

# WASHINGTON STATE WIC POLICY AND PROCEDURE MANUAL



## VOLUME 1, CHAPTER 5

### Priority System and Waiting Lists



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## CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS

### Section 1 Priority and Sub-Priority System

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#### **POLICY: Serving Clients using the Priority and Sub-priority System**

Local WIC agencies shall serve all priorities. Approval from the state WIC office is required before a local agency can stop serving any priority. Staff shall contact the state WIC office when resources are not available to serve all priorities.

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

All transferring clients shall be served first, regardless of their priority. Clients who transfer in shall be served under the priority assigned by the other state or clinic. All transfer clients are served through the end of their certification period. (Refer to Volume 1, Chapter 21 - Transfer/VOC and Chapter 17 – WIC Eligibility).

Clients whose transfer documentation shows that their eligibility has expired shall be treated as new applicants.

There are 7 Priorities. Priority 1 is the highest need (highest priority) and 7 is the lowest need (lowest priority). Refer to the following priority descriptions for more information:

Priority 1: Medical

Pregnant women, breastfeeding women, 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 Women

Infant of WIC Eligible Mom (< 6 months)

Infants under the age of six months, who are not Priority 1, of women 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 Women

Breastfeeding women who are breastfeeding a Priority 2 infant and do not have any higher priority risk factors.

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## CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS

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Priority 3: Medical

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

Priority 4: Dietary

Pregnant women, breastfeeding women 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

Postpartum women up to six months postpartum at nutrition risk because of a medical risk or non-medical risk factor.

Priority 7: Regression

Women, infants and children who do not qualify in priorities 1 - 6 who are likely to regress in health status if taken off WIC.

This priority is not served in Washington except for transferring clients.

**Note:** Refer to 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 clients at the certification, recertification or infant mid-certification health assessment.
2. Selects all of the client's nutrition risks on the Assess Risk Tab.
3. Assigns the highest priority for the client based on the client's nutrition risks.

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**CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS****Section 1 Priority and Sub-Priority System**

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**Note:** Client Services automatically assigns the priority and high risk status for the client based on the nutrition risk factors selected by the CPA.

**B. Clinic staff:**

1. Accepts all transferring clients, regardless of priority, and marks in the client's file the priority assigned by the clinic where the client was certified.

**Information:**

The priority system determines who is served first when a state is unable to serve all clients because of limited caseload. 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 women are served first and younger children are served before older children. The priorities also reflect the importance of serving clients with a current medical nutrition risk before clients with a poor diet who may develop a medical nutrition risk later.

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**CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS****Section 1 Priority and Sub-Priority System**

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**POLICY: Determining Priority for Breastfeeding Women and Infants**

Breastfeeding women and infants shall be assigned the same priority. The highest priority for which either of them qualify shall be selected for the pair.

**PROCEDURE:**

The CPA:

- A. Assesses breastfeeding women and infants separately for eligibility.
- B. Assigns the same and highest priority to both the breastfeeding woman and breastfeeding 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. Both files are changed to reflect the higher priority.

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**CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS****Section 1 Priority and Sub-Priority System**

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**POLICY: Changes in Priority During the Certification Period**

A client's priority shall only be changed during the certification period if a nutrition risk is identified that places the client in a higher priority.

Within a certification period, the client's priority shall not be lowered, except to correct a mistake.

**PROCEDURE:**

The CPA:

- A. Documents in the client's file on the Assess Risk Tab in Client Services any additional risks identified during follow-up visits during the certification period.

**Note:** Client Services automatically assigns the priority and high risk status for the client based on the nutrition risk factors selected by the CPA.

**Information:**

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

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## **CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS**

### **Section 1 Priority and Sub-Priority System**

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

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

Approval from the state WIC office shall be required before a local agency can stop serving all priorities at all agency sites.

#### **PROCEDURE:**

The WIC Coordinator:

- A. Makes sure the same priority and sub-priorities are served at all clinic sites, within an agency.
- 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. Another way to even out the priorities and/or ages served is to request additional caseload for the clinic with increased demand.
- 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 clients 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 clients and inefficiency in clinic services. Clients may enroll in one clinic and then have to enroll again in a clinic serving the lower priority after being bumped. Clients may have to travel farther from their home to get services. The clinic serving the lower age/higher priority may lose clients when the entire family transfers to the clinic that will serve the older

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**CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS****Section 1 Priority and Sub-Priority System**

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

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**CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS****Section 2 Bumping**

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**POLICY: Bumping**

Approval from the state WIC office shall be required before a local agency can bump clients.

