

II – Nutrition Services

(Please indicate) **State Agency: South Dakota** for FY 2020

Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care referrals. WIC State agencies should refer to the WIC Nutrition Service Standards, available WIC Works Resource System at [WIC Works - http://wicworks.nal.usda.gov/](http://wicworks.nal.usda.gov/) for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS).

A. Nutrition Education-246.4(a)(9); 246.11(a)(1-3)(c)(1,3-7): describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support.

B. Food Package Design-246.10: describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package. In addition to regulations at 246.10, State agencies should refer to the Food Package Guidance Handbook and Frequently Asked Questions available on the FNS PartnerWeb.

C. Staff Training-246.11(c)(2): describe the training and technical assistance provided to WIC professional and paraprofessional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

II – Nutrition Services

A. Nutrition Education

1. Nutrition Education Plans (§246.11)

1. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs, and available nutrition education resources. (§246.11(c)(1))

Yes No

2. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11(c)(7), (d), and (e) of this section. (§246.11(c)(5))

Yes No

3. The local agency develops an annual nutrition education plan that is consistent with the State's nutrition education component of Program operations. (§246.11(d)(2))

Yes No

4. (i). The State agency requires that local agency nutrition education include:

A needs assessment Goals and objectives for participants Evaluation/follow-up

Other (list): Risk assignment and referrals identified through the assessment process, WIC category, Food package prescribed including medical documentation and rationale for food package tailoring if done, nutrition education provided, individual care plan for high risk participants.

- (ii). The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans, and objectives via:

Quarterly or annually written reports

Year-end summary report

Annual local agency reviews

Other (specify): Clinics evaluate action steps as they are completed.

5. State policies reflect the definition of “nutrition education” as defined in §246.2 and in the Child Nutrition Act. The definition is “Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.”

Yes No

ADDITIONAL DETAIL: Nutrition Services Supporting Documentation:

Refer to WIC Policy and Procedure manual Chapter 5 Nutrition Services, [5.02 Content of Nutrition Education](#), and Chapter 12 Nutrition Education and Marketing Plan (NEMP), [12.01 Nutrition Education Marketing Plan](#)

2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support

1. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support conducted:

II – Nutrition Services

Yes No

2. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:

- State-developed questionnaire issued by local agencies
- Locally-developed questionnaires (need approval by SA):
 - Yes
 - No
- State-developed questionnaire issued by State agency.
- Focus groups
- Other (Specify):

3. Results of participant views are:

- Used in the development of the State Plan
- Used in the development of local agency nutrition education plans and breastfeeding promotion and support plans
- Other (specify): Help direct policy and procedure, approved foods, and training for staff.

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

Refer to Chapter 1 Administration [1.12 Participant Survey](#)

3. Nutrition Education Contacts (§246.11(a)(1-3): (1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations. (2) Nutrition education is made available to all participants. Nutrition education may be provided through the local agencies directly, or through other agencies. At the time of certification, the local agency shall stress the positive, long term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participants. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.

1. The State agency assures that each local agency offers adult participants, parents, or caretakers of infant and child participants, and whenever possible, the child participants themselves at least two (≥2) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:

- Local agency addresses in the annual nutrition education plan
- State nutrition staff monitoring annually during local agency reviews
- Local agency providing periodic reports to State agency
- Other (specify):

II – Nutrition Services

2. The State agency has developed minimum nutrition education standards for the following participant categories:

- Pregnant women Breastfeeding women Postpartum women
- Children Infants High-risk participants

The minimum nutrition education standards address:

- Number of contacts Protocols Documentation Referrals
- Care plans Exit counseling Breastfeeding promotion and support
- Counseling methods/teaching strategies Information on substance abuse prevention
- Content (WIC appropriate topics) Nutrition topics relevant to participant assessment
- Appropriate use of educational reinforcement (videos, brochures, posters, etc.)

3. The State agency allows the following nutrition education delivery methods:

- Face-to-face, individually or group
- Online/internet
- Telephone
- Food demonstration
- A delivery method performed by other agencies, i.e., EFNEP, **Cooking Matters, Head Start**
- Other (specify):

4. The State agency ensures that nutrition risk data is used in providing appropriate nutrition education by:

- Individual nutrition education contracts tailored to the participant’s needs
- Group nutrition education contacts relevant to the participant’s needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)
- Other (specify):

5. An individual care plan is provided based on:

- Nutritional risk
- Priority level
- Healthcare provider’s prescription
- CPA discretion
- Participant request
- Other (specify): SD MIS system requires a care plan for all participant served.

