



## **Procedure: Nutritional Risk As An Eligibility Criteria**

Functional Area: VIII Certification, Eligibility & Coordination of Services

Section: B 1 c i

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Citation: 246.7 (d)(1)(2); PM 2011-5

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<b>Purpose</b>	To provide guidance on nutritional risk criteria as part of eligibility for the Nebraska WIC Program
<b>Eligibility</b>	<p>Participants are eligible for the Nebraska WIC Program when it is determined they are:</p> <ul style="list-style-type: none"><li>• Categorically eligible</li><li>• Residency eligible</li><li>• Income eligible</li><li>• AND have at least one nutritional risk criteria</li></ul> <p>Through the certification process, the CPA determines any and all nutritional risk criteria present through anthropometrics, biochemical determination, and nutritional and health assessment interviews.</p>
<b>Allowed Nutrition Risk Criteria</b>	<p>Allowable nutrition risk criteria for each participant status are included at the end of this section.</p> <p>In order for risk criteria to apply to a participant, the definition of the nutrition risk criteria must be met.</p> <p>All allowable nutrition risk criteria are based on USDA policy memo 2011-5.</p> <ul style="list-style-type: none"><li>• Detailed information from USDA policy memo 2011-5 including definitions/cut-off values and justifications can be found in the Appendix VIII B 4 of this procedure manual.</li></ul> <p>A listing of allowable nutritional risk criteria can also be found in the WIC Journey System User Help.</p>
<b>Application of Risk Condition</b>	For all allowed nutrition risk criteria, the documented risk condition must apply to a participant's current or most recent nutrition risk condition, as opposed to any history of the condition, unless otherwise stated in the specific definition of the nutrition risk criteria.
<b>Reporting of Medical Conditions</b>	Participants may self-report conditions that have been medically diagnosed by a physician, unless otherwise stated in the specific definition of the nutrition risk criteria.

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**Reporting of Medical Conditions (cont.)**

Self-reporting of a diagnosis by a physician, should not be confused with self-diagnosis, where a person simply claims to have or have had a medical condition, without any reference to a professional diagnosis of that condition.

Self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to the self-reported professional diagnosis, such as:

- Whether the condition is being managed by a medical professional
- Whether it is being controlled by diet, medication or other therapy
- What types of medications, if any have been prescribed, are being taken to address the condition

In some circumstances, it may be appropriate to request that the participant or parent complete and sign a consent form for release of information, so that WIC staff can communicate with the participant’s health care provider. This consent would allow the collection of pertinent medical or dietary information to support the nutrition risk determination and assist the WIC CPA in developing the nutrition care plan for the participant.

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**Use of Referral Data for Professionally Diagnosed Nutrition Risk Conditions**

A referral diagnosis from a physician or other health care professional documenting an allowed WIC nutrition risk criterion may be assumed to meet the stipulated definition, cut-off or threshold of the applicable criterion.

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**Assigning Nutritional Risk Criteria**

Complete all sections of the Assessment portion of the navigation tree, which includes:

- Pregnancy Panel – women only
- Anthropometrics, Blood and Nutrition Interview – all participant categories
- Identify the presence of each nutrition risk criteria based on the definition of the risk criteria as listed in this procedure manual.
- Complete the Risk section of the assessment panel. When “Determine Risk” is selected, the system will auto-assign any risk codes based upon data and responses entered during the Assessment.
- Review risks assigned for accuracy. Add any additional risk codes that apply.

Detailed instructions for completing the nutrition risk assessment in the WIC systems are provided in both Journey Training and WIC CPA Training.

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**Documentation of Nutritional Risk**

The specific nutrition risk condition(s) which establish WIC eligibility must be recorded on the certification record in the WIC computer system.

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**Documentation of Nutritional Risk (cont.)**

Appropriate documentation substantiating the nutrition risk condition(s) used to certify the applicant, and to validate conformance with the definition of the risk conditions(s) must be included in the participant's assessment information.

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**Priority Level**

Priority is determined for each status based on risk-criteria for the participant.

- Priority is auto-assigned by the Journey system.
  - The system will assign the appropriate priority level based on the highest priority accompanying any single risk code.
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**High Risk Participants**

High-risk participants are participants that meet a nutritional risk criterion that has been identified as high risk.