When the local agency is at full caseload and cannot serve all priorities, lower priority clients shall be bumped so higher priorities can be served. "Bumping" means taking clients off of WIC, who are, or who might be, eligible based on their health or dietary status, in order to serve higher priority clients (refer to F below for examples).

Clients shall be bumped only at the end of their certification period.

Clients who need a recertification shall not be given preferential treatment over a new applicant. A client on the program shall not be recertified while a new applicant of the same priority is denied services. The client's potential priority determines their access to appointments. Both clients shall be considered applicants and be given equal access to appointments for WIC participation.

Bumped clients shall be allowed to reapply in 45 days if there is potential that they will be in a priority served by the agency (an exception to this policy follows).

Clients who present medical data that places them in a priority served by the agency have the option to reapply at any time.

**PROCEDURE:****A. The WIC Coordinator:**

1. Contacts the state WIC office for approval to bump clients when the agency cannot serve all clients/applicants.

**B. Clinic staff follow these procedures when permission is given to bump clients:**

1. Serve transferring clients first, regardless of priority.
2. Continue services for clients in the priorities and sub-priorities currently served by the agency.
3. Bump lower priority clients at the end of their certification period if the agency is unable to serve the client's priority or sub-priority.

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**CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS****Section 2 Bumping**

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4. Discuss with clients in the lower priority that they will be taken off WIC at the end of the current eligibility period.
5. Notify all clients when the age or priority served is lowered because of increased demand before this occurs. Refer to the "20-Day Notification of Upcoming Ineligibility/Termination" policy in Volume 1, Chapter 20 - Notification, Fair Hearings and Civil Rights.

**Examples:**

- a. All clients are given a written announcement or a sign is put up in the clinic one month before this happens.
  - b. Clients are given verbal notification the month before the end of their eligibility that they are going to be taken off the program. The more notice that is given the better a client is able to plan for the loss of benefits.
6. Cancel lower priority client's appointments, including appointments for recertifications, and give the appointments to higher priority clients if higher priority clients are waiting to be served. In this situation, give clients 20 day's notice before being taken off the program.

**Note:** This should only happen as a last resort. Planning ahead can eliminate the need to cancel appointments.

7. Provide all bumped clients with a Not Eligible letter.

**Examples:**

- a. A non-breastfeeding woman is taken off the program at six weeks postpartum. She is being bumped instead of being served as a Priority 6 postpartum woman because the agency is not serving postpartum women.
- b. A Priority 5 child who is four years old is taken off the program because the agency does not serve Priority 5 children over age three.
- c. A two year old is taken off WIC because he/she does not have a medical risk (the child is not Priority 3). The child might be eligible as Priority 5 with a dietary risk, but is not served because the agency does not serve Priority 5. The child is considered bumped.

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**CHAPTER 5 PRIORITY SYSTEM AND WAITING LISTS****Section 2 Bumping**

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8. Place the client on the appropriate waiting list only if he/she is likely to be served in the near future or if he/she requests to be placed on the list.

**Example:** The agency may receive a caseload increase soon.

9. Allow bumped clients to reapply after 45 days if their potential priority is being served by the agency. If the client has new medical data that places him/her in a priority served by the agency, the client has the option to reapply any time.
  - a. Discuss the above procedure with clients being bumped, and ask if they have any questions.
10. Offer bumped clients information about other WIC agencies in the area who serve lower priorities, or other food resources in the community and encourage them to continue using other agency health services.

**Information:**

1. New clients have the same access to the program as clients already on the program with the same priority. For example, you can't recertify a 2-1/2 year old Priority 5 child but turn away a new 2-1/2 year old Priority 5 child. Refer to the Waiting List policy.
2. Give clients who will be bumped as much notice as possible. It is helpful to notify clients two or more months in advance that they will be taken off the program to give them time to plan for the loss of WIC benefits.
3. It helps to post a sign stating the ages served whenever this changes so all clients have notice as soon as possible.
4. Inform the local Department of Social and Health Services Community Service Office (DSHS/CSO) and/or other stakeholders when the agency changes the priority or ages served.

**POLICY:    Waiting Lists**

Approval from the state office shall be required before starting a waiting list.

When the local agency is at full caseload and can't serve all who apply, or are bumping lower priority clients, a waiting list of applicants based on priority and sub-priority shall be kept.

