

## **Illinois WIC Program Nutrition Practice Standards (NPS)**

### ***Documenting in WIC MIS***

**November 2023**

Nutrition Practice Standards (NPS) assist staff in translating policy into practice. This guidance is intended to be used with the Illinois WIC Policy and I-WIC system related resources to ensure accurate and complete documentation of the WIC participant assessment, nutrition education, and care plans.

#### **General Guidelines**

1. Local Agencies must document participant notes in the WIC MIS (I-WIC) to ensure continuity of care.
2. Information entered on the Nutrition Ed/Counseling, Breastfeeding and General notes creates the participant's care plan. The Care Plan/SOAP Notes provide an optional way to document notes for high-risk participants, as it provides a follow up section within the note. Details on each note types, and how to document (including examples) are addressed within this NPS.
  - Notes transfer between agencies with participant records; they should be concise, relevant to the WIC visit and written utilizing the approved DHS abbreviations list only.
    - Addendum 2 provides expectations of acceptable entries for: addresses, names and approved commonly used terms.
  - The SAP format may be used for notes but is not required (see Addendum 1).
  - When a staffer enters a note or completes a certification in the MIS, the system captures the user's name/signature, this information does not need to be included in the note.
  - Unless documenting a referral, documentation for any non-WIC programs (e.g., Family Case Management, APORS, BBO) must be done outside of I-WIC.
3. Best practice is to complete notes prior to serving the next participant and at a minimum should be completed the day of the WIC visit, to ensure quality of care and accuracy. If unable to document the case note on the day of the visit, the note must identify "Late entry for WIC \_\_\_\_\_ visit" at the top of the note(s).
4. Notes may be edited or removed the same day they are added but will be locked in the MIS once the *End of Day* process runs. The Nutrition Ed/Counseling notes may be marked "draft" and edited for up to 72 hours by the user who added the note. If "draft" is NOT checked, the note will be locked once *End of Day* runs.
5. When WIC staff or participants are not on site together this should be clearly documented in the participant record:
  - Participant is remote and staff is in clinic.
  - Participant is remote and staff is remote.
  - Participant is on-site at clinic x and CPA is at clinic y.
  - Participant is on-site and CPA is remote.
  - Explanation for remote visit or physical presence exemption, IL WIC PM 5.2 (e.g., specific medical condition/disability or why extended agency hours did not work for participants work/school schedule.)
6. Participants should not be issued more than two (2) consecutive months of food benefits for missed appointments without documentation of care from their Health Care Provider.

## I-WIC Notes

**General notes** are used to document information not found in Breastfeeding or Nutrition Ed/Counseling notes, they are intended to be general in nature and may not be necessary for every participant. These notes can be manually added, or system generated on the Notes screen. Information that may be documented includes:

1. System-generated information:  
(Out of State transfers, when a certification is completed, date of birth change).
2. Administrative activities:
  - Documentation of proofs obtained electronically prior to the applicant's certification appointment to streamline services. See *PPS Secure and Confidential Communication with WIC Participants* for additional information.
  - Attempted contacts of PG applicant/participant for missed first appointment and participant's inability to comply with the 10/20-day timeframe.
  - Missed N/ED appointment where the appointment type BI was entered and one month of benefits provided (may include the reason the appointment was missed).
  - Explanation and statement of DHS approval, when replacement benefits are issued.
  - Clarification of zero (0) income, or income reassessment status.
  - Participant sanctions (document also scanned into the MIS).
3. Medically Prescribed Formula (MPF) documentation\*:
  - Rational warranting the formula issued, previous formula(s) and diagnosis/medical condition(s).
  - Rational for issuing Ready to Feed (RTF) formulas when a powdered option is available (for both MPF and Contract RTF formulas).
  - Clarification with Health Care Provider (HCP), if applicable.
  - Education provided regarding the WIC prescription and purchasing process (reviewed Family Shopping List and WIC Pharmacy Vendor(s)).
  - Plans for the participant's need to continue the MPF and follow up needed.
  - If applicable, scan the MPF form and Explanation of Benefits (EOB) letter into the participant's record.

