



Weekly Information & Communication



September 26, 2016

October 6th Conference Call

Our next local agency conference call will be on Thursday, October 6th at 9 am. We will be reviewing up updates in SPIRIT related to risk codes as well as our updated monitoring process. Please plan to attend. Click [here](#) to view the agenda.

WIC Work Group October Meeting

Our first work group meeting will take place at the [Wingate by Wyndham](#) in Helena on October 25th (full day) and 26th (part day) to launch this collaborative state-local effort toward program improvement. This meeting will have a similar format to the WIC Futures Study Group meetings and are open to observers. Our agenda has yet to be finalized, but will mostly include strategic planning for the group and discussion of the revised food package for EWIC rollout next year.

Please RSVP to [Kate](#) if you plan to attend the meeting as an observer. We will need to plan sufficiently for room set-up and food to accommodate all who plan to attend.

SPIRIT Changes Affecting Nutrition Risk Codes

Three nutrition risk codes are now updated and available in SPIRIT. The first is 211 Elevated Blood Lead Levels. A blood lead level of ≥ 5 micrograms/deciliter with in the past 12 months should now system assign the nutrition risk code. The second is 332 Short Interpregnancy Interval. It will system assign if your check the box indicating that the **last live birth** interval was within 18 months of the start of the current pregnancy on the [Pregnancy Health Information](#) screen. The third is 601 Breastfeeding Mother of an Infant at Nutrition Risk is now allowable for a pregnant woman who is breastfeeding a child over age 1 year. The nutrition risk code will be assigned by checking the box, but the food package will remain the same for a pregnant woman. If this does not occur as expected or if you have questions, please contact [Chris](#) or [Lacy](#).

Four Revised Nutrition Risk Code Definitions

Four nutrition risk codes have new definitions. Please review them for the changes and replace the new definitions for the old ones. The new nutrition risk codes take effect on or before October 1, 2016. [Replacements for 135 Slowed/Faltering Growth Pattern](#) (children will no longer be eligible for this nutrition risk code); 352 has split and is now [352a Infectious Diseases-Acute](#) and [352b Infectious Diseases-Chronic](#); [359 Recent Major Surgery, Physical Trauma, Burns](#); and both [411 Inappropriate Nutrition Practices for Infants and Attachment to 411: Justifications and Reference – Inappropriate Nutrition Practices for Infants\(two separate documents\)](#). If you have any questions contact [Chris](#) at or [Lacy](#).

October 15th Forms Order Deadline

October 15th is the deadline for our next forms order. The lead local agency should submit one order for their satellites. The [order form](#) can be found on the [website](#) under local agency staff>clinic admin resources>order forms. You can use a fillable PDF or word doc. Please return all forms to [Kelly](#) or fax them to 444-0239.

CEU's

All CEU's must be completed and approved by the State Office by September 30th, 2016. If CEU's are not completed, M-Spirit access may be revoked. Please contact [Lacy Little](#) if you have any additional questions.

Breastfeeding Peer Counselor Conference Call

The next BPCP conference call will be on October 27, 2016 at 9:00 am. If you have any agenda items, please submit them to Chris at cfogelman@mt.gov by October 14, 2016.

On the agenda will be a segment for BPC and their Supervisors to briefly share some of the information they learned from attending NWA Nutrition Education and Breastfeeding Conference.

October Time Study Reminder

October is right around the corner, and another time study month! Please record any and all WIC activities starting October 1st. The **final deadline** is November 5th. Thanks!

Weekly Risk Code Highlight

[Risk Code 349](#), Genetic and Congenital Disorders are defined as hereditary or congenital conditions at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to, cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia, and muscular dystrophy.

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