

Maine Center for Disease Control and Prevention

WIC Nutrition Program

Effective: October 1, 2014
Revised: October 1, 2020

Policy No. NS-6

Medically High-Risk Participants

Authority

7 CFR §246.4(a)(9); §246.11(a)(1-3) and (c)(1, 3-7)
10-144 CMR Chapter 286, §II.O

Policy

1. Participants with a qualifying medically high-risk condition(s) shall be referred to the local agency or consultant registered dietitian/licensed dietitian.
2. Participants with a condition(s) that raises concerns for insufficient intake or inadequate growth/prenatal weight gain shall be referred to the local agency or consultant registered dietitian/licensed dietitian.
3. Participant records that are referred to the RD/LD shall be assessed, and recommendations shall be utilized by local agency counseling staff at follow up contacts.

Procedure

1. Medical Nutrition Therapy (MNT) is not a covered service of WIC and is not routinely provided for participants with medically high-risk conditions.
2. Medically high-risk conditions include but are not limited to:
 - 2.1 Cancer (RF347)
 - 2.2 Central nervous system disorders (e.g. cerebral palsy, neural tube defects, spina bifida, epilepsy, Parkinson's disease and multiple sclerosis) (RF348)
 - 2.3 Diabetes mellitus (RF343)
 - 2.4 Genetic or congenital disorders (e.g. cystic fibrosis, cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia (not sickle cell trait), and muscular dystrophy) (RF349)
 - 2.5 Inborn errors of metabolism (RF351)
 - 2.6 Infants or children receiving any formula mixed to ≥ 24 kcal/ounce (including standard milk or soy-based or exempt infant formulas) or elemental formula
 - 2.6.1 Children receiving Pediasure do not meet the criteria for RD referral. However, if the child has another medically high-risk condition or the

WIC Counselor identifies another specific concern, a referral shall be made.

- 2.7 Gestational diabetes (RF302) if not followed by outpatient dietitian or HCP
 - 2.8 Eating disorders (RF 358)
 - 2.9 Failure to thrive (RF134) indicated by significantly slowed growth, drops in major growth chart percentiles channels or low weight-for-length
 - 2.10 Fetal alcohol spectrum disorder (RF382)
 - 2.11 Fetal growth restriction (aka, intrauterine growth restriction) (RF336)
 - 2.12 Gastrointestinal disorders (e.g. small bowel enterocolitis, Crohn's disease, colitis, pancreatitis, or liver disease) (RF342)
 - 2.12.1 Gastro-esophageal reflux does not meet the criteria for RD referral.
 - 2.13 Heart disease or other cardiac abnormalities
 - 2.14 Hyperemesis Gravidarum (RF301)
 - 2.15 Inadequate oral intake requiring tube feeding for nutrition support
 - 2.16 Infant born to a woman with alcohol or drug misuse during most recent pregnancy (woman was not enrolled in alcohol and substance use treatment program during pregnancy)
 - 2.17 Chronic infectious diseases (e.g. hepatitis B, C and D, HIV, AIDS) (RF352)
 - 2.18 Renal disease (RF346)
 - 2.19 Alcohol and Substance Use (women who are not enrolled in a alcohol and substance use treatment program) (RF372)
 - 2.20 Very low birth weight infants (<1500 grams, or 3 pounds 5 ounces) (RF141)
 - 2.21 Other significant health conditions such as thyroid disorder, heart disease, lupus, cardio-respiratory diseases, or any other conditions, that raise concerns for insufficient food intake or inadequate growth/prenatal weight gain
3. When a participant is identified as meeting medical high-risk criteria, staff shall determine if the local agency/consultant RD/LD or an outpatient RD/LD shall provide the nutrition care plan.
 - 3.1 The CPA will document this referral in the participant's electronic record.
 - 3.2 If a participant identified as medically high-risk is followed by an RD/LD outside of the local WIC agency, staff may request the nutrition care plan from the outpatient registered dietitian instead of requiring documentation from the local agency/consultant RD/LD.

- 3.2.1 If the nutrition care plan is not received from the outpatient RD/LD in a reasonable amount of time, such as by the next WIC appointment, the local agency/consultant RD/LD shall review the record and document a nutrition care plan in the record.
 - 3.3 If a participant identified as medically high-risk is not already followed by an RD/LD outside of the local agency, an initial referral to the local agency registered dietitian or consultant dietitian is required at the first appointment when the medical high-risk condition is identified.
4. Staff shall adjust benefit issuance frequency, as necessary, to meet the needs of the client while awaiting nutrition care plan from RD/LD.
5. The local agency or consultant RD/LD shall respond to the referral within 30 days.
 - 5.1 The local agency or consultant RD/LD shall document the assessment and nutrition care plan in the participant's electronic record.
 - 5.2 The care plan may include recommendations for more frequent WIC visits, telephone contacts and/or health care provider, if necessary.
 - 5.3 The care plan shall include recommendations for next RD assessment.
 - 5.4 If a response is not received within 30 days, the local agency shall submit a second referral or request.
6. If RD/LD assessment indicates medical high-risk condition is resolved or stable, the RD/LD referral may be closed.
7. Follow up referrals to RD/LD shall be made in the following situations:
 - 7.1 According to RD/LD care plan
 - 7.2 Prescription changes (formula and/or food)
 - 7.3 New health concerns such as recent hospitalizations, diagnosis or illnesses
 - 7.4 Changes in growth or weight gain status
 - 7.5 Changes in food or formula tolerance
8. The nutrition care plan provided by the RD/LD shall be used by local agency counseling staff to tailor food prescriptions and conduct nutrition education.
9. Medically high-risk participants shall be tracked on a medical high-risk participant log. Refer to Appendix NS-6-A for a sample tracking log.
10. The local agency Nutrition Coordinator shall be responsible for maintenance of the medically high-risk participant log.
11. The local agency Management Evaluation Review (MER), conducted by the state agency, shall include an evaluation of medically high-risk participant files.