

Nutrition Risk Codes 2008

Code Number	Part. Type Priority	Risk Code Name/Description of Risk Code	Auto Assigned	Information Used to Determine Risk
Anthropometric				
101	P-1 BF-1 D-3	Underweight Women <ul style="list-style-type: none"> • Pregnant: pre-pregnancy BMI <19.8 • Breastfeeding/Delivered: pre-pregnancy or current BMI <18.5 • Breastfeeding ≥6 months: current BMI <18.5 	Yes	Pregnancy Subtab (Pre-pregnancy Weight) and Anthro Subtab (Current Weight and Height)
103	I-1 C-3	Underweight Infants and Children and At Risk of Underweight <p>At Risk of Underweight</p> <ul style="list-style-type: none"> • Birth to 2 years: 6th - 10th percentile weight for length/stature • 2-5 years: 6th - 10th percentile BMI <p>Underweight</p> <ul style="list-style-type: none"> • Birth to 2 years: ≤5th percentile weight for length/stature • 2-5 years: ≤5th percentile BMI 	Yes	Anthro Subtab
111	P-1 BF-1 D-3	Overweight Women <ul style="list-style-type: none"> • Pregnant: pre-pregnancy BMI ≥ 26.1 • Breastfeeding/Delivered: pre-pregnancy BMI ≥ 25.0 • Breastfeeding ≥6 months: current BMI ≥ 25.0 	Yes	Pregnancy Subtab (Pre-pregnancy Weight) and Anthro Subtab (Current Weight and Height)
113	C-3	Overweight Children ≥24 months ≥24 months to 5 years of age and ≥95 th percentile BMI or when using recumbent length ≥95 th percentile weight-for-stature	Yes	Anthro Subtab
114	C-3	At Risk of Becoming Overweight ≥24 months of age and ≥85 th and <95 th percentile BMI or when using recumbent length ≥85 th and <95 th percentile weight-for-stature	Yes	Anthro Subtab

121	I-1 C-3	<p>Short Stature and At Risk of Short Stature At Risk of Short Stature</p> <ul style="list-style-type: none"> • 6th ó 10th percentile length or stature for age <p>Short Stature</p> <ul style="list-style-type: none"> • ≤5th percentile length or stature for age <p>For premature (≤ 37 weeks) infants and children up to 2 years of age, assignment of either risk criterion will be based on adjusted gestational age.</p>	Yes	Anthro Subtab
131	P-1	<p>Low Maternal Weight Gain A low rate of weight gain, such that:</p> <ul style="list-style-type: none"> • Using the pregnancy weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category • Pre-pregnancy Weight Categories Underweight ó BMI <19.8 Normal Weight ó BMI 19.8 ó 26.0 Overweight ó BMI 26.1 ó 29.0 Obese ó BMI ≥ 29.1 	No	<p>Pregnancy Subtab (Pre-pregnancy Weight and Weeks Gestation) and Anthro Subtab (Current Weight)</p> <p>This risk code should only be assigned at initial certification. In subsequent visits, nutrition counseling/education must be documented. Weight status also needs to be monitored throughout the pregnancy.</p>
132	P-1	<p>Maternal Weight Loss During Pregnancy</p> <ul style="list-style-type: none"> • Any weight loss below pre-pregnancy weight during 1st trimester, or • Weight loss of 2 pounds or more in the 2nd or 3rd trimesters (≥14 weeks) 	Yes	<p>Pregnancy Subtab (Pre-pregnancy Weight and Weeks Gestation) and Anthro Subtab (Current Weight)</p> <p>This risk code will auto assign at initial certification. In subsequent visits, the code does not have to assigned, but nutrition counseling/education must be documented. Weight status also needs to be monitored throughout the pregnancy.</p>

