

2. ELIGIBILITY

2.04 Medical and Nutritional Risk Criteria for WIC Eligibility

FINAL

A. POLICY

1. Competent Professional Authorities (CPA) on the local agency staff shall determine the individual's eligibility for WIC benefits by screening of growth and laboratory data and by reviewing the health and dietary questionnaire indicating medical/nutritional risk. Using these risk criteria determined by the Michigan WIC Program, an individual's medical and/or nutritional risk designation is established.
2. The purpose of risk code determination is for the CPA to use professional judgement to:
 - a. Determine medical or nutritional risk eligibility.
 - b. Assure appropriate provision of the following WIC nutrition service benefits:
 - 1) Nutrition risk education
 - 2) Food package
 - 3) Breastfeeding promotion and support
 - 4) Nutrition education
 - 5) High risk nutrition counseling
 - 6) Drug and substance abuse information
 - 7) Referrals
3. Risk code designation shall include all applicable risk factors as determined by the CPA. Risk criteria determination shall include:
 - a. Anthropometric data: stature or length, weight, head circumference (under 2 years of age) on the appropriate age and sex growth chart or prenatal weight gain grid (See Policy 4.03, Anthropometric Risk Determination).
 - b. Biochemical/hematological data: hematocrit or hemoglobin.
 - c. Clinical/health/medical data: health and diet questionnaire or screening.
4. For all risk codes assigned by the CPA, the information for using the risk shall be apparent upon review of the following client=s documents: health and diet questionnaire, growth chart or prenatal weight gain grid and/or as part of the client record as stated in the local agency policy.

If an indicated risk IS NOT assigned, based on discussion with the client, the CPA must document next to the risk code on the appropriate client=s document "Not Applicable/staff initials." (i.e.: (NA/jva).

<p>P = Pregnant woman B = Breastfeeding woman N = Non-lactating woman I = Infant C = Child</p>	<p>+ (plus sign) = high nutritional risk which requires being scheduled with an R.D. R.D. = Registered Dietitian CPA = Competent Professional Authority</p>
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5. For risks that state it is a “**diagnosed**” condition, this means that the condition was diagnosed by a physician as self reported by the applicant/client/caregiver; or as reported or documented by a physician, or someone working under physician=s orders.
 - a. Self-diagnosis of a current or past medical diagnosis, where a person simply claims to have or have had a medical condition without any reference to a professional diagnosis, is not acceptable as a self-reported professional diagnosis.
 - b. Non-traditional health care providers, such as shamans, medicine men or women, acupuncturists, chiropractors or holistic health advisors, are not considered to be physicians whose diagnosis can be accepted to validate the presence of a medical condition or for establishing the eligibility of an applicant for WIC Program benefit.
6. If a diagnosed condition is self-reported, the CPA shall validate the presence of the condition by asking pointed questions related to the self-reported professional diagnosis, and document the answers to the questions.
 - a. Validation questions may include:
 1. Whether the condition is being managed by a medical professional.
 2. Name and contact information for that medical professional (to allow communication and verification if necessary).
 3. Whether it is being controlled by diet, medication, or other therapy.
 4. What type of medication has just been prescribed.
 - b. Self reporting for “history of ...” conditions shall be treated in the same manner as self-reporting for current conditions requiring a physician=s diagnosis.
 - c. After asking the questions, if the CPA is not certain that a diagnosed condition exists, the local agency shall ask the WIC client/caregiver to sign a release of information form in order for the CPA to obtain and validate self-reported medical information. The health and diet questionnaire shall indicate validation of data obtained from the provider.
7. A written referral diagnosis from a physician or other health care professional that documents an allowed WIC nutrition risk criterion shall be accepted as meeting the definition and/or cut-off value in Policy 2.04.

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Example: A physician=s referral diagnosis of infant prematurity can be used at face value by WIC staff to certify for nutritional risk without further review of validation against risk 142+ definition for prematurity.

8. All risks identified with a plus (+) sign indicate a HIGH NUTRITIONAL RISK which requires the client to be scheduled with the registered dietitian (R.D.). (See Policy 6.03 Required Services for Nutritional High Risk Participants.)
9. Documentation of risks:
 - a. When high nutritional risk [with plus (+) sign] is present, record first in order of perceived severity by the CPA before other risks on the CDE form.

Exception: If a client has a 400 series high risk and any 100, 200 and 300 risks, one of the 100, 200 or 300 series risks must go into the first box to establish the client=s priority status, with the 400 high risk recorded next.
 - b. When no high nutritional risks are present, the 100, 200 and 300 series risks shall be recorded first on the CDE form in order of perceived severity by the CPA, followed by any other risk (s) in order of perceived severity.
 - c. A breastfeeding woman without a high risk or 100, 200 or 300 series code, who has a 501, 601 or 602, place the 501, 601 or 602 in the first risk box to establish priority, followed by any other risk(s) in order of perceived severity by the CPA.
 - d. An infant without a high risk or 100, 200 or 300 series, who has a 603, 702 or 703, place the 603, 702 or 703 in the first risk box to establish priority, followed by any other risk(s) in order of perceived severity by the CPA.
10. The 400 Risk Series - Dietary Risk, in the absence of any 100, 200 or 300 risk, may be repeated by subsequent recertifications as long as there is no waiting list and the client continues to meet the eligibility requirement for the 400 Series.
11. If a waiting list exists, a dietary risk alone cannot be used for certification in the absence of any 100, 200 or 300 risk.
12. The 400 Risk Series - Dietary Risk, in the absence of any 100, 200 or 300 risk may follow a 501 risk, unless a waiting list exists.
13. For Anthropometric risks 103 and 104, anthropometric percentiles should be rounded down to the whole number. This does not apply to measurements.

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References:

- WIC Federal Regulations: CFR 246.1
- WIC Federal Regulations: CFR 246.2
- WIC Federal Regulations: CFR 246.7
- FNS Instruction 803-10/USDA Correspondence 12/22/88
- FNS/WIC Policy Memorandum #98-9, Nutrition Risk Criteria, June 29, 1998
- FNS/WIC Policy Memorandum #98-9, Revision 1, Nutrition Risk Criteria, November 30, 1998
- FNS/WIC Policy Memorandum #98-9, Revision 3, Nutrition Risk Criteria, August 05, 1999
- FNS/WIC Policy Memorandum #98-9, Revision 7, Nutrition Risk Criteria, April 2004
- FNS/WIC Policy Memorandum #98-9, Revision 8, Nutrition Risk Criteria, March 31, 2005

Cross References:

- 4.01 Certification
- 4.02 Dietary Risk Determination
- 4.03 Anthropometric Risk Determination
- 4.04 Hematological Risk Determination
- 6.03 Required Services for High Risk Clients
- 7.02 Referral

Exhibits:

- 2.04A Michigan Risk Series
- 2.04B State-Designated Nutritional High Risk Conditions by WIC Status