



Policy 670

Overview of Risk Criteria and Priority Levels

September 23, 2019

POLICY

All participants must be assigned one or more of the nutrition risk factors used by the Oregon WIC program to determine 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)—Certification forms

OREGON WIC PPM REFERENCES

- ◆ [325—Caseload Management](#)
- ◆ [625—Risk Assessment](#)
- ◆ [640— Documentation Requirements for Certification](#)
- ◆ [650—WIC Transfers/VOC and WIC Overseas Program](#)
- ◆ [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:
 - 1.1. Document all risk criteria applicable to the participant in the participant's record. Refer to the "*Oregon WIC Training: Certifier's Guide*" and the "*Nutrition Risk*" training modules," and ◆[625—Risk Assessment](#) for information on risk assessment and assignment.
 - 1.2. All manually assigned risk factors must be supported by documentation in the participant's record. Refer to "*Oregon WIC Training: Certifier's Guide*" and the

“Nutrition Risk” training modules,” and [◆640—Documentation Requirements for Certification](#).

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 the data system. This ensures that the participant’s record accurately reflects their risk and priority status throughout their certification.

Priority levels

- 2.0 A participant’s priority level is automatically assigned by the data system based on the highest priority level that the participant’s risk factor(s) allows.

Priority I: Pregnant women, breastfeeding women, and infants at risk for reasons other than dietary risks or presumed eligibility as demonstrated by hematological or anthropometric measurements or the presence of nutrition related medical conditions.

Priority II: Infants up to six months of age who do not qualify for Priority I and were born to women who were WIC participants during their pregnancy with that infant or infants up to six months of age who were born to women who were not WIC participants during their pregnancy but would have been eligible for the program.

Priority III: Children at risk for reasons other than dietary risks or presumed eligibility as demonstrated by hematological or anthropometric measurements or the presence of nutrition related medical conditions.

Priority IV: Pregnant women, breastfeeding women, and infants with a dietary risk or presumed eligibility as the only risk factor. Postpartum, non-breastfeeding women at risk for reasons other than dietary risk or presumed eligibility.

Priority V: Children with dietary risks or presumed eligibility only.

Priority VI: Postpartum, non-breastfeeding women with dietary risks or presumed eligibility only.

Priority VII: 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 [◆650—WIC Transfers/VOC and WIC Overseas Program](#)

Breastfeeding pairs

- 2.2. A breastfeeding mother and her breastfeeding infant are required to have the same priority level. The highest priority level between the two is used, based on the risk criteria assigned to either the mother or the infant. To ensure

matching priorities, select all risk criteria for the breastfeeding mother and her breastfeeding infant. If their priority levels differ, (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” training 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 nutrition 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 evidence-based research.
 - 3.3. Risk criteria use must be consistent for all local programs.

If you need this in large print or an alternate format, please call 971-673-0040.

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POLICY HISTORY

Date	* Major Revision, Minor revision
June 29, 2016	Revised
Sept. 23, 2019	Minor revision

The date located at the top of the policy is the implementation date unless an “effective date” is noted on the policy. Policies will become compliance findings 6 months from the implementation date.