

Policy 400

Nutrition Education and Counseling

POLICY

All local WIC agencies shall offer nutrition education, counseling to all WIC participants, parents, and caregivers according to federal regulations, state guidelines and program goals.

PURPOSE

To ensure that WIC participants receive nutrition education and counseling that considers their individualized needs, strengths and developmental needs

PROCEDURES

All WIC clinics shall provide nutrition education and counseling to all WIC participants using a state approved method.

- A. All nutrition education contacts shall include a two-way communication between staff and participants.
- B. Nutrition education must be made available to participants including participants who do not receive food packages such as fully breastfeeding infants < 6 months old and partially breastfeeding women whose infants are > 6 months old and receiving a full formula package.
- C. Any nutrition education and counseling provided to participants shall include accurate, up-to-date and evidence based information. WIC staff must use a participant centered approach and are encouraged to share personalized nutrition information to meet the individual's health care needs.

Policy 401

Value Enhanced Nutrition Education Assessment (VENA)

POLICY

All local WIC agencies shall have Certifying Health Professionals to provide participant centered nutrition assessment and counseling. Value Enhanced Nutrition Education (VENA) begins with the nutrition assessment. Beyond determining WIC eligibility, nutrition assessment is utilized to enhance the interaction between the Certifying Health Professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring.

PURPOSE

To provide client centered nutrition education counseling and assessment. Nutrition assessment and participant centered nutrition education and counseling includes open ended questions to determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition. Individualized nutrition education counseling is then provided to address the identified questions, concerns and goals.

RELEVANT REGULATIONS

USDA, FNS, Value Enhanced Nutrition Assessment (VENA) - WIC Nutrition Assessment Policy, WIC Policy Memorandum 2006-5; March 2006.

PROCEDURES

VENA Principles

- A. Nutrition assessment and education shall follow the VENA model and embrace the following principles to ensure effectiveness and quality:
 1. Interactive
 - a. Nutrition education shall involve families in self-assessment and self-directed goal setting and help families move toward their desired level of wellness.
 - b. Develop a rapport by employing active listening skills, asking open ended questions and identifying the participant's stage of change.
 2. Flexible
 - a. Use multiple strategies and techniques to effectively reach and impact participants and their families.
 3. Relevant
 - a. Impart appropriate and relevant education that is reflective of the interest of the participants and/or family.
 - b. Education offered to participants shall be in a positive and interactive manner through developmentally and culturally appropriate teaching aids.
 4. Supportive Environment
 - a. Nutrition education shall be offered in a family, friendly environment for optimal learning. Personnel shall support the family's needs and build a rapport with families to promote good health.
 5. Trained Personnel
 - a. Education shall be facilitated or taught by qualified, well-trained and equipped personnel.
 6. Culturally Supportive
 - a. Nutrition education shall acknowledge and support differences in cultures and languages and be sensitive to cultural food choices, when possible.

Complete WIC Nutrition Assessment

- A. Certifying Health Professionals will use a standardized process to collect nutrition information for all participants.

- B. A comprehensive nutrition assessment is required to identify nutrition risks, assign and appropriate food package, and guide WIC participant centered nutrition services after the assessment is complete.
- C. The following components must be used in completing a nutrition assessment:
 - 1. Observe participant and review participant's medical record.
 - 2. Ask pertinent questions to clarify, probe for additional information, or follow up on information participant or parent/caretaker has written or verbalized.
 - 3. Listen to and affirm the participant/parent/caretaker.
 - 4. Use critical thinking to determine nutritional risk, food package, understanding of health and readiness for change, etc.
 - 5. Document services provided in the participant's medical record.

Plan of Care

- A. Certifying Health Professionals must develop a plan of care for all participants.
 - 1. The plan of care must include:
 - a. Individualized goals clearly stated and documented.
 - i. Goals shall be related to participant's nutritional risk, reasonable, and measurable with timeframe for completion.
 - b. Documentation of progress toward that goal at follow-up visits
 - c. Appropriate referrals with follow-up documentation.
 - 2. Certifying Health Professionals shall assist the participants in setting goals.

Three Step Counseling

- A. Certifying Health Professionals shall use three step counseling to provide nutrition and assessment and participant centered nutrition education.
- B. Step 1 – Ask open ended questions
 - 1. Begin the question with “what”, “how”, or “tell me”.
 - 2. Open ended questions shall build rapport.
 - 3. Ask “probing” follow-up questions to help get a bigger picture of what the mother means.
 - a. Extending Probe-ask for more information
 - b. Clarifying Probe-helps to understand what the participant has told you
 - c. Reflecting Probe-repeats the participant's words back to them
 - d. Redirecting Probe-helps change the subject and steer conversation in a difference direction.
- C. Step 2 – Affirm
 - 1. Affirmation is a short, simple statement that lets the participant know their feelings are okay.
 - 2. Affirmations acknowledges the feeling behind what the participant is telling you.
 - 3. There are five ways to affirm the participant:
 - a. Agree with the participant.
 - b. Assure them they are not alone.
 - c. Read between the lines to discover what they are worried about.
 - d. Shine the spotlight on what they are doing well.
 - e. Show they are a good parent/caretaker.
- D. Step 3 – Educate
 - 1. Education shall be done only after asking open-ended questions and providing affirmation.
 - 2. Education shall be:
 - a. Kept simple
 - b. Target their concerns
 - c. Reinforce the message
 - d. Provide options.
 - e. Share resources.

Stages of Change

- A. Certifying Health Professionals shall determine the participant/parent/caretakers stage of change.
 - 1. Precontemplation-participant unaware of the problem or not willing to make changes.
 - 2. Contemplation-participant starts communicating about the problem.
 - 3. Preparation-participant is ready to change in the near future.
 - 4. Action-participant is actively engaged and making changes.
 - 5. Maintenance-participant focuses on keeping up with goal attained during the action stage.

Setting Goals

- A. Certifying Health Professional shall assist participants in setting goals to facilitate change.
 - 1. Participants are the best judge of what will work for their family.
 - 2. Goal setting needs to be participant driven. The Certifying Health Professional is to help participants succeed at their goals.
 - 3. Work with participants to set realistic, measurable goals. Suggesting small, reachable goals – taking baby steps – is a way to help your participants change behaviors and feel successful with those goals.
 - 4. Meet a participant or parent/caretaker where they are. Any movement toward change has the potential to provide this participant with a better health outcome. Certifying Health Professionals are to help the participant/caretaker where they are in the change process.
 - 5. Discuss and problem-solve participant or parent/caretaker's concerns and barriers to achieving the goal(s).

Policy 402

Certification and Mid-Certification Nutrition Education Counseling Guidelines

POLICY

All local WIC agencies shall have Certifying Health Professionals provide nutrition education to WIC participants during certification and mid-certification visits.

PURPOSE

To ensure that WIC participants receive quality nutrition-focused counseling during certification and mid-certification visits that is participant focused.

RELEVANT REGULATIONS

7 CFR 246.11(e)(5) – Participant Contacts

7 CFR 246.2 – Definitions

7 CFR 246.11 – Nutrition Education (a)General,(b) Goals, (c)(4) – Procedures to ensure that nutrition education is offered,(d) Local program responsibilities,(e) Participant contacts,(e)(4) – Documentation of nutrition education provided, and (e)(5) – Provision of individual care plan based on need

7 CFR 246.12 (d) – Compatibility of food delivery system,(r)(1) – Parents/caretakers and proxies

7 CFR 246.14 – Program Costs

PROCEDURES

WIC Certification/Mid-Certification Nutrition Education

- A. WIC certification/mid-certification counseling must be offered to each participant/parent/caregiver at the time of their certification/mid-certification visit. Individual nutrition education is then provided at the WIC certification/mid-certification counseling.
- B. At the certification/mid-certification visit, after assessing for nutrition risk criteria, provide nutrition education as follows:
 1. Nutrition education counseling must include:
 - a. WIC certification/mid-certification education counseling topics as outlined in the WIC Certification/Mid-Certification Education Topics Appendix of this section.
 2. If counseling has been provided and documented through another service (i.e. Well Child, Prenatal) it does not have to be repeated for WIC if the content of the WIC certification/mid-certification nutrition education counseling protocols has been met.
 3. The following nutrition education must be provided to every participant during the certification/mid-certification health assessment.
 - a. Additional counseling must be provided based on the participants risk code assignment.
 - i. See WIC Certification/Mid-Certification Health Assessment Nutrition Education Counseling Protocol Appendix in this section.

WIC Certification/Mid-Certification Health Assessment Nutrition Education Counseling Protocol
(In addition to this counseling, all WIC participants must be provided counseling on Specific Nutritional Risk)

Provider: Certifying Health Professional

| Topic | WIC General Nutrition Counseling Protocol by Status |
|--|---|
| Discuss WIC Program eligibility and benefits | <ul style="list-style-type: none"> • Purpose of the WIC Program (Nutritional support through supplemental food, nutrition education, breastfeeding support and referrals) • WIC is a partnership between the participant and WIC staff • Discuss certification process including nutrition assessment to provide individualized nutrition education, eligibility period and recertification schedule. • Discuss importance and benefits (nutrition education, breastfeeding support, referrals, and healthy foods) for continued participation in the program. |
| Counsel on basic diet and the importance of regular physical activity. | <p>Determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition? Provide counseling to address questions/concerns/dietary habits.</p> <p>For women and children:</p> <ul style="list-style-type: none"> • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid for Kids and Activity Pyramid. • Review dietary concern(s) and appropriate action. • Encourage an average of 30 minutes for women and 60 minutes for children of physical activity each day. • Limit screen time to no more than 2 hours/day for children. • Remove the television from the child's bedroom. • Encourage healthy foods (e.g. low-fat and reduced fat food choices including 1% or less milk, (women/children > 2), 5 Fruits and Vegetables per day & Avoid Sugar Sweetened Drinks) • Refer to health care provider/Lead Program for lead screening and assessment. <p>For infants:</p> <ul style="list-style-type: none"> • Discuss Kentucky Infant Feeding Guide appropriate for age and development. • Encourage caregiver(s) to promote physical activity and motor skill development in their infant (rolling over, standing, movement, play). • Review dietary concern(s) and appropriate action. • Refer to health care provider/Lead Program for lead screening and assessment. |
| Encourage to breastfeed unless contraindicated for health/lifestyle reasons. See Policy 501-Breastfeeding Support | <p>For pregnant women:</p> <ul style="list-style-type: none"> • Discuss the advantages of breastfeeding. • Discuss the benefits of Kangaroo Care. <p>For breastfeeding women:</p> <ul style="list-style-type: none"> • Encourage continuation and support of breastfeeding. • Discuss the benefits of Kangaroo Care. |
| Discuss the effects of drug and other harmful substance use (tobacco, alcohol, drugs). | <ul style="list-style-type: none"> • Discuss how tobacco and/or alcohol can affect the woman, fetus, infant, and child. This shall include information about smoking cessation if appropriate and the effects of secondhand smoke. • Discuss recommendations to not use tobacco products. Refer to 1-800-QUIT NOW (1-800-784-8669) if client smokes. • Discuss recommendations to not take any medications, over-the-counter or otherwise, unless specifically ordered by a physician. • Discuss recommendations to not use drugs (marijuana, cocaine, etc.). • Discuss recommendations to not drink alcohol. |
| Discuss Safe Sleep Environment for Infants | <p>For infants:</p> <ul style="list-style-type: none"> • Discuss American Academy of Pediatrics (AAP) Safe Sleep Policy. <p>(See Safe Sleep Environment for Infants in Policy 404-WIC Low Risk Secondary Nutrition Education)</p> |
| At recertified and mid-certification | <ul style="list-style-type: none"> • Review and discuss previously set goals. • For participants who completed online nutrition education lesson, review and discuss the lesson completion certificate, participant goal set during the lesson, and links visited. |
| Discuss specific nutritional risk for which participant qualifies. | <ul style="list-style-type: none"> • See WIC Certification/Mid-Certification Health Assessment Counseling for Specific Nutritional Risk Protocol in the Appendix in this section. |

4. Establish participant centered goals and plan of care for follow-up visits.
 - a. These goals shall be:
 - i. Related to the participants identified nutritional risks and the participant/family nutrition related interests.
 - ii. Be actionable with a measureable timeframe for completion.
 - iii. Be reasonable and achievable.
5. Make referrals for other programs or services (when appropriate)
6. Document as appropriate in the participant's medical record. Documentation must include:
 - a. Goals established/progress of goals.
 - b. Referrals for other programs or services (when appropriate)
 - c. "Nutrition education provided per protocol" or the acronym "NEPP" or "Mid-Certification Health Assessment nutrition education per protocol" or the acronym "MC-FNEPP" when information provided to the participant in outlined in the counseling protocols. If the protocol is not followed, then documentation must be made of the counseling that is provided and any supporting materials/handouts that were provided.
 - d. Additional nutrition education information or pamphlets that are provided that are not listed in the counseling protocols must be documented.
7. Code the service on the Patient Encounter Forms.
 - Nutrition Education and Breastfeeding Counseling
 - a. W9401 WIC Nutrition Education Counseling (7.5 minutes) when following the certification counseling protocols.
 - b. W9401 WIC Nutrition Education Counseling (7.5minutes) when following the mid-certification counseling protocols.
 - c. 2699 – is used for nutrition counseling and v241- is used for breastfeeding services are provided.
 - d. If additional information is provide above and beyond the WIC Certification/Mid-Certification protocols listed in the appendix tables must be documented in the participant's medical record and is coded on the PEF as W9402 (15 minutes), W9403 (22.5 minutes) or W9404 (30 minutes) as appropriate.
 - Certification Assessment
 - a. W0200 is used to code certification
 - b. W0204 is used for screened but does not have a qualifying nutrition risk
 - Mid-Certification Health Assessment (MCHA)
 - a. W0205 is used to code the MCHA assessment

Policy 403

Referral Based on Nutrition Risk

POLICY

Local WIC Agencies will make referrals when there is an identified need or upon participant request. Referrals shall be made for medical provider evaluations, lactation specialist visits, Medical Nutrition Therapy, substance abuse, Lead Program, treatment/counseling services and social programs. In addition, local WIC Agencies must screen for alcohol, tobacco and other drug use, refer for further assessment when needed, and provide drug and other harmful substance abuse information.

PURPOSE

To improve the health and wellbeing of WIC participants by ensuring awareness of and referrals to available resources for assistance and information. Screening and counseling shall be conducted in a non-judgmental and compassionate setting.

RELEVANT REGULATIONS

7 CFR 246.4(a)(8) and (9) – State Plan
7 CFR 246.7(a)(b) and (n) – Certification of Participants
7 CFR 246.11(a)(3) and (b)(1) – Nutrition Education
7 CFR 246.149(c)(1) and (9) – Program Costs

PROCEDURES

Certification Visits

- A. At each certification, local WIC Agencies must provide information on referrals to participants based on identified need or by participant request.
 1. Each certification shall include a screening for potential alcohol, tobacco or other drug use by prenatal and postpartum participants.
 - a. It is not in the scope of WIC to provide drug, alcohol or tobacco assessment or counseling.
 - b. If further assessment or counseling is needed, refer the participant to their medical provider.
 - c. Make available a list of local resources for drug or other harmful substance abuse counseling and treatment. This list must be made available to all WIC participants: pregnant, postpartum and breastfeeding women and parents/caretakers of infants and children.
 - d. Raise awareness of all participants and caretakers about the dangers of alcohol, tobacco and other drugs.
 2. Refer to health care provider/Lead Program for lead screening and assessment. The WIC Program may not conduct WIC Lead tests.
 3. WIC Staff must refer WIC participants for appropriate resources such as social services, lactation counseling, medical providers, Medical Nutrition Therapy, etc. based on identified need or upon request.

Referral Services

- A. Local WIC agencies shall maintain and make available a list of referral sources in the program's service area.
- B. Local Programs are required to provide information about dangers of using alcohol, tobacco and other drugs to all pregnant, breastfeeding and postpartum women and to parents and caretakers of infants and children.
- C. Local WIC agency staff shall keep informed about available health and social services in the community whenever possible.

Referrals Based on Risk Criteria

- A. WIC participants will receive a referral to the indicated referral source if the risk codes below are identified.

