



Policy and Procedure Manual

Volume 1, Chapter 5

Priority System and Waiting Lists

Washington State WIC Nutrition Program

DOH 960-367 January 2021



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Priority System and Waiting Lists

CONTENTS

Section 1: Priority and Sub-Priority System	1
POLICY: Serving Participants using the Priority and Sub-priority System	1
POLICY: Match Priority for Breastfeeding Participants and Infants	4
POLICY: Changes in Priority During the Certification Period.....	5
POLICY: Agency Wide Application of Priority and Sub-Priority System	6
Section 2: Waiting Lists	8
POLICY: Waiting Lists	8

Section 1: Priority and Sub-Priority System

POLICY: Serving Participants using the Priority and Sub-priority System

Local WIC agencies must serve all priorities.

The coordinator must:

1. Contact the Local Program Consultant (LPC) at the state WIC office when the clinic lacks the resources to serve all priorities.
2. Receive approval from the LPC before the local agency can stop serving any priority.

A Competent Professional Authority (CPA) must assign the highest priority to each participant based on his or her category (pregnant, breastfeeding, non-breastfeeding postpartum, infant or child) and nutrition risk.

Staff must serve all transfer participants as follows:

1. Serve transfer participants first, regardless of their priority through the end of their certification period.
2. Document the risk and priority assigned by the other clinic or state.
3. Treat transfer participants whose eligibility expired as new applicants.
 - See [Volume 1, Chapter 21 - Transfers/Verification of Certification](#)
 - See [Volume 1, Chapter 17 – WIC Eligibility](#)

There are 7 Priorities. Priority 1 is the highest need (highest priority) and 7 is the lowest need (lowest priority).

Priority 1: Medical

Pregnant Participants, breastfeeding participants, and infants with medical nutrition risks based on information gathered during the certification assessment.

Priority 2: Infant of WIC Eligible Mom (< 6 months) and Breastfeeding Participants

Infant of WIC Eligible Mom (< 6 months)

Infants under the age of six months, who are not Priority 1, of participants who participated in WIC during pregnancy, or who would have been eligible to participate in WIC during pregnancy because of a medical or dietary risk.

Breastfeeding Participants

Breastfeeding participants who are breastfeeding a Priority 2 infant and don't have any higher priority risk factors.

Priority 3: Medical

Children with medical nutrition risks based on information gathered during the certification assessment.

Priority 4: Dietary

Pregnant participants, breastfeeding participants and infants at nutrition risk because of a non-medical nutrition risk factor.

Priority 5: Dietary

Children at nutrition risk because of a non-medical nutrition risk factor.
Priority 5 can be sub prioritized by age, with younger children served first.

Priority 6: Medical and Dietary

Non-breastfeeding postpartum participants up to six months postpartum at nutrition risk because of a medical risk or non-medical risk factor.

Priority 7: Regression

Participants, infants and children who don't qualify in priorities 1 - 6 who are likely to regress in health status if taken off WIC.

The Washington WIC Nutrition Program doesn't serve this priority except for transferring participants.

- See [Volume 1, Chapter 14 – Nutrition Risk Criteria](#) for more information about medical and non-medical nutrition risks.

PROCEDURE:

A. The CPA:

1. Completes the nutrition assessment for all participants at the initial certification, subsequent certification and mid-certification health assessment.
2. Documents all of the participant's nutrition risks.
3. Assigns the highest priority for the participant based on the participant's nutrition risks.

Note: Cascades automatically assigns priority and high risk status for the participant based on the selected nutrition risk factors.

B. Staff:

1. Accept all transfer participants, regardless of priority.
2. Select the risks assigned by the clinic where the participant was certified.
 - Information from the previous clinic transfers automatically when a participant transfers within the state.
 - Staff document risk information from the participant's transfer documents when he or she transfers in from another state.

Information:

The priority system determines who is served first when a state is unable to serve all participants because of limited caseload or funding.

The order of the priorities recognizes the fact that the earlier in a child's development that intervention takes place (especially the fetal stage), the greater the impact on the child's health. For this reason pregnant participants are served first and younger children are served before older children. The priorities also reflect the importance of serving participants with a current medical nutrition risk before participants with a poor diet who may develop a medical nutrition risk later.

POLICY: Match Priority for Breastfeeding Participants and Infants

Staff must assign the same priority to breastfeeding participants and their breastfed infants. Assign the highest priority for which either of them qualify.

PROCEDURE:

The CPA:

- A. Assesses the breastfeeding participant and infant separately for eligibility.
- B. Assigns the same and highest priority to both the breastfeeding participant and breastfed infant.
 - 1. Updates the breastfeeding pair's priority if additional risk factors are determined during the certification period which makes the pair a higher priority.