- The WIC computer system will automatically designate a participant as high risk if a code designated as high risk is assigned to the participant.
  - CPA's may also identify **any** participant as high risk when professional judgment deems it necessary, based upon a combination of low risk factors or other special circumstances.  
This designation of high risk in these situations must be made manually in the WIC system
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Risk Criterion Number	Name	Participant Category and Priority					High Risk
		Pregnant	Breastfeeding	Not Breastfeeding	Infant	Child	
101	Underweight (Women)	1	1	6			
103	Underweight or At Risk of Underweight				1	3	
111	Overweight (Women)	1	1	6			
113	Obese - Child age 2 to 5					3	Y
114	Overweight or at Risk of Overweight					3	
115	High Weight for Length				1	3	
121	Short Stature or at Risk of Short Stature				1	3	
131	Low Maternal Weight Gain	1					
132	Maternal Weight Loss During Pregnancy	1					
133	High Maternal Weight Gain	1	1	6			
134	Failure to Thrive				1	3	Y
135	Inadequate Growth				1		Y
141	Low Birth Weight and VLBW				1	3	
142	Prematurity				1	3	
153	Large for Gestational Age				1	3	
201	Low Hemoglobin	1	1	6	1	3	
211	Elevated Blood Lead Levels	1	1	6	1	3	
301	Hypertension Gravidarum	1					Y
302	Gestational Diabetes	1					Y
303	History of Gestational Diabetes	1	1	6			
304	History of Preeclampsia	1	1	6			
311	History of Preterm Delivery	1	1	6			
312	History of Low Birth Weight	1	1	6			
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	1	1	6			
331	Pregnancy at a Young Age	1	1	6			
332	Short Interpregnancy Interval	1	1	6			
333	High Parity and Young Age	1	1	6			
334	Lack of or Inadequate Prenatal Care	1					
335	Multi-fetal Gestation	1	1	6			

337	History of Birth of LGA Infant	1	1	6			
338	Pregnant Woman Currently Breastfeeding	1					
339	History of Birth with Nutrition Related	1	1	6			
341	Nutrient Deficiency Diseases	1	1	6	1	3	
342	Gastrointestinal Disorders	1	1	6	1	3	
343	Diabetes Mellitus	1	1	6	1	3	Y
344	Thyroid Disorders	1	1	6	1	3	
345	Hypertension and Prehypertension	1	1	6	1	3	
346	Renal Disease	1	1	6	1	3	Y
347	Cancer	1	1	6	1	3	Y
348	Central Nervous System Disorders	1	1	6	1	3	Y
349	Genetic and Congenital Disorders	1	1	6	1	3	
351	Inborn Errors of Metabolism	1	1	6	1	3	Y
352	Infectious Diseases	1	1	6	1	3	
353	Food Allergies	1	1	6	1	3	
354	Celiac Disease	1	1	6	1	3	
355	Lactose Intolerance	1	1	6	1	3	
356	Hypoglycemia	1	1	6	1	3	
357	Drug Nutrient Interactions	1	1	6	1	3	
358	Eating Disorders	1	1	6			Y
359	Recent Major Surgery, Trauma, Burns	1	1	6	1	3	
360	Other Medical Conditions	1	1	6	1	3	Y
361	Depression	1	1	6			
362	Developmental, Sensory or Motor Delays	1	1	6	1	3	
363	Pre-Diabetes		1	6			
371	Maternal Smoking	1	1	6			
372	Alcohol and Illegal Drug Use	1	1	6			pregnant
381	Oral Health Conditions	1	1	6	1	3	
382	Fetal Alcohol Syndrome				1	3	
401	Failure to Meet Dietary Guidelines	4	4	6		5	
411	Inappropriate Nutrition Practices for Infants				4		
425	Inappropriate Nutrition Practices for Children					5	
427	Inappropriate Nutrition Practices for Women	4	4	6			
428	Dietary Risk Associated with Complimentary Feeding Practices				4	5	
501	Possibility of Regression	4	4	6	4	5	
502	Transfer of Certification	4	4	6	4	5	
601	Breastfeeding Mother of Infant at Nutritional Risk	1,2,4	1,2,4				
602	Breastfeeding Complications - Women	1	1				Y
603	Breastfeeding Complications - Infants				1		Y
701	Infant Up to 6 Months Old of WIC or WIC Eligible Mother				2		
702	Breastfeeding Infant of Woman at Nutritional Risk				1,2,4		
703	Infant Born of Woman with Mental Retardation,				1		
801	Homelessness	4	4	6	4	5	
802	Migrancy	4	4	6	4	5	
901	Recipient of Abuse	4	4	6	4	5	
902	Woman or Infant/Child of Primary Caregiver with Limited Ability	4	4	6	4	5	
903	Foster Care	4	4	6	4	5	
904	Exposure to Environmental Tobacco Smoke	1	1	6	1	3	