NUTRITIONAL RISK CRITERIA CODES FOR REFERRAL

| Medical Evaluation referral: | |
|--|--|
| NRCC Code | Risk Criteria Name |
| 201 | Low Hematocrit/Low Hemoglobin: Hematocrit \leq 27% Hemoglobin \leq 9 grams/dL. |
| 211 | Elevated Blood Lead |
| 152 | Low Head Circumference |
| 602 | Breastfeeding Complications: Mastitis and/or Severe nipple pain |
| 358 | Eating Disorders |
| Lactation Specialist (Nurse or Dietitian with credentials of IBCLC, CLC, or CLS), Nutritionist or Dietitian referral: | |
| NRCC Code | Risk Criteria Name |
| 602 | Breastfeeding Complications |
| Treatment/Counseling Services referral: | |
| NRCC Code | Risk Criteria Name |
| 361 | Depression |
| 371 | Substance Use |
| 372 | Alcohol and Substance Use |
| Social Programs referral: | |
| NRCC Code | Risk Criteria Name |
| 902 | Impaired Ability to Prepare Food |
| 901 | Recipient of Abuse |
| 903 | Foster Care |
| 801 | Homelessness |
| 802 | Migrancy |

Referral Follow-Up

- A. Evaluate referral outcomes when possible by conducting follow-up with participants at subsequent visits.
 - 1. Ask participants if services were obtained.
 - 2. Reinforce follow-through if services were accessed.
 - 3. Identify barriers and options for overcoming barriers if services were not obtained.

Documentation

- A. All referrals must be documented in the participant's medical record.

Policy 404

WIC Low Risk Secondary Nutrition Education Guidelines

POLICY

Nutrition-focused education must be provided at least quarterly to each participant/caregiver according to federal regulations, state guidelines and program goals.

PURPOSE

To ensure that appropriate nutrition-focused education is made available to all participants on a routine basis and to establish standards for nutrition education contacts.

RELEVANT REGULATIONS

7 CFR 246.6 (b) – Goals

7 CFR 246.11 (c)(4) and (7) – State agency responsibilities

7 CFR 246.11—Nutrition Education (a) General, (b) Goals, (c)(4) – Procedures to ensure that nutrition education is offered, (d) Local program responsibilities, (e) Participant contacts, (e)(4) – Documentation of nutrition education provided, and (e)(5) – Provision of individual care plan based on need.

PROCEDURES

WIC Follow-Up Nutrition Education Counseling

- A. Nutrition Education shall follow the Value Enhanced Nutrition Assessment (VENA) model and embrace the following principles to ensure effectiveness and quality:
 1. Interactive
 - a. Nutrition education shall involve families in self-assessment and self-directed goal setting and help families move toward their desired level of wellness.
 - b. Develop a rapport by employing active listening skills, asking open ended questions and identifying the participant's stage of change.
 2. Flexible
 - a. Use multiple strategies and techniques to effectively reach and impact participants and their families.
 3. Relevant
 - a. Impart appropriate and relevant education that is reflective of the interest of the participants and/or family.
 - b. Education offered to participants shall be in a positive and interactive manner through developmentally and culturally appropriate teaching aids.
 4. Supportive Environment
 - a. Education shall be offered in a family, friendly environment for optimal learning. Personnel shall support the family's needs and build a rapport with families to promote good health.
 5. Trained Personnel
 - a. Education shall be facilitated or taught by qualified, well-trained and equipped personnel.
 6. Culturally Supportive
 - a. Education shall acknowledge and support differences in cultures and languages and be sensitive to cultural food choices, when possible.
- B. WIC secondary nutrition education counseling must be offered to each participant/caregiver by providing quarterly nutrition education contacts during the certification period.
 1. The first quarterly nutrition education contact is provided with the certification visit.

2. The second nutrition education contact, or follow-up contact, is provided approximately three (3) months from the certification date.
3. Nutrition education contacts shall be scheduled with food benefit issuance and, when possible, with other services.
4. If a participant misses their nutrition education visit or declines nutrition education, it shall be documented in the participant's medical record.
5. Benefits cannot be withheld for declining or not completing nutrition education visits.
6. Participants must receive secondary nutrition education contacts on the following schedule:

Nutrition Education (NE) Contact Schedule

| Status | 1 st NE Contact | 2 nd NE Contact | 3 rd NE Contact | 4 th NE Contact |
|----------------------------|--------------------------------|--|---|--|
| | Provide at certification visit | Provide at follow-up visit, approximately 3 months after certification visit | Provide at Mid-Certification Health Assessment (if applicable) approximately 6 months after certification visit | Provide at follow-up visit, approximately 3 months after Mid-Certification Health Assessment |
| Pregnant Woman | ✓ | ✓ | N/A | N/A |
| Breastfeeding Woman | ✓ | ✓ | ✓ | ✓ |
| Postpartum Woman | ✓ | ✓ | N/A | N/A |
| Infant | ✓ | ✓ | ✓ | ✓ |
| Children | ✓ | ✓ | ✓ | ✓ |

WIC Secondary Nutrition Education Counseling

- A. Participants will be assigned appropriate risk codes during their certification.
- B. Based on the risk code assignment, participants will be scheduled for a WIC Low Risk (Brief) Secondary Nutrition Education or WIC High Risk (In-Depth) Secondary Nutrition Education visit.
 1. WIC High Risk Counseling visits count as one of the required nutrition education visits. Participants identified for high risk counseling, must receive a minimum of one high risk (In-Depth) nutrition counseling session per certification period. High Risk nutrition education may be provided at the Mid-Certification Health Assessment as part of the MCHA nutrition education.
 2. For additional information about WIC High Risk Counseling see Policy 405-Secondary Nutrition Education for High Risk Participants.

Methods for WIC Low Risk (Brief) Secondary Nutrition Education

- A. Individual WIC Secondary Nutrition Education Counseling
 1. Discuss topics based upon status and nutritional risk, individual/family goals, and individual/family interests. Provide nutrition education on at least one nutrition topic, may follow-up on goal set at certification/MCHA visit.
 2. If utilizing Trained WIC paraprofessional, see Training Requirements for the WIC Paraprofessional in the section.
 3. Make referrals for other programs or services (when appropriate).
 4. Documentation must be in participant's medical record in accordance to standards outlines in the Administrative Reference, Medical Records Management Section.
 5. Documentation must include:
 - a. Document nutrition topic(s) covered.

- b. Document any updates to goals, if applicable.
- c. Referrals for other programs (when appropriate).
- 6. Code service on the Patient Encounter Form (PEF) as listed below:
 - a. Certifying Health Professionals
 - i. Code W9401 WIC Nutrition Education/Counseling (7.5 minutes) when following Individual Nutrition Counseling Protocols and 2699-.
 - a. If providing Breastfeeding nutrition education, Code W9401 and V241-.
 - b. Trained Paraprofessionals
 - i. Coding on the PEF shall be WP401 (7.5 minutes) WIC Low Risk Follow-up Contact when following protocols below.

| PROVIDER: TRAINED WIC PARAPROFESSIONAL *** | |
|--|--|
| Topic /Status | Counseling/Education (Reference Materials**) |
| Feeding Practices Status: Child (age 2 and older) | Discuss the following topic as appropriate: <ul style="list-style-type: none"> • Food Safety • Beans • Calcium • Vitamin A/Vitamin C • Iron for Strong Blood Cells • Healthy Eating for Preschoolers Choose My Plate Tip Sheet • Add More Vegetables & Focus on Fruits Choose My Plate Tip Sheets |
| Presumed Dietary Risk Status: Child (age 2 and older) | |
| Possibility of Regression-Priority III Status: Child (age 2 and older) | |
| Possibility of Regression-Priority V Status: Child (age 2 and older) | |

- 7. Documentation of refusal or no-show demonstrates that nutrition education was offered.

B. Online WIC Secondary Nutrition Education

- 1. The following are eligible for online nutrition education:
 - a. Children
 - i. Children assigned WIC High Risk Counseling must have one WIC High Risk (In-Depth) Counseling visit during the one-year certification period.
 - a. It is recommended that the WIC High Risk Counseling Visit be provided during the Mid-Certification Health Assessment (MCHA).
 - b. Online nutrition education is not considered High Risk Nutrition Education.
 - c. If the high risk (In-Depth) nutrition education is provided at the MCHA visit, the child may have up to two (2) online nutrition education sessions during the one year certification period.
- 2. At the certification appointment, the Certifying Health Professional (CHP) will determine if the child is eligible for on-line nutrition education and in conjunction with the caretaker determine if it is the best option for the family.
 - a. The caretaker of the eligible participants are to be provided a choice regarding the method of follow-up nutrition education.
- 3. The CHP in conjunction with the caretaker will determine if there is access to the internet for online nutrition education. Access to the internet could include use of smart phone with data plan, computer in home or computer in another location such as library or friend/relative's home.
- 4. The CHP or designated staff will explain the process for completing the online nutrition education.

5. The CHP may recommend specific topics based on the participant's category, interest and/or risks. However, the participant's family/caretakers may choose which lesson topic best meets their family's needs.
6. The CHP may recommend the caretaker review Health eKitchen component which is a resource for menu development or locating recipes. However, Health eKitchen does not count as a nutrition education contact.
7. Households with two (2) or more children will be required to complete a minimum of one (1) lesson.
8. Each completed online lesson must be documented in the participant's medical record. The system will print a label listing the nutrition education courses the participant/caretaker has completed.
9. Participants/caretakers who complete online nutrition education are not required to be physically present for food benefit issuance. If the participant/caretaker is not physically present:
 - a. Upload eWIC (EBT) benefits to the participant's account after verification of completion of the online nutrition lesson.
 - b. The reason for mailing the food instruments or uploading the EBT benefits, the month(s) of issuance and the date the food instruments were mailed or benefits were uploaded must be documented in the participant's medical record.
 - i. Proof of identity is coded as "other," code 50.
 - ii. The Household WIC Shopping List will be mailed. To protect privacy, the WIC Benefit List shall not be mailed.
10. Participants/caretakers who do not complete the online nutrition lesson must be offered an individual or group nutrition education contact and must return to clinic for food benefit issuance.
11. At the subsequent certification appointment, the CHP will follow-up with the participant regarding the lesson and goals of the courses taken online.
12. Caretakers who indicate an interest in online nutrition education, but later choose not to participate in online option, shall be offered individual or group nutrition education.
13. Participants with a current plan to do online nutrition education as their nutrition education contact are considered as having been offered one nutrition education contact.

C. Phone WIC Secondary (Brief) Nutrition Education

1. Certifying Health Professional may provide nutrition and breastfeeding education by phone.
2. Local WIC agencies may not utilize phone contacts to provide nutrition education at certification or mid-certification health assessments (MCHA).
3. During the phone contact:
 - a. Have the participant confirm their identity by asking them to identify their name and at least one of the following: current mailing address, date of birth, WIC card number or other verifiable information in the participant's medical record.
 - b. If the participant's identity cannot be confirmed, education cannot be provided over the phone.
4. The education provided shall follow the same policies as the Individual Follow-Up Nutrition Education Counseling Protocols.
5. Offer the participant the opportunity to ask questions during and after the nutrition education contact.
6. Make appropriate referrals.
7. Document the phone contact in the participant's medical record, including that the contact was via the phone.
8. Code the phone contact on the Patient Encounter Form (PEF).

- a. Code W9401 WIC Nutrition Education/Counseling (7.5 minutes) when following Individual Nutrition Counseling Protocols and 2699-.
 - b. If providing Breastfeeding nutrition education, Code W9401 and V241-.
- D. Group WIC Secondary Nutrition Education Session
 - 1. Group sessions are allowable for follow-up contact based on the professional judgement.
 - 2. The State WIC office must approve all group education sessions.
 - a. For a list of approved group education session, contact the State WIC Office.
 - b. Any group session developed by a local WIC agency, must be approved by the State WIC Office prior to use.
 - 3. Staff who may provide group nutrition education:
 - a. Certifying Health Professionals
 - b. Lactation Specialists
 - c. Trained WIC paraprofessional-may provide group nutrition education for children age 2 and older with the following risk codes: Feeding Practices (4250, Presumed Dietary Risk (401), and Regression (501).
 - d. If utilizing Trained WIC paraprofessional, see Training Requirements for the WIC Paraprofessional in the section.
 - 4. Following registration, the participant, guardian or proxy will be directed to the appropriate group session.
 - 5. Food benefit issuance and return appointments are prepared as the group session is being completed. The group sessions typically take 15-30 minutes.
 - 6. The group education provider will code the appropriate group education level provided on the PEF.
 - a. Use W9431 for Group nutrition education, with 2699-.
 - b. Use W9432 for Group breastfeeding education, with V241-.
 - c. Use W9435 for WIC Group nutrition education provided by a paraprofessional, with 2699-.
 - 7. Documentation of the group session:
 - a. Group Follow-Up Education label which includes group session provided, name of group session and is signed and dated by provider.
 - b. If no label is used, documentation shall include date, nutrition education provided by group, name of session, provider signature and title.
 - c. Provided referrals, when appropriate.
 - d. Any additional information provided that is not part of the group lesson plan.
- E. Kiosk WIC Secondary Nutrition Education.
 - 1. Contact the Nutrition Services Branch for guidance and approval prior to offering Follow-Up Kiosk Nutrition Education.

WIC Exit Counseling

- A. The WIC exit counseling shall reinforce important health messages previously discussed, with emphasis on:
 - 1. Postpartum/Breastfeeding Women
 - a. Recommendation to breastfeed infants for the first year of life and beyond.
 - b. Review American Academy of Pediatrics safe sleep environment for infants.
 - c. Folic acid and the prevention of birth defects.
 - 2. All Applicable Status
 - a. Choose My Plate Dietary Guidelines to make healthy food choices.
 - b. Avoiding sugar sweetened drinks.
 - c. Recommendation of an average of 30 minutes for women and 60 minutes for children of physical activity each day.
 - d. Health risks associated with alcohol, tobacco and drug use.

- e. Following the recommended schedule for immunizations.
- f. For children, limit screen time to no more than 2 hours/day and remove the television from the child's bedroom.

Safe Sleep Environment for Infants

The Kentucky Department of Public Health supports the American Academy of Pediatrics policy on Safe Sleep to reduce the incidence of Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS). The AAP Safe Sleep Policy includes:

- A. Placing baby on their back for every sleep time.
- B. Placing baby on a firm sleep surface. Sitting devices such as car seats, strollers, swings, infant carriers and infant slings are not recommended for routine sleep.
- C. Placing baby in the same room where the parents sleep but not on the same bed (room sharing without bed sharing).
- D. Keeping soft objects, loose bedding, or any object that could increase risk of entrapment, suffocation or strangulation out of the crib. These objects include pillows, blankets, bumper pads.
- E. Not using wedges or positioners.
- F. Breastfeeding as much and for as long as a mother can.
- G. Offering a pacifier at nap time and bedtime. With breastfeeding infants, delay pacifier introduction until breastfeeding is firmly established, usually around 3-4 weeks.
- H. Not letting the baby get too hot. In general, infants shall be dressed appropriately for the environment, with no more than 1 layer more than an adult would wear to be comfortable in that environment.
- I. Scheduling and going to all well-child visits.
- J. Keeping baby away from smokers and places where people smoke.
- K. Not using home cardiorespiratory monitors or to help reduce the risk of SIDS.
- L. Not using products that claim to reduce the risk of SIDS.
- M. The AAP recommends supervised, awake tummy time daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

Training Requirements for WIC Paraprofessionals

Before Paraprofessional will be trained by the State WIC Office, the local WIC agency must assure that a Registered Dietitian (RD, LD) with at least one year of WIC experience is on staff to provide the observation component of the training and supervision once the training has been completed. Once trained, WIC paraprofessionals may provide specific and limited nutrition information to WIC participants as detailed in the Individual WIC Follow-Up Nutrition Education and Group Follow-up Nutrition education sections above.

- A. Staff of a local WIC agency are not Certifying Health Professionals or Lactation Specialists (i.e., support services staff or clinical assistants) may be trained as a paraprofessional, if they meet the following basic criteria:
 - 1. Are an employee of the agency;
 - 2. Have a high school diploma, GED or higher education;
 - 3. Have a minimum of one year experience with a Maternal and Child Health Program;
 - 4. Have knowledge of local health department system, community resources and ability to refer; and
 - 5. Can communicate with clients on appropriate educational, economic and cultural level.
- B. Initial paraprofessional training includes:
 - 1. Instructional component provided by the Nutrition Services Branch; and
 - 2. Initial observational component provided by the local WIC agency Registered Dietitian.
- C. Once the instructional and observation components of training have been completed, the local WIC agency Registered Dietitian will complete and submit the "WIC Paraprofessional Candidate

Submission Form" (see form in this section) to allow the Paraprofessional to code on the Patient Encounter Form (PEF).