6. Individual care plans developed include the following components:

	Must Include	May Include
Individualized food package	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Identification of nutrition-related problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nutrition education and breastfeeding support	<input checked="" type="checkbox"/>	<input type="checkbox"/>

II – Nutrition Services

A plan for follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referrals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeframes for completing action plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Documentation of completing action plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify by typing into the cells below):		
Anthropometric and biochemical data	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

7. Check the following individuals allowed to provide general or high-risk nutrition education:

	General Nutrition Education	High-Risk Nutrition Contact
Paraprofessionals (non B.S. degree with formal WIC training by SA or LA)	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B.S. in Home Economics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B.S. in the field of Human Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Registered Dietitian or M.S. in Nutrition (or related field)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietetic Technician (2-year program completed)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify by typing into the cells below):		
Nutritionists with BS in Human Nutrition or Home Economics are allowed to complete High-Risk Nutrition Contact with follow-up by Registered Dietitian	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The high risk mid-certification assessment with nutrition counseling can be completed by a nurse who has completed the Nurse Nutrition Educator training as provided by the Central office with documented consultation by a Registered Dietitian in the SDWIC-IT client record	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

8. The State agency allows adult participants to receive nutrition education by proxy.

No

Yes (If yes, check the applicable conditions below):

Proxy is spouse/significant other

Proxy is grandparent or legal guardian of infant or child participant

Proxy is neighbor

Other (specify): Proxy is anyone selected at certification by the authorized person

Only for certain priorities (specify):

II – Nutrition Services

9. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.

No

Yes (If yes, check the applicable conditions below):

Proxy is grandparent or legal guardian of infant or child participant

Proxy is neighbor

Other (specify): Proxy is anyone selected at certification by the authorized person.

Only for certain priorities (specify):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

d. Appropriate group classes are identified through nutrition assessment and participant interest. Refer to Chapter 5 Nutrition Services, [5.01 Explanation of WIC and Content of Nutrition Assessment](#); [5.02 Content of Nutrition Education](#); [5.04 Documentation of Nutrition Services](#) Chapter 4 Breastfeeding [4.01 Breastfeeding Promotion Protection and Support](#) Chapter 2 Eligibility and Certification of Clients [2.24 Proxy](#)

4. Nutrition Education Materials (§246.11(c)(1,3,4,6,7): The State agency shall (1) develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs, and available nutrition education resources; (3) identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English; (4) develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible; (6) establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph 246.11(e); and (7) establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion, and support for new staff.

1. The State agency shares material with the Child and Adult Care Food Program (CACFP) at no cost:

Yes No

If applicable, list other agencies: EFNEP, MCH, Head Start programs, Community Health Services programs, IHS programs, Immunization programs, SNAP-Ed

A written material sharing agreement exist between the relevant agencies

Yes No

2. The State agency recommends and/or makes available nutrition education materials for the following topics:

	English	Spanish	Other (specify by typing into the cells below):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Karen
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pediatric & Nutrition Care Counseling Manuals

II – Nutrition Services

Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Karen
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Karen
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Karen
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Teenage prenatal women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Karen
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Karen
Food Safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify by typing into the cells below):			
Wichealth.org	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Pediatric & Nutrition Care Manual through the Academy of Nutrition and Dietetics used for a variety of nutrition related topics.	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.

3. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:

Content Reading level/language Graphic design Cultural relevance

Other (specify):

4. Locally-developed nutrition education materials must be approved by State agency prior to use.

Yes No

If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.

Yes No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

Refer to WIC Policy and Procedure manual Chapter 5 Nutrition Services, [5.02 Content of Nutrition Education](#) and Chapter 1 Administration [1.04 Agreements](#)

See "Attachment D – Brochure List" for a listing of nutrition education resources available.