Only the un-served lower priority applicants who are likely to be served soon shall be placed on the waiting list. If the local agency can't predict future caseload and priorities served, all un-served applicants shall be placed on the appropriate waiting list.

Any applicant who asks to be placed on the waiting list shall be placed on one even if the applicant is not likely to be served.

Separate waiting lists shall be used for different categories of applicants (Transfer clients, Pregnant women, Breastfeeding women, Postpartum women, Infants and Children). Refer to the Waiting List forms in the Appendix of this chapter.

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

When the agency is able to serve clients from the waiting list they shall assess the higher priorities first.

**PROCEDURE:**

Clinic staff:

- A.    Have the choice to use the waiting list form in this chapter or another one of their choosing.
- B.    Document the following information on the waiting list:
  - 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 clients, 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 checks, 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.



**APPENDIX**



**WAITING LIST**  
**A. TRANSFERRING CLIENTS**  
**Income Verification Not Required for Transferring Clients**

Initial Contact Date - Date Placed on Wait List and Notified <sup>1</sup>	Appt Date	Date Off Wait List and Notified of Status <sup>2</sup>	Category WIC <sup>3</sup>	Name	Address and/or Phone and Comments (if appropriate)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

<sup>1</sup> The date of initial contact (in person, by phone or in writing) is almost always the date the client is placed on the waiting list and notified. If this is not the case, put both dates in this box.

<sup>2</sup> The date taken off the waiting list is usually the same as the certification date or appointment date. This space can also be used to document no-shows at initial certification or non-responses to letters or phone calls.

<sup>3</sup> Designate Category - Woman (W), Infant (I) or Child (C)

**WAITING LIST**  
**B. POTENTIAL PRIORITY 1 OR 4: PREGNANT WOMEN**

Initial Contact Date - Date Placed on Wait List and Notified <sup>1</sup>	Appt Date	Date Off Wait List and Notified of Status <sup>2</sup>	Name	Income	Family Size	Address and/or Phone and Comments (if appropriate)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

<sup>1</sup> The date of initial contact (in person, by phone or in writing) is almost always the date the client is placed on the waiting list and notified. If this is not the case, put both dates in the box.

<sup>2</sup> The date taken off the waiting list is usually the same as the certification date or appointment date. This space can also be used to document no-shows at initial certification or non-response to letter or phone calls.

**WAITING LIST**  
**C. POTENTIAL PRIORITY 1, 2 AND 4: BREASTFEEDING WOMEN AND INFANTS**

Initial Contact Date - Date Placed on Wait List and Notified <sup>1</sup>	Appt Date	Date Off Wait List and Notified of Status <sup>2</sup>	Name	Age (Infants Only)	Status (BF or I)	Income	Family Size	Address and/or Phone and Comments (if appropriate)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

<sup>1</sup> The date of initial contact (in person, by phone or in writing) is almost always the date the client is placed on the waiting list and notified. If this is not the case, put both dates in the box.

<sup>2</sup> The date taken off the waiting list is usually the same as the certification date or appointment date. This space can also be used to document no-shows at initial certification or non-response to letter or phone calls.

**WAITING LIST**

**D. POTENTIAL PRIORITY 3 OR 5: CHILDREN**

Initial Contact Date - Date Placed on Wait List and Notified <sup>1</sup>	Appt Date	Date Off Wait List and Notified of Status <sup>2</sup>	Name	Age	Income	Family Size	Address and/or Phone and Comments (if appropriate)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

<sup>1</sup> The date of initial contact (in person, by phone or in writing) is almost always the date the client is placed on the waiting list and notified. If this is not the case, put both dates in the box.

<sup>2</sup> The date taken off the waiting list is usually the same as the certification date or appointment date. This space can also be used to document no-shows at initial certification or non-response to letter or phone calls.

**WAITING LIST**  
**E. PRIORITY 6: POSTPARTUM WOMEN**

Initial Contact Date - Date Placed on Wait List and Notified <sup>1</sup>	Appt Date	Date Off Wait List and Notified of Status <sup>2</sup>	Name	Infant's Birthdate	Income	Family Size	Address and/or Phone and Comments (if appropriate)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

<sup>1</sup> The date of initial contact (in person, by phone or in writing) is almost always the date the client is placed on the waiting list and notified. If this is not the case, put both dates in the box.

<sup>2</sup> The date taken off the waiting list is usually the same as the certification date or appointment date. This space can also be used to document no-shows at initial certification or non-response to letter or phone calls.