- D. At the completion of the instructional component of the training, the paraprofessional must demonstrate competency in following areas:
 1. Basic Understanding of the WIC Program;
 2. Communication skills;
 3. Referral skills;
 4. Documentation skills; and
 5. Through knowledge of the paraprofessional nutrition education topics completed during the initial training.
- E. After successful completion of the instructional component, the paraprofessional must successfully complete the observation component in the clinic under the direction of the local WIC agency Registered Dietitian. During the observation component the paraprofessional must:
 1. Observe a Certifying Health Professional providing nutrition education (individual/group contact) to clients;
 2. Be observed by the local WIC agency Registered Dietitian conducting at least three (3) nutrition education services (individual/group).
 - a. If paraprofessional will be providing individual counseling, they must be observed conducting at least three individual contacts.
 - b. If paraprofessional will be providing group sessions, they must be observed conducting at least three (3) group session contacts.
- F. The local WIC agency Registered Dietitian must provide ongoing supervision by:
 1. Conducting yearly chart reviews of paraprofessional nutrition education documentation;
 2. Observing the paraprofessional providing nutrition education services (individual/group) and coding on the Patient Encounter Form (PEF) at least once a year;
 3. Acting as a resource and mentor;
 4. Ensuring the trained paraprofessional receives at least four (4) hours of continuing education per year (these hours may be attained by attending webinars, local nutrition in-service training, and other nutrition conferences and/or workshops and reading approved by Registered Dietitian); and
 5. Ensuring continuing education hours are documented and maintained at the local level.
 6. Submit one form for each newly trained paraprofessional.
 7. The local WIC agency Registered Dietitian will be notified by the Nutrition Services Branch of the starting date the paraprofessional may begin providing and coding the paraprofessional nutrition education service (individual/group) for WIC.

WIC PARAPROFESSIONAL CANDIDATE SUBMISSION FORM

Complete the form for approval for a trained WIC Paraprofessional to provide and code WIC paraprofessional nutrition education. Upon state agency approval, WIC Paraprofessional services may be provided and coded.

Agency: _____ **Date:** _____

Paraprofessional Candidate Name: _____

Employee Number of Paraprofessional Candidate: _____

1. Paraprofessional 101 Course completion date: _____
Name of Nutrition Services Branch trainer: _____
2. Paraprofessional Observational component completion date: _____
Name of Registered Dietitian (RD) observer: _____

Request for Coding Services:

3. Employee needs the ability to code the following WIC paraprofessional nutrition education services on the Patient Encounter Form (PEF): (check all that apply)
 - _____ WP401 WIC Low Risk Follow-up Contact (7.5)
 - _____ WP402 WIC Low Risk Follow-up Contact (15)
 - _____ W9435 WIC Group low risk nutrition-paraprofessional
4. Employee needs the ability to code these services at the following site(s): _____

5. Local agency's RD responsible for ongoing supervision and ongoing training for Paraprofessional: _____

6. Person submitting this form: _____
Mailing address: _____
Email address: _____
Phone #: _____

7. Indicate Nutrition Modules Completed.

| ✓ | Nutrition Modules Completed** | Date |
|---|---------------------------------|------|
| | Module 1: Calcium | |
| | Module 2: Iron | |
| | Module 3: Food Safety | |
| | Module 4: Vitamin A | |
| | Module 5: Vitamin C | |
| | Module 6: Dried Beans and Fiber | |
| | Module 7: Fruits and Vegetables | |
| | Module 8: Kids in the Kitchen | |
| | Module 9: Screen Time | |
| | Other (list) | |

** Paraprofessional may only provide counseling on Nutrition Module completed and must follow policies and procedures in the WIC and Nutrition Manual when providing WIC paraprofessional nutrition education.

8. **Please submit completed form to:**

Clinical Nutrition Section Supervisor
Nutrition Services Branch
Cabinet for Health and Family Services
275 East Main Street, HS2W-D
Frankfort, Kentucky 40621-0001

STATE AGENCY USE ONLY

Paraprofessional Candidate has completed required training (101 Paraprofessional Module & Observational Component **and** at least one (1) Nutrition module.)

Request sent to Local Health: _____

Employee approved to begin coding service: _____

Local agency notified _____

Authorized by NSB Staff: _____
Date: _____

Policy 405

WIC High Risk Secondary Nutrition Education

POLICY

WIC High-Risk Counseling visits must be provided and individualized care plans must be developed for all high-risk participants following each certification/mid-certification health assessment where they were identified as high-risk.

PURPOSE

To provide guidance for high-risk counseling, including methods, documentation, etc. To ensure all high-risk participants receive an individualized care plan that with personalized nutrition information to meet their health care needs.

RELEVANT REGULATIONS

7 CFR 246.11(e)(5)

United States Department of Agriculture, Food and Nutrition Services, Nutrition Service Standards

PROCEDURES

WIC High-Risk Counseling

- A. Certifying Health Professionals during certification visits must identify and assign nutrition risk codes criteria for each participant.
 1. Participants assigned the following risk codes must receive at least one WIC High-Risk Counseling visit within that certification period in which that risk code was assigned.

| Nutritional Risk Criteria Codes Requiring High Risk Nutrition Counselling | |
|--|--|
| WIC High-Risk Counseling: | |
| NRCC Code | Risk Criteria Name |
| 211 | Elevated Blood Lead |
| 141 | Low Birth Weight |
| 111,113 | Overweight |
| 101,103 | Underweight |
| 302 | Pregnancy Induced Conditions: Gestational Diabetes |
| 341,342,343,345,346, 347,348,349,351,352,353, 354,356,358,359,360, 363 | Nutrition/Metabolic Conditions: All except: Lactose Intolerance, Short Term Antibiotic Use-Drug/Nutrient Interaction, Asthma-Persistent asthma requiring daily medication, and Food allergies-per patient request and/or professional discretion |
| 135 | Infant Weight Loss |
| 134 | Failure to Thrive |
| 362 | Complications/Potential Complications which Impair Nutrition/Delays/Disabilities that impair chewing/swallowing/require tube feeding |
| 358 | Eating Disorders |

- B. Certifying Health Professionals must provide WIC High-Risk (In-Depth) Secondary Counseling visits to WIC participants that are identified as High-Risk during their Certification or Mid-Certification Health Assessment.
 1. WIC High-Risk (In-Depth) Secondary Counseling must be provided to WIC participants at least one time during their certification period.
 2. It is recommended to provide the WIC High-Risk Counseling at the Mid-Certification Health Assessment appointment. MCHA Nutrition Education Counseling satisfies the High Risk (In-Depth) counseling requirements.

3. All additional Secondary Nutrition Education may be provided by any approved WIC Secondary Nutrition Education Counseling methods outlined in Policy 404-WIC Secondary Nutrition Education for Low Risk Participants.

High-Risk Counseling Methods

- A. The preferred method of delivering high-risk (In-Depth) secondary nutrition counseling to participants is through in-person individualized visit. Individualized telephone contacts are allowable for high risk (In-Depth) secondary nutrition education.

High-Risk Counseling

- A. WIC High-Risk Counseling shall include:
 1. Nutrition interventions which include assessment, counseling, development and documentation of an individualized care plan for each participant.
 2. Review and discussion of growth chart, height/weight and hematological data.
 3. At least one high-risk criteria must be addressed during the counseling visit.
 4. Assess progress toward goal established at certification visit/previous nutrition education visit.
 - a. Acknowledge progress as well as challenges for participants in meeting goals. Provide participant with appropriate nutrition education to assist in working toward goals.
 - b. Goals may be revised or changed to meet participant's needs.
 - c. If previous goals has been met, acknowledge achievement and work with the participant to set a new goal.
 5. Make referrals for other programs or services (when appropriate).
 6. Any additional nutrition information or pamphlets provided not listed in protocol. Counseling protocols for required counseling and education are found in the Individual High-Risk Counseling Nutrition Education Protocols in the Appendix in this section.
 - a. All risk codes are provided on the Individual High-risk Counseling Protocols.
 - b. To ensure participant centered education, the Certifying Health Professional can cover topics, in addition to the High Risk Code, based on participant need and interest.

Documentation

- A. High-Risk Counseling (In-Depth) secondary nutrition visits must have an individualized care plan documented in the participant's medical record.
- B. Individualized Care Plan documentation must include:
 1. Participant progress toward goals established a previous visit/updates to goals.
 2. Nutrition assessment (anthropometric/hematological/dietary/health updates)
 3. Nutrition topics discussed based on protocol.
 4. Referrals for other programs (when appropriate).
 5. Any additional nutrition information or pamphlets provided not listed in protocol.
 6. Plans for follow up visit. (For example, follow up in 3 months nutrition education via online, in person, group, telephone, with RD for MNT, etc.)
 7. Code service on the Patient Encounter Form (PEF) as listed below:
 - a. Code W9401 WIC Nutrition Education/Counseling (7.5 minutes) when following Individual Nutrition Counseling Protocols and 2699-. (*Use W9402 for 15 minute education visit.*)
 - b. If providing Breastfeeding nutrition education, Code W9401 (7.5 minutes) and V241-.

Referrals

- A. The Certifying Health Professional (CHP) may determine during the WIC High-Risk Counseling visit that a referral to the healthcare provider or to receive Medical Nutrition Therapy (MNT) would be beneficial for the participant.
- B. This referral must be documented in the Individualized Care Plan in the participant's medical record.

Policy 406

Narrative Nutrition Education and Regional Breastfeeding Coordinator Program Plans

POLICY

Local WIC Agencies shall complete an annual Nutrition Narrative Education Program Plan consistent with the State's goals and objectives. Regional Breastfeeding Coordinators shall complete an annual Program Plan consistent with the State's goals and objectives.

PURPOSE

To ensure local WIC agencies plan and evaluate nutrition and breastfeeding services provided to program participants.

RELEVANT REGULATIONS

7 CFR 246.11(d)(2) – Nutrition Education: Local WIC Agency responsibilities
United States Department of Agriculture, Food and Nutrition Services, Nutrition Service Standards

PROCEDURES

Narrative Nutrition Education Program Plan

- A. Local WIC Agencies shall complete a Nutrition Narrative Education Program Plan that is consistent with statewide nutrition education goals and objectives as describe in the annual guidance provided by the State WIC office.
- B. Components of the Nutrition Narrative Education Program Plan shall include:
 1. Evaluation of the previous year's plan.
 2. Goals as determined by the State WIC Office or based on identified needs at the local level.
 3. Measurable objectives designed to meet each goal.
 4. Specific methods or activities to achieve each objective.

Regional Breastfeeding Coordinator Program Plan

- A. Each Regional Breastfeeding Coordinator shall complete a Program Plan for their region that is consistent with statewide breastfeeding goals and objectives as described in the annual guidance provided by the State Breastfeeding Coordinator.
- B. Components of Regional Breastfeeding Coordinator Program Plan shall include:
 1. Evaluation of the previous year's plan.
 2. Goals as determined by the State WIC Office or based on identified needs at the local level.
 3. Measurable objectives designed to meet each goal.
 4. Specific methods or activities to achieve each objective.
 5. Identification of Community Partners within region
 6. Activities planned with all Local WIC Agencies within region
 7. Activities planned with community partners across region

Timeline

- A. Each year, guidance for completing the Narrative Nutrition Education Program Plan and Regional Breastfeeding Coordinator Program Plan will be provided on the following schedule.
 1. The Plans and support guidance will be emailed to Local WIC Coordinator and Regional Breastfeeding Coordinators in early October and must be completed and returned to the State Agency in early November each year.

2. State Program staff will review the plans by the end of December and will notify local WIC agency staff whether their plans is approved, or whether it needs modification.
3. Plans that require revision must be re-submitted by the end of January the following year.

Extension

- A. Local WIC Agencies or Regional Breastfeeding Coordinators may ask the State Agency for an extension to complete their plans in extenuating circumstances.
- B. The State agency recommends that local WIC agencies evaluate their nutrition services and breastfeeding support on an ongoing basis to ensure that they are providing effective and needed services.



407 Community Nutrition And Medical Nutrition Therapy



Kentucky Public Health
Prevent. Promote. Protect.

**Nutrition Program
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NUTRITION SERVICES IN KENTUCKY

Nutrition is vital to health, disease prevention in all age groups, and essential for healthy growth and development of newborns, children and adolescents.

In the Kentucky Public Health Department system, reimbursement is received for each level of nutrition services. Nutrition Services include nutrition counseling provided per specific program requirements, basic nutrition education provided in the clinic or in the community one on one or in a group setting, as well as individual or group Medical Nutrition Therapy (MNT) provided in the clinic. Medical Nutrition Therapy may only be provided by Registered Dietitians (RD/RDN) and Certified Nutritionists (CN). Medical Nutrition Therapy is a core public health service; see the Administrative Reference, Public Health Foundational Package of Local Public Health Services (Core Functions) and Community Health Planning and Reporting Section.

The federal and state laws and regulations that support the assignment of providers for the specific nutrition services are provided in the Administrative Reference. The levels of services, sources of reimbursement, and the appropriate provider of these services are included in the following table.

| Type of Nutrition Service | Reimbursement Source (s) | Appropriate Provider(s) |
|--|--|---|
| Nursing Office Visit – <ul style="list-style-type: none"> • See nutrition counseling guidelines for Family Planning, Prenatal, Pediatric, etc. | Appropriate Program Cost Center | Nurse |
| Basic Nutrition – Individual Service <i>Note: Cannot Code for Individual basic if the education provided is included in a service provided under another program such as WIC, Family Planning, Prenatal, Well Child, etc.</i> | MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, or self pay. | Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) Nutritionist Nurse Health Educator |
| Basic Nutrition – Group Class | MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, or self pay. | Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) Nutritionist Nurse Health Educator |
| Medical Nutrition Therapy (MNT) – Individual Service Note: Must establish Medicare Providership for Medicare reimbursement, http://www.cms.hhs.gov/MedicalNutritionTherapy/ | MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, Medicare, private insurance, or self pay. | Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) *see each payer source for reimbursement |
| Medical Nutrition Therapy (MNT) – Group Class | MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, Medicare, private insurance, or self pay. | Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) *see each payor source for reimbursement |

REIMBURSEMENT OF MEDICAL NUTRITION THERAPY (MNT)

Registered Dietitians/Registered Dietitian Nutritionists (RD/RDN) employed by health departments with the credential of Licensed Dietitian (LD) by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists are recognized as individual health care providers who can bill Third Party payers such as Medicare, Medicaid, private insurance plans, HMO's and PPO's for medical nutrition therapy (MNT) services they provide for patients. Master degree level nutritionists with the credential of Certified Nutritionists (CN) by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists may be recognized to bill third party payors, however, not all third party payors will reimburse for services provided by the Certified Nutritionist. Medicaid and other private insurance companies each have their individual policies and procedures to become credentialed providers to bill for MNT services. In order to provide and be reimbursed for MNT services, the RD/RDN must be a D9 provider and the Certified Nutritionist (CN) must be a DA provider. Not all MNT services are reimbursable.

REQUESTING PRIOR AUTHORIZATION FOR MNT SERVICES

The Health Department must assure that they are providing MNT services according to each Medicaid MCO company Provider handbook of policies and procedures to secure reimbursement for MNT services. It is recommended to verify the client's eligibility for the services prior to the provision of MNT services and follow the payer guidelines for billing and edits. This process involves teamwork and communication between the RD/RDN, the health department billing/financial staff, referring physicians and the specific carrier billed for the services.