|   |
|---|
| <b>Note</b><br>MPF  |
| FORMULA CHANGE FROM GENTLEASE TO NEOCATE INFANT DUE TO SEVERE ISSUES WITH BOWELS (CONSTIPATION) AND NEWLY DIAGNOSED FOOD ALLERGIES: COW'S MILK PROTEIN, WHEAT, ASPARAGUS. MPF FOR 3 MONTHS. MOM DOES NOT KNOW WHAT WILL HAPPEN WITH FORMULA ONCE SAM TURNS 1 YEAR, APPT WITH MD IN 2 WEEKS. |
| DISCUSSED/HO: "LOOK AT ME KNOW" CONTINUING SOLIDS, ADDING FRESH F/V.  |
| MOM WILL DISCUSS NEED FOR FORMULA AFTER 1 YEAR WITH MD. CPA PROVIDED NEW MPF FORM.  |

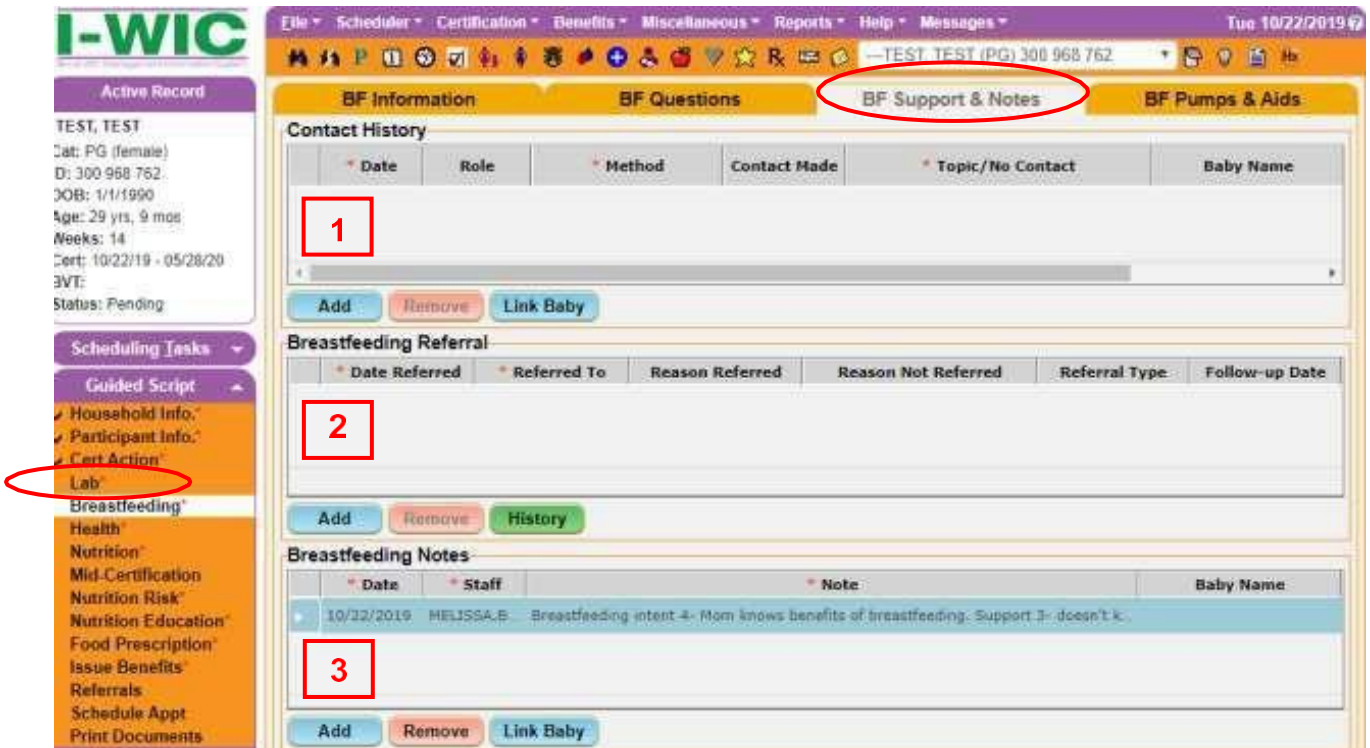
  

|   |
|---|
| <b>MPF</b>  |
| FORMULA CHANGE FROM GENTLEASE TO NEOCATE INFANT DUE TO SEVERE ISSUES WITH BOWELS (CONSTIPATION) AND NEWLY DIAGNOSED FOOD ALLERGIES: COW'S MILK PROTEIN, WHEAT, ASPARAGUS. MPF FOR 3 MONTHS. MOM DOES NOT KNOW WHAT WILL HAPPEN WITH FORMULA ONCE SAM TURNS 1 YEAR, APPT WITH MD IN 2 WEEKS. |
| DISCUSSED/HO: "LOOK AT ME NOW", CONTINUING SOLIDS, ADDING FRESH F/V.  |
| MOM WILL DISCUSS NEED FOR FORMULA AFTER 1 YEAR WITH MD. CPA PROVIDED NEW MPF FORM.  |

\*Documentation of MPF can also be done in the Nutrition Ed/Counseling or Care Plan/SOAP Notes.