5. Nutrition Education Needs of Special Populations

The State agency tailors its nutrition education efforts to address the specific needs of migrant

II – Nutrition Services

farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):

<u>M</u>	<u>H</u>	<u>S</u>	<u>B</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Providing nutrition education materials appropriate to this population and language needs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Providing nutrition curriculum or care guidelines specific to this population
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Requiring local agencies who serve this population to address its special needs in local agency nutrition education plans
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arranging for special training of local agency personnel who work with this population
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Distributing resource materials related to this population
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Encouraging WIC local agencies to network with one another
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coordinating at the State and local levels with agencies who serve this population
				Other (specify by typing into the cells below):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

6. Breastfeeding Promotion and Support Plan

1. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):

- Activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- Identification of breastfeeding promotion and support materials
- Procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps, supplemental nursing systems, etc.).
- Training of State/local agency staff
- Designating roles and responsibilities of staff
- Evaluation of breastfeeding promotion and support activities
- Other (specify): 44 of our staff are CLC certified and 2 are IBCLC certified. Bimonthly Local Agency Breastfeeding Coordinator calls.

2. The State agency has established minimum protocols for breastfeeding promotion and support which include the following (check all that apply):

- A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- A requirement that each local agency designate a local agency staff person to coordinate

II – Nutrition Services

breastfeeding promotion and support activities

- A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients.
- A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- Participant breastfeeding assessment
- Food package prescription and tailoring based on breastfeeding and nutrition assessment
- Data collection (at State and local level)
- Referral criteria
- Peer counseling
- Other (specify): Policy indicates staff shall provide information and/or equipment or referrals to resources that assist mothers in expressing and collecting milk for their infants, if needed.

7. Breastfeeding Peer Counseling

1. The State agency coordinates with local agencies to request WIC Breastfeeding Peer Counseling (BFPC) funds to develop and/or maintain a peer counselor program?

- Yes No

If yes, the state agency has submitted a request for the following.

- Full amount available BFPC funds.
- Specific amount of available BFPC funds \$_____ (Not to exceed the full amount available.)

2. Attach a copy of an updated line item budget, with written narrative, demonstrating how peer counseling funds are being used for approved peer counseling activities. Include the citation for attachment here:

Peer Counselor Budget - Attachment A – Section II Nutrition Services.
Peer Counseling Report - Attachment B – Section II Nutrition Services.

3. Please provide the approximate number of WIC peer counselors in your State: 8

4. Please provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs.

Funding is received and managed by the state office and provides coverage statewide to all 77 WIC sites.

5. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components (see [WIC Breastfeeding Model Components for Peer Counseling](#)):

6. Definition of peer counselor defined as follows: paraprofessional recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic

- Yes No

7. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level

- Yes No

II – Nutrition Services

8. Defined job parameters and job descriptions for breastfeeding peer counselors

Yes No

If yes, the job parameters for peer counselors (check all that apply):

Define settings for peer counseling service delivery (check all that apply):

Home (peer counselor makes telephone calls from home)

Participant's home (peer counselor makes home visits)

Clinic

Hospital

Define frequency of client contacts

Define procedures for making referrals

Define scope of practice of peer counselor

9. Adequate compensation and reimbursement of breastfeeding peer counselors

Yes No

10. Training of State and local management staff (managers, Designated Breastfeeding Expert, Peer Counselors, others) through FNS-developed training curriculum

Yes No

11. Training of WIC clinic staff about the role of the WIC peer counselor

Yes No

12. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):

Timing and frequency of contacts

Documentation of client contacts

Referral protocols

Confidentiality

Use of social media

Other (specify):

13. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):

Regular, systematic contact with peer counselor

Regular, systematic review of peer counselor contact logs

Regular, systematic review of peer counselor contact documentation

Spot checks

Observation

Other (specify): Monthly reports; monthly calls, yearly staff and participant satisfaction surveys;

II – Nutrition Services

quarterly peer-to-peer reviews; annual review

14. Participation in community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):

- Breastfeeding coalitions
- Businesses
- Community organizations
- Cooperative extension
- La Leche League
- Hospitals
- Home visiting programs
- Private Healthcare clinics
- Other (specify):

15. Adequate support of peer counselors by providing the following (check all that apply):

- Timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice
- Mentoring of newly trained peer counselors in early months of job
- Regular contact with supervisor
- Participation in clinic staff meetings as part of WIC team
- Opportunities to meet regularly with other peer counselors
- Other (specify): Monthly phone calls with all SD peer counselors and regular contacts between counselors

8. Provision of training and continuing education of peer counselors (check all that apply):

- Standardized training using FNS-developed curriculum
- Ongoing training at regularly scheduled meetings
- Home Study
- Opportunities to "shadow" or observe lactation experts and other peer counselors
- Training/experience to become senior level peer counselors, WIC-Designated Breastfeeding Expert, etc
- Other (specify): Opportunity to meet annually