The following are general steps for requesting an authorization for Medical Nutrition Therapy Services:

1. Contact the MCO responsible for the client's medical coverage.
2. Verify if the provider must complete the process to become an approved provider for the MCO.
3. Follow policies and procedures as outlined by each MCO to request reimbursement for MNT services.
4. Complete the MCO authorization form with the appropriate client information to receive authorization MNT services, if required.
5. Submit all necessary information and follow all instructions as outlined by each MCO for the prior authorization letter, if needed. Include copies of the client's WIC-75 and growth chart to document clinical information to support the medical necessity for the MNT service.
6. Be aware, that problem visits and MNT cannot be billed together. Preventive visits and MNT can be billed together. These are national edits that were adopted from the Centers for Medicare and Medicaid Services (CMS) National Coding Initiative (NCCI) standard payment methodologies. These methodologies prevent reimbursement for services that cannot be billed simultaneously. An example of a problem visit that cannot be billed with MNT is an Evaluation Management (EM) visit. Therefore, these visits will have to be scheduled on different days in order to receive reimbursement for both services. A preventive visit such as WIC can be scheduled with MNT.
7. Bill according to each MCO's policies and procedures.

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NUTRITION SERVICES PROGRAM PLANNING

A comprehensive nutrition program provides community and clinical nutrition services including preventative health nutrition services and Medical Nutrition Therapy to improve the health, nutrition, growth, and development of individuals and groups.

Comprehensive nutrition services include:

- Promotion of healthy eating that follows national dietary guidance policy;
- Policy that improves access to healthy foods;
- Support to increase the incidence and duration of breastfeeding to meet Healthy People 2020 Guidelines;
- Assure that medical nutrition therapy is available in each local WIC agency or community;
- Promote healthy weight among adults and children;
- Promotion of moderate and vigorous physical activity from childhood through adolescence into adulthood;
- Policy that improves access to physical activity; and
- Activities to eliminate disparities in nutrition and physical activity.

Nutrition (Cost Center 805)

The following national recommendations for interventions to increase nutrition are based on the strength of the evidence of effectiveness found during systematic reviews. Consider these evidence-based recommendations and local needs, goals, and constraints when choosing appropriate interventions.

Informational Approaches

- Community-wide campaigns (e.g., Choose 1% or Less) – Strongly Recommended
- “Point-of-decision” prompts (e.g., Choose 1% or Less) – Recommended
- Classroom-based health education focused on information provision (e.g., Wellness Winner.) – Insufficient Evidence*
- Mass media campaigns – Insufficient Evidence*

Behavioral and Social Approaches

- School-based nutrition education (e.g., Wellness Winners, Cumberland Valley Nutrition and Physical Activity Series) – Strongly Recommended
- Social support interventions in community settings (e.g., Weight: The Reality Series) – Strongly Recommended
- Individually-adapted health behavior change programs (e.g., Weight the Reality Series, etc.)– Strongly Recommended
- College-age nutrition throughout the life cycle education (e.g. Health Fairs) – Insufficient Evidence*
- Family-based social support (e.g., Eat Smart, Play Hard) – Insufficient Evidence*

Environmental and Policy Approaches

- Creation of or enhanced access of healthy food choices combined with informational outreach activities (e.g., healthy choices at restaurants, milk vending machines, healthy food choices in school vending machines, grocery store tours, Star Chef Curriculum, Weight the Reality Series, etc.) – Strongly Recommended

Service Providers

- The community component of the Nutrition and Physical Activity Initiative (805 cost center) shall be provided by dietitians, certified nutritionists, health educators, nurses, and/or nutritionists.
- The clinical component of Medical Nutrition Therapy (MNT) can only be provided by a Registered Dietitian/Registered Dietitian Nutritionists, Certified Nutritionist or a D-9 or DA designated nutritionist.

References and Resources

1. *Bright Futures in Practice: Nutrition*, second edition, National Center for Education in Maternal and Child Health, Georgetown University, 2011 15th Street, North, Suite 701, Arlington, VA 22201-2617, http://brightfutures.aap.org/nutrition_3rd_Edition.html
2. *Association of State Public Health Nutritionists*
<http://www.asphn.org/>
3. *Mobilizing for Action through Planning and Partnerships (MAPP)*, National Association of County and City Health Officials, <http://www.nacho.org>.
4. Centers for Disease Control and Prevention Status Report Nutrition, Physical Activity and Obesity 2013.
<http://www.cdc.gov/stltpublichealth/psr/npao/index.html>
5. Food and Nutrition Services – United States Department of Agriculture
<http://www.fns.usda.gov/>

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Over-the-Counter Vitamins/Dietary Supplements

Registered Dietitians/Registered Dietitian Nutritionists, Certified Nutritionists, and nutritionists through guidelines in the Core Clinical Service Guide, Family Planning Section, may deliver over-the-counter vitamins and dietary supplements such as prenatal vitamins, folic acid, iron, etc. The vitamins provided must be pre-packaged and include dosage information and instructions. These items may be delivered by the Certified Nutritionist, Nutritionist or Registered Dietitian. Documentation must include the supplement given and counseling provided. All items provided must be included in the agency medication plan and local formulary.

Over-the-counter vitamins and dietary supplements such as prenatal vitamins, folic acid, iron, etc. are not funded by the WIC Program. For more information regarding dietary supplements, see the Clinical Core Services Guide, Family Planning and Prenatal Sections.

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BASIC PREVENTIVE HEALTH NUTRITION INDIVIDUAL CONTACT

The following information is approved nutrition education counseling information for use in any services provided in the Health Department or in the Community, except WIC. The services can be provided by a Registered Dietitian, Certified Nutritionist, Nutritionist, Nurse or Health Educator. Documentation is to be recorded according to the policies and procedures in the Administrative Reference, Medical Records Section.

| Ages/Status | Nutrition Counseling/Education Materials |
|-----------------|--|
| Birth – 1 Year | <p>Follow Infant Feeding Guidelines established in Kentucky Infant Feeding Guides</p> <ul style="list-style-type: none"> • Encourage exclusive breastfeeding until 6 months of age and continued breastfeeding until at least 12 months; and • Provide age appropriate solid foods based upon development (avoid introduction of solid foods prior to 4 months of age). <p><u>Link to Kentucky Infant Feeding Guides</u> Kentucky Infant Feeding Guide Birth to 4 Months http://chfs.ky.gov/NR/rdonlyres/45A92B90-A056-41FF-ACCA-C8A17A858F93/0/04moKYInfantfeedingGuiderev2009.pdf Kentucky Infant Feeding Guide Four to Eight Months http://chfs.ky.gov/NR/rdonlyres/E89EC653-4FEA-46BE-88D7-65AADE90830B/0/48moKYInfantFdgGuiderev2009.pdf Kentucky Infant Feeding Guide Nine to Twelve Months http://chfs.ky.gov/NR/rdonlyres/E89EC653-4FEA-46BE-88D7-65AADE90830B/0/48moKYInfantFdgGuiderev2009.pdf</p> |
| Age 1 – 3 Years | <p>Follow guidelines established in the Kentucky Toddler Feeding Guide age 1-3.</p> <ul style="list-style-type: none"> • Encourage breastfeeding as long as mutually desired by mother and child; • Nutritional needs are slightly less due to slower rate of growth than infant; • Introduce new foods and finger foods; • Stress the importance of weaning if still on bottle; • Recognize food jags (child requesting one specific food at each meal); and • Avoid foods that can cause choking. <p><u>Link to Kentucky Toddler Feeding Guide</u> http://chfs.ky.gov/NR/rdonlyres/195D938A-B91E-48D1-B9CA-9F7DB94D6C3E/0/13YearOldToddlerFeedingGuide.pdf</p> |
| Age 3 – 5 Years | <p>Follow guidelines established in Kentucky Child Feeding Guide age 3–5 and Kentucky Department for Public Health 5,2,1,0 Campaign.</p> <ul style="list-style-type: none"> • Provide low-fat (1%) milk and dairy products; • Continue introduction of new foods; • Avoid foods that can cause choking; • Limit distractions by turning off all screens; and • Encourage physical activity to prevent overweight. <p><u>Link to Kentucky Toddler Feeding Guide & 5, 2, 1, 0 Campaign</u> Kentucky Toddler Feeding Guide http://chfs.ky.gov/NR/rdonlyres/C4DDC7F0-43C6-41DD-B6B6-8A8E340069B0/0/35YearOldFeedingGuide.pdf 5, 2, 1, 0 Campaign http://chfs.ky.gov/dph/mch/hp/5210/</p> |

| | |
|-------------------------------|---|
| <p>Ages 5 – 10 Years</p> | <p>Follow nutrition guidelines for the 5 to 10 year old in Bright Futures Nutrition 3rd Edition and Kentucky Department for Public Health 5,2,1,0 Campaign.</p> <ul style="list-style-type: none"> • Recognize the importance of peers' influence on eating habits; • Stress importance of adults as a positive influence on eating behaviors; • Aim for at least 5 servings of fruits and/or vegetables every day by including them in meals and snacks; • Limit high fat and low-nutrient foods and drinks such as candy, salty snacks, fast foods and sugary drinks; • Provide 2 cups of low-fat (1%) milk and dairy products each day for calcium and vitamin D; and • Encourage physical activity and limit screen time. <p><u>Link to Bright Futures & 5, 2, 1, 0 Campaign</u> Bright Futures Nutrition, 3rd Edition http://brightfutures.aap.org/pdfs/BFNutrition3rdEditionSupervision.pdf 5, 2, 1, 0 Campaign http://chfs.ky.gov/dph/mch/hp/5210/</p> |
| <p>Ages 11 – 21 Years</p> | <p>Follow nutrition guidelines for the 11 – 21 year old in Bright Futures Nutrition 3rd Edition and Kentucky Department for Public Health 5,2,1,0 Campaign.</p> <ul style="list-style-type: none"> • Nutrition needs are greater than any other time in life cycle; • Provide 3 cups of low-fat (1%) milk and dairy products each day for calcium and vitamin D; • Recognize strong influence of peers, sports and media on eating habits and self-image; • Skipping meals is common at this age; most commonly eaten meal is evening meal; • Recognize this age group begins to follow strict dietary regimens such as vegan diets as a part of independence; and • Folic acid supplement stressed for all women of childbearing age. <p><u>Link to Bright Futures & 5, 2, 1, 0 Campaign</u> Bright Futures Nutrition, 3rd Edition http://brightfutures.aap.org/pdfs/BFNutrition3rdEditionSupervision.pdf 5, 2, 1, 0 Campaign http://chfs.ky.gov/dph/mch/hp/5210/</p> |
| <p>Adult Wellness</p> | <p>Follow nutrition guidelines for Adults in USDA's Dietary Guidelines for Americans, Center for Disease Control Healthy Weight Recommendations, and Choose MyPlate materials.</p> <ul style="list-style-type: none"> • Encourage healthy weight; • Make at least half of your grains, whole grains ie: breads, cereals, and pasta; • Folic acid supplement stressed for all women of childbearing age; • Choose nonfat or low fat dairy products daily for calcium and Vitamin D; and • Stress importance of physical activity and weight maintenance or loss as appropriate. <p><u>Link to MyPlate</u> Choose Myplate http://www.choosemyplate.gov/supertracker-tools/daily-food-plans.html Center for Disease Control http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html?s_cid=tw_ob064 and http://www.cdc.gov/healthyweight/healthy_eating/index.html</p> |

*References: Dennison BA, Rockwell HL, Baker SL. Excess fruit juice consumption by preschool-aged children is associated with short stature and obesity. *Pediatrics*. 1997; 99:15-22. 2010 USDA Dietary Guidelines for Americans, Choose Myplate.gov

NUTRITION EDUCATION MATERIALS

Nutrition education materials may be ordered by sending a fax to Frankfort Habilitation (502) 227-7191 or can be accessed at <http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm>

BASIC NUTRITION SERVICES PREVENTATIVE HEALTH GROUP CLASSES

Nutrition Education may be provided in group settings in clinic or in the community to provide a common nutrition education and health promotion message in a cost effective manner. The classes can be provided by a Registered Dietitian, Certified Nutritionist, Nutritionist, Nurse or Health Educator. Documentation is to be recorded according to the policies and procedures in the Administrative Reference, Medical Records Section.

Approved Basic Nutrition Preventative Health Group Classes

| Class Name | Source/Target Audience | Class Information |
|---|---|---|
| Breastfeeding and Infant Feeding | Pregnant women, families and caregivers of infants | Contact State Office |
| Serving up MyPlate: A Yummy Curriculum | United States Department of Agriculture/ Elementary School http://www.choosemyplate.gov/kids/ParentsEducators.html | Level 1, 2 & 3 Serving Up MyPlate: A Yummy Curriculum. Eat Smart to Play Hard with MyPlate Poster and Mini Poster My Plate at Home Nutrition Facts Label |
| Food Safety | Food and Drug Administration/ Grades K-3; Grades 4-8; Grades 9-12 http://www.fda.gov/Food/FoodbornellnessContaminants/BuyStoreServeSafeFood/ucm117296.htm | Clean, separate, cook, chill, Fight BAC! |
| FIT WIC | FIT WIC Activity Kit/ Preschool children http://chfs.ky.gov/NR/rdonlyres/63C291AA-500E-4378-9DCD-BC2861DE9169/0/FITWIC2011.pdf | This resource provides physical activity lesson plan ideas for preschoolers and their families. |
| Physical Activity Nutrition & Tobacco & Asthma (PANTA) (KDE) Units of Study | Kentucky Department of Education/parents or Wellness Councils http://chfs.ky.gov/nr/rdonlyres/d905a60d-2b89-46d0-95c4-fd015e66bb95/0/pantaplus2011.pdf | Materials designed to assist parents and Wellness Councils in developing policies and procedures to impact the physical activity, nutrition and tobacco issues in the school setting. |
| Portion Distortion | National Heart Lung and Blood Institute/middle-school through adult http://www.nhlbi.nih.gov/health/educational/wecan/eat-right/portion-distortion.htm | Calories, physical activity, portion sizes (Part 1 and Part 2). Each part will take about 30 minutes. |
| Food Safety for Mom-to-Be | Food and Drug Administration Food Safety for Mom-to-Be http://www.fda.gov/Food/FoodbornellnessContaminants/PeopleAtRisk/ucm094783.htm | Food safety for Pregnant women. Educator's tool includes a power point, handouts and posters. |
| Let's Move Initiative | First Lady Michele Obama has created "Let's Move– Americas move to raise a healthier generation" http://www.letsmove.gov/ | Website provides facts on child health, eating healthy, & getting active. |
| USDA Team Nutrition | USDA Food and Nutrition Services has "Team Nutrition" that provides ideas to enhance families and children's healthy nutrition choices, physical activity and healthy lifestyles through fun and creative way. | Download handouts, posters and class ideas. |
| Go With Whole Grains for Kids | Bell Institute of Health and Nutrition (General Mills);Whole Grains Council/grades K-2, grades 3-5 http://www.bellinstitute.com/Heart_Disease.aspx | Grades K-5 – identify grains, benefits of whole grains, increase whole grain intake, refined vs. whole grains. Encourages physical activity. |
| Weight The Reality Series | University of Kentucky Cooperative Extension Service/adults http://wtrs.ca.uky.edu/files/content/WTRS_Program_Overview.pdf http://wtrs.ca.uky.edu/ | 10 week of self-discovery, education, skill building to help adults learn to control their weight |

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REFERRAL GUIDELINES FOR MEDICAL NUTRITION THERAPY

Medical Nutrition Therapy (MNT) is individualized dietary instruction and counseling for a nutrition-related problem. This level of specialized instruction is above basic nutrition counseling and includes an individualized dietary assessment. MNT may be offered to any person in need without regard to income. MNT services may only be provided by a Registered Dietitian (RD/RDN, LD). A Certified Nutritionist may provide MNT, but the services may not be reimbursed by all third party payors. Reimbursement for service varies based on the MNT condition, service provider and Managed Care Organization (MCO) or third party payor. Medical Nutrition Therapy is above the scope of WIC.