133	P-1 BF-1 D-3	<p>High Maternal Weight Gain Pregnant: in all trimesters or all weight groups, gaining ≥ 7 lbs/month; use only for singleton pregnancies</p> <p>Breastfeeding/Delivered: in most recent pregnancy, a total pregnancy weight gain exceeding the upper limit of the IOM's recommended range based on pre-pregnancy weight as follows:</p> <table border="0" data-bbox="453 459 1146 610"> <thead> <tr> <th><u>Pre-pregnancy Weight</u></th> <th><u>Expected Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>Underweight (BMI <19.8)</td> <td>>40 pounds</td> </tr> <tr> <td>Normal Weight (BMI 19.8 ó 26.0)</td> <td>>35 pounds</td> </tr> <tr> <td>Overweight (BMI 26.1 ó 29.0)</td> <td>>25 pounds</td> </tr> <tr> <td>Obese (BMI ≥ 29.1)</td> <td>>15 pounds</td> </tr> </tbody> </table> <p>Do not use for multi-fetal pregnancies.</p>	<u>Pre-pregnancy Weight</u>	<u>Expected Weight Gain</u>	Underweight (BMI <19.8)	>40 pounds	Normal Weight (BMI 19.8 ó 26.0)	>35 pounds	Overweight (BMI 26.1 ó 29.0)	>25 pounds	Obese (BMI ≥ 29.1)	>15 pounds	Yes	<p>Pregnant: Pregnancy Subtab (Pre-pregnancy Weight) and Anthro Subtab (Current Weight)</p> <p>This risk code will auto assign at initial certification. In subsequent visits, the code does not have to assigned, but nutrition counseling/education must be documented. Weight status also needs to be monitored throughout the pregnancy.</p> <p>Breastfeeding/Delivered: Pregnancy Subtab (Pre-pregnancy Weight and Weight Gained During Pregnancy) and Anthro Subtab (Current Height)</p>
<u>Pre-pregnancy Weight</u>	<u>Expected Weight Gain</u>													
Underweight (BMI <19.8)	>40 pounds													
Normal Weight (BMI 19.8 ó 26.0)	>35 pounds													
Overweight (BMI 26.1 ó 29.0)	>25 pounds													
Obese (BMI ≥ 29.1)	>15 pounds													
134 HR	I-1 C-3	<p>Failure to Thrive Presence of failure to thrive. Medical diagnosis needed.</p>	Yes	<p>Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6</p>										
141	I-1 C-3	<p>Low Birth Weight Birth weight of ≤ 5 pounds 8 ounces (< 2500 grams) for infant or child <24 months of age.</p>	Yes	<p>Anthro Subtab (Birth Measurement)</p>										
142	I-1 C-3	<p>Prematurity Birth at ≤ 37 weeks gestation for infant or child < 24 months of age.</p>	Yes	<p>Pregnancy Subtab (Expected Delivery Date/Weeks Gestation and Actual Delivery Date) and Anthro Subtab (Birth Measurement)</p> <p>For this risk code to assign, the mother's pregnancy and postpartum information (on the Pregnancy subtab) must be entered before the infant's birth measurement (on the Anthro subtab) is entered.</p>										
152	I-1	<p>Low Head Circumference</p> <ul style="list-style-type: none"> • <5th percentile head circumference • For premature infants (≤ 37 weeks), assignment of this risk will be based on adjusted gestational age. 	Yes	<p>Anthro Subtab (Current Head Circumference)</p>										

153	I-1	Large for Gestational Age <ul style="list-style-type: none"> • Birth weight \geq 9 pounds, or • Diagnosed by a physician; medical diagnosis needed 	Yes	Anthro Subtab (Birth Measurement) The CPA must manually assign this risk if a physician diagnoses an infant as large for gestational age.
Biochemical				
201	P-1 BF-1 D-3 I-1 C-3	Low Hemoglobin/Hematocrit Low Hemoglobin or hematocrit concentration based on CDC Guidelines.	Yes	Blood Subtab
211 HR	P-1 BF-1 D-3 I-1 C-3	High Blood Lead Levels Blood lead level of \geq 10 μ g/deciliter within last 12 months	Yes	Blood Subtab
Pregnancy-Related Conditions				
301	P-1	Hyperemesis Gravidarum Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6
302 HR	P-1	Gestational Diabetes Presence of gestational diabetes. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6
303	P-1 BF-1 D-3	History of Gestational Diabetes Pregnant: any history of Breastfeeding/Delivered: most recent pregnancy Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 20 Breastfeeding/Delivered: Health Subtab – Question 8
311	P-1 BF-1 D-3	History of Preterm Delivery Birth of an infant at \leq 37 weeks gestation <ul style="list-style-type: none"> • Pregnant: any history of • Breastfeeding/Delivered: most recent pregnancy 	Yes	Pregnant: Health Subtab – Question 16 Breastfeeding/Delivered: Pregnancy Subtab (Expected Delivery Date/Weeks Gestation and Actual Delivery Date)

