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United States
Department of
Agriculture

SUBJECT: WIC Final Policy Memorandum 2008-4
WIC Nutrition Services Documentation

Food and
Nutrition
Service

TO: Regional Directors
Supplemental Food Programs
All Regions

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Background

This policy memorandum identifies the purpose, necessary elements and outcomes for nutrition services documentation in the WIC Program. WIC nutrition services include nutrition assessment and risk assignment, nutrition education, breastfeeding support, food package prescription, referrals, and related follow-up. Quality documentation, which may be electronic or paper based, facilitates the delivery of meaningful nutrition services and ensures continuity of care for WIC participants.

The Food and Nutrition Service is issuing this policy memorandum to assist State agencies in the development of documentation policies and procedures that meet Federal documentation requirements (see Attachment I) and enhance the delivery of quality nutrition services. Establishing quality documentation policies and procedures improves program integrity and coordination with the health care community, and further builds on Value Enhanced Nutrition Assessment, WIC Nutrition Services Standards and WIC Nutrition Education Guidance. Quality documentation is critical for the continued success of the Program and supports the ongoing process of Revitalizing Quality Nutrition Services in WIC.

Nutrition Services Documentation Purpose

Documentation provides invaluable information for managing and evaluating services delivered. It is the primary means by which WIC staff communicate with each other about individual participants. Its purpose is to ensure the:

- quality of nutrition services provided by identifying risks and/or participant concerns, facilitating follow-up and continuity of care (enabling WIC staff to “pick-up” where the last visit ended by following-up on participant goals, reinforcing nutrition education messages, etc.); and
- integrity of the WIC Program through documentation of nutrition services data used for eligibility determination and WIC Participant and Characteristics reporting.

Elements of Quality Nutrition Services Documentation

WIC State agencies may adapt or develop a documentation process that works best for their unique operations. Although many WIC agencies utilize a medical model of documentation, this policy allows for the flexibility to adapt a public health model for documentation.

While specific documentation processes may differ, there are key elements that must be incorporated into all documentation systems for effective and efficient documentation. All documentation systems must be:

- Consistent – establishes standards/protocols to which all staff must adhere;
- Clear – is easily understood (by other WIC staff) using documentation abbreviations, etc., as established by the State and/or local agencies;
- Organized – follows an established order (e.g., anthropometric data is located in the same place in each chart) and minimizes duplication;
- Complete – creates a picture of the participant, describes or lists the services provided over time, and outlines a plan for future services; and
- Concise – contains minimal extraneous information.

Nutrition Services Documentation Outcomes

A key outcome of nutrition services documentation is the capture of a complete picture of the participant's visit in a manner that is easy to retrieve and review, enabling WIC staff to build upon and follow-up on prior visits. A summary page or participant profile is not a requirement of documentation. However, the participant file must be readily accessible and easy to review. The participant file in which information is documented may be electronic, hard copy, or a combination of the two.

Certain nutrition services data *must* be documented in the participant file:

- Assessment information
- All risks/needs identified through the assessment process
- WIC category and priority level
- Food package prescribed (to include medical documentation when required and rationale for food package tailoring, if done)
- Nutrition education* and referrals provided
- Follow-up activity plans and future visits
- An individual care plan for *high risk* participants (identified by the *competent professional authority*, per State agency protocols)

* Second or subsequent nutrition education contacts during a certification period that are provided to a participant in a group setting may be documented in a masterfile as per Federal WIC regulations (7 CFR 246.11(e) (4)).

Additional information relevant for continuity of care may include:

- Participant's progress towards behavior change (if participant-identified goal was set at previous visit)
- Nutrition education delivery medium (e.g., group education, individual counseling) and information reinforcements used (e.g., handouts, video, pamphlet)
- Other pertinent information (e.g., participant's readiness to change behavior; teaching strategy/counseling method)

Another outcome of quality documentation is the ability to track participants' behavior change and other outcomes over time (both aggregate and individual). This provides perspective on the effect of the WIC Program on participants' nutrition and lifestyle practices and serves as a tool for planning and identifying target areas for nutrition services.

Summary

Quality documentation is critical for the continued services of the WIC Program. To support State agencies in the development of documentation procedures, attached is a list of resources related to nutrition services documentation. In addition, attached are summary citations and language from WIC Program Federal Regulations, Policy Memoranda and Nutrition Services Standards associated with nutrition services documentation (Attachment I) and a listing of Nutrition Services Documentation Resources (Attachment II). State agencies should review this supplemental information when developing documentation policies and procedures.



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Attachments

Regulations, WIC Policy & Nutrition Services Standards
Related to Nutrition Services Documentation

WIC Program Federal Regulations

§246.4 (a)(8) – State Plan.

A description of how the SA plans to coordinate program operations with other services or programs that may benefit participants in or applicants for the program....

§246.4 (a)(11)(i) – State Plan.