The table below indicates conditions that shall be referred for MNT Services. MNT Services may be offered for a variety of health and feeding conditions and is not limited to this information.

| Ages/Status | Problem/Condition for Medical Nutrition Therapy |
|--|--|
| <p>Infants – Adult Pregnant Women</p> | <p>Weight Management</p> <ul style="list-style-type: none"> • Underweight = Pre-pregnancy Body Mass Index (BMI) < 18.5 • Overweight = Pre-pregnancy BMI \geq 25.0 • Low maternal weight gain, 2nd or 3rd trimesters, single pregnancy <ul style="list-style-type: none"> ○ Underweight women who gain <4 pounds/month ○ Normal weight women who gain <3.2 pounds/month ○ Overweight women who gain <2 pounds/month ○ Obese women who gain <1.6 pounds/month • Weight loss during pregnancy <ul style="list-style-type: none"> ○ Any weight loss below pregravid weight during 1st trimester (0 – 13 weeks) ○ \geq2 pounds during 2nd or 3rd trimesters • High maternal weight gain, all trimesters, singleton pregnancy <ul style="list-style-type: none"> ○ Underweight women who gain >5.2 pounds/month ○ Normal weight women who gain >4 pounds/month ○ Overweight women who gain >2.8 pounds/month ○ Obese women who gain >2.4 pounds/month |
| <p>Postpartum & Breastfeeding Women</p> | <ul style="list-style-type: none"> • Underweight = Pre-pregnancy BMI or Current BMI < 18.5 (within 6 months of delivery) • Underweight = Current BMI < 18.5 (\geq 6 months of delivery) • Overweight = Pre-pregnancy BMI or Current BMI \geq 25.0 (within 6 months of delivery) • Overweight = Current BMI \geq 25.0 (\geq 6 months of delivery) • High maternal weight gain last pregnancy <ul style="list-style-type: none"> ○ Underweight Postpartum Woman and gained 40 pounds ○ Normal weight PP Woman and gained > 35 pounds ○ Overweight PP Woman and gained > 25 pounds ○ Obese PP Woman and gained > 15 pounds |
| <p>Infants, Children</p> | <ul style="list-style-type: none"> • Low Birth Weight (LBW) \leq5 pounds, eight ounces • Failure to Thrive (FTT) • Obesity \geq 95th percentile weight for height/length |
| <p>All Adults</p> | <ul style="list-style-type: none"> • Unexplained weight loss • Any patient requesting weight management • Underweight = BMI < 18.5 • Overweight = BMI \geq 25.0 |
| <p>All Adolescent</p> | <p>Hyperlipidemia</p> <ul style="list-style-type: none"> • Total cholesterol \geq 200 mg/dl • LDL \geq 130 mg./dL. |
| <p>Adult</p> | <ul style="list-style-type: none"> • Total cholesterol \geq 240 mg./dL. • HDL < 40 mg./dL. • LDL \geq 160 mg./dL. • TG \geq 200 mg./dL. |

American Academy of Pediatrics <http://brighfutures.aap.org/materials.html>

American Heart Association http://my.americanheart.org/professional/ScienceNews/Clinical-Practice-Guidelines-for-Prevention_UCM_457211_Article.jsp

Academy of Nutrition and Dietetics Nutrition Care Manual 2014 <http://www.nutritioncaremanual.org/>

Academy of Nutrition and Dietetics Pediatric Nutrition Care Manual 2014 <http://www.nutritioncaremanual.org/about-pncm> Rev 10/15

REFERRAL GUIDELINES FOR MEDICAL NUTRITION THERAPY
(continued)

| Ages | Problem/Condition for Medical Nutrition Therapy |
|---|--|
| All | Elevated Blood Lead |
| Pregnant Women | Pregnancy Induced Conditions <ul style="list-style-type: none"> • Hyperemesis Gravidarum • Gestation diabetes (this pregnancy) |
| All | Nutrition/Metabolic such as: <ul style="list-style-type: none"> • Nutrient Deficiency Diseases • Gastro-Intestinal Disorders • Glucose Disorders • Thyroid Disorders • Hypertension • Renal Disease • Cancer/treatment for cancer • Central Nervous System Disorders • Genetic/Congenital Disorders • Inborn Errors of Metabolism • Infectious Diseases (present in the last 6 months) • Celiac Disease • Drug/Nutrient Interactions • Recent Major Surgery, Trauma, Burns • Other Medical Conditions |
| Pregnant/Postpartum/Breastfeeding Women/Child | Inappropriate Nutrient Intake/Nutritional Concerns <ul style="list-style-type: none"> • Vegan • Highly restrictive diet in calories or specific nutrients Complications which Impair Nutrition <ul style="list-style-type: none"> • Delays/disorders that impair chewing/swallowing/require tube feeding |
| Pregnant/Postpartum/Breastfeeding Women/Adolescents/Children | Eating Disorders |
| Infants | Nutrition/Metabolic Conditions <ul style="list-style-type: none"> • Pyloric Stenosis • Baby Bottle Tooth Decay |

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MEDICAL NUTRITION THERAPY DOCUMENTATION GUIDELINES

MNT providers must develop a nutrition care plan appropriate for each client or client group according to Academy of Nutrition and Dietetics Nutrition Care Manual and based on the guidance below. Contact the Nutrition Services Branch to request access to the Nutrition Care Manual for Registered Dietitians/Registered Dietitian Nutritionists and Certified Nutritionists.

The below required elements are recorded on the MNT Forms on the following pages. This information is required for reimbursement of MNT services.

Medical Nutrition Therapy documentation shall contain the following elements:

- A. Date of MNT visit along with Beginning and Ending Time of visit;
- B. ICD-9/ICD-10 code – defines type of visit/counseling;
- C. Subjective Data:
 1. Client's reason for visit
 2. Primary care physician
 3. History
 - a. past and present medical
 - b. nutrition including food patterns and intake
 - c. weight
 - d. medication
 - e. exercise
- D. Objective Data:
 1. Laboratory results
 2. Height, Weight
 3. BMI
 4. Calorie Needs
 5. Drug/Nutrient Interactions
- E. Individual Assessment of Diet/Intake:
 1. individual assessment of diet/intake
- F. Plan:
 1. Individualized dietary instruction that incorporates diet therapy counseling and education handouts for a nutrition related problem.
 2. Plan for follow-up.
 3. Documentation of referral for identified needs, as appropriate.
 4. It is recommended to send a letter to the client's physician describing dietary instruction provided. A copy of this letter shall be placed in the client's medical record.
- H. Date and legible identity of provider:
 1. All entries must be signed and dated by the provider. See the Administrative Reference, Medical Records Management Section.

Approved medical abbreviations can be found in the Administrative Reference, Medical Records Management Section and Marilyn Fuller DeLong's *Medical Acronyms, Eponyms & Abbreviations*. Each local health department shall keep a log of non-medical abbreviations that are used in their agency, such as MCHS–Madison County High School, Tues.–Tuesday, etc.

MEDICAL NUTRITION THERAPY ASSESSMENT FORMS INDIVIDUAL CONTACT

Medical Nutrition Therapy (MNT) Assessment forms are required for documentation of an initial individual contact. The MNT forms are found on the following pages in this section.

- A. All initial individual MNT visits are to be documented on the forms. These forms were developed to collect the required information for reimbursement.
- B. An entry must be included on the Service Record/Progress Notes (CH-3) referencing the MNT form.
- C. Per medical documentation and registration/licensure requirements, all entries must contain a goal for the patient and/or the progress toward a goal. See Administrative Reference, Medical Records Management Section.
- D. The following MNT Assessment forms are to be utilized as appropriate:
 1. MNT – Adult
 2. MNT – Pediatric
 3. MNT – Diabetes
 4. MNT – Gestational Diabetes
 5. MNT – Renal
 6. MNT – Follow Up (optional)

Medical Nutrition Therapy (Adult)

Begin Time: _____ End Time: _____

Primary ICD9/10: **V653- /Z71.3** Secondary ICD9/10: _____

Name: _____ ID _____

Number: _____

OR
Place PEF label here

| | | | | | | |
|---|---|---|--|---|--|---|
| S: | Reason for visit: | | MD/Where do you receive medical care? | | | |
| Medical history: | | | | | | |
| Present treatment: | | Education level: | Language barrier: | Support systems: | Smoking: No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigars #/day | |
| Medications: OTC medications: | | | | | Drug allergies: | |
| Herbal remedies/Vitamin mineral supplements: | | | | | | |
| Job: Work schedule: | | | Schedule changes/weekends/school schedule | | | |
| Rate your appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> | | | Past/present eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: | | | |
| Do you have any eating or digestion problems? Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> GERD <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Food allergy/intolerance <input type="checkbox"/> Other: | | | | | | |
| Has your weight changed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No By how much: | | Highest weight? | Wt. Loss methods tried: | | | |
| What would you like to know more about? <input type="checkbox"/> Weight loss <input type="checkbox"/> Exercise <input type="checkbox"/> Eating out <input type="checkbox"/> Label reading <input type="checkbox"/> Alcohol use <input type="checkbox"/> Sweeteners Patient requested topics/questions: | | | | | | |
| What eating concerns do you have? | | | | | Who prepares the meals? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other | |
| Do you have a meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many calories? | | Eating out frequency: Breakfast ___/week Type(s) of restaurant(s): | | Lunch ___/week Dinner ___/week | | |
| Are there any special considerations in meal planning? | | Have you had previous diet instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Who: | | | How often are you able to follow it? never <input type="checkbox"/> same <input type="checkbox"/> always <input type="checkbox"/> | |
| Have you been told to follow any other diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check which restrictions: <input type="checkbox"/> Low calorie <input type="checkbox"/> Low cholesterol <input type="checkbox"/> Low salt/sodium <input type="checkbox"/> Low protein <input type="checkbox"/> Low fat <input type="checkbox"/> High fiber <input type="checkbox"/> Other: | | | | | | |
| Food frequency: Whole grains _____ Grains _____ Vegetables _____ Fruit _____ Milk _____ Meats _____ Other: | | | | | | |
| Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor How often? _____ How much? _____ | | | | Do you exercise now? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? How long? _____ Type? _____ | | |
| PRENATALS ONLY | Problems during previous pregnancy: | | | | | |
| | Prepregnancy weight: | Gestational Age: | EDC: | Vomiting? <input type="checkbox"/> Yes <input type="checkbox"/> No | Heartburn? <input type="checkbox"/> Yes <input type="checkbox"/> No | Constipation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Weight gain last pregnancy: | Weight gain to date: | | Birth weight of Children (if any): | | Feeding method planned: <input type="checkbox"/> Breast <input type="checkbox"/> Formula |
| Time: | Breakfast or first meal: | | | | | |
| Time: | Snack: | | | | | |
| Time: | Lunch or second meal: | | | | | |
| Time: | Snack: | | | | | |
| Time: | Dinner or third meal: | | | | | |
| Time: | Snack: | | | | | |
| Patient comments: | | | | | | |
| O: | See CH-12 and available lab reports, growth charts. | | Age: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Ethnicity: |
| Calorie Needs: | | | Medical clearance for exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Exercise limitations: | |
| Drug/Nutrient Interactions: | | | | | | |

MNT - Adult

Medical Nutrition Therapy (Pediatric)
MNT-Pediatric

Begin Time: _____ End Time: _____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10: _____

Name: _____

ID Number: _____

OR
Place PEF label here

| | | | | |
|---|---|---|---|---|
| S: | Reason for visit: | MD/Where does the child receive medical care? | | |
| Medical history: | | | | |
| Present treatment: | | Language barrier: | second hand smoke exposure: | Drug Allergies: |
| Medications: | | | Drug/Nutrient Interactions: | |
| OTC medications: | | Herbal remedies/Vitamin mineral supplements: | | |
| Child Digestive Problems <input type="checkbox"/> Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> GERD <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Food allergy/intolerance <input type="checkbox"/> Other: | | | | |
| Rate your child's appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> | | Past/present eating disorder <input type="checkbox"/> Yes <input type="checkbox"/> No Type: | | |
| Weaned from bottle: | | Is your child breastfed? | How many times in 24 hours? | |
| Child eat nonfood items such as dirt, paper, paint chips <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Parent/care giver concerns about child's diet: | | Fluoride Source <input type="checkbox"/> Yes <input type="checkbox"/> No | family meals <input type="checkbox"/> Daily <input type="checkbox"/> Couple times per week <input type="checkbox"/> No meals eaten as family | |
| Special Considerations in meal planning: | | | | |
| Foods or food groups avoided: | | | Number of Meals/Snacks per day: | |
| Eating out frequency: Breakfast ____/week Lunch ____/week Dinner ____/week Type(s) of restaurant(s): | | Food frequency: Whole grains ____ Grains ____ Vegetables ____ Fruit ____ Milk ____ Meats ____ Type of Milk _____ Other liquids _____ Breastmilk _____ Other: | | |
| Food Insecurity in the home: | | Previous diet instruction received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Who: | | Previous diet instruction followed: never <input type="checkbox"/> same <input type="checkbox"/> always <input type="checkbox"/> |
| Hours per day child watches tv, dvd's or playing computer games: | | Physical activity received daily: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and duration of activity: | | |
| Time: | Breakfast or first meal: | | | |
| Time: | Snack: | Nighttime Feedings: | | |
| Time: | Lunch or second meal: | | | |
| Time: | Snack: | | | |
| Time: | Dinner or third meal: | | | |
| Time: | Snack: | | | |
| O: | See CH-12, available lab reports and growth charts. | Age: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity: |

Name: _____ ID _____
 Number: _____
 OF _____
 Place PEF label here

| Calorie Needs: | Medical clearance for exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No | Exercise limitations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|----------------|-----------|-------------------|--------|---------|-----------|----------------|----------------|---------------|--|--|--|---------|-----------|-----------|-----------|----------|------|-----------|-----------|-----------|------|------|------|--------|------|-----------|------|-------------|--|--|--|---------|-----------|-----------|-----------|----------|------|-----------|-----------|-----------|------|-----------|-----------|--------|------|-----------|------|
| A: Assessment of Diet - Adequate Intake: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infants/Children | Appropriate Weight for Height <input type="checkbox"/> Yes <input type="checkbox"/> No | Range: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Height/Age: % | Weight/Age: % | Height/Weight: % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| $\frac{\text{_____}}{\text{calories}} \times \frac{\text{_____}}{\text{pounds}} = \frac{\text{_____}}{\text{total calories}}$ <input type="checkbox"/> Maintain <input type="checkbox"/> Lose <input type="checkbox"/> Gain weight | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infant Calorie needs 0-6 months = 49 cal./lb. body weight 6 – 12 months = 45 cal./lb. body weight FTT/Low Birth Weight = 55 cal./lb. body weight | | Child Calorie needs <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Child</th> <th>Sedentary</th> <th>Moderately Active</th> <th>Active</th> </tr> </thead> <tbody> <tr> <td>2-3 yrs</td> <td>1000 kcal</td> <td>1000-1400 kcal</td> <td>1000-1400 kcal</td> </tr> <tr> <td colspan="4">Female</td> </tr> <tr> <td>4-8 yrs</td> <td>1200 kcal</td> <td>1400-1600</td> <td>1400-1800</td> </tr> <tr> <td>9-13 yrs</td> <td>1600</td> <td>1600-2000</td> <td>1800-2000</td> </tr> <tr> <td>14-18 yrs</td> <td>1800</td> <td>2000</td> <td>2400</td> </tr> <tr> <td>19+yrs</td> <td>2000</td> <td>2000-2200</td> <td>2400</td> </tr> <tr> <td colspan="4">Male</td> </tr> <tr> <td>4-8 yrs</td> <td>1400 kcal</td> <td>1400-1600</td> <td>1600-2000</td> </tr> <tr> <td>9-13 yrs</td> <td>1800</td> <td>1800-2200</td> <td>2000-2600</td> </tr> <tr> <td>14-18 yrs</td> <td>2200</td> <td>2400-2800</td> <td>2800-3200</td> </tr> <tr> <td>19+yrs</td> <td>2400</td> <td>2600-2800</td> <td>3000</td> </tr> </tbody> </table> | Child | Sedentary | Moderately Active | Active | 2-3 yrs | 1000 kcal | 1000-1400 kcal | 1000-1400 kcal | Female | | | | 4-8 yrs | 1200 kcal | 1400-1600 | 1400-1800 | 9-13 yrs | 1600 | 1600-2000 | 1800-2000 | 14-18 yrs | 1800 | 2000 | 2400 | 19+yrs | 2000 | 2000-2200 | 2400 | Male | | | | 4-8 yrs | 1400 kcal | 1400-1600 | 1600-2000 | 9-13 yrs | 1800 | 1800-2200 | 2000-2600 | 14-18 yrs | 2200 | 2400-2800 | 2800-3200 | 19+yrs | 2400 | 2600-2800 | 3000 |
| Child | Sedentary | Moderately Active | Active | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-3 yrs | 1000 kcal | 1000-1400 kcal | 1000-1400 kcal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-8 yrs | 1200 kcal | 1400-1600 | 1400-1800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9-13 yrs | 1600 | 1600-2000 | 1800-2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14-18 yrs | 1800 | 2000 | 2400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19+yrs | 2000 | 2000-2200 | 2400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-8 yrs | 1400 kcal | 1400-1600 | 1600-2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9-13 yrs | 1800 | 1800-2200 | 2000-2600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14-18 yrs | 2200 | 2400-2800 | 2800-3200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19+yrs | 2400 | 2600-2800 | 3000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P: Next Pediatrician Appointment: | | Follow-up Nutrition Appointment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exercise: | Referral: <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> Social Services <input type="checkbox"/> Medicaid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Goals/Instructions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Handouts used: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Follow-up: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parents readiness to learn/Comprehension of education: | | Identified barriers: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Calorie Levels for Children taken from IOM: Dietary Guidelines and Dietary Reference Intakes 2002.