312	P-1 BF-1 D-3	<p>History of Low Birth Weight Birth of an infant weighing \leq 5 pounds 8 ounces (\leq 2500 grams)</p> <ul style="list-style-type: none"> • Pregnant: any history of • Breastfeeding/Delivered: most recent pregnancy 	Yes	<p>Pregnant: Health Tab – Question 17</p> <p>Breastfeeding/Delivered: Pregnancy Subtab (Infants Born From This Pregnancy) and Anthro Tab (Infant Birth Measurement)</p>
321	P-1 BF-1 D-3	<p>History of Spontaneous Abortion, Fetal or Neonatal Loss</p> <ul style="list-style-type: none"> • Pregnant: any history of fetal or neonatal death or 2 or more spontaneous abortions (including terminology used by the mother such as miscarriage, pre-term birth, or still-birth as long as the definition is the same): <ul style="list-style-type: none"> • spontaneous abortions (the spontaneous termination of a gestation < 20 weeks gestation or < 500 grams) • fetal death (the spontaneous termination of a gestation at \geq 20 weeks gestation) • neonatal death (the death of an infant within 0-28 days of life) • Breastfeeding: most recent pregnancy, in which there was a multi-fetal pregnancy with one or more fetal or neonatal death(s) and one or more living infant(s) • Delivered: most recent pregnancy, where there was a spontaneous abortion, fetal or neonatal death Medical diagnosis needed. 	Yes	<p>Pregnant: Health Subtab – Questions 14 or 15</p> <p>Breastfeeding/Delivered: Health Subtab – Question 7</p>
331	P-1 BF-1 D-3	<p>Pregnancy at a Young Age Conception \leq 17 years of age</p> <ul style="list-style-type: none"> • Pregnant: current pregnancy • Breastfeeding/Delivered: most recent pregnancy 	Yes	<p>Participant’s Age (Family Tab/Member Link - Date of Birth) and Pregnancy Subtab (Expected Delivery Date or Last Menstrual Period)</p>
332	P-1 BF-1 D-3	<p>Closely Spaced Pregnancies Conception before 16 months postpartum</p> <ul style="list-style-type: none"> • Pregnant: current pregnancy • Breastfeeding/Delivered: most recent pregnancy 	Yes	<p>Pregnant: Health Subtab – Question 21 and Pregnancy Subtab (Expected Delivery Date or Last Menstrual Period)</p> <p>Breastfeeding/Delivered: Health Subtab – Question 5 and Pregnancy Subtab (Expected Delivery Date or Last Menstrual Period)</p>

334	P-1	<p>Lack of Prenatal Care Inadequate prenatal care:</p> <ul style="list-style-type: none"> Beginning care after the 1st trimester (after the 13th week), or Having an inadequate number of prenatal visits: <table border="1" data-bbox="457 370 974 553"> <thead> <tr> <th><u>Weeks Gestation</u></th> <th><u>Number of Prenatal Visits</u></th> </tr> </thead> <tbody> <tr> <td>14-21</td> <td>0 or unknown</td> </tr> <tr> <td>22-29</td> <td>1 or less</td> </tr> <tr> <td>30-31</td> <td>2 or less</td> </tr> <tr> <td>32-33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> </tbody> </table>	<u>Weeks Gestation</u>	<u>Number of Prenatal Visits</u>	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	34 or more	4 or less	Yes	Health Subtab (Pregnant) – Question 1 and Pregnancy Tab (Expected Delivery Date/Weeks Gestation)
<u>Weeks Gestation</u>	<u>Number of Prenatal Visits</u>															
14-21	0 or unknown															
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34 or more	4 or less															
335 HR - only for pregnant women	P-1 BF-1 D-3	<p>Multifetal Gestation More than one fetus in a current pregnancy</p> <ul style="list-style-type: none"> Pregnant: Current pregnancy Breastfeeding/Delivered: Most recent pregnancy 	Yes	Pregnant: Health Subtab – Question 3 Breastfeeding/Delivered: Health Subtab – Question 6												
336	P-1	<p>Fetal Growth Restriction Fetal growth restriction (FGR) as diagnosed by a physician. FGR is usually defined as a fetal weight < 10th percentile for gestational age. Medical diagnosis needed.</p>	Yes	Health Subtab (Pregnant) – Question 6												
337	P-1 BF-1 D-3	<p>History of Birth of a Large for Gestational Age Infant Birth of an infant weighing ≥9 pounds Medical diagnosis needed.</p> <ul style="list-style-type: none"> Pregnant: current pregnancy Breastfeeding/Delivered: most recent pregnancy 	Yes	Pregnant: Health Subtab – Question 18 Breastfeeding/Delivered: Pregnancy Subtab (Infants Born From This Pregnancy) and Anthro Tab (Infant Birth Measurement)												
338	P-1	<p>Pregnant Woman Currently Breastfeeding Breastfeeding woman now pregnant.</p>	Yes	Health Subtab (Pregnant) – Question 22												

