC nutritionist.

- 3.1.1 When nutrition intervention by the RD/WIC nutritionist cannot occur at the certification visit, at least one second nutrition education contact with the RD/WIC nutritionist shall be scheduled during the certification period.

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(High risk counseling: written procedure required)

3.2 Nutrition intervention for high risk participants shall include the following:

- Individual high risk counseling;
- An individual high risk care plan; **and**
- Follow-up for the high risk condition.

Document the high risk care plan

3.3 Individual high risk care plans must be documented in TWIST using “Progress Notes” and include at a minimum:

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

Requirement for RD/nutritionist

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

4.1 If a high risk participant is referred to an RD/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.

4.2 A referral to an RD/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.

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

5.0 If an RD/WIC nutritionist is not currently under contract or is 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 RD to provide on-site high risk counseling, using interactive video technology is an optional delivery method for face-to-face high risk second NE appointments when approved by the state office. Refer to ♦822—Nutrition Education: High Risk Counseling Using Interactive Video Technology for guidance.

5.1 Health professionals other than RDs 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.

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(High-risk intervention when RD/ nutritionist is not available)

- 5.2 When a participant misses an original face-to-face high risk second NE appointment and rescheduling is not possible, telephone contacts are an optional delivery method. See 821: Nutrition Education: Telephone Contacts for High Risk Participants with the RD.
- 5.3 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:

1. *Paraprofessionals in the WIC Program: Guidelines for Developing a Model Training Program.* United States Department of Agriculture, Food and Nutrition Service. FNS-269. 1993.
2. *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.
3. *STAR Guide.* United States Department of Agriculture Food and Nutrition Service. Special Supplemental Program for Women, Infants, and Children. December 1989.
4. *NAWD/FNS Joint Statement on Quality Nutrition Services in the WIC Program.* January 1993.
5. *Oregon WIC Training: Nutrition Risk Module.* Oregon Department of Human Services. 2006.
6. *Nutrition Services Standards.* United States Department of Agriculture. Food and Nutrition Services. August 2013

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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
113*	Overweight for Children 2-5 years of age \geq 95 th percentile BMI for age High risk if child is \geq 95 th percentile with a high rate of weight gain and has not established a parallel growth curve to the recommended curve
131*	Low maternal weight gain High risk if pregnant with twins or more.
134	Failure to thrive
141*	Low birth weight < 5#8 oz (2500 grams) High risk if very low birth weight \leq 3# 5 oz (1500 grams)
201*	Low hemoglobin, low hematocrit. High risk if hematocrit 3 points or more below appropriate level for pregnancy trimester or for age or if serum iron level is more than 1 point below appropriate hemoglobin levels for pregnancy trimester or for age.
211	Elevated blood lead levels
301	Hyperemesis gravidarum
302	Gestational diabetes
331*	Pregnancy at a young age High risk if 15 years of age or less at conception
341	Nutrient deficiency disease
342	Gastrointestinal disorders
343	Diabetes Mellitus
345	Hypertension and Prehypertension
346	Renal disease
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)

Risk Code	Risk Criterion
352	Infectious diseases (e.g. tuberculosis or HIV)
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
703	Infant of a woman with mental retardation or alcohol or drug use
902	Woman or child of a primary care provider with limited ability to make feeding decisions and/or prepare food

* Also a Medium Risk

For complete description of each risk criterion, please see ♦675—Risk Criteria Codes and Descriptions.

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 maternal weight gain
132	Maternal weight loss during pregnancy
133	High maternal weight gain
135	Slow weight gain for Infants and Children
141*	Low birth weight, Birth weight between 3# 5 oz (1500 grams) and \leq 5# 8oz (2500 grams)
142	Prematurity, Infants and children to 24 months of age born at \leq 37 weeks gestation
201*	Low Hemoglobin/Low Hematocrit (except for values defined as high risk)
331*	Pregnancy at young age - conception > 15 and \leq 17 years of age
335	Multiple fetus pregnancy
344	Thyroid Disorders
353	Food allergies
361	Depression
372	Alcohol and illegal and/or illicit drug use
602	Breastfeeding complications or potential complications for woman
603	Breastfeeding complications or potential complications for infants

* Also a High Risk

For complete description of each risk criterion, please see **◆675**—Risk Criteria Codes and Descriptions.