

Chapter 7: Healthy Start Services Nutrition Counseling

Introduction

The goal of Healthy Start nutrition counseling is to assist participants in their ability to make informed health decisions affecting their nutrition status. Nutrition counseling must be tailored to the unique needs, interests, experiences, language, educational level, environmental limitations, cultural patterns, capabilities, and lifestyle of the participant.

Definition of Service

Healthy Start nutrition counseling is in addition to the nutrition counseling that is provided to Women, Infants, and Children (WIC) participants. It is intensive therapeutic nutrition assessment and counseling for populations found to be at high risk for adverse health outcomes.

Standards and Criteria

Standard 7.1 Healthy Start nutrition counseling services will be offered to all participants who are determined through the care coordination process to be in need of nutrition services.

Criteria:

7.1.a Level of service is based upon local resources, local Healthy Start coalition funding decisions, and consideration of Healthy Start as the payer of last resort.

7.1.b Nutrition counseling is provided with consideration to the cultural, language, educational/literacy, and accessibility needs of the participant.

7.1.c With participant's approval, infants' fathers, significant others, and other household members are encouraged to participate in the counseling process.

7.1.d Nutrition counseling includes the following components: diagnostic assessment, development of a plan of care, counseling consistent with the plan of care, and evaluation of progress.

Standard 7.2 The provider of nutrition counseling will provide follow-up to the Healthy Start care coordinator.

Criterion:

Written follow-up documenting receipt of referral and plan for initiation of services is provided to the Healthy Start care coordinator within 30 days.

Standard 7.3 Providers of nutrition counseling will offer and initiate services in a timely manner.

Criterion:

Nutrition counseling is initiated within 30 days after receipt of referral or identified need unless the need for more immediate initiation of services is evident.

Standard 7.4 Providers of nutrition counseling will respond to any additional identified needs.

Criteria:

7.4.a Additional identified needs are addressed directly by the provider or by notifying the participant's Healthy Start care coordinator.

7.4.b Nutrition counseling providers communicate with the care coordinator who develops the family support plan and will collaborate as a part of the interdisciplinary team as indicated by individual need.

Standard 7.5 Providers of nutrition counseling will accurately code service information in a timely manner for Health Management System (HMS) data entry.

Criterion:

Coding complies with the requirements of the Department of Health publication DHP 50-20.

Standard 7.6 Providers of nutrition counseling will document services in the participant's existing clinical record or, in the absence of a clinical record, in a format determined by the local coalition and provider.

Criteria:

7.6.a Services are documented in the record of the individual receiving the services. In the event that services are provided to another person on behalf of a Healthy Start program participant, the services are only referenced in the Healthy Start participant's record. The actual detailed documentation occurs in the record of the individual receiving the service. For example, if the mother of a Healthy Start child participant is being provided with nutrition counseling, the actual documentation occurs in the mother's record, since she is receiving the service; however, the service is also referenced in the child's record.

7.6.b Documentation occurs in other components of the record, such as the problem list or family support plan, as appropriate.

Standard 7.7 Nutrition counseling providers will develop and implement an internal quality management (QM) and program improvement (PI) process.

Criterion:

The QM/PI process is developed in concert with the local Healthy Start coalition and includes an assessment of strengths and areas needing improvement and a plan for assuring maintenance of quality and program improvement.

Standard 7.8 Nutrition counseling will be provided by qualified and trained providers.

Criteria:

7.8.a Qualifications are met as outlined in this chapter and as specified in statute and rules, Chapter 468, Part X, F.S., and Chapter 64B 8-40 to 8-45, F.A.C.

7.8.b Competency and up-to-date knowledge related to nutrition counseling is maintained.

Guidelines

Providing intensive therapeutic nutrition assessment and counseling for at-risk pregnant and postpartum women and children who are threatened by conditions for which medical nutrition therapy would be beneficial is a critical component of management. Nutrition counseling must be tailored to the unique needs, interests, experiences, language, educational level, environmental limitations, cultural patterns, capabilities, and lifestyle of the participant.

Nutrition assessment and counseling is a face-to-face contact with the participant and/or family/caregiver that includes the process of gathering and assessing anthropometric and biochemical data from the medical record, performing a diagnostic nutrition assessment, and evaluating the dietary intake. The plan of care is developed with the participant and/or family/caregiver. It is based on the findings of the nutrition assessment and includes goals and methods to monitor or evaluate the participant's progress toward goal attainment.

Individual and family nutrition counseling is based on the nutrition assessment and must be consistent with the nutrition care plan. Counseling will be provided at an appropriate level of understanding for the individual and family members. Therapeutic dietary counseling for diseases may be provided upon receipt of a written physician prescription.