339	P-1 BF-1 D-3	<p>History of Birth Defect Giving birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake. Use this risk code only for neural tube defects and cleft palate or lip. (Use of this risk code for other birth defects requires state office approval.) Medical diagnosis needed.</p> <ul style="list-style-type: none"> • Pregnant: any history • Breastfeeding/Delivered: most recent pregnancy 	Yes	<p>Pregnant: Health Subtab – Question 19 Breastfeeding/Delivered: Health Subtab – Question 11</p>										
Medical Conditions														
341 HR	P-1 BF-1 D-3 I-1 C-3	<p>Nutrient Deficiency Disease Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: Protein energy malnutrition Rickets</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Scurvy</td> <td style="width: 50%;">Hypocalcemia</td> </tr> <tr> <td>Beri Beri</td> <td>Pellagra</td> </tr> <tr> <td>Osteomalacia</td> <td>Cheilosis</td> </tr> <tr> <td>Vitamin K deficiency</td> <td>Xerophthalmia</td> </tr> <tr> <td>Menkes disease</td> <td></td> </tr> </table> <p>Medical diagnosis needed.</p>	Scurvy	Hypocalcemia	Beri Beri	Pellagra	Osteomalacia	Cheilosis	Vitamin K deficiency	Xerophthalmia	Menkes disease		Yes	<p>Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6</p>
Scurvy	Hypocalcemia													
Beri Beri	Pellagra													
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Vitamin K deficiency	Xerophthalmia													
Menkes disease														
342 HR	P-1 BF-1 D-3 I-1 C-3	<p>Gastrointestinal Disorders Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Stomach or intestinal ulcers • Small bowel enterocolitis and syndrome • Malabsorption syndromes • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis or gallbladder disease • Gastroesophageal reflux (GER) <p>Medical diagnosis needed.</p>	Yes	<p>Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6</p>										

343 HR	P-1 BF-1 D-3 I-1 C-3	Diabetes Mellitus Presence of type 1 or 2 diabetes mellitus. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
344 HR	P-1 BF-1 D-3 I-1 C-3	Thyroid Disorders Presence of hypothyroidism or hyperthyroidism. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
345 HR	P-1 BF-1 D-3 I-1 C-3	Hypertension Presence of hypertension, both chronic and pregnancy-induced. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
346 HR	P-1 BF-1 D-3 I-1 C-3	Renal Disease Any renal disease, including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
347 HR	P-1 BF-1 D-3 I-1 C-3	Cancer Presence or the treatment of, cancer severe enough to affect nutritional status. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
348 HR	P-1 BF-1 D-3 I-1 C-3	Central Nervous System Disorders Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: <ul style="list-style-type: none"> • Epilepsy • Cerebral palsy (CP) • Neural tube defects (NTD), such as spina bifida • Parkinson's Disease • Multiple sclerosis (MS) Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6

