POLICY: All participants must be assigned one or more of the medical and/or nutritional risk factors used by the Oregon WIC program to determine nutritional eligibility for WIC participation.

PURPOSE: To ensure consistent use of federally-defined risk criteria and priorities among local WIC programs.

RELEVANT REGULATIONS:
- 7 CFR §246.7(e)—Nutritional risk
- 7 CFR §246.7(i)(6-9)—Certification forms

OREGON WIC PPM REFERENCES:
- ♦325—Caseload Management
- ♦625—Risk Assessment
- ♦640—Documentation Requirements for Certification in TWIST
- ♦653—Participant Transfers Into and Out of State
- ♦654—Participant Transfers Within State
- ♦675—Risk Criteria Codes and Descriptions

DEFINITIONS:
- **Risk criteria**: Health or dietary conditions that indicate a nutrition related problem and is required for program eligibility.
- **Priority**: A ranking system used to indicate severity of need when comparing one participant with another and used for caseload management. Priority 1 is highest priority, Priority 7 is lowest priority.

PROCEDURE:

**Minimum risk requirements**

1.0 The following must be done at each certification:


1.2 All manually assigned risk factors must be supported by documentation in the participant’s record. Refer to “Oregon WIC Training: Nutrition Risk Module,” “Oregon WIC Training: Dietary Risk Module” and ♦640—Documentation Requirements for Certification in TWIST.

**List of risk criteria**

1.3 Refer to ♦675—Risk Criteria Codes and Descriptions for the current list of risk criteria for women, infants, and children.

**New risk during a certification period**

1.4 Document all new risks that develop during a certification period in TWIST. This ensures that the participant’s record accurately reflects their risk and priority status throughout their certification period.
A participant’s priority level is automatically assigned by TWIST based on the highest priority level that the participant’s risk factor(s) allows.

**Priority I** Includes pregnant women, breastfeeding women, and infants at nutritional risk for reasons other than dietary risks or presumed eligibility as demonstrated by hematological or anthropometric measurements or nutritionally related medical conditions.

**Priority II** Includes infants, except for infants who qualify for Priority I, up to six months of age of WIC program participants who participated during pregnancy and infants up to six months of age born of women who were not program participants during pregnancy but whose medical records indicate that they were at nutritional risk during pregnancy.

**Priority III** Includes children at nutritional risk for reasons other than dietary risks or presumed eligibility as demonstrated by hematological or anthropometric measurements or nutrition-related medical conditions.

**Priority IV** Includes pregnant women, breastfeeding women, and infants with a dietary risk or presumed eligibility as the only risk factor. It also includes postpartum, non-breastfeeding women at nutritional risk for reasons other than dietary risk or presumed eligibility.

**Priority V** Includes children with dietary risks or presumed eligibility.

**Priority VI** Includes postpartum, non-breastfeeding women at nutritional risk who do not qualify as a priority IV participant.

**Priority VII** Includes participants certified for WIC solely due to homelessness or migrant status or previously certified participants who might regress in nutritional status without WIC supplemental foods.

2.1 Regardless of priority level, a participant who is currently enrolled in WIC and transfers from another WIC agency must be enrolled within the guidelines specified in 653—Participant Transfers Into and Out of State and 654—Participant Transfers Within State.
Breastfeeding pairs 2.2  A breastfeeding mother and her breastfeeding infant are required to have the same priority level. The highest priority level that either of them has is used, based on the risk criteria assigned to either the mother or the infant. To ensure this, mark all of the risk criteria for the breastfeeding mother and her breastfeeding infant. If they have different priority levels (e.g., mom is Priority I and her infant is Priority IV), then select either Risk Code 601 or 702 as appropriate so that the participant with the lower priority level is raised to the priority level of the other. Refer to the “Oregon WIC Training: Nutrition Risk Module” for guidance.

Caseload management 2.3  Local WIC programs will serve all priorities unless approval is given by the state WIC program for restriction of priorities served. Priority freezing may be used for caseload management in special circumstances and only with state WIC program approval. See ♦325—Caseload Management.

Risk criteria review process 3.0  The medical and nutritional risk criteria used for WIC certification are developed at the national level through a joint effort between Food and Nutrition Service (FNS) and the National WIC Association (NWA) Risk Identification and Selection Collaborative (RISC). State WIC programs must use the national risk criteria, although they have a choice as to which risk codes to implement subject to USDA approval. These risk codes are revised periodically and are based on the following:

3.1  WIC should serve women, infants and children with the greatest need.
3.2  Risk criteria standards are defined and documented based on current scientific knowledge and research.
3.3  Need to have consistent risk criteria in use by all local programs. ★

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