This process may involve one or a series of sessions to address the specific health outcome nutrition goals identified. Follow-up counseling sessions must monitor the participant's progress toward goal attainment, involve the participant or family/caregiver in their own care, and coordinate care with other members of the interdisciplinary treatment team. This service is appropriate for participants who are threatened by conditions for which medical nutrition therapy is a critical component of medical management.

Nutrition assessment and counseling services may be provided through the use of individual counseling sessions. The sessions may be provided at a clinic or other setting, including the home. Nutrition assessment and counseling includes the following components of service:

1. Diagnostic assessment of participant's nutrition status.
2. Development of a nutrition care plan based on the findings of the nutrition assessment, including specific health outcome nutrition goals that involve the participant in her own care.

3. Provision of individual and family nutrition counseling consistent with the nutrition care plan.
4. Monitoring and evaluation by the nutritionist or dietitian of progress toward the nutrition care plan goals.
5. Referral to appropriate prenatal, postpartum, child/infant care and/or social services. Referrals to providers of nutrition counseling would include the following:
 - a) Coordinate or contract nutrition services through the county health department, WIC and Nutrition Services Program.

Note: A number of county health departments provide nutrition services for a fee. Participants who are able to pay for needed nutrition services can be referred to fee-supported health department services. WIC-only funded nutrition staff cannot provide Healthy Start nutrition counseling unless Healthy Start funds are made available by the local Healthy Start coalition.

- b) Local community and private hospitals that have dietitians on staff available to provide nutrition services for a fee.
 - c) Volunteers, such as a representative of the local dietetic association or private consultants who provide nutrition services to facilities in the community.
 - d) Home economics and extension aides available through Cooperative Extension services or Expanded Food and Nutrition Education Programs (EFNEP) might be a resource for nutrition education on food buying and preparation, but not for the nutrition assessment and counseling. The family support plan may identify a need for homemaker services (food preparation, food buying, general homemaking) that could be provided through coordination and referral to the EFNEP program.
6. Participation in the family support plan process, when appropriate.
7. Coordination of care with other members of the interdisciplinary team.

Provider Qualifications

Nutrition counseling must be provided by professionals with one of the following credentials:

1. Registered Dietitian (R.D.), registered with the Commission on Dietetic Registration
2. Licensed Dietitian/Nutritionist (L.D.), licensed by the state of Florida
3. Public Health Nutritionist employed by a federal, state, or county agency

Competencies for providers include:

1. Knowledge of principles of normal and therapeutic nutrition and drug and nutrient interactions during pregnancy, postpartum, and childhood stages;

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2. Knowledge and skill in nutrition and dietary assessment techniques and interpretation of data;
3. Skill in writing clear, concise entries in the participant's record using the local protocol for progress notes;
4. Knowledge and skill in providing nutrition counseling to identified at-risk pregnant women, postpartum women, children, and their families;
5. Ability to provide nutrition counseling in accordance with the constraints of the professional's practice act; established protocols; and the individual practitioner's nutrition counseling education, training, and experience;
6. Knowledge, skills, and ability to provide nutrition education to participants of varied socioeconomic, cultural, language, and educational backgrounds;
7. Knowledge of developmental stages of the human life cycle;
8. Knowledge of nonverbal communication cues;
9. Ability to utilize creative approaches in the delivery of nutrition services.

Documentation

Nutrition counseling services must be documented in the participant's existing medical record, if available, or recorded on the following forms as appropriate or on comparable forms for the non-CHD provider:

- Authorization for release of information
- Florida WIC Program Medical Referral Form (DH 3075)
- Problem List
- Progress Notes/SOAP format
- Family Support Plan for Single Agency Care Coordination (DH 3151)

Additional Forms:

- Prenatal Weight Gain Grid (DH 3086D)
- Adult and Adolescent Nutrition Questionnaire (DH 3086E [English/Spanish], 3086H [English/Haitian Creole])
- Child Nutrition Questionnaire (DH 3078 [English/Spanish], 3078H [English/Haitian Creole])
- Infant Nutrition Questionnaire (DH 3081 [English/Spanish], 3081H [English/Haitian Creole])

Assessments:

Nutrition assessment tools listed above.