Certification procedures including a list of the specific nutrition risk criteria by priority level which cites conditions and indices to be used to determine a person’s nutritional risk, hematological data requirements including timeframes for collection of such data....

§246.6 (a)(9) – Signed Written Agreements.

Maintains on file and has available for review, audit and evaluation, all criteria used for certification, including... specific criteria used to determine nutritional risk....

§246.7(e) – Certification of participants. *Nutritional risk.*

Nutritional risk data shall be documented in the participant’s file and shall be used to assess an applicant’s nutrition status and risk, tailor the food package to address nutritional needs, design appropriate nutrition education and make referrals to health and social services for follow-up, as necessary and appropriate.

§246.7(e)(1)(i)(A) - Certification of participants. *Nutritional risk.*

Determination of nutrition risk. Required nutritional risk data. “At a minimum, height or length and weight measurements shall be performed and/or documented in the applicant’s file at the time of certifications. In addition, a hematological test for anemia...shall be performed and/or documented....

§ 246.7(i)(6)(7)(8)(9) - Certification of participants. *Certification forms.*

All certification data for each person certified shall be recorded on a form (or forms) which are provided by the State agency. The information on the forms shall include...

- The date of certification and the date nutritional risk data were taken if different from the date of certification;
- Height or length, weight, and hematological test results;

- The specific nutritional risk conditions which established eligibility for the supplemental foods. Documentation should include health history when appropriate to the nutritional risk condition, with the applicant's or applicant's parent's or caretaker's consent;
- The signature and title of the competent professional authority making the nutritional risk determination, and, if different, the signature and title of the administrative person responsible for determining income eligibility under the Program....

§ 246.10(d)(1)(i-ix) – Supplemental foods. *Medical documentation. Supplemental foods requiring medical documentation.*

Medical documentation is required for the issuance of the following supplemental foods:

- Any non-contract brand infant formula;
- Any infant formula prescribed to a child or adult who receives Food Package III;
- Any exempt infant formula;
- Any WIC–eligible medical food;
- Any authorized soy-based beverage or tofu issued to children who receive Food package IV;
- Any additional authorized cheese issued to children who receive Food Package IV that exceeds the maximum substitution rate;
- Any additional authorized tofu and cheese issued to women who receive Food Packages V and VII that exceeds the maximum substitution rate; and
- Any contract brand infant formula that does not meet the requirements in Table 4 of §246.10(e)(12).

§ 246.10(d)(4)(ii) – Supplemental foods. *Medical documentation. Technical Requirements. Content.*

All medical documentation must include the following:

- The name of the authorized WIC formula (infant formula, exempt infant formula, WIC-eligible medical food) prescribed included amount needed per day;
- The authorized supplemental food(s) appropriate for the qualifying condition(s) and their prescribed amounts;
- Length of time the prescribed WIC formula and/or supplemental food is required by the participant;
- The qualifying condition(s) for issuance of the authorized supplemental food(s) requiring medical documentation, as described in §246.10(e)(3-7).

§ 246.11(c) (4) - Nutrition education. *State agency responsibilities.*

Develop and implement procedures to ensure that nutrition education is offered to all participants and to parents and guardians of infant or child participants as well as child participants, whenever possible.

§ 246.11(e) (4) - Nutrition education. *Participant Contacts.*

The local agency shall document in each participant's certification file that nutrition education has been given to the participant in accordance with State agency standards, except that the second or any subsequent nutrition education contact during a certification period that is provided to a participant in a group setting may be documented in a masterfile. Should a participant miss a nutrition education appointment, the local agency shall, for purposes of monitoring and further education efforts, document this fact in the participant's file, or, at the local agency's discretion, in the case of a second or subsequent missed contact where the nutrition education was offered in a group setting, document this fact in a master file.

§ 246.11(e) (5) - Nutrition education. *Participant Contacts.*

An individual care plan shall be provided for a participant based on the need for such a plan as determined by the competent professional authority, except that any participant, parent or caretaker shall receive such plan upon request.

§246.25(a)(1) Records and Reports. *Recordkeeping requirements.*

Records shall include, but not be limited to, information pertaining to...certification, nutrition education,....

§246.25(b)(3) Records and Reports. *Financial and participation reports. Program Participant Characteristics reports.*

State and local agencies shall provide such information as may be required by FNS to prepare reports on participant characteristics which includes at a minimum, information on breastfeeding incidence and duration, income and nutritional risk characteristics of participants and participation in the Program by members of families of migrant farmworkers.

§246.26(c) Other provisions. *Medical information.*

FNS may require the State or local agencies to supply medical data and other information collected under the Program in a form that does not identify particular individuals, to enable the Secretary or the State agencies to evaluate the effect of food intervention upon low-income individuals determined to be a nutritional risk.

WIC Policy Memoranda

Policy Memorandum 92-10: Bloodwork Protocols.

