TO: Parent and Sub-Agencies

FROM: Dave Thomason
Nutrition & WIC Services Director

DATE: June 30, 2020

RE: NED 02.02.00 Nutrition Education Contact – Secondary, Low Risk
NED 02.03.00 Nutrition Education Contact – Secondary, High Risk

NED 02.02.00 Nutrition Education Contact – Secondary, Low Risk
Additional delivery options for providing secondary, low risk nutrition education for clients have been added to this policy. These additional options include via phone call and video conference. The original in-clinic options including individual one-on-one, interactive centers, self-study and nutrition education classes continue as options in this policy. The out-of-clinic option allowing completion of wichealth.org lessons also continues as an option.

Upon completion and verification of both in-clinic and out-of-clinic nutrition education, food benefits may be issued to the family benefit account.

The policy includes procedures for staff to follow in providing this low risk nutrition education, parameters for what may and may not be allowed and documenting provision of the education.

ACTION REQUIRED: Please review and implement this policy. Share with appropriate staff.

NED 02.03.00 Nutrition Education Contact – Secondary, High Risk
Additional options for providing secondary, high-risk nutrition education for clients have been added to the policy. These additional options include via phone call and video conference.

The high-risk nutrition education policy has also been revised to be consistent in procedure and formatting with the low-risk policy.

The requirement that high-risk nutrition education may only be provided by a Kansas licensed dietitian is unchanged.
ACTION REQUIRED: Please review and implement this policy. Share with appropriate staff.

Items included below and/or provided as separate documents:

NED 02.02.00 Nutrition Education Contact – Secondary, Low Risk

NED 02.03.00 Nutrition Education Contact – Secondary, High Risk

If you have any questions regarding this memo, please contact the state staff member assigned to your agency.
Policy: Low-risk clients must be scheduled for secondary nutrition education during each certification period. This nutrition education shall be based on the client's needs, interests and culture and language needs. Nutrition education shall follow the basic principles outlined in NED: 01.00.00 - Nutrition Education Overview.

The secondary nutrition education contact must occur on a day other than the client’s certification or mid-certification day. Low risk nutrition education must be scheduled at least once for pregnant and post-partum women. If infants, children and breastfeeding women are certified for less than six months, they must be scheduled for at least one nutrition education contact. Otherwise, low risk nutrition education must be scheduled both before and after the mid-certification for low risk infants, children and breastfeeding women certified for longer than six months.

At a minimum, in every six-month period, one education opportunity (topic) must be available for each WIC client category. One nutrition education lesson or class may apply to more than one category of client. Individual counseling, individual self-study, computer assisted, interactive display or group activities may be used to provide the secondary education to low-risk clients.

In the event an adult client or caregiver cannot take part in the low risk secondary nutrition education appointment, the alternate designated in KWIC may substitute in order to receive the educational information. It is the alternate’s responsibility to share the information with the WIC client/caregiver.

Different delivery methods can be used when a client is completing low risk secondary nutrition education. These delivery methods include an in-clinic nutrition education appointment (includes classes), through the wichealth.org website or via phone call or video conference. Local agencies may use these options for all client categories (PG, BF, PP, I and C), at their discretion, on a client-by-client basis. The client’s preference for an in-person clinic visit or completing education remotely should be taken into consideration.

In cases where a family group includes both low and high-risk clients, priority for the type of communication should be based on the needs of the high-risk client(s).

Individual secondary low risk nutrition education (NEI) is provided one-on-one with the client and the CPA. For other types of secondary low risk nutrition education (NE+, class) all WIC staff* may assist in providing the education. Those staff assigned should have expertise in the lesson topic(s). Extension home economists or guest educators may also be used in providing this education. *Individual Breastfeeding Peer Counselor contacts cannot also be counted as secondary low-risk nutrition education contacts.

Reference: CFR §246.11
Procedure:

1. At the certification visit, determine the risk level of the client.

2. If low-risk, complete the Flowsheet for the certification period, indicating the type of low-risk contact that should occur (Nutrition Ed Individual [NEI in KWIC], Nutrition Ed + [NE+ in KWIC], or Class).

3. Using the KWIC appointment book, make an appointment for the client to attend the appropriate type of secondary nutrition education contact(s).

4. Whenever possible, offer nutrition education activities directly to children.

5. Remote nutrition education is an allowed option for a low risk client. A clinic may allow the client/caregiver to complete the nutrition education appointment through completion of a wichealth.org lesson(s), or a phone call or video conference with a CPA. Then future month’s food benefits can be issued to the client without being physically present.

6. For the wichealth.org option, WIC staff will need to highlight applicable lesson topics based on the client category/ies (PG, BF, PP, I, C). Clients/caregivers can complete as many lessons as they want, but must include a lesson(s) for all client categories in the family. The client will need to mail or email their certificate of completion to their WIC clinic or the clinic must use the wichealth.org site to confirm completion. The choice to email their certificate can be used, as long as the client selects their clinic in the drop-down list at the end of each lesson on wichealth.org.