- Anthropometric assessments using CDC Growth Charts for Birth to 36 months
- Anthropometric assessments using Body Mass Index or Pregnancy Weight for Height Table shown on side1 of Prenatal Weight Gain Grid (DH 3086D)

- Anthropometric Assessments using Body Mass Index charts for age percentiles(2-20 years) for appropriate sex

HMS Coding

Each Healthy Start component should be coded in accordance with approved protocols and procedures. The following codes should be used when coding Healthy Start activities:

1. Special Group Coding

The SPECIAL GROUP field (#19 on the demographic section of the Healthy Start encounter form) is used to track the provision of services to substance abusing pregnant women or to substance exposed infants/children. The information will be aggregated to provide a count of this special needs population that is being reached by each Healthy Start program.

Special Group Rules: Code a “2” in the special group field every time a service is provided to a participant who is:

- EITHER a woman who has abused schedule I or II drugs during pregnancy, as documented by:
 - Her own admission,
 - A positive drug screen,
 - A staff member witnessing the use,
 - A report from a reliable source such as a family member or professional.
- OR an infant prenatally exposed to schedule I or II drugs, as documented by the above criteria.

(A list of schedule I and II drugs can be found in §893.03, F.S.)

The special group field must be completed when services are provided to a participant meeting the above criteria.

To remove a “2” once it has been entered in the “Special Group” box, check the “Update Demographic Information” box on the Healthy Start encounter form and include a note to the data entry operator to remove the “2” from the participant file. This pertains to the substance abusing pregnant women once the substance use is stopped or the woman is no longer pregnant. The “2” is not removed from an infant prenatally exposed to schedule I or II drugs since that exposure will not “go away”.

*Note: All providers currently utilizing HMS will document the existence of substance abusing pregnant women or substance exposed infants in the extended demographic field of HMS. For prenatal participants, the Special Group indicator should be removed from the extended demographic field at the end of the pregnancy.

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Although family income and size (#20 and #21) are required fields for data entry, Healthy Start does not require this information for participation. The code 9999 may be inserted for family income and 01 for family size.

For providers using the HMS, this substance abusing pregnant women or substance exposed infants information must be entered into the system under the “Extended Demographics” tab.

2. Program Component

Each service delivered to a Healthy Start participant is coded into the HMS with a program component code. The program component coded indicates the funding source. As a provider of Healthy Start services, a prerequisite to coding is determining the funding source for the services provided. Providers receive funding either directly from the Healthy Start coalition or from an allocation by the Healthy Start coalition to the county health department. Different encounter forms correspond to the different program components depending on who receives funding, as noted below.

HEALTHY START ENCOUNTER FORM (not for use by Department of Health entities)

This encounter form is used with program components 22, 26, and 30 when the funding flows directly from the Healthy Start coalition to a non-county health department provider.

- ◆ Program component code 22 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond the 8 week post-delivery period included in the prenatal program component or has entered Healthy Start after a pregnancy loss (described in detail below).

The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death, or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

- Program component code 26 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of prenatal participants and their families.
- Program component code 30 is the Healthy Start child program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of infant/child participants and their families.

Note: Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 22, 26, or 30 with location code 98.

COUNTY HEALTH DEPARTMENT AND COUNTY HEALTH DEPARTMENT CONTRACT PROVIDER HEALTHY START ENCOUNTER FORM

This encounter form is used with program components 27, 31, and 32 when the funding source is a coalition allocation to the county health department.

- Program component code 27 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and services provided to or on behalf of prenatal participants and their families.
- Program component code 31 is the Healthy Start infant/child program component code used with all non-clinical Healthy Start care coordination and services provided to or on the behalf of infant/child participants and their families.
- ♦ Program component code 32 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond the 8 week post-delivery period included in the prenatal program component or has entered Healthy Start after a pregnancy loss (described in detail below).

The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

Note: Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 27, 31, and 32 with location code 39.

3. Service Codes

Use the Healthy Start participant's individual participant identification number (SSN, etc.) when coding Healthy Start services. **No group coding is allowed.** This is necessary to provide for tracking, analysis, and program evaluation of participant specific data.

- Use HMS code 4501 for nutrition assessment and counseling.
- Code whenever the service is provided by a qualified provider.
- Code one service for every 15 minutes of time spent providing nutrition assessment/counseling services.

Note: Do not use this code for WIC nutrition services, which are not considered "other healthy start services".

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Service codes are identical for services provided to a pregnant woman, infant, or child (or their family) participant. See Chapter 14, Coding, for complete coding information.

4. Service Location Coding

Service location coding (#17, Section B, Healthy Start Encounter Form) provides information on where the Healthy Start service was provided.