**Breastfeeding (BF) Support & Notes** are used to document breastfeeding support information for pregnant women and breastfeeding mom/baby dyads. Documentation by professional staff of Breastfeeding notes occurs on the Breastfeeding screen, under the BF Support & Notes tab.

1. The **Contact History** section may be used to document successful or attempted contacts and topics discussed at subsequent visits. If your agency has a Peer Counselor (PC) Program, do not link baby (*Link Baby* button) in Contact History grid until baby is 8 days old or older to ensure first week contacts are counted correctly on the PC Contact First Week Summary report.
2. The **Breastfeeding Referral** section is used to document and follow up on referrals. If applicable, choose the referral type *PN* for pregnant women, *PP* for breastfeeding woman or *No Referral Made*, and indicate the reason the participant was not referred.
3. The **Breastfeeding Notes** section may include information on the following (and does not need to be repeated in other “Notes” sections, refer to the *NPS Breastfeeding* for more details.
  - By starting with mom’s record, baby’s record can be linked (*Link Baby* button) and notes will automatically appear under both participants.
  - Pregnant women: feelings, knowledge and/or experiences with breastfeeding, level of intent and support to breastfeed, and prenatal education provided. Follow up on breastfeeding intent, support and progress at subsequent visits or telephone calls.
  - Breastfeeding women: how breastfeeding is going (any issues, problem solving, supplementation use, pumping/storage, weaning/stopped breastfeeding) and breastfeeding dyad or supplementation education provided.
  - Peer Counselor (PC) Programs have separate guidance for documenting contacts by a PC (see *NPS Breastfeeding Peer Counselor Program- Documentation in WIC MIS*).



**Nutrition Ed/Counseling notes** are used to document nutrition education and counseling provided at the initial certification as well as subsequent visits. For more details on documentation, see Addendum 3 and the *NPS Secondary Education*. Documentation of Nutrition Ed/Counseling notes includes:

1. **“Method”** of nutrition education provided for the appointment.
2. Select the best **“Topic”** based on the category specific education topics. At least one topic must be documented. If multiple topics are discussed add the main topic discussed and document additional topics reviewed in the ‘note’ section of the main topic (one row noting all topics discussed).
3. The **“Note”** section is used to document specifics of the nutrition education/counseling provided. Include, if applicable:
  - Who brought the child to the visit if not the Head of Household, Second Parent or Proxy.
  - Handout(s) reviewed/provided related to the topic.
  - Nutrition education details.
  - Documentation of the WIC Certification of Visit (CVE) per IL WIC PM NE 4.2.
  - Participant centered goal(s). \*
  - Follow up planned for the next WIC visit.

\*Refer to *NPS Effective Counseling* for details on setting participant centered, SMART goals.

The screenshot shows the NPS documentation interface. On the left, there is a sidebar with 'Active Record' and 'Guided Script' sections. The 'Guided Script' section has a red circle around 'Nutrition Education'. The main area displays a table for 'Nutrition Education' with columns: Date, NE Date, Method, Topic, Note, Draft, and User ID. A row is highlighted with red boxes labeled 1, 2, and 3 under the Method, Topic, and Note columns respectively. Below the table is a 'Note' field with a character count of 1648. The note text reads: 'FIRST PREGNANCY. NO CONCERNS. MD APPT NEXT MONTH. ENJOYS ALL FOODS INCLUDING SUB SANDWICHES AND SUSHI. 2% MILK 2X/DAY; PLANS TO FORMULA FEED. CVE COVERED. DISCUSSED/HO: "TIPS FOR A HEALTHY PREGNANCY" - PNV AND FOOD SAFETY. AGREES TO START TAKING PNV FOR THE REMAINDER OF PREGNANCY EACH MORNING WITH JUICE. INTERESTED IN PHONE CALL FOR SECONDARY ED VISIT.'