7. Once WIC staff have confirmed that the client/caregiver has completed an appropriate wichealth.org lesson(s), staff must document the completed lesson name in KWIC by selecting that lesson from the KWIC drop-down list on the Nutrition Education Topics tab. In addition, one of the two Secondary Nutrition Education topics, or Trigger Topics, must be chosen/documented. (Refer to PPM NED 02.04.00 Nutrition Education – Use of Trigger Topic.) WIC staff shall document the client’s new goal from their wichealth.org certificate of completion on the KWIC Goals tab.

   a. Then staff should call the client to
      i. determine if changes are needed to the WIC food package(s),
      ii. schedule the next appointment based on the Flow Sheet,
      iii. ask if they have any questions about the lesson(s) completed and
      iv. document progress on their current goal.

   b. On the KWIC “Issue Benefits” window, mark the “Not Present” checkbox and issue benefits for the appropriate number of months. (KWIC will create a “eWIC Benefits-Not Present” contact.)

8. For the phone call or video conference option (NEI), the CPA discusses nutrition information
that is applicable to that client. If interactive phone calls and video conferences are used, they should occur in an environment that promotes effective communication between the CPA and the client and ensures that both are actively involved in the interaction. Confidentiality of client information must be protected.

a. Upon completion of the contact, if there were questions the CPA could not address, some type of follow up must be made. Follow up might include having another WIC staff member with expertise in the topic (RN, RD, BFPC) contact the client or referring to an expert in that field (IBCLC).

b. Information shared during the interaction must be documented in KWIC, including Topics, Notes, progress on the client’s existing goal, any new goal set by the client and the appropriate Secondary Nutrition Education Trigger Topic. (Refer to PPM NED 02.04.00 Nutrition Education – Use of Trigger Topic.)

c. At the end of the contact, staff will
   i. issue food benefits remotely for the appropriate number of months,
   ii. schedule the client for a subsequent visit, based on their Flow Sheet and
   iii. mark the “Not Present” checkbox on the KWIC “Issue Benefits” window. (KWIC will create a “eWIC Benefits-Not Present” contact.)

9. Document attendance at group classes by marking “attended” or “not attended” using the KWIC Class Management Attendance tab and by selecting the appropriate Secondary Nutrition Education Trigger Topic. (Refer to PPM NED 02.04.00 Nutrition Education – Use of Trigger Topic.)

10. In the instance that a client is unavailable for their scheduled remote nutrition education contact, staff will make attempts to contact clients two times over two-three days. Attempts will be documented in KWIC notes. If staff are unable to reach the client after two tries, the appointment will be marked as “No Show” and the no-show letter will be mailed within one week. The client must contact the clinic for an appointment or come to the clinic in order to receive future benefits.

11. Benefits cannot be issued remotely if the appointment cannot be completed with the client/caregiver or their alternate designated in KWIC (see above). This is to maintain program integrity, not to be confused with refusal to receive nutrition education.

12. Receiving nutrition education and benefits remotely is an option if the client is able to complete the contact remotely. If the client refuses to receive the nutrition education offered remotely, the client can be given a future appointment to come to the clinic to be issued benefits. Document refusal to receive nutrition education, using the KWIC appointment book, by marking the appointment outcome as “refused.”

13. If the client refuses, nutrition education when having an in-person appointment at the clinic, document refusal to receive high-risk nutrition education using the KWIC appointment book,
by marking the appointment outcome as “refused” but only after benefits are issued to the client. Document any refusal to receive secondary nutrition education in the KWIC appointment book by marking the appointment outcome as “refused”, or using class management or class attendance to mark “not attended,” after benefits are issued to the client.
Subject: Nutrition Education Contact – Secondary High Risk

Effective Date: July 1, 2020  Revised from: October 1, 2018

Policy: High-risk clients are defined as those clients having one or more high-risk nutrition risk factors, or to whom Professional Discretion High Risk has been assigned.

To see the risk factors that classify a client as high-risk, refer to Table 2 of each of the client category documents in the Risk Factor Manual.

High-risk secondary nutrition education must be scheduled for all high-risk clients during each certification period. High-risk nutrition education should relate to the client’s health risks, needs, interests, culture and language needs. High-risk nutrition education follows the basic principles outlined in NED: 01.00.00 - Nutrition Education Overview.

The secondary high-risk nutrition education contact must occur on a day other than the client’s certification or mid-certification day. High-risk nutrition education must be scheduled at least once for high-risk pregnant and post-partum women. If high-risk infants, children and breastfeeding women are certified for less than six months, they must be scheduled for at least one high-risk visit. Otherwise, high risk-nutrition education must be scheduled both before and after the mid-certification for high-risk infants, children and breastfeeding women certified for longer than six months. (If the high-risk condition has been documented as resolved, the nutrition education after the mid-certification may be low-risk.)