Note: Cascades automatically matches the breastfeeding pair's priority based on the risks selected.

POLICY: Changes in Priority during the Certification Period

Staff must change a participant's priority during the certification period if a nutrition risk is identified that places the participant in a higher priority.

PROCEDURE:

The CPA:

- A. Documents additional risks during follow-up visits during the certification period in the participant's file.

Note: Cascades automatically assigns the priority and high risk status for the participant based on the nutrition risk factors selected.

Information:

State and federal funding is partly based on the priority of participants served. States serving a higher percentage of high priority participants are given priority for additional federal funds.

POLICY: Agency Wide Application of Priority and Sub-Priority System

Local agencies must implement the priority and sub-priority system on an agency wide basis.

Local agency staff must request and receive approval from the Local Program Consultant (LPC) before a local agency can stop serving all priorities at all agency sites.

PROCEDURE:

The Coordinator:

- A. Makes sure all clinic sites within the agency serve the same priority and sub-priorities.
- B. Distributes caseload to ensure the priority and age served is consistent in the agency.
- C. Redistributes caseload among clinic sites to keep the priorities and ages served the same within the agency when there is a change in demand for WIC services at one clinic.
 1. The coordinator may request additional caseload for clinics with increased demands to even out the priorities and/or ages served.
- D. Sends a written request for a waiver from the Washington WIC Nutrition Program if there are special circumstances that require priorities and/or ages to be different at different sites within the agency.
 1. Include a description of what has been done to try to keep the priorities and/or age levels the same within the agency.

Information

Providing WIC services at the same priorities and/or age levels throughout the agency and the state helps to make sure that WIC participants are treated fairly and equally.

Agencies within a county or service area should try to work together, especially when caseload is expanding in order to provide a consistent level of service. When agencies in the same service area serve different priorities it creates a hardship for participants and inefficiency in clinic services. Participants may participate in one clinic and then have to go to a different clinic serving the lower priority after being bumped. Participants may have to travel farther from their home to get services. The clinic serving the lower age/higher priority may lose participants when the entire family transfers to the clinic that will serve the older child. The receiving clinic

may have a higher number of no-shows because participants have more difficulty getting to a clinic farther from their home.

Section 2: Waiting Lists

POLICY: Waiting Lists

If there is inadequate funding to serve all eligible participants or new applicants, the Washington State WIC Nutrition Program may require local agencies to implement a waiting list.

State WIC staff must establish the waiting list criteria in Cascades.

Clinic staff must:

- Place un-served lower priority applicants who are likely to be served soon on the waiting list. If clinic staff can't predict future caseload and priorities served, place all un-served applicants on the appropriate waiting list.
- Place any applicant on the waiting list who asks to be placed on one even if the applicant is not likely to be served.
- Use separate waiting lists for different categories and potential priorities. Cascades automatically places applicants and participants on the appropriate waiting list.
- Notify applicants and participants in writing when placed on a waiting list.

Civil rights regulations **do not** allow staff to ask race or ethnicity information as part of the waiting list procedures.

Clinic staff serve participants from the waiting list based on the priority system.

PROCEDURE:

Staff:

- A. Document the following information on the waiting list in Cascades:
 1. Initial contact date.
 - a. The initial contact date is the date that the applicant writes, phones, or physically comes in to the clinic to ask for program benefits.
 - b. For bumped participants, the initial contact date is the day they are taken off of the program.
 2. Applicant's name.

3. Date placed on waiting list.
 - a. This date is only needed if it is not the same as the initial contact date.
 4. Date removed from waiting list and notified of status.
 - a. This is the date the person was assessed and either became eligible and was given benefits, or was found ineligible.
 5. Date for certification appointment.
 6. Address and/or phone number.
 7. Age.
 - a. Age is only recorded for children.
 8. Income and family size.
 - a. This documents that the applicant was screened for income eligibility before being placed on the waiting list.
- C. Discuss with all applicants their placement on the waiting list within 20 days of their initial contact date.
1. This date is usually the same date as the initial contact date.
 2. Documentation of this date is only required if it differs from the initial contact date.
- D. Offer all applicants placed on a waiting list information about other WIC programs in the area if the other programs serve lower priorities. Refer applicants to other social, health, and food programs in the area.
- E. Give certification appointments to higher priority applicants first. For applicants with the same potential priority, offer appointments in the order they were placed on the waiting list.
- F. Document on the waiting list if the applicant missed the first appointment and was rescheduled; or when the applicant did not respond to a “Missed Appointment” letter or phone call from clinic staff to reschedule the appointment. When the applicant does

come in and is certified, document in the file that the processing standards were not met because of the missed first appointment.

- G. Talk with applicants who not likely to be served that the local agency can't serve them because of a high demand for services from higher priority applicants.