Providers determine the location codes for home visits or services delivered in varied sites by the location of the actual activity or attempt, and use one of the following codes on the encounter form depending on the location. A list of service codes can be found in the Personal Health Coding Pamphlet DHP 50-20. Service locations for delivering Healthy Start services are:

Service location	Code
CHD Office	31
CHD Clinic	39
Private premise	84
School	92
Other	98

Quality Management/Program Improvement Performance Measures

Quality management/program improvement assurance activities for nutrition counseling include ongoing review of service delivery methodology and quality of services provided; as well as, participant surveys to evaluate satisfaction and understanding of the education provided. Below are some examples of possible targeted outcomes to be measured through the QM/PI process:

1. Achievement of weight goals and other nutrition related goals as stated in the nutrition care plan.
2. Knowledge of the underlying nutrition problem and the effects eating habits will have on health outcomes.
3. Increased knowledge of the effects of eating habits upon nutrition and other health problems.
4. Knowledge and skills in planning, buying, and preparing nutritious foods.
5. Regular participation in the WIC program and other food assistance programs when eligible.
6. Reduction or elimination of negative behavioral food habits.

References

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), DHM 150-24.

Nutrition During Pregnancy, Institute of Medicine.

Pediatric Nutrition Handbook, American Academy of Pediatrics.

Nutrition Assessment, Simko, Cowell and Gilbride.

Nutrition Counseling Skills, Snetselaar.

Body Mass Index Chart.

Other Nutrition Information Websites.

Centers for Disease Control and Prevention *2000 CDC Growth Charts: United States* Available at: <http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm>.

WIC Works Learning Center *Body Mass Index and Health Nutrition Insight, No. 16*, March 2000, USDA, Center for Nutrition Policy and Promotion. Available at: <http://www.nal.usda.gov/wicworks/Learning-Center/assessment.anthropom.htm>.

American Dietetics Association - Nutrition and Lifestyle for a Healthy Pregnancy Outcome: Policy Statement *Journal of the American Dietetic Association*, 2002;102:1470-1490, Available at: <http://www.eatright.org/cps/rde/xchg/ada>.

Frequently Asked Questions

Q. *What distinguishes the service of nutrition counseling from the education services offered through care coordination?*

A. Healthy Start nutrition counseling is provided by an appropriately credentialed nutrition professional. It includes a diagnostic nutritional assessment followed by the development of a plan of care addressing risk factors with intensive therapeutic intervention. The nutrition counseling is consistent with the plan of care and includes monitoring and evaluation of the participant's progress in meeting established health or nutritional goals. When it is general nutrition information offered in a supportive manner as anticipatory guidance, it is considered care coordination.

Q. *Can a nurse, social worker, or family support worker provide an enhanced nutrition service?*

A. No, only those professionals listed under the Provider Qualifications section of this chapter can provide this service.

Q. *Can WIC nutritionists provide this service?*

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A. Yes. However, Healthy Start funds must be available for nutrition staff before WIC nutrition staff can provide this in-depth, high-risk counseling to eligible Healthy Start participants.

Q. *Can WIC nutritionists code nutrition counseling to Healthy Start when they provide a nutrition service to a Healthy Start participant?*

A. Yes, as long as Healthy Start funds are available to pay their salary for time devoted to the provision of this nutrition service. If Healthy Start funds are not available, then the WIC nutritionist may not code the nutrition service to the Healthy Start program. If the WIC nutritionist provides high-risk nutrition counseling to a Healthy Start participant who is enrolled in WIC, the service should be coded as a high-risk nutrition service using the WIC code in the HMS system.

Q. *If funds are available to pay for Healthy Start nutrition services, can this service also be counted as a nutrition education contact for WIC?*

A. Yes, after the two required nutrition education contacts for WIC have been provided. When the nutrition contact is counted for WIC nutrition education, documentation of this service must be placed in the medical record and in the WIC data system. However, this nutrition service must be coded as a Healthy Start service in the HMS. **Do not double code** the same nutrition service to both the WIC and the Healthy Start programs in the HMS.

Q. *Can Healthy Start funding be used to provide nutrition training or purchase nutrition references for Healthy Start service providers?*

A. Local Healthy Start coalitions may choose to provide funding for nutrition training or for the purchase of nutrition references for Healthy Start service providers.

NOTES:

Self Study Questions: (Answers to these questions may be found in Appendix H)

1. What is the goal of Healthy Start nutrition counseling?
2. What is the definition of nutrition counseling as it relates to Florida's Healthy Start program?
3. Once a provider receives a referral for nutrition counseling, how quickly should she/he make contact with the client?
4. What are the provider qualifications for Healthy Start nutrition counseling?
5. What are the competencies for providers of Healthy Start nutrition counseling?
6. What are some examples of possible targeted outcomes related to nutrition counseling to be measured through the QM/PI process?