

Division of Community Nutrition

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| <i>Subject: Nutrition Education Contact-Follow-Up, High Risk</i> | | <i>Policy: NEd 02.3</i> |
| <i>Reference: CFR §246.11</i> | <i>Effective: August 12, 2013</i> | <i>Supersedes: July 1, 2010</i> |

I. Policy:

High risk secondary nutrition education shall be made available to all high-risk participants during each certification period. Follow up education shall be based on the participant's needs, interests, cultural and language needs.

II. Procedure(s):

- A. Nutrition education shall follow the basic principles outlined in NEd 01.0.
- B. The determination of high risk shall be made by a Competent Professional Authority (CPA) based upon medical and nutritional need.
 - 1) Only Level 5 personnel are authorized to provide follow up education to high-risk participants. Personnel shall provide assessment, counseling and follow up to a high-risk participant within 90 days of the certification visit at which the participant is determined to be at high risk. If the participant remains at high risk, schedule another follow-up appointment within 90 days. Continue to schedule follow-up appointments until the high risk indicator has been resolved.
- C. An individualized nutrition care plan shall be developed to document a high-risk participant.
 - 1) The individualized care plan shall include the identification of high risk nutrition-related problem(s), participant goals, appropriate referrals and a plan for follow up. These shall be documented in the Care Plan section of Crossroads.
- D. Individual counseling shall be used to provide follow up education to high-risk participants.
 - 1) Telephone contacts are allowed but only as a supplement to individual counseling.
 - 2) Group education is not an appropriate method for high-risk participants.
 - 3) Web based education is not an appropriate method for high-risk participants.
- E. High Risk Conditions by Category
 - 1) Pregnant Women
 - a. Hyperemesis Gravidum
 - b. Medical condition or nutritional deficiency
 - c. Very low hemoglobin / hematocrit (at or below 9.9 Hgb or 28.9 Hct)
 - d. Other deficiency anemias
 - e. Multi-fetal gestation

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- f. Low maternal weight gain
 - g. Maternal weight loss during pregnancy
 - h. Pre-pregnancy underweight (BMI < 18.5)
 - i. Very overweight (BMI \geq 30)
 - j. Fetal growth retardation
 - k. Use of alcohol or drugs
- 2) Breastfeeding Women / Postpartum Women
- a. Very low hemoglobin / hematocrit (at or below 10.9 Hgb or 32.9 Hct)
 - b. Medical condition or nutritional deficiency
 - c. Breastfeeding complications or potential complications
 - d. Use of alcohol or drugs
- 3) Infant / Child
- a. Medical condition or nutritional deficiency
 - b. Very low hemoglobin / hematocrit (at or below 9.9 Hgb or 28.9 Hct)
 - c. High blood lead or lead poisoning
 - d. Low birth weight (at or below 2,500 grams or 5 1/2 pounds)
 - e. Small for gestational age (up to age one)
 - f. Very overweight (at or above 95th percentile wt / ht / length)
 - g. Very underweight (at or below 5th percentile wt / ht / length)
- F. Once the high risk factor has been resolved, the participant shall be deemed as low-risk.
- 1) System assigned high risk factor cannot be unassigned in Crossroads. If a system assigned high risk factor has been resolved, documentation shall be added to the participant's Nutrition Assessment section within the Care Plan Summary of Crossroads.
 - 2) CPA assigned high risk factors shall be unassigned from the Assigned Risk Factor screen of the Certification section of Crossroads if the factor has been resolved.