Only Kansas licensed dietitians are authorized to provide high-risk nutrition education to all clients. IBCLC (International Board Certified Lactation Consultant) professionals may provide high-risk nutrition education to BF dyads who are determined high risk for breastfeeding complications. The high-risk appointment, which includes assessment and individual counseling by the licensed dietitian or IBCLC, shall be scheduled within 120 days of the certification and mid-certification visit. Additional visits may be scheduled as deemed necessary by the licensed dietitian or IBCLC.

In the event an adult client or caregiver cannot take part in the high-risk secondary nutrition education appointment, the alternate designated in KWIC may substitute in order to receive the educational information. It is the alternate’s responsibility to share the information with the WIC client/caregiver.

The high-risk nutrition education appointment may be conducted by the RD or IBCLC, in-person, via phone call or video conference. The method of communication used is at the local agency’s discretion on a client-by-client basis. Factors the local agency should consider when determining the method of communication include whether in-person measures need to be obtained, if it is important that the client/caregiver be observed in person, clinic and staff availability, whether the client can come to the clinic, the client’s preference, etc.

Individual counseling shall be used to provide high-risk nutrition education.
Subject: Nutrition Education Contact – Secondary High Risk

If a client is receiving medical nutrition therapy for their high-risk condition from a non-WIC licensed dietitian, the non-WIC dietitian’s name and the next appointment date must be documented in KWIC. Recommended WIC follow-up should include whether this appointment was kept or not and the topics covered. In this case, the client would not be required to be scheduled for a high-risk nutrition education appointment with the WIC dietitian; however, they may be at the discretion of the WIC health professional team.

Reference: CFR §246.11

Procedure(s):

1. At the certification visit, determine the risk level of the client.

2. If high-risk, complete the Flow sheet for the certification period, indicating when the appointment should be scheduled with the dietitian or IBCLC (only BF dyads with breastfeeding complications). Use professional judgement to determine when to schedule the high-risk appointment. In some situations, it may be appropriate to schedule the client for a high-risk visit as soon as possible. Discuss with the client that a follow-up visit will be arranged to see what progress has been made in meeting the goal and plan. High-risk nutrition risk factors show up on the Risk Factor window in KWIC in pink. Clients with these risk factors will have a red “HR” after their name on the client’s home page. Clients assigned Professional Discretion High Risk have a red “PDHR” after their name on the client’s home page.

3. Determine whether the appointment will be in-person, via interactive phone call, or through video conferencing. If interactive phone calls or video conferences are used, they should occur in an environment that promotes effective communication between the dietitian or IBCLC and the client and ensures that both are actively involved in the interaction. Confidentiality of client information must be protected.

4. Make an appointment for the client to attend the high-risk contact with the dietitian or IBCLC. Use these appointment types in KWIC: RD for registered dietitian, LC (lactation consult) for IBCLC.

5. When documenting completion of the RD or IBCLC nutrition education visit, the RD should use the KWIC Nutrition Education-RD window. The IBCLC should use the KWIC Notes window. The applicable KWIC Secondary Nutrition Education Trigger topic must also be assigned (refer to PPM NED 02.04.0 Nutrition Education - Use of Trigger Topic).

6. For appointments conducted remotely via phone or video conference, at the end of the contact, staff should...
Subject: Nutrition Education Contact – Secondary High Risk

a. issue food benefits remotely for the appropriate number of months,
b. schedule the client for a subsequent visit, based on their Flow Sheet, and
c. mark the “Not Present” checkbox on the KWIC “Issue Benefits” window. (KWIC will create a “eWIC Benefits-Not Present” contact.)

7. In the instance that a client is unavailable for their scheduled remote nutrition education contact, staff will make attempts to contact clients two times over two-three days. Attempts will be documented in KWIC notes. If staff are unable to reach the client after two tries, the appointment will be marked as “No Show” and the no-show letter will be mailed within one week. The client must contact the clinic for an appointment or come to the clinic in order to receive future benefits.

8. Benefits cannot not be issued remotely if the appointment cannot be completed with the client/caregiver or their alternate designated in KWIC (see above). This is not to be confused with refusal to receive high-risk nutrition education.

9. Receiving nutrition education and benefits remotely is an option if the client is able to complete the contact remotely. If the client refuses to receive the high-risk nutrition education offered remotely, the client can be given a future appointment to come to the clinic to be issued benefits. Document refusal to receive high-risk nutrition education, using the KWIC appointment book, by marking the appointment outcome as “refused.”

10. If the client refuses nutrition education, when having an in-person appointment at the clinic, document refusal to receive high-risk nutrition education using the KWIC appointment book, by marking the appointment outcome as “refused” but only after benefits are issued to the client.