Nutritional Risk Priority System	Policy No. CT- 810.01
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Policy

At each certification, sub-certification, and mid-year assessment the participant will be assigned a priority based on WIC type and risk criteria assigned.

Purpose

To describe the nutrition risk priority system.

Procedures

- I. At the time of certification, the CPA must assign a priority based on the identified nutrition risk criteria. (**Risk Criteria Handbook**).
- II. Participants are assigned a priority based on their highest priority risk.
- III. <u>Reciprocal Risk</u> A breastfeeding mother and her infant shall both be assigned to the highest priority for which either is qualified.
- IV. A participants' priority cannot be downgraded during the certification period (with the exception of a breastfeeding woman changing status to a post-partum non-breastfeeding woman). For example, an infant that is priority I at the initial certification will remain priority I until their next certification.
- V. Priority status can be upgraded at the mid-certification, mid-assessment or halfcertification visit if new risk(s) apply that are a higher priority.
- VI. NUTRITIONAL RISK PRIORITY SYSTEM Priorities I -VI
 - A. Each nutrition risk criterion is assigned a priority based on WIC category. Priorities are set in accordance with the following federal guidelines:
 - <u>Priority I</u>: The following applicants with nutrition-related medical conditions.
 a. Pregnant women
 - b. Breastfeeding women
 - c. Infants
 - 2. <u>Priority II</u>: Breastfeeding women who do not qualify under Priority I, but are breastfeeding Priority II infants.
 - a. Infants up to six (6) months of age who do not qualify under Priority I whose mothers were WIC participants during their pregnancy.
 - b. Infants up to six (6) months of age who do not qualify under Priority I whose mothers were not WIC participants during pregnancy, but had a documented nutritional need.

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- 3. <u>Priority III</u>: Children under the age of five (5) years with a nutrition-related medical condition.
 - a. Postpartum teenagers who are not breastfeeding.
- 4. <u>Priority IV</u>: The following applicants with a dietary problem (for example, poor diet).
 - a. Pregnant women
 - b. Breastfeeding women
 - c. Infants
- 5. <u>Priority V</u>: Children with a dietary problem (for example, poor diet).
- 6. <u>Priority VI:</u> Postpartum, non-breastfeeding women with nutrition-related condition or dietary problem.

Authority

7 CFR § 246.7(e)(4)

Definitions/Supporting Information

Competent Professional Authority (CPA) – An individual on the local agency staff who is authorized to determine nutritional risk and prescribe supplemental foods. The following individuals may be authorized and trained to serve as a CPA: physicians, nutritionists (bachelor's or master's degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition), registered dietitians, licensed dietitians, registered nurses, and physician assistants (certified by the National Committee on certification of Physicians Assistants or certified by the State medical certifying authority), or State or local medically trained health officials.

Reciprocal Risk- A breastfeeding mother and her infant are assessed as a dyad. Reciprocal risk is a process where a breastfeeding infant's risk factors are documented on the mother's certification form and the breastfeeding mother's risk factors are documented on the infant's certification form.

Priority System – Used to ensure that WIC services and benefits are provided first to participants with the most serious health conditions when funding is inadequate to provide

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services and benefits to all applicants. When the priority system is implemented, services are provided in number order from one to six based on the roman numeral system I - VI (equivalent number). Priority "I" is the highest priority.

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