

10.01 Coordination With Medicaid - Right From the Start Program

POLICY:

WIC and the Right From the Start (RFTS) Program will coordinate services to increase accessibility, integration and continuity of nutrition services and other health care to pregnant women and infants.

PROCEDURE:

A. Provision of Nutrition Services

Coordination of nutrition services are provided to WIC participants at two (2) levels.

1. The first level includes women and infants referred by a RFTS Designated Care Coordinator (DCC) to the WIC Program for determination of WIC Program eligibility. Applicants who meet WIC eligibility requirements, receive basic nutrition counseling **and** a high-risk follow-up contact **or** a group nutrition education class within their certification period.
2. The second level includes enhanced nutrition services for certain nutrition related medical conditions. The enhanced nutrition services include a comprehensive nutrition assessment, care plan and nutrition counseling beyond a basic WIC nutrition education contact.

B. Provision of WIC Services to Medicaid-Eligible Participants

1. All WIC services are provided to the WIC participant at no charge to the Medicaid Program.
2. The following services are **not** reimbursable under Medicaid:
 - < WIC certification and basic WIC nutrition education contacts;
 - < WIC high-risk follow-up contacts not referred to RFTS RD;
 - < WIC group nutrition education classes;
 - < Administrative services such as meetings; and
 - < Nutrition services not provided by a RD.

C. Enhanced Nutrition Services Provider Qualifications

1. The provider of enhanced nutrition services must be a Registered Dietitian (RD) in accordance with the Commission on Dietetic Registration. A copy of the RD's registration number and expiration date must be on file with the employing/contracting agency.

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2. Experience in community health, public health, maternal and child nutrition or clinical dietetics is preferred.

D. Medicaid Reimbursement for Provision of Enhanced Nutrition Services

The provision of enhanced nutrition services by a RD through the RFTS Program are reimbursable under Medicaid.

1. The RD providing services and the employer/contracting agency must complete the **HCFA-1500** form (see **RFTS Policy and Procedure Manual**) to obtain reimbursement for services rendered. Time must be recorded in units per hour or per fifteen (15) minute increments.

Note: Travel time is not reimbursable time.

2. Enhanced nutrition services may not exceed eight (8) hours total time per pregnant client and/or eight (8) hours total time (or 32 units of 15 minutes) during the sixty (60) day postpartum period for women and infants.
3. A RD who is a “shared” employee between WIC and RFTS will only be reimbursed by Medicaid for the amount of time that the enhanced nutrition services are provided. See **Policy 6.09, Expenditure - Interacting Programs and Shared Employees** for documentation requirements.
4. The “shared” RD will receive payment from two (2) funding sources: WIC and Medicaid. Upon receipt of funds by the employer/contracting agency, reimbursement will be made to the RD per set fee per hour of enhanced nutrition service per client.
 - a. Payment by the employer/contracting agency to the RD for Medicaid services must be at least equivalent to the employee’s regular WIC salary and benefits.
 - b. Payment to the RD for Medicaid services will be made concurrent with the normal WIC payment schedule.

E. WIC Staffing Requirements

1. A Local Agency using the “shared” RD must adjust the total number of hours for counseling non-WIC participants for Medicaid reimbursement and make compensation by hiring additional staff to provide equivalent hours of service to WIC participants.
2. Staffing compliance will be monitored by Federal, State, and Local Agency review of the **WIC Staff Time Record (WIC-30)** completed by each Local Agency Competent Professional Authority (CPA). See **Policy 6.06, Nutrition Education and Breastfeeding Promotion and Support** for additional information on the completion of the time record.

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3. Failure to comply with adequate WIC staffing could result in appropriate reduction in WIC funding to the Local Agency.

F. WIC Participant Contact Requirements

1. The enhanced nutrition services will be provided in addition to the required two (2) WIC contacts per certification period.
2. The required WIC contacts will be documented in the **STORC Nutrition Education Screens** for certification and group contacts.
3. The WIC participant must be informed that the visit with the RD for enhanced nutrition services is not a required WIC contact and does not affect WIC eligibility and benefits.

G. Identified Need For Enhanced Nutrition Services

1. The need for enhanced nutrition services may be identified by the RFTS DCC, by the WIC CPA or by another health care provider involved in the client's care.
2. The RFTS DCC or WIC CPA may contact the client's medical provider directly to recommend nutrition counseling.
3. Other health care providers must contact the RFTS DCC to recommend nutrition counseling.

H. Enhanced Nutrition Services Contact Requirements

1. A written referral by the client's physician must be received prior to provision of services.
2. An appointment must be made for a contact between the pregnant or postpartum woman and the RD. The RD is responsible for scheduling the appointment at a health care facility.
3. An initial comprehensive nutrition assessment, care plan and counseling session per referral.
 - < Diet history: 24-hour dietary recall and/or **food frequency** (if not completed by WIC or not available).

Note: WIC records are not available to non-WIC RDs, but may be released to the WIC participant;

- < Identification of problems;
- < Documentation of planned nutrition interventions; and
- < Documentation of the contact in the SOAP format.

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1. A follow-up **Nutrition Progress Note**.
 - a. The number of follow-up visits depend upon the identified nutrition problems and planned interventions.
 - b. The need for follow-up must be documented within the initial Nutrition Care Plan and within each follow-up SOAP note.
 - c. Follow-up documentation must include an assessment of progress in meeting client-centered goals, recommendations and subsequent revisions, if necessary.

5. Individualized nutrition counseling.

6. Provision of appropriate written materials.

7. Appointment card for the next scheduled visit.

8. Completion of the time accounting report and invoice (**HCFA-1500**) per client visit.

9. Communication with the RFTS DCC if the client fails to keep a scheduled appointment or if barriers to keeping appointments are identified.

10. Documentation of physician orders.
 - e. Verbal communication between the RD and the physician must be documented by the RD in the **Nutrition Progress Note** with subsequent written physician orders.
 - f. If the physician fails to provide written orders, the RD must contact the physician to obtain the documentation.
 - g. For expedient cases, a verbal physician order may be documented in the client's medical record by the RFTS DCC who is a Registered Nurse (RN). The RN will be responsible for obtaining subsequent written physician orders.
 - d. The original physician order must be filed in client's medical record to send to the RFTS DCC and a copy made for the RD's file.

REFERENCES:

1. Right From The Start Policy and Procedure Manual