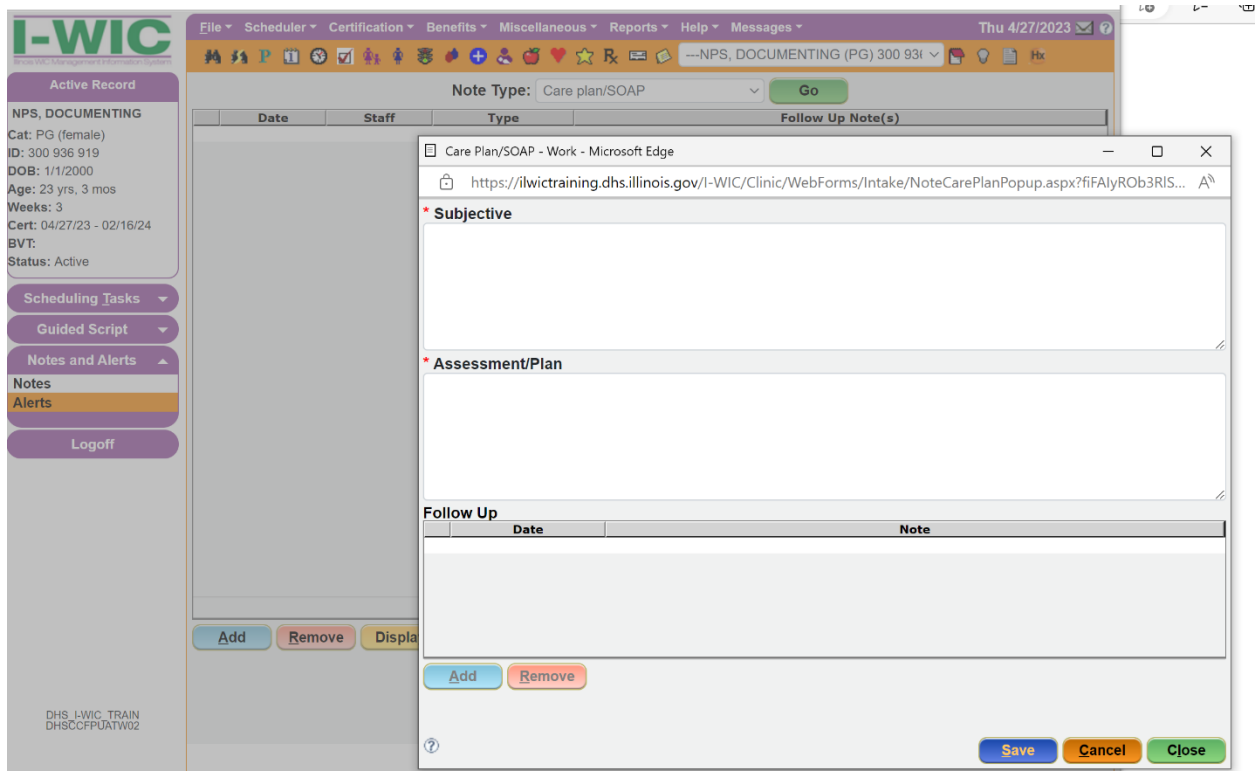
The **note fields** on the following screens should be utilized to document as follows:

| Screen In I-WIC          | What to Document   |
|--------------------------|--|
| <b>Nutrition Risk</b>    | <ul style="list-style-type: none"> <li>• Reason for manually assigned “High Risk” to the participant’s Nutrition Risk screen.</li> <li>• Clarification of Nutrition Risk(s): For example: Inadequate vitamins/minerals- vitamin D or fluoride I/C risk 411.11 or folic acid, iodine, iron PG/NP/BF risk 427.04, Recent Major Surgery, Trauma, Burns risk 359 to document C-section or Infant of a WIC/eligible mom risk 701 to document why mom would have been eligible for WIC.</li> </ul> |
| <b>Food Prescription</b> | <ul style="list-style-type: none"> <li>• Modifications/tailoring to the participant’s food package.</li> <li>• If a participant is on an MPF, when a new MPF form is needed and if RTF/RTU issued.</li> <li>• Changing to Fresh Fruit and Vegetables at 9 months of age after the required assessment and education was provided.</li> </ul>   |

**Care Plan/SOAP notes** If an agency chooses to use this note type for documenting, only information that is relevant to WIC and not documented within the other note type(s) or already in the MIS should be included. A notation must be made on the Nutrition Ed/Counseling screen to “see Care Plan/SOAP note” and information required in the Nutrition Ed/Counseling note must be included.