An exemption to the hematological test to screen for anemia, may be granted due to: 1) a medical condition as long as documentation from a physician of the medical condition is included in the participant's file; and, 2) an applicant's religious belief, as long as a statement of the applicant's refusal to have blood drawn is included in the participant's file.

Policy Memorandum 92-13: Proof of Pregnancy.

Proof of pregnancy is not a condition of WIC eligibility. However, State agencies may require documentation of pregnancy as long as it is not a barrier to WIC participation.

Policy Memorandum 95-6: Implementation of P.L. 103-448 Provisions.

Each State agency must report breastfeeding data (per uniform requirements) for inclusion in the biennial report on participant characteristics.

Policy Memorandum 95-12: Writing Prescriptions for WIC-Allowable Formulas.

Documentation of the licensed health care professional's determination of the need for the formula/medical food and the specific product must be included in the participant's certification file.

Policy Memorandum 2001-2: WIC Bloodwork Requirements.

Certification records must reflect the date the blood test was taken if different from the date of certification.

Policy Memorandum 2006-5: Value Enhanced Nutrition Assessment (VENA) Policy.

All WIC State agencies must ensure that each applicant receives a complete WIC nutrition assessment at each certification.

Nutrition Services Standards

Standard 1C. The local agency Competent Professional Authority's (CPA's) qualifications, roles and responsibilities.

2h. Documenting referrals. [RC*]

2i. Providing and documenting appropriate follow-up to referrals. [BP*]

Standard 1E. The local agency has access to a qualified nutritionist to provide nutrition services to high-risk participants.

2e. Documenting that high-risk participants receive referral services. [BP]

2f. Tracking high-risk participants' progress in improving their health and document outcomes. [BP]

Standard 2G. Nutrition services support staff receive State approved competency-based training based on their duties.

2f. Referring participants to other social services and documenting accordingly.[BP]

Standard 7A. The State agency uses only FNS-approved, national WIC nutrition risk criteria to document nutrition risk. [FR]

2. The State agency nutrition risk procedures have methods for documenting the nutritional risk assessment in the participant file. [RC]

Standard 8A. The State agency develops policies for nutrition education contacts made available to all participants [FR] which address:

- 4. Documentation of the participant's nutrition education. [FR]
- 9. Provision and documentation of referrals. [BP]
- 10. Documentation of appropriate follow-up to referrals. [RC]

Standard 10A. Evaluation of local agency staff who provide nutrition education incorporates the following factors:

- 6. Documentation of the provision of nutrition education. [FR]

Standard 10B. The State agency's evaluation of the local agency's provision of nutrition education is based on [RC]:

- 4. Adherence to State agency documentation requirements for individual care plans and other nutrition education contacts, referrals and follow-up. [RC]
- 9. Documentation that the participant understands the nutrition education received and/or behavior changes made, especially for high risk participants. [RC]

Standard 16A. State and local agencies provide program applicants and participants with information on health-related and public assistance programs[FR]. The following are referral activities:

- 6. Provision and documentation of referrals. [RC]
- 7. Documentation of appropriate follow-up on referrals. [BP]

* RC = Recommended Criteria; BP = Best Practices; FR = Federal Requirements

Nutrition Services Documentation Resource List

1. Lacey K, Pritchett, E. Nutrition Care process and Model: ADA adopts road map to quality care and outcomes management. *J Am Diet Assoc.* August 2003;103:1063-1072.
2. [Manchikanti L](#). Essentials of documentation in interventional pain medicine. *Pain Physician* 2002; 5:226-36.
3. Peters, DA. Quality documentation. *Quality care. Caring* 1988; 7:30-2, 34.
4. [Kacprzak E](#), [Michalak J](#), [Wagrowska-Koski E](#). The effect of specialist supervision on the quality of medical documentation in occupational health services. *Med Pr* 1997; 48:413-20.
5. [Saura-Llamas J](#), [Saturno Hernández PJ](#), [Romero Román JR](#), [Gaona Ramón JM](#), [Gascón Cánovas JJ](#). Characteristics of primary care clinical guidelines associated with greater structural quality of the document. *Aten Primaria* 2001; 28:525-34.
6. Institute of Medicine. *Crossing the Quality chasm: A New Health System for the 21st Century*. Committee on Quality in Health Care in America. Rona Briere, ed. Washington, DC: National Academy Press; 2001
7. Splett P, Myers EF. A proposed model for effective nutrition care. *J Am Diet Assoc.* 2001;101:357-363.
8. Brylinsky C. The Nutrition Care Process. In: Mahan, K, Escott-Stump S, eds. Krause's *Food, Nutrition and Diet Therapy*, 10th ed. Philadelphia, PA: W.B. Saunders Company; 2000:431-451.
9. Center for Medicare and Medicaid Services. *Documentation Guidelines for Evaluation and Management Services*. Available at: http://www.cms.hhs.gov/MLNEdWebGuide/25_EMDOC.asp. Accessed February 1, 2008.

