



WIC REMOTE REGISTERED DIETITIAN SCOPE OF SERVICES

Purpose

Each local agency providing WIC clinical services in the State of Montana must have a Registered Dietitian (RD) available to provide the services as outlined in this Scope of Services attachment. The RD must maintain their credentials and licensure in good standing with the Commission on Dietetic Registration and the State of Montana Department of Labor and Industry throughout their term of service with WIC.

SERVICES TO BE PROVIDED

1. Complete all required WIC training, including the following, but not limited to:
 - a. SPIRIT Management Information System modules
 - b. Civil rights (initial and annually thereafter)
 - c. Review of Montana WIC Risk Codes (complete list) and High-Risk Code Referrals
2. Coordinate with local clinic staff on an acceptable schedule for WIC participants to be scheduled.
 - a. Flexibility is essential to ensure participants may be scheduled at a time that accommodates them
 - b. Services may be in person, via telephone, via video chat with a secure connection, or other interactive and secure means of choice
3. Work with local agency staff on system of referral for participant services.
4. Provide assessment, counseling, education, and care plan for all referred participants.
 - a. Follow-up schedule with RD is at the discretion of the RD and shall be documented in the care plan
 - b. If the issue is resolved, the participant denies services, or the issue is beyond the scope of what the RD may intervene in, the RD may release the participant to low-risk follow up plan with clinic or refer out to another health professional
 - c. If the RD is the only Competent Professional Authority (CPA) working with the local WIC clinic, all mandated CPA specific functions must be completed by the RD.
5. If the participant is already being followed by specialists, other healthcare providers or Nutritionists, the WIC RD (or clinic staff) may request a release to consult with the provider and ensure our services are supportive of their care plan.
6. Provide approval, denial, or other edits to the supplemental foods section on the WIC Prescription Form for participants designated in Food Package III when the Healthcare Provider checks the box to defer to the RD.
 - a. This will be completed and returned to the clinic (by secure means) within 1 business day of request



- b. Review of chart, including growth, intake, assessment notes, medical history and diagnoses will be completed prior to completing this section of the form
 - c. Consult with the participant or caretaker, or healthcare provider, is expected when assessing for food readiness in medically fragile circumstances
7. Provide consult, training, materials, and/or mentoring to clinic staff on nutrition topics as requested. This may be in the form of:
 - a. Working through a chart review to ensure the clinic staff are supporting the High-Risk Care Plan appropriately.
 - b. Ensuring clinic staff are making appropriate referrals related to their scope of practice; and/or
 - c. Providing links or copies of reputable resources for information and education.
8. Documentation of all WIC contacts, or attempted contacts, will be completed and submitted directly into the M-SPIRIT system, or provided to the local agency staff to input or scan in within 1 business day of contact.
9. RD shall follow up with all participants who miss their scheduled appointments at least once to reschedule. Documentation of contacts, or attempted to contacts, must be in the participant chart.
10. Act in the role of Nutrition Coordinator for the clinic and ensure all nutrition related training needs are met by staff if another RD is not already fulfilling this role within the local agency.
11. Lead the agency effort of development and implementation of the Nutrition & Breastfeeding Plans (role of the Nutrition Coordinator).

LOCAL AGENCY WILL

1. Schedule participants determined to meet the high-risk criteria, or whom the CPA otherwise considers needing additional nutritional intervention.
2. Provide access to participant chart to review components relevant to the referral.
3. Provide guidance on WIC policy and program expectations.
4. Defer to RD on nutritional counseling outside of their scope of practice.
5. Consult with RD to ensure care plan is being followed as intended.
6. Ensure participants understand that RD services are free, available, and encouraged to meet the objectives of the program.
7. Assist RD in rescheduling appointments when missed
 - a. May provide benefits monthly until RD referral is followed through, unless the RD is also covering essential CPA role.
 - b. Participant may deny referral and continue schedule determined by the WIC CPA, with documentation.
8. Consult with RD on issues of health and nutrition to improve knowledge base, resources available, and care management with participants.