The “Follow Up” section is important for High-Risk participants and used to track progress on the care plan at subsequent visits (appointment type: HR F/U of HGB) to follow up on the plan. This section of the Care Plan/SOAP note is enabled the day after the note is completed.

Documentation of Care plan/SOAP note occurs on the Notes screen, note type: “Care Plan/SOAP”.



## Addendum 1

### SAP\* Format

Notes entered in I-WIC may follow the SAP format when documenting, the following identifies information that would be appropriate to include under each section of the SAP.

**Subjective** data refers to statements made by the participants. Information that may be documented includes statements made by the participant:

- About feeding/eating/breastfeeding practices and preferences.
- Regarding nutrition related health and wellness (mental, emotional, physical) and concerns and/or needs shared.
- Progress on the goal/plan from the last visit.

**Assessment** is the health professional's view of the participant's nutrition problems, taking into consideration the subjective and objective data (already documented throughout I-WIC). Information that may be documented includes:

- Interpretation of growth pattern/weight gain and nutrition related risks and concerns.
- Description of the nutrition practices or feeding pattern/relationships identified.
- Explanation of any causes or contributing factors related to nutrition risk factors assigned.
  - Examples: social, situational, physical, developmental, cultural, psychological, pathological, and/or environmental factors.
  - Signs or symptoms.

**Plan** identifies the participant's next step(s) as determined by the participant with guidance from the CPA.

- Explanation of individualized food plan.
- A timeframe for completing the care plan.
- Nutrition, breastfeeding education details.
- Participant centered goal(s).
- Follow up planned for the next visit.

Referrals not related to breastfeeding will be documented on the **Referrals** screen of the MIS or within the pertaining note (see *I-WIC User's Manual CLINIC* for details). If there is no applicable referral from the list provided on the Referrals screen, you may document here or as a General note.

**Follow up** as individual education and information that may be documented includes:

- Progress on goal(s) set by the participant at the last visit.
- Any changes concerns or needs in feeding/eating practices, preferences, breastfeeding attitudes and nutrition related health and wellness.
- Any new goal(s) set with the participant.

*\*SAP format is used, not SOAP, as objective information is already found on other screens in the MIS.*

## Addendum 2: WIC Common Terminology & Approved Abbreviations

The table below outlines the WIC common terminology and approved abbreviations. In order to maintain consistency, integrity and understandability of documentation, any other terms used in WIC documentation should be typed out in their entirety.

| <b>A</b>                            |            |                                     |           | <b>G</b>   |         |
|-------------------------------------|------------|-------------------------------------|-----------|--|---------|
| Adverse Pregnancy Outcome Reporting | APORS      | Complains of                        | c/o       | Gastro-esophageal Reflux (Disease)                 | GER(D)  |
|                                     |            | Cup                                 | c         |  |         |
| Afternoon                           | PM         | <b>D</b>                            |           | Gastrointestinal                                   | GI      |
| Anthropometric measurements         | Anthros    | Date of Birth                       | DOB       | Gestational Age                                    | GA      |
| Appointment                         | Appt       | Department                          | dept      | Gestational Diabetes Mellitus                      | GDM     |
| As needed                           | PRN        | Department of Human Services        | DHS       | Gravida  | G       |
| <b>B</b>                            |            | Dept of Children & Family Services  | DCFS      | Growth and development                             | G/D     |
| Benefit Issuance                    | BI         | Dept of Healthcare & Family Service | HFS       | <b>H</b>   |         |
| Benefits Valid Through              | BVT        | Developmental Therapy               | DT        | Handout  | HO      |
| Better Birth Outcomes               | BBO        | Diagnosis                           | Dx        | Head of Household                                  | HOH     |
| Birth Certificate                   | Birth cert | Discontinue(d)                      | d/c       | Height   | Ht      |
| Birth Control                       | BC         | <b>E</b>                            |           | Hematocrit   | Hct     |
| Body Mass Index                     | BMI        | Education                           | Ed        | Hemoglobin   | Hgb     |
| Breastfeeding                       | BF         | Electronic Benefit Transfer         | EBT       | High Risk Follow-up                                | HR F/U  |
| Breastfeeding/Breastfed Exclusively | BE         | Emergency Room                      | ER        | History  | hx      |
| Breastfeeding/Breastfed Partially   | BP         | Expected Date of Confinement        | EDC       | Hour   | hr      |
| Breastfeeding Status Change         | BFC        | Expires/Expiration                  | exp       | Household  | HH      |
| Breastfeeding Peer Counselor        | BFPC       | <b>F</b>                            |           | Human Milk   | HM      |
| By mouth                            | PO         | Failure to Thrive                   | FTT       | Hypertension                                       | Htn     |
| <b>C</b>                            |            | Family Case Management              | FCM       | <b>I</b>   |         |
| Calories                            | kcal       | Farmer's Market                     | FM        | Identification                                     | ID      |
| Case manager                        | CM         | Father of baby/child                | FOB/FOC   | Immunizations                                      | Imms    |
| Certification                       | Cert       | Feet/foot                           | ft or ' " | Inches   | in or " |
| Certification Visit Education       | CVE        | Follow-up                           | F/U       | Individual Education                               | Ind Ed  |
| Certified Lactation Counselor       | CLC        | Food Package Change                 | FPC       | Information  | info    |
| Certified Lactation Specialist      | CLS        | Formula feeding/fed                 | FF        | International Board Certified Lactation Consultant | IBCLC   |
| Cesarean section                    | C/S        | Foster parent                       | FP        |  |         |
| Competent Professional Authority    | CPA        | Fruit/Vegetable                     | F/V       | <i>continued</i>                                   |         |