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

Refer to WIC Policy and Procedure Manual Chapter 4 Breastfeeding - [4.01 Breastfeeding Promotion, Protection, and Support](#); [4.02 Breastfeeding Training](#); [4.03 Clinic Environment](#); [4.09 Breastfeeding Peer Counselor Program](#)

B. Food Package Design

1. Authorized WIC-Eligible Foods

- a. Include a copy of the current State-authorized food list and the individual food package

II – Nutrition Services

design for each category in the Appendix or cite Procedure Manual reference:

Please see policy [7.02 Authorized WIC Foods](#); [7.03 Food Packages for Qualifying Conditions](#) along with 7.03A – 7.03E for food packages by category; [7.04 Maximum and Prorated Food Package](#) along with 7.04A – 7.04H for food packages by category.

- b. **The State agency considers the following when making decisions about authorizing WIC-eligible foods other than WIC formulas:**

- | | |
|---|--|
| <input checked="" type="checkbox"/> Federal regulatory requirements | <input checked="" type="checkbox"/> Nutritional value |
| <input checked="" type="checkbox"/> Participant acceptance | <input checked="" type="checkbox"/> Cost |
| <input checked="" type="checkbox"/> Statewide availability | <input checked="" type="checkbox"/> Participant/client request |
| <input checked="" type="checkbox"/> Healthcare provider request | <input checked="" type="checkbox"/> Other (specify): Vendor requests |

- c. **The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.**

Yes No

If yes, describe actual values or criteria identified by the State. Enter “n/a” if not applicable. (i.e. artificial sweeteners, artificial color/flavor, low-sodium, etc.):

- d. **The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section 246.10 for each of the seven WIC Food Packages (I-VII).**

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pregnant women/Partially (Mostly) Breastfeeding
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fully Breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Postpartum, non-breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 0-5 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 6-11 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children

- e. **WIC Formulas:**

(1) The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.

Yes No

(2) The State agency requires medical documentation for contract infant formula (other than the primary contract formula).

Yes No

(3) The State agency requires medical documentation for non-contract infant formula.

Yes No

(4) The State agency requires medical documentation for exempt infant formula/ WIC eligible nutritionals.

Yes No

II – Nutrition Services

(5) State agency authorizes local agencies to issue a non-contract brand infant formula that meets the requirements of Table 4 in 246.10(e)(12) without medical documentation in order to meet religious eating patterns:

Yes No

(6) The State agency coordinates with medical payers and other programs that provide or reimburse for exempt infant formulas and WIC-eligible nutritionals per Section 246.10(e)(3)(vi).

Yes No

If yes, describe the State agency reimbursement and/or referral system used for this coordination? Include describing monitoring/tracking tools in place to ensure program integrity.

Clients are provided a Medicaid Certificate to use as a referral to Medicaid in South Dakota when additional food is requested that cannot be provided by WIC. The State law requires WIC to be the first payer of formula. WIC State agency has met with the South Dakota Medicaid Program on coordinated efforts for the provision of exempt infant formulas and medical foods. See policy Chapter 11 Formula – [11.01 Formula](#).

South Dakota Codified Law 28-6-1 <http://sdlegislature.gov/rules/DisplayRule.aspx?Rule=67:16:42:02>

67:16:42:02. Enteral nutritional therapy and nutritional supplements for individual under 21 years of age. Enteral nutritional therapy, oral nutritional supplements, and electrolyte replacement for an individual who is under 21 years of age are covered when the following conditions are met:

- (1) The individual is not institutionalized and services are delivered in the individual's residence. For purposes of this rule, an individual's residence does not include an acute care hospital, a nursing facility, an intermediate care facility for individuals with intellectual disabilities, or an institution for individuals with a mental disease;
- (2) If eligible for the Supplemental Nutrition Program for Women, Infants, and Children operated by the Department of Health, the items and services are not available under that program or the physician's order exceeds the amount allowed under that program; and
- (3) The items are ordered by a physician.

Enteral nutritional therapy is covered when the individual has a functioning gastrointestinal tract but cannot maintain weight and strength commensurate with the individual's general condition because of a medical condition or illness or pathology to or the nonfunctioning of the structures that normally permit food to reach the digestive tract.

Oral nutritional supplements are covered when a child cannot maintain normal protein or caloric intake from a daily nutritional plan or when a normal infant formula cannot be tolerated because of a condition or illness.