Medical Nutrition Therapy Assessment

MNT-Diabetes

Begin Time: _____ End Time: _____

Name: _____

ID Number: _____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10: _____

OR
Place PEF label here

| | | | | | | | | | | | |
|---|---|--|---|---|----------------------|---|---|-------------------------|----------------------|--------------------------------|-------|
| S: | Patient reason for visit: | | MD/Where do you receive medical care? | | | | | | | | |
| Medical History: | | | | | | | | | | | |
| Present diabetes treatment: | | | Education level: | Language barrier: | Support systems: | Smoking: No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigars #/day | | | | | |
| Medications: | | | | | | Drug allergies: | | | | | |
| OTC medications: | | | | | | | | | | | |
| Herbal remedies/ Vitamin-mineral supplements: | | | | | | | | | | | |
| Job: | | | | Schedule changes/weekends/school schedule | | | | | | | |
| Work schedule: | | | | | | | | | | | |
| Year of diagnosis: | Hypoglycemia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None experienced Frequency: | | | | | | Rate your appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> | | | | |
| Do you have any eating or digestion problems? Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> GERD <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Food allergy/intolerance <input type="checkbox"/> Other: | | | | | | | | | | | |
| Has your weight changed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No By how much: | | | Highest weight? | Wt. Loss methods tried: | | | | | | | |
| What eating concerns do you have? | | | | | | Who prepares the meals? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other | | | | | |
| Do you have a meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many calories? | | | Eating out frequency: Breakfast ___/week Lunch ___/week Dinner ___/week Type(s) of restaurant(s): | | | | | | | | |
| Are there any special considerations in meal planning? | | | | | | How much of the time are you able to follow it? never <input type="checkbox"/> same <input type="checkbox"/> always <input type="checkbox"/> | | | | | |
| Have you been told to follow any other diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check which restrictions: <input type="checkbox"/> Low calorie <input type="checkbox"/> Low cholesterol <input type="checkbox"/> Low salt/sodium <input type="checkbox"/> Low protein <input type="checkbox"/> Low fat <input type="checkbox"/> High fiber <input type="checkbox"/> Other: Date/Who: | | | | | | | | | | | |
| Food frequency: Whole grains _____ Grains _____ Veggies _____ Fruit _____ Milk _____ Meats _____ Other: | | | | | | | | | | | |
| Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor How often? _____ How much? _____ | | | | Do you exercise now? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? How long? _____ Type? _____ | | | | | | | |
| Time: | Breakfast or first meal: | | | | | | | | | | |
| Time: | Snack: | | | | | | | | | | |
| Time: | Lunch or second meal: | | | | | | | | | | |
| Time: | Snack: | | | | | | | | | | |
| Time: | Dinner or third meal: | | | | | | | | | | |
| Time: | Snack: | | | | | | | | | | |
| Patient comments: | | | | | | | | | | | |
| O: | See CH-12 and available lab reports, growth charts. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Ethnicity: | | | | | |
| Lab Data: | Diagnosis of diabetes: Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> | | A1C | BG Fasting | Chol. | HDL | LDL | Triglycerides | BP | Microalbumin | Other |
| | | | | BG Post Meal | | | | | | | |
| Target Goals: | Target BG: _____ mg/dL to _____ mg/dL | | Fasting 2hr PP: | Target A1C < 7% | Target LDL <100mg/dl | Target HDL >40 mg/dl men >50 mg/dl women | Target BP <130/80 | Target chol. <200 mg/dl | Target TG <150 mg/dl | Target Microalbumin <30 mcg/mg | |
| | | | | | | | | | | | |
| SMBG: | Frequency | | Times of Day | | Machine: | | Medical clearance for exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Drug nutrient interactions: | | | | | | | Exercise Limitations: | | | | |
| Other: | | | | | | | | | | | |

Name: _____ **ID** _____
Number: _____
 OR
Place PEF label here

| | |
|--|---|
| A: | Readiness to change: Precontemplation <input type="checkbox"/> Contemplation <input type="checkbox"/> Preparation <input type="checkbox"/> Action <input type="checkbox"/> Maintenance <input type="checkbox"/> |
| | |
| Weight assessment: <input type="checkbox"/> WNL <input type="checkbox"/> Overweight <input type="checkbox"/> Underweight <input type="checkbox"/> Recommended Wt. change <input type="checkbox"/> N/A _____ lbs. loss/gain | |
| Women EER = 354 – (6.91 X age) + PA X [9.36 X (wt. in lb./2.2) + (726 X ht. in inches/39.4)] PA levels: Sedentary = 1 Low activity = 1.12 Active = 1.27 Very active = 1.45 | Men EER = 662 – (9.53 X age) + PA X [15.91 X (wt in lb/2.2) + 539.6 X (ht in inches/39.4)] PA levels: Sedentary = 1 Low activity = 1.11 Active = 1.25 Very active = 1.48 |

| | | | | | | | | | | | | |
|--|--|-------|-------|-------|--------|----------------------------|---|---------|-------------|-----|----------------|--|
| P: | 1 starch = 15 g. CHO, 3 g. protein, 1 fat, 80 calories | | | | | | 1 veggie = 5 g. CHO, 2 g. protein, 25 calories | | | | | |
| | 1 fruit = 15 g. CHO, 60 calories | | | | | | 1 meat(subst.) = 7 g. protein, 5(3) fat, 75 (55) calories | | | | | |
| 1 milk = 12 g. CHO, 8 g. protein, 1 fat, 90 calories | | | | | | 1 fat = 5 fat, 45 calories | | | | | | |
| Time | Breakfast | Snack | Lunch | Snack | Dinner | Snack | Total servings/day | CHO (g) | Protein (g) | Fat | Calories | |
| Starch | | | | | | | | | | | | |
| Fruit | | | | | | | | | | | | |
| Milk | | | | | | | | | | | | |
| Vegetables | | | | | | | | | | | | |
| Meat/Subst. | | | | | | | | | | | | |
| Fat | | | | | | | | | | | | |
| | | | | | | | | X4 | X4 | X9 | Total calories | |

OR

| | | | |
|------------------------|---------------|----------------------|------------------|
| Total calories: | | | |
| Time | Meal | # CHO choices | CHO grams |
| | Breakfast | | |
| | Snack | | |
| | Lunch | | |
| | Snack | | |
| | Dinner | | |
| | Snack | | |
| | Totals | | |

| | |
|----------------------|-------|
| Goals/Instructions: | |
| | |
| Follow-up: | |
| | |
| Handouts used: | |
| | |
| Identified Barriers: | |
| | |
| Signature: | Date: |

Medical Nutrition Therapy Assessment

MNT-Gestational Diabetes

Name: _____

Begin Time: _____ End Time: _____

ID Number: _____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10: _____

OR
Place PEF label here

| | | | | |
|---|--|--|------|---|
| S: | EDD: | Medical History: | | |
| Name of doctor/Where do you receive medical care? | | Obstetric History: | | |
| Medications/Herbal remedies/ Vitamin-mineral supplements: | | | | |
| Present MNT Therapy: | | Insulin Therapy: Date started: | | |
| Occupation | Hours worked? What are your usual work hours? | Schedule changes/weekends/school schedule | | |
| Psychosocial/economic | Hypoglycemia: Yes <input type="checkbox"/> No <input type="checkbox"/> | Rate your appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> | | |
| Any eating/digestion problems? Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> Stomach ache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Other: | | | | |
| What eating concerns do you have? | | Who prepares the meals? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other | | Eating out: What type of restaurant(s)? |
| How often each week do you eat in restaurants, cafeterias, or away from home? Breakfast ___/week Lunch ___/week Dinner ___/week | | Do you have a meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many calories? | | |
| Are there any special considerations in meal planning? | | Have you had previous instruction on diet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who provided the instruction and date? | | |
| How much of the time are you able to follow it? 0-25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 50-75% <input type="checkbox"/> 75-100% <input type="checkbox"/> | | Have you been told to follow any other diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check which restrictions: <input type="checkbox"/> Low calorie <input type="checkbox"/> Low cholesterol <input type="checkbox"/> Low salt/sodium <input type="checkbox"/> Low protein <input type="checkbox"/> Low fat <input type="checkbox"/> High fiber <input type="checkbox"/> Other: | | |
| What time of day do you eat these foods? Regular soda pop _____ Sweet roll/pastries _____ Cookies _____ Candy, candy bars _____ Ice cream _____ Frozen desserts _____ Pie, Cake _____ Other _____ | | | | |
| Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor How often? _____ How much? _____ | | | | |
| If the doctor recommends a change in your current eating habits, would this be difficult? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why? | | | | |
| Appetite/allergies/intolerances | | Food /drug allergies: | | |
| What would you like to know more about? <input type="checkbox"/> Weight loss <input type="checkbox"/> Exercise <input type="checkbox"/> Eating out <input type="checkbox"/> Label reading <input type="checkbox"/> Alcohol use <input type="checkbox"/> Sweeteners Other: | | | | |
| What would you hope to accomplish or gain from this appointment? <input type="checkbox"/> Improve blood glucose <input type="checkbox"/> Lose weight <input type="checkbox"/> Lower cholesterol/triglycerides <input type="checkbox"/> Improve eating habits <input type="checkbox"/> Start exercising <input type="checkbox"/> Get more information <input type="checkbox"/> Other: Are there concerns for gestational diabetes? | | | | |
| Are you exercising now? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what would you consider? Exercise: <input type="checkbox"/> Walking <input type="checkbox"/> Exercise class Other: | | | | |
| Patient comments: | | | | |
| Food frequency: Whole grains _____ Grains _____ Veggies _____ Fruit _____ Milk _____ Meats _____ | | | | |
| Time: | Breakfast or first meal: | | | |
| Time: | Snack: | | | |
| Time: | Lunch or second meal: | | | |
| Time: | Snack: | | | |
| Time: | Dinner or third meal: | | | |
| Time: | Snack: | | | |
| O: | See CH-12 and available lab reports, growth charts. | Pre-pregnancy Weight: | Age: | Pre-pregnancy Weight Category: <input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese |
| Total Weight Gain: Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> Excess <input type="checkbox"/> | | Lives with: | | |
| OGTT: Date OGTT: | Glucose Meter: | B/P | Hgb | SMBG: Frequency: Testing Times: |
| Records/log kept: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Medical clearance for exercise: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Exercise limitations: |

Name: _____ ID _____

Number: _____

OR

Place PEF label here

| | |
|---|---|
| A: | Readiness to change: Precontemplation <input type="checkbox"/> Contemplation <input type="checkbox"/> Preparation <input type="checkbox"/> Action <input type="checkbox"/> Maintenance <input type="checkbox"/> |
| | |
| | |
| EER: 1 st trimester = no additional calories 2 nd trimester = additional 340 calories/day 3 rd trimester = additional 452 calories/day | |

| | | | | | | | | | | | | |
|-------------|--|-----------|-------|-------|-------|--------|--|--------------------|---------|-------------|----------------|----------|
| P: | 1 starch = 15 g. CHO, 3 g. protein, 1 fat, 80 calories 1 fruit = 15 g. CHO, 60 calories 1 milk = 12 g. CHO, 8 g. protein, 1 fat, 90 calories | | | | | | 1 Vegetable = 5 g. CHO, 2 g. protein, 25 calories 1 meat(subst.) = 7 g. protein, 5(3) fat, 75 (55) calories 1 fat = 5 fat, 45 calories | | | | | |
| | Time | Breakfast | Snack | Lunch | Snack | Dinner | Snack | Total servings/day | CHO (g) | Protein (g) | Fat | Calories |
| Starch | | | | | | | | | | | | |
| Fruit | | | | | | | | | | | | |
| Milk | | | | | | | | | | | | |
| Veggie | | | | | | | | | | | | |
| Meat/Subst. | | | | | | | | | | | | |
| Fat | | | | | | | | | | | | |
| | | | | | | | | X4 | X4 | X9 | Total calories | |

OR

| | | | | |
|------------------------|--|------------------|---------------|---------------|
| Total calories: | | Breakfast | Lunch | Dinner |
| # CHO choices | | Time: | Time: | Time: |
| CHO grams | | # CHO choices | # CHO choices | # CHO choices |
| Protein grams | | CHO grams | CHO grams | CHO grams |

| | | |
|---------------|---------------|---------------|
| Snack | Snack | Snack |
| Time: | Time: | Time: |
| # CHO choices | # CHO choices | # CHO choices |
| CHO grams | CHO grams | CHO grams |

| | | |
|---------------------|-------------|--|
| Goals/Instructions: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Follow-up: | | |
| | | |
| | | |
| Handouts used: | | |
| | | |
| Identified Barriers | | |
| | | |
| Signature: _____ | Date: _____ | Comprehension <input type="checkbox"/> |

Medical Nutrition Therapy Assessment

MNT-Renal

Begin Time: _____ End Time: _____
 Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10: _____

Name: _____

ID Number: _____

Or
 Place PEF label here

| | | | | | | | |
|--|---------------------------------|---|--|---|--------------|---------------------|-----------------------|
| S: | Referring Physician: _____ | | Other diagnoses: _____ | | | | |
| Diet Order: _____ | | Previous Diet Instruction: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Previous diets: _____ | | Dentition: <input type="checkbox"/> good <input type="checkbox"/> missing some teeth <input type="checkbox"/> edentulous <input type="checkbox"/> dentures <input type="checkbox"/> chewing problems | | | | | |
| Food Allergies: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list foods: _____ | | Appetite: excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor <input type="checkbox"/> | | | | | |
| Medications: _____ | | | | | | | |
| Herbal remedies/Vitamin-mineral supplements: _____ | | | OTC medications: _____ | | | | |
| Oral nutrition supplement: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list _____ | | | | | | | |
| Time: | Breakfast or first meal: | | | | | | |
| Time: | Snack: | | | | | | |
| Time: | Lunch or second meal: | | | | | | |
| Time: | Snack: | | | | | | |
| Time: | Dinner or third meal: | | | | | | |
| Time: | Snack: | | | | | | |
| Do you have any eating or digestion problems? Swallowing <input type="checkbox"/> Stomach ache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Other: _____ | | | | | | | |
| Activity Level: <input type="checkbox"/> Non ambulatory <input type="checkbox"/> moderate <input type="checkbox"/> active | | Vision: good <input type="checkbox"/> impaired <input type="checkbox"/> blind <input type="checkbox"/> | | Hearing: <input type="checkbox"/> good <input type="checkbox"/> HOH <input type="checkbox"/> deaf | | | |
| Psychosocial: <input type="checkbox"/> lives by self <input type="checkbox"/> with others | | Language barrier: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Shopping done by: _____ | | | |
| Occupation: _____ | | Education level: _____ | | Cooking done by: _____ | | | |
| Support systems (e.g., food stamps, Meals on Wheels) _____ | | | | | | | |
| How often each week do you eat in restaurants, cafeterias, or away from home? Breakfast ___/week Lunch ___/week Dinner ___/week | | | | | | | |
| Smoking: No <input type="checkbox"/> Yes <input type="checkbox"/> # packs/day _____ | | Alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Salt substitute: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| O: | Height: _____ | Present Weight: _____ | BMI: _____ | IBW: _____ | % IBW: _____ | Usual weight: _____ | % usual weight: _____ |
| Frame: | Adj. Wt.: (obesity) _____ | Adj. Wt.: (amputees) _____ | % wt. Change: Loss/gain _____ X _____ (time) | | | | |
| Age: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> | | Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> separated | | | | | |
| Nutrition related medications: | | | | Chemistries: | Date: | | |
| Vitamins | | | | Hgb./Hct. | | | |
| Non RX vitamins | | | | Fe+/Ferritin | | | |
| P04 Binders | | | | % Trans sat | | | |
| Vit. D/vit. D analogs | | | | BUN/Creatine | | | |
| Iron supplements | | | | K+/Na+ | | | |
| Epogen/Procrit | | | | Alk. Phos/Ca+ | | | |
| Anti-diabetic agents | | | | PO4/PTH | | | |
| BP Meds | | | | Glucose/A1C | | | |
| Laxatives/stool softeners | | | | Chol./TG | | | |
| Anti-hyperlipidemics | | | | GFR/Creat. Clear. | | | |
| Other | | | | Other | | | |
| Physical exam – Rate as follows: 0 = Normal 1 = Mild 2 = Moderate 3 = Severe | | | | | | | |
| Loss of subcutaneous fat _____ Muscle wasting _____ Ankle edema _____ Sacral edema _____ Ascites _____ | | | | | | | |
| Skin condition: intact <input type="checkbox"/> open areas <input type="checkbox"/> If open areas, describe: _____ | | | | | | | |