| <b>K</b>                     |         | <b>P</b>  |               |   |        |  |
|------------------------------|---------|---|---------------|---|--------|--|
| Kilogram                     | Kg      | Para  | P             | Speech-Language Pathologist               | SLP    |  |
| <b>L</b>                     |         | Participant   | Pt            | Speech Therapy                            | ST     |  |
| La Leche League              | LLL     | Pediatrician  | Ped           | Supplemental Nutrition Assistance Program | SNAP   |  |
| Large for Gestational Age    | LGA     | Peer Counselor  | PC            |   |        |  |
| Last menstrual period        | LMP     | Physical Therapy  | PT            | Supplementing                             | supp   |  |
| Liter                        | L       | Physician   | Dr/MD/PCP/HCP | <b>T</b>                                  |        |  |
| Low Birth Weight             | LBW     | Pick up   | P/U           | Tablespoon                                | tbsp   |  |
| <b>M</b>                     |         | Pounds  | lbs           | Teaspoon                                  | tsp    |  |
| Maximum                      | max     | Powdered  | pwd           | Telephone Education                       | Tel Ed |  |
| Medically Prescribed Formula | MPF     | Pregnant  | PG            | Temperature                               | temp   |  |
| Medications                  | meds    | Prenatal Vitamin  | PNV           | Temporary Assistance for Needy Families   | TANF   |  |
| Message                      | msg     | Prescription  | Rx            |   |        |  |
| Mid-certification            | midcert | Priority Certification  | PCert         | Times                                     | x      |  |
| Milligrams                   | mg      | <b>Q</b>  |               | Total Parenteral Nutrition                | TPN    |  |
| Milliliter                   | ml      | Quart   | qt            | Treatment                                 | tx     |  |
| Minutes                      | min     | <b>R</b>  |               | <b>U</b>                                  |        |  |
| Morning                      | AM      | Ready to Feed/Ready to Use  | RTF/RTU       | Up to date                                | Utd    |  |
| Mother of baby/child         | MOB/MOC | Recertification   | recert        | <b>V</b>                                  |        |  |
| Multivitamin                 | MVI     | Registered Dietitian  | RD            | Vegetables                                | veg    |  |
| <b>N</b>                     |         | Registered Nurse  | RN            | Very Low Birth Weight                     | VLBW   |  |
| Nasogastric                  | NG      | Related to  | r/t           | Vitamin                                   | vit    |  |
| Nausea/Vomiting              | N/V     | Release of Information  | ROI           | Voicemail                                 | VM     |  |
| Neonatal Intensive Care Unit | NICU    | Reschedule  | r/s           | <b>W</b>                                  |        |  |
| No known allergies           | NKA     | <b>S</b>  |               | Week                                      | wk     |  |
| No show                      | n/s     | Satter Division of Responsibility                                       | sDOR          | Weight                                    | Wt     |  |
| Not available/not applicable | N/A     | Schedule  | sch           | With                                      | w/     |  |
| Nothing by mouth             | NPO     | Self-Study Module   | SSM           | Within normal limits                      | WNL    |  |
| Nutrition Education          | N/Ed    | Signs/symptoms  | s/s           | Without                                   | w/o    |  |
| <b>O</b>                     |         | Skin-to-skin  | S2S           | <b>Y</b>                                  |        |  |
| Obstetrics                   | OB      | Small for Gestational Age   | SGA           | Year                                      | yr     |  |
| Occupational Therapy         | OT      | Special Supplemental Nutrition Program for Women, Infants, and Children | WIC           | Years old                                 | y/o    |  |
| Ounces                       | oz      |   |               |   |        |  |
| Out of State Transfer        | OST     |   |               |   |        |  |
|                              |         |   |               |   |        |  |