Source: 17 SDR 37, effective September 11, 1990; 17 SDR 184, effective June 6, 1991; 17 SDR 200, effective July 1, 1991; 18 SDR 209, effective June 23, 1992; transferred from § 67:16:11:03.05, 22 SDR 32, effective September 11, 1995; 40 SDR 122, effective January 8, 2014.

II – Nutrition Services

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

If no, has the State agency met the requirement to annually contact their State Medicaid counterparts regarding the payment of WIC-eligible exempt infant formulas and medical foods to mutual program participants per WIC Policy Memo #2015-7?

Yes No

Please attach and provide the citation for any existing written agreement between the State agency and the State Medicaid office as well as local government agencies or private agencies in regards to payment of WIC- eligible exempt infant formulas and medical foods.

The Interagency Workgroup for Child and Family Services is still meeting quarterly and coordinating services as much as possible.

South Dakota Department of Health and Social Services are currently working to expand the current MOU with Maternal Child Health Services that does include WIC services. We are meeting regularly to improve coordination of services according to WIC Policy Memorandum 2015-07.

f. Rounding:

(1) Does the State agency issue infant formula according to the specific rounding methodology per Section 246.10(h)(1)?

Yes No

If answered NO, skip question 2

(2) If the State agency implemented the rounding option for issuing infant formula, are there established written policies in place?

Yes No

(3) Does the State agency issue infant foods according to the specific rounding methodology per Section 246.10(h)(2)?

Yes No

(4) If the State agency implemented the rounding option for issuing infant foods, are there established written policies in place?

Yes No

g. Is infant formula issued in the 1st month to partially breastfed infants?

Yes No

h. State policies & materials reflect the definition of “supplemental foods” as defined §246.2 and in the Child Nutrition Act.

Yes No

i. Does the State agency only allow issuance of reduced fat (2%) milk to children ≥ 24 months of age and women with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?

II – Nutrition Services

Yes No

- j. **Does the State agency allow issuance of fat-reduced milks to 1-year-old children for whom overweight or obesity is a concern, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?**

Yes No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

See [Chapter 7 Food Packages](#) and Chapter 11 Formula [11.01 Formula](#)

2. Individual Nutrition Tailoring

- a. **The State agency allows individual nutrition tailoring of food packages only in accordance with 246.10(c).**

Yes No

- b. **The State agency provides a special individually tailored package for**

Homeless individuals and those with limited cooking facilities

Residents of institutions

Other (specify):

ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored, Nutrition Services Appendix and/or Procedure Manual (citation):

See [Chapter 7 Food Packages](#) and Chapter 2 Eligibility and Certification of Clients [2.12 Homeless/Migrant Family Eligibility](#)

- c. **The State agency develops written individual nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:**

Does not develop individual nutrition tailoring policies

Develops based on (check all that apply):

Nutrition risk/nutrition and breastfeeding assessment

Participant preference

Household condition

Other (specify): Recommendations by reputable resources (i.e. AAP recommendation to provide peanut butter to 1 year old children.)

- d. **The State agency allows local agencies to develop specific individual tailoring guidelines.**

Yes No

If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:

Local agencies are required to submit individual tailoring guidelines for State approval

Local agency individual tailoring guidelines are monitored annually during local agency reviews

Agency reviews

II – Nutrition Services

Other (specify):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

See [Chapter 7 Food Packages](#)

3. Prescribing Packages

a. Individuals allowed to prescribe food packages:

	Standard food package	Individually-tailored food package
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify by typing into the cells below):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL DETAIL: Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual. Attach copies of all food packages that are tailored. Nutrition Services Appendix and/or Procedure Manual (citation):

See policy Chapter 7 Food Packages – [7.04 Maximum and Prorated Food Package](#)

C. Staff Training

The State agency provides or sponsors the following training for WIC competent professional authorities:

	<u>Professionals</u>		<u>Paraprofessionals</u> (may or may not be CPAs in some SAs)	
	Regularly	As Needed	Regularly	As Needed
General nutrition education methodology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State certification policies/procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anthropometric measurements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood work procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nutrition counseling techniques	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietary assessment techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prescribing & tailoring food packages	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cultural competencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Immunization Screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care Plan Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

II – Nutrition Services

VENA staff competency training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance abuse prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify by typing in cells below):				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):