MNT- Follow-Up

Begin Time: _____ End Time: _____ # Units: _____

Primary ICD9/10: **V653- / Z71.3** Secondary ICD9/10: _____

Name: _____

ID Number _____

Or place PEF label here

| | | | |
|--|-------------------|---|--|
| Type of Meal Plan: | | Date: | |
| Medication Changes: | | Other Comments: | |
| Exercise: | | | |
| Lab Values/Changes: Weight Changes: _____ Blood Pressure: _____ Blood Glucose: _____ | | | |
| | | Cholesterol: _____ Other: _____ | |
| Identified Barriers: | | | |
| Readiness to Change/Compliance: | | | |
| 24 hour recall Time: | Breakfast: | | |
| Time: | Snack: | | |
| Time: | Lunch: | | |
| Time: | Snack: | | |
| Time: | Supper: | | |
| Time: | Snack: | | |
| Progress Toward Goals/New Goals: | | | |
| | | | |
| | | | |
| Materials Provided: | | | |
| Referral: Y or N Reason: MD RN Social Services Other: | | | |
| Follow MNT Visit: | | Progress Note Sent to MD: Yes No | |
| Signature: | | Date: | |

Adapted from the Lincoln Trail District Health Department & Laurel County Health Department Nutrition Follow up Medical Nutrition Therapy forms

**MNT- Follow UP
DEV10/15**

MEDICAL NUTRITION THERAPY GROUP NUTRITION EDUCATION

The following is a list of topics that are appropriate for group nutrition education **in the clinic setting** under the MNT group class code. The lesson plans with pre-and post-test for each class are available from the Nutrition Services Branch. **All MNT group classes must be taught by a Registered Dietitian or Certified Nutritionist.**

| Medical Nutrition Therapy Topics | Possible Handouts | Class Information |
|----------------------------------|--|--|
| Diabetes Meal Planning | <ul style="list-style-type: none"> ▪ <i>Dining Out Made Healthy</i> ▪ <i>Read It Before You Eat It/Steps to Reading a Food Label</i> | Healthy methods to eating out; artificial sweeteners, CHO counting, glycemic index, label reading, portion sizes |
| Heart Health | <ul style="list-style-type: none"> ▪ <i>Cholesterol Round-up</i> ▪ <i>DASH: The Proven Way to Lower Your Blood Pressure</i> ▪ <i>Trans-Fatty Acids: What, another fat?</i> ▪ <i>Triglyceride Facts</i> | Class 1: Cholesterol Class 2: Sodium Class 3: DASH/hypertension Class 4: Triglycerides |
| Dining with Diabetes | West Virginia Cooperative Extension Program | Lessons, overheads and recipes, pre- and post-test |
| Weight Loss | <ul style="list-style-type: none"> ▪ <i>Activity Pyramid</i> ▪ <i>Dining Out Made Healthy</i> ▪ <i>My Pyramid (specific calorie level)</i> | Physical activity, portion sizes, label reading, healthy methods of cooking; healthy eating out |

Documentation in each class attendees' medical record must include:

- A. Class attended
- B. Date
- C. Outcome expected for the class attendee
- D. Follow-up appointment
- E. Pre- and post-test data
- F. Specific health measures (can be referral information from physician)
 1. Height, weight and Body Mass Index (BMI)
 2. Cholesterol
 3. Triglycerides
 4. LDL
 5. Blood glucose
 6. Blood pressure
 7. Hemoglobin A1C
- G. Signature of class provider, title

Section 400 Appendices Nutrition Education and Counseling

WIC Certification Nutrition Education Counseling Protocol..... 3
Individual WIC High Risk Counseling Nutrition Education Protocols.....9
Reference Materials for Certification and Follow-up
Counseling Guidelines 13

**WIC CERTIFICATION NUTRITION EDUCATION
COUNSELING PROTOCOL**

*(In addition to this counseling, all WIC participants must be provided counseling on Specific Nutritional Risk)***Provider: Certifying Health Professional**

| Topic | WIC Certification General Nutrition Counseling Protocol by Status |
|--|--|
| Discuss WIC Program eligibility and benefits | <ul style="list-style-type: none"> • Purpose of the WIC Program (Nutritional support through supplemental food, nutrition education, breastfeeding support and referrals) • WIC is a partnership between the participant and WIC staff • Discuss certification process including nutrition assessment to provide individualized nutrition education, eligibility period and recertification schedule. • Discuss importance and benefits (nutrition education, breastfeeding support, referrals, and healthy foods) for continued participation in the program. |
| Counsel on basic diet and the importance of regular physical activity. | <p>Determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition? Provide counseling to address questions/concerns/dietary habits.</p> <p>For women and children:</p> <ul style="list-style-type: none"> • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid for Kids and Activity Pyramid. • Review dietary concern(s) and appropriate action. • Encourage an average of 30 minutes for women and 60 minutes for children of physical activity each day. • Limit screen time to no more than 2 hours/day. • Remove the television from the child's bedroom. • Encourage healthy foods (e.g. low-fat and reduced fat food choices including 1% or less milk, (women/children > 2), 5 Fruits and Vegetables per day & Avoid Sugar Sweetened Drinks) • Refer to health care provider/Lead Program for lead screening and assessment. <p>For infants:</p> <ul style="list-style-type: none"> • Discuss Kentucky Infant Feeding Guide appropriate for age and development. • Encourage caregiver(s) to promote physical activity and motor skill development in their infant (rolling over, standing, movement, play). • Review dietary concern(s) and appropriate action. • Refer to health care provider/Lead Program for lead screening and assessment. |
| <p>Encourage to breastfeed unless contraindicated for health/lifestyle reasons.</p> <p>See Breastfeeding Counseling and Contraindications in this section.</p> | <p>For pregnant women:</p> <ul style="list-style-type: none"> • Discuss the advantages of breastfeeding. • Discuss the benefits of Kangaroo Care. <p>For breastfeeding women:</p> <ul style="list-style-type: none"> • Encourage continuation and support of breastfeeding. • Discuss the benefits of Kangaroo Care. |
| Discuss the effects of drug and other harmful substance use (tobacco, alcohol, drugs). | <ul style="list-style-type: none"> • Discuss how tobacco and/or alcohol can affect the woman, fetus, infant, and child. This should include information about smoking cessation if appropriate and the effects of secondhand smoke. • Discuss recommendations to not use tobacco products. Refer to 1-800-QUIT NOW (1-800-784-8669) if client smokes. • Discuss recommendations to not take any medications, over-the-counter or otherwise, unless specifically ordered by a physician. • Discuss recommendations to not use drugs (marijuana, cocaine, etc.). • Discuss recommendations to not drink alcohol. |
| Discuss Safe Sleep Environment for Infants | <p>For infants:</p> <ul style="list-style-type: none"> • Discuss American Academy of Pediatrics (AAP) Safe Sleep Policy. (See Safe Sleep Environment for Infants in this section) |

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| For participants being recertified for the WIC Program | <ul style="list-style-type: none"> Review and discuss previously set goals. For participants who completed online nutrition education lesson, review and discuss the lesson completion certificate, participant goal set during the lesson, and links visited. |
| Discuss specific nutritional risk for which participant qualifies. | <ul style="list-style-type: none"> See Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol |

WIC Certification Counseling for Specific Nutritional Risk Protocol

(In addition to this counseling, all WIC participants must be provided WIC Certification Nutrition Education Counseling)

*Status Code: P= any Pregnant Status, BF= any Breastfeeding Woman Status, PP= Postpartum Status, C= Child Status, I= any Infant Status

Provider: Certifying Health Professional

| Risk/Status*/Reference Materials** | Counseling/Education | Referral Guidance |
|---|---|---|
| Low Hematocrit/Low Hemoglobin Status: P, PP, BF, C, I | <ul style="list-style-type: none"> Define low hematocrit/low hemoglobin. DISCUSS IRON-RICH FOODS. | Refer for Medical Evaluation: ♦All status Hematocrit ≤ 27% Hemoglobin ≤ 9 gm./dL. |
| Elevated Blood Lead Status: P, PP, BF, C, I | <ul style="list-style-type: none"> Discuss importance of adequate calories, calcium, iron, vitamin C and low-fat foods (for children after age 2) which decrease the absorption of lead. Discuss the importance of regular meals and snacks. Discuss CDC recommendations regarding mothers lead levels and breastfeeding (Breastfeeding Woman). See Blood Lead Levels & Breastfeeding. | Refer for Medical Evaluation. ♦See Lead Guidelines in Core Clinical Services Guide (CCSG). Refer for MNT. |
| Low Head Circumference Status: I, C (up to age 2) | <ul style="list-style-type: none"> Discuss the impact of prematurity to growth and development, if age adjusted. Discuss the importance of nutrition on growth and development | Refer for Medical Evaluation. |
| Preterm Birth/Early Term Birth Status: I, C (up to age 2) | <ul style="list-style-type: none"> Discuss the impact of prematurity to growth and development. Discuss the importance of good nutrition for proper growth and development. | |
| Low Birth Weight/Very Low Birth Weight Status: I, C (up to age 2) | <ul style="list-style-type: none"> Discuss the impact of birth weight to growth and development. Discuss the importance of good nutrition for proper growth and development. | Refer for MNT. |
| At Risk for Overweight Status: I, C | <ul style="list-style-type: none"> Discuss the importance of prevention of overweight. Discuss the importance of physical activity. Reduce sedentary activity such as computer games and watching television. Discuss appropriate quantity of food. Discuss healthy foods (e.g. low-fat and reduced fat food choices). (children >age 2) Discuss the importance of good nutrition for proper growth and development. (infants) | |
| Overweight, Obese, High Weight for Length Status: P, PP, BF, C, I | <ul style="list-style-type: none"> Review growth chart. (children) Discuss the importance of physical activity. | Refer for MNT. |

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| | <ul style="list-style-type: none"> • Reduce sedentary activity such as computer games and watching television. • Discuss appropriate quantity of food. • Discuss healthy foods (e.g. low-fat and reduced fat food choices). (women/children >age 2) | |
| At Risk for Underweight Status: I, C | <ul style="list-style-type: none"> • Review growth chart. • Discuss importance of frequent feeding. • Discuss healthy foods in relation to growth and development. | |
| Underweight Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Review growth chart. (infants and children) • Discuss importance of frequent feeding. • Discuss healthy foods in relation to growth, development and appropriate weight gain. | Refer for MNT. |
| At Risk for Short Stature Status: I, C | <ul style="list-style-type: none"> • Discuss growth for age and stature/size of parents. • Discuss healthy foods in relation to growth and development. | |
| Short Stature Status: I, C | <ul style="list-style-type: none"> • Discuss growth for age and stature/size of parents. • Discuss healthy foods in relation to growth and development. | |
| Growth Problems Status: I, C | <ul style="list-style-type: none"> • Discuss growth for age and stature/size of parents. • Discuss healthy foods in relation to growth and development. | |
| Inappropriate Weight Gain Pattern Status: P, PP, BF, I, C | <p>Pregnant woman</p> <ul style="list-style-type: none"> • Discuss the importance of appropriate weight on the developing fetus. <p>Postpartum or breastfeeding woman</p> <ul style="list-style-type: none"> • Discuss the importance of an adequate diet to promote lactation and/or attaining standard weight. <p>Infant</p> <ul style="list-style-type: none"> • Discuss the importance of frequent feeding in relation to weight gain. <p>Children</p> <ul style="list-style-type: none"> • Discuss healthy foods in relation to growth and development. | Refer for MNT. |
| Alcohol and Substance Use Status: P, PP, BF | <ul style="list-style-type: none"> • Discuss the importance of discontinuing the identified substance use (tobacco, alcohol, drugs) (S-A-D). | Refer to counseling and/or treatment as appropriate. |
| Secondhand Smoke Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss the importance of consuming foods high in vitamin C • Discuss the importance of fruits and vegetables in the diet | |
| BF Infant/BF Woman at Nutritional Risk Status: I, P, BF | <p>Breastfed infant</p> <ul style="list-style-type: none"> • Discuss adequate diet for lactation and health. <p>Breastfeeding mother</p> <ul style="list-style-type: none"> • Discuss the impact of mother's health on growth and development of infant. | |
| Breastfeeding Complications Status: BF, P, I | <ul style="list-style-type: none"> • Discuss the impact of an adequate diet. • Discuss the importance of frequent feeding. • Discuss specific condition/problem. | <p>Refer to IBCLC/Lactation Specialist/Nutritionist/Dietitian</p> <p>Refer for Medical Evaluation: ♦Mastitis or Severe nipple pain</p> |

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| Infant of a WIC Mother/ Mother at Risk Status: I | <ul style="list-style-type: none"> • Discuss the impact of mother's nutritional risk during pregnancy to infant's health. • Discuss an adequate diet for the infant. • Discuss specific condition/problem. | |
| Infant of a Mother with Complications that Impair Nutrition Status: I | <ul style="list-style-type: none"> • Discuss an adequate diet at an appropriate level of comprehension for the client. | |
| Pregnancy Induced Conditions Status: P, PP, BF | <ul style="list-style-type: none"> • Discuss specific condition/problem. • Discuss the additional demand on nutrient stores. | Refer for MNT: ◆Gestational Diabetes |
| Delivery of Preterm /Early Term/ Low Birth Weight Infant Status: P, PP, BF | Pregnant <ul style="list-style-type: none"> • Discuss the problems identified and the effect on current health. • Stress the importance of appropriate weight gain. Breastfeeding/Postpartum <ul style="list-style-type: none"> • Discuss the problems identified and the effect on current health. | |
| Fetal or Neonatal Death Status: P, PP, BF | <ul style="list-style-type: none"> • Discuss the problems identified and the effect on current health. | |
| General Obstetrical Risk Status: P, PP, BF | Pregnant <ul style="list-style-type: none"> • Discuss the importance of appropriate weight gain for the developing fetus. • Discuss the additional demand on nutrient stores. Breastfeeding/Postpartum <ul style="list-style-type: none"> • Discuss the additional demand on nutrient stores. | |
| Nutrition/Metabolic Conditions/Infectious Disease Acute or Chronic Status: P, PP, BF, I, C | Pregnant/Breastfeeding/Postpartum <ul style="list-style-type: none"> • Discuss the relationship of the specific condition/problem to nutritional status and its potential impact on woman's current status. Infant/Child <ul style="list-style-type: none"> • Discuss the relationship of the specific condition/problem to nutritional status and its importance to growth and development. | Refer for MNT all <u>except</u>: ◆Lactose Intolerance ◆Short Term Antibiotic Use – Drug Nutrient Interaction ◆Asthma – persistent asthma that requires daily medication ◆Food allergies – per patient request and/or professional discretion |
| Impaired Ability to Prepare Food Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss an adequate diet at an appropriate level of comprehension for the client. • Discuss the specific condition/problem. | Refer to Social Programs. |
| Complications which Impair Nutrition Status: P, PP, BF, I, C | Pregnant/Breastfeeding/Postpartum <ul style="list-style-type: none"> • Discuss an adequate diet at an appropriate level of comprehension for the client. • Discuss the relationship of the specific condition/problem to nutritional status and its potential impact on woman's current status. Infant/Child <ul style="list-style-type: none"> • Discuss an adequate diet at an appropriate level of comprehension for the client. • Discuss the relationship of the specific condition/problem to nutritional status and its importance to growth and development. | for MNT: ◆Delays/disabilities that impair chewing/swallowing/requi re tube feeding. |
| Dental Problems Status: P, PP, BF, I, C | Pregnant/Breastfeeding/Postpartum/Child/Infant <ul style="list-style-type: none"> • Discuss the importance of proper dental care. • Drink/provide only water between meals. • Limit sugary foods/drinks. Limit juice intake to 100% juice & no more than 4-6 ounces per day. • Brush teeth twice daily. • Talk to dentist/doctor regarding fluoride. | |