## Addresses

The address line in the MIS has a 30-character limit; if addresses entered are longer than this, the demographic information will not be communicated to the EBT system and a card will not be able to be assigned. The table below provides USPS approved street suffix name and the abbreviations.

| Street Name | Abbreviation |
|-------------|--------------|
| Alley       | Aly          |
| Avenue      | Ave          |
| Boulevard   | Blvd         |
| Bypass      | Byp          |
| Center      | Ctr          |
| Circle      | Cir          |
| Commons     | Cmns         |
| Corner      | Cor          |
| Court       | Ct           |
| Crossing    | Xing         |
| Drive       | Dr           |
| Estate      | Est          |
| Expressway  | Expy         |
| Fields      | Flds         |
| Fort        | Ft           |
| Freeway     | Fwy          |
| Garden      | Gdn          |
| Heights     | Hts          |
| Highway     | Hwy          |
| Hills       | Hls          |
| Lane        | Ln           |
| Meadows     | Mdws         |
| Mount       | Mt           |
| Parkway     | Pkwy         |
| Place       | Pl           |
| Ridge       | Rdg          |
| Road        | Rd           |
| Route       | Rte          |
| Station     | Sta          |
| Street      | St           |
| Terrace     | Ter          |
| Trailer     | Trlr         |
| Valley      | Vly          |
| Village     | Vlg          |

## Names

For consistency among Illinois WIC local agencies, enter the participant's name as it appears on the proof of identity. Any special character outside of a hyphen should not be used when entering names into the MIS.

### Addendum 3

#### Documenting Secondary Education Contacts

Secondary education contacts include individual education, education provided during mid-certification and follow up visits, group education, internet education, self-study modules (SSM) or interactive bulletin boards and are completed by the participant/parent or proxy.

- When scheduling secondary education indicate the preferred type of nutrition education (N/ED) using the “Appointment Note.”
- Review of past and future appointments in I-WIC allows the clinic to see participants who did not attend or complete any secondary education.
- For more details on how to complete these contacts in I-WIC, review the I-WIC Flow Sheets: *Secondary Education Appointment: Individual Education (Telephone or Secured Video Chat)*, *Secondary Education Appointment: WIChealth.org*, and *Mid-Certification Appointment: In Person*.
- The Family Shopping List must be offered/provided each time benefits are issued to the family- this may be printed, sent via secure email, or mailed with all personal identifiers removed.

On the Nutrition Education screen, the following must be documented:

| Type of Education   | Method   | Main Topic  | Requirements on Nutrition/Ed screen’s Note section   |
|---|--|---|--|
| Education during CERT/PCERT/RECERT                                      | Primary Individual   | Based on what was discussed                                       | Addressed in the Nutrition Ed/Counseling Notes section of the NPS  |
| Group Education   | Primary Group- first group nutrition education session<br>Secondary Group- subsequent group nutrition education session(s)   | This will auto-populate on the screen based on the class attended | Indicate “group session completed”   |
| Internet Education  | This will auto-populate on the screen once a lesson has been completed at WIChealth.org. Review the <i>I-WIC flowsheet: Secondary Education Appointment: WIChealth.org</i> for more information. |   |  |
| Self-Study Module (SSM)/Interactive Bulletin Board                      | Secondary Individual   | Based on SSM/board completed                                      | Indicate “SSM/Interactive board completed”<br>If applicable, add the title and participant’s goal for follow up at the next WIC visit          |
| Individual Nutrition Education (Mid-Cert, Follow up In-person or Phone) | Secondary Individual   | Based on what was discussed                                       | Indicate “telephone ed”, if completed remotely<br>Follow up on goal/concerns/risk factors/referrals from last appointment per IL WIC PM NE 5.2 |