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| | <ul style="list-style-type: none"> Follow up with your dentist as appropriate for dental problems. <p>Infant/Child</p> <ul style="list-style-type: none"> Breastfeeding is recommended for the 1st year of life and beyond as mutually desired. Avoid having infant/child sleep with bottle. Wipe the gums of young infants with a soft washcloth or soft toothbrush, even prior to tooth eruption. | |
| Other Health Risk Status: I, C | <ul style="list-style-type: none"> Discuss adequate diet. | |
| Presumed Dietary Risk Status: P, PP, BF, C (age 2 and older) | <ul style="list-style-type: none"> Counsel on adequate diet. | |
| Feeding Practices Status: P, PP, BF, I, C | <ul style="list-style-type: none"> Counsel on specific problem (s) | |
| Inappropriate Nutrient Intake Status: P, PP, BF, C | <ul style="list-style-type: none"> Discuss the importance of calcium and protein sources. Counsel on adequate diet. | Refer for MNT. |
| Eating Disorders Status: P, PP, BF | <ul style="list-style-type: none"> Discuss the relationship of the specific condition/problem to nutritional status and its potential impact on woman's current status. Counsel on adequate diet. | Refer for MNT. Refer for Medical Evaluation. |
| Recipient of Abuse Status: P, PP, BF, I, C | <ul style="list-style-type: none"> Counsel on adequate diet. Counsel based on readiness. | Refer to Social Programs. |
| Foster Care Status: P, PP, BF, I, C | <ul style="list-style-type: none"> Counsel on adequate diet. <p>Children</p> <ul style="list-style-type: none"> Discuss specific problem/condition such as chronic health problems, birth defects, short stature and inadequate nutrition. | Refer to Social Programs. |
| Homelessness Status: P, PP, BF, I, C | <ul style="list-style-type: none"> Counsel on adequate diet with emphasis on homelessness/migrancy as appropriate. | Refer to Social Programs. |
| Migrancy Status: P, PP, BF, I, C | <ul style="list-style-type: none"> Counsel on adequate diet with emphasis on homelessness/migrancy as appropriate. | Refer to Social Programs. |
| Possibility of Regression-Priority III Status: C | <ul style="list-style-type: none"> Discuss the importance of a good diet in preventing the previous risk from recurring. | |
| Possibility of Regression-Priority IV Status: C | <ul style="list-style-type: none"> Encourage continuance of a good diet as appropriate for child's age. | |
| Transfer of Certification Status: P, PP, BF, I, C | <ul style="list-style-type: none"> Provide nutrition education for condition/problem, if known. | |

**HIGH RISK FOLLOW-UP
COUNSELING PROTOCOLS TABLE**

Individual WIC High Risk Counseling Nutrition Education Protocols

Status: P= any Pregnant Status; BF= any Breastfeeding Status; PP= Postpartum Status; C= Child Status; I= any Infant Status

| PROVIDER: CERTIFYING HEALTH PROFESSIONAL | |
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| Topic /Status/ | Counseling/Education |
| Low Hematocrit/Low Hemoglobin Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss Iron and Vitamin C sources in the diet. • Discuss the importance of Iron and role of iron in red blood cells. • Discuss the absorption of iron sources and role of vitamin C in Iron absorption. |
| Elevated Blood Lead Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss importance of adequate intake of calories, calcium, iron, vitamin C and low-fat foods (after the age of 2) which decreases the absorption of lead. • Discuss the importance of regular meals and snacks. |
| Low Head Circumference Status: I, C (up to age 2) | <ul style="list-style-type: none"> • Discuss age appropriate feeding for the infant. |
| Preterm/Early Term Birth Status: I, C (up to age 2) | <ul style="list-style-type: none"> • Discuss age appropriate feeding for infant development or up to age 2 children. • Review growth chart and weight goals. |
| Low Birth Weight /Very Low Birth Weight Status: I, C (up to age 2) | <ul style="list-style-type: none"> • Discuss age appropriate feeding for infant's or child's development. • Review growth chart and weight goals. |
| At Risk for Overweight Status: I, C | <ul style="list-style-type: none"> • Discuss the importance of prevention of overweight. • Discuss age appropriate feeding for infant's or child's development. • Discuss the importance of regular physical activity. • Review dietary concern(s) and appropriate action. |
| Overweight, Obese, High Weight for Length Status: P, PP, BF, C, I | <p>Infant/Child</p> <ul style="list-style-type: none"> • Review growth chart and weight goals. • Discuss age appropriate feeding for child's development. • Discuss the importance of regular physical activity. <p>Pregnant/Postpartum/Breastfeeding Women</p> <ul style="list-style-type: none"> • Review weight goals. • Discuss possible reasons for weight status. • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status. <p>Discuss the importance of regular physical activity.</p> |
| At Risk for Underweight STATUS: I, C #2, #3, #7-10 (C) | <p>Infant/Child</p> <ul style="list-style-type: none"> • Review growth chart and weight goals. • Discuss age appropriate feeding for infant's or child's development. |
| Underweight Status: P, PP, BF, I, C | <p>Infant/Child</p> <ul style="list-style-type: none"> • Review growth chart and weight goals. • Discuss age appropriate feeding for infant's or child's development. <p>Pregnant/Breastfeeding/Postpartum Women</p> <ul style="list-style-type: none"> • Review weight goals. • Discuss possible reasons for weight status. • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status. |
| At Risk for Short Stature Status: I, C | <ul style="list-style-type: none"> • Review growth chart and height goals. • Discuss age appropriate feeding for infant's or child's development. • Discuss importance of protein for growth. |
| Short Stature Status: I, C | <ul style="list-style-type: none"> • Review growth chart and height goals. • Discuss age appropriate feeding for infant's or child's development. • Discuss importance of protein for growth. |
| Growth Problems Status: I, C | <ul style="list-style-type: none"> • Discuss age appropriate feeding for infant's or child's development. • Review growth chart and weight goals. • Discuss importance of protein for growth. |
| Inappropriate Weight Gain Pattern Status: P, PP, BF, I, C | <p>Infant/Child</p> <ul style="list-style-type: none"> • Discuss age appropriate feeding for infant's or child's development. • Review growth chart and weight goals. <p>Pregnant/Breastfeeding/Postpartum Women</p> <ul style="list-style-type: none"> • Review weight goals. • Discuss possible reasons for weight status. |

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| | <ul style="list-style-type: none"> • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status. |
| Alcohol and Substance Use Status: P, PP, BF | <ul style="list-style-type: none"> • Discuss the importance of discontinuing the identified substance use (tobacco, alcohol, drugs) (SAD). • Discuss how the identified use can affect the mother and her fetus, or her infant or other household members. |
| Secondhand Smoke Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss the importance of continuing a healthy diet. |
| Breastfeeding Infant/BF Woman at Nutritional Risk STATUS: I, BF | <ul style="list-style-type: none"> • Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods. |
| Breastfeeding Complications Status: I, P, BF | <ul style="list-style-type: none"> • Reinforce the importance of an adequate diet. • Reinforce the importance of frequent feeding. • Discuss specific condition/problem. |
| Breastfeeding Infant/BF Woman with Feeding Practices STATUS: I, P, BF | <ul style="list-style-type: none"> • Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods. |
| Infant of a WIC Mother/ Mother at Risk Status: I | <ul style="list-style-type: none"> • Discuss an adequate diet for the infant. |
| Infant of a Mother with Complications that Impair Nutrition Status: I | <ul style="list-style-type: none"> • Discuss an adequate diet at an appropriate level of comprehension for the client. |
| Impaired Ability to Prepare Food Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss the importance of an adequate diet. • Discuss specific condition/problem. |
| Pregnancy Induced Conditions Status: P, PP, BF | <ul style="list-style-type: none"> • Encourage appropriate weight gain. • Discuss increased nutrient needs. • Reinforce an adequate diet. • Discuss specific condition/problem. • Discuss adequate diet at an appropriate level of comprehension for the client |
| Delivery of Preterm/Early Term / Low Birth Weight Infant Status: P, PP, BF | Pregnant <ul style="list-style-type: none"> • Discuss the problems identified and the effect on current health. • Stress the importance of appropriate weight gain. Breastfeeding/Postpartum <ul style="list-style-type: none"> • Discuss the problems identified and the effect on current health. |
| Fetal or Neonatal Death Status: P, PP, BF | <ul style="list-style-type: none"> • Reinforce the importance of an adequate diet for health. |
| General Obstetrical Risk Status: P, PP, BF | <ul style="list-style-type: none"> • Discuss specific condition/problem. • Discuss the importance of an adequate diet. |
| Nutrition/Metabolic Conditions/Infectious Acute or Chronic Disease Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss specific condition/problem. • Discuss the importance of an adequate diet. |
| Impaired Ability to Prepare Food Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss the importance of an adequate diet. • Discuss specific condition/problem. |
| Complications which Impair Nutrition Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss specific condition/problem. • Discuss the importance of an adequate diet. • Discuss an adequate diet at an appropriate level of comprehension for the client. |
| Dental Problems Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss specific condition/problem. • Discuss the importance of an adequate diet. |
| Other Health Risk Status: I, C | <ul style="list-style-type: none"> • Discuss the importance of a good diet. |
| Presumed Dietary Risk Status: P, PP, BF, C (age 2 and older). | <ul style="list-style-type: none"> • Discuss the importance of a good diet. |
| Feeding Practices Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss specific problem and relationship to health, growth or development. |

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| Inappropriate Nutrient Intake Status: P, PP, BF, C | <ul style="list-style-type: none"> • Discuss the importance of an adequate diet. |
| Eating Disorders Status: P, PP, BF | <ul style="list-style-type: none"> • Discuss specific condition/problem. • Discuss the importance of an adequate diet. |
| Recipient of Abuse Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss the importance of an adequate diet. |
| Foster Care Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss the importance of an adequate diet. • Children – Discuss specific condition/problem such as chronic health problems, birth defects, short stature and inadequate nutrition. |
| Homelessness or Migrancy STATUS: P, PP, BF, I, C | <ul style="list-style-type: none"> • Discuss the importance of an adequate diet with emphasis on homelessness or migrancy. |
| Possibility of Regression Status: C | <ul style="list-style-type: none"> • Discuss the importance of an adequate diet. |
| Possibility of Regression-Priority III Status: C | <ul style="list-style-type: none"> • Discuss the importance of an adequate diet. |
| Transfer of Certification- Priority IV Status: P, PP, BF, I, C | <ul style="list-style-type: none"> • Provide nutrition education, as appropriate. |

Individual WIC High Risk Counseling Nutrition Education Protocols

| PROVIDER: LACTATION SPECIALIST | |
|---|---|
| Topic /Status*/ Reference Materials** | Counseling/Education |
| See Page 41 For Listing of Reference Materials by Number | |
| Breastfeeding Infant/BF Woman at Nutritional Risk STATUS: I,P, BF | <ul style="list-style-type: none"> • Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods. |
| Breastfeeding Complications Status: I, P, BF | <ul style="list-style-type: none"> • Reinforce the importance of an adequate diet. • Reinforce the importance of frequent feeding. • Discuss specific condition/problem. |
| Breastfeeding Infant/BF Woman with Feeding Practices STATUS: I, P,BF | <ul style="list-style-type: none"> • Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods. |

**REFERENCE MATERIALS
FOR CERTIFICATION AND FOLLOW-UP
COUNSELING GUIDELINES**

Reference Materials for Certification and Follow-Up Counseling Guidelines

The following materials are available from the Pamphlet Library
(Frankfort Habilitation, Phone: 502-227-9529, Fax: 502-227-7191)

1. USDA MyPyramid (E & S) 4/2005
2. Kids MyPyramid (simplified) (E & S) 4/2005
3. Kids MyPyramid (advanced) (E & S) 4/2005
4. Prenatal Nutrition Guide – PAM DHS 158, 159, 160 (E & S) 9/2011
5. Smoking-Alcohol-Drugs: How can it affect you and your family? PAM-DHS-262; (E&S) 7/2007
6. Infant Feeding Guides – PAM NUTR 17A, 17B, 17C (E & S) 1/2009 & 4/2009
7. Toddler Feeding Guide Age 1 to 3– PAM-ACH-074 (E & S) 4/2012
8. Child Feeding Guide Age 3 to 5 – PAM-ACH-075 (E&S) 4/2012 & 9/2012
9. Healthy Eating for Preschoolers Choose My Plate Tip sheet (FNS-451 & FNS-451S) (E & S) – USDA 10/2012
10. 5,2,1,0 Healthy Numbers for Kentucky Families Combination Brochure (English)
11. Iron for Strong Red Blood Cells – PAM DHS 075 11/2006
12. Weight Gain During Pregnancy – PAM ACH 088 12/2004
13. Calcium – PAM DHS 100 (E & S) 8/2005
14. Vitamin A/Vitamin C – PAM MCH 098 (E & S) 8/2008
15. My Plate DG Tip Sheet 24 (Snack tips for parents) (E & S) 3/2013
16. Getting Started with Breastfeeding – PAM-ACH-501 (E&S) 7/2007
17. Breastfeeding: Planning Ahead During Pregnancy – PAM-ACH-060 7/2007
18. Lead Prevention Diet – PAM ACH 001 11/1998
19. Healthy Tips for Picky Eaters - FNS-455 (E & S) 5/2012
20. Activity Pyramid – PAM ACH 50 (E & S) 12/2005
21. How to Care for Your Child's Teeth (PAM-ACH260) (English) 6/2006
22. Healthy Tips for Active Play FNS-456 (E & S) 5/2012
23. Tips for Breastfeeding Moms (FNS-458 & FNS-458S) (E & S) – USDA 02/13.
24. Tips for Pregnant Moms (FNS-457 & FNS-457S) (E & S) – USDA 02/2013
25. My Pyramid in Action: Dietary Supplements During Pregnancy and Breastfeeding (English) – USDA October 2007
26. Food Safety (PAM-DHS-145) (E & S) 08/2009
27. Whole Grains (PAM-ACH-402) (English) – 4/2009
28. Tofu (PAM-ACH-403) (English) – 4/2009
29. Tips to Increase Fruits and Veggies (PAM-ACH-152) (English) – 4/2009
30. Choose My Plate DG Tip Sheet No.1 & 7 (Choose My Plate & Build a Healthy Meal) (English)- USDA 6/2011
31. My Plate DG Tip Sheet 12 & 13 (Be A Healthy Role Model & Cut Back on Sweet Treats) (English)- USDA 6/2011
32. My Plate DG Tip Sheet 9 & 10 (Smart Shopping & Liven Up Your Meals) (English)- USDA 6/2011
33. My Plate DG Tip Sheet 2 & 3 (Add More Vegetables & Focus on Fruits) (English)- USDA 6/2011
34. My Plate DG Tip Sheet 6 & 8 (Protein Foods & Healthy Eating for Vegetarians) (English)- USDA 6/2011
35. Kangaroo Care (Pam-NUTR- 060) (E & S) 09/2011
36. Beans (PAM-DPH-103) (E & S) 02/2012
37. Safe Sleep for Your Baby (NIH Pub. No. 12-5759) (E & S) - 06/2013.
38. Healthy Choices for You and Your Family (E & S) 07/2015
39. Weaning from the Bottle (E & S) 04/2017
40. Homemade Baby Food (E & S) 08/18

E & S = English and Spanish

LOCALLY DEVELOPED NUTRITION EDUCATION MATERIALS

Locally developed nutrition and breastfeeding education materials must be submitted to the State WIC Office for review and approval. Any materials developed for WIC Program outreach or nutrition education with the WIC logo, Kentucky Shape The Future Breastfeeding logo or the Kentucky Eat More Fruits and Veggies logo must be submitted to the State WIC Office for review and approval.