349 HR	P-1 BF-1 D-3 I-1 C-3	<p>Genetic and Congenital Disorders Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Cleft lip or palate • Down's syndrome • Thalassemia major • Sickle cell anemia (<u>not</u> sickle cell trait) • Muscular dystrophy <p>Medical diagnosis needed.</p>	Yes	<p>Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6</p>																		
350 HR	I-1	<p>Pyloric Stenosis Gastrointestinal obstruction with abnormal gastrointestinal function affecting nutritional status. Medical diagnosis needed.</p>	Yes	<p>Infant: Health Subtab - Question 6</p>																		
351 HR	P-1 BF-1 D-3 I-1 C-3	<p>Inborn Errors of Metabolism Presence of inborn error(s) of metabolism including, but not limited to:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Phenylketonuria (PKU)</td> <td>Hypermethioninemia</td> </tr> <tr> <td>Maple syrup urine disease</td> <td>Propionic acidemia</td> </tr> <tr> <td>Galactosemia</td> <td>Tyrosinemia</td> </tr> <tr> <td>Homocystinuria</td> <td>Hyperlipoproteinemia</td> </tr> <tr> <td>Fructoaldolase deficiency</td> <td>Histidinemia</td> </tr> <tr> <td>Galactokinase deficiency</td> <td>Glutaric aciduria</td> </tr> <tr> <td>Glycogen storage disease</td> <td>MCAD</td> </tr> <tr> <td>Methylmalonic academia</td> <td></td> </tr> <tr> <td>Urea cycle disorders</td> <td></td> </tr> </table> <p>Medical diagnosis needed</p>	Phenylketonuria (PKU)	Hypermethioninemia	Maple syrup urine disease	Propionic acidemia	Galactosemia	Tyrosinemia	Homocystinuria	Hyperlipoproteinemia	Fructoaldolase deficiency	Histidinemia	Galactokinase deficiency	Glutaric aciduria	Glycogen storage disease	MCAD	Methylmalonic academia		Urea cycle disorders		Yes	<p>Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6</p>
Phenylketonuria (PKU)	Hypermethioninemia																					
Maple syrup urine disease	Propionic acidemia																					
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Glycogen storage disease	MCAD																					
Methylmalonic academia																						
Urea cycle disorders																						

352 HR	P-1 BF-1 D-3 I-1 C-3	Infectious Diseases An infectious disease present within the past 6 months and severe enough to affect nutritional status. Medical diagnosis needed. Includes, but is not limited to: <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Parasitic infections • Hepatitis • Bronchiolitis (3 episodes in last 6 months) • HIV (Human Immunodeficiency Virus infection)+ • AIDS (Acquired Immunodeficiency Syndrome)+ (+ Breastfeeding is contraindicated for women with these conditions.)	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
353	P-1 BF-1 D-3 I-1 C-3	Food Allergies An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
354 HR	P-1 BF-1 D-3 I-1 C-3	Celiac Disease Celiac disease, also known as celiac sprue, gluten enteropathy , or non-tropical sprue. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
355	P-1 BF-1 D-3 I-1 C-3	Lactose Intolerance Presence of lactose intolerance diagnosed by a physician or symptoms well documented by the CPA. Documentation should indicate that the ingestion of dairy products causes GI disturbances, such as nausea, diarrhea, abdominal bloating, and cramps and avoidance of such dairy products eliminates them.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
356 HR	P-1 BF-1 D-3 I-1 C-3	Hypoglycemia Presence of hypoglycemia. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6

357	P-1 BF-1 D-3 I-1 C-3	<p>Drug Nutrient Interactions Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p>	Yes	<p>Pregnant: Health Subtab – Question 7 Breastfeeding/Delivered: Health Subtab – Question 13 Infant: Health Subtab – Question 7 Child: Health Subtab – Question 8</p> <p>If a participant answers yes to medication, check yes on the second part only if the medication compromises nutritional status.</p> <p><i>Drug Nutrient Interaction Web Resources</i> Physicians Desk Reference ó www.pdrhealth.com WebMD ó www.webmd.com Mayo Clinic ó www.mayoclinic.com <i>Medications and Mothers' Milk</i></p>
358	P-1 BF-1 D-3	<p>Eating Disorders Eating disorders like anorexia nervosa and bulimia. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations, or diuretics • Self-induced marked weight loss which may be the result of excessive exercising <p>Medical diagnosis needed. (The CPA may document evidence of eating disorders.)</p>	Yes	<p>Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6</p> <p>The CPA can assign this code even if they know the participant has an eating disorder and didn't report it.</p>
359	P-1 BF-1 D-3 I-1 C-3	<p>Recent Major Surgery, Trauma, or Burns Major surgery (including c-section), trauma, or burns severe enough to compromise nutritional status</p> <ul style="list-style-type: none"> • Any occurrence within the past two (≤ 2) months may be self reported, or • If occurred more than two (>2) months previous, must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. <p>Medical diagnosis needed.</p>	Yes	<p>Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Questions 10 or 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6</p>

360 HR	P-1 BF-1 D-3 I-1 C-3	Other Medical Conditions Diseases or conditions with nutritional implications and are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: <ul style="list-style-type: none"> • Juvenile rheumatoid arthritis (JRA) • Heart disease • Lupus erythematosus • Cystic fibrosis • Cardiorespiratory diseases • Persistent (moderate or severe) asthma requiring daily medication Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
361	P-1 BF-1 D-3 C-3	Depression Presence of clinical depression. Medical diagnosis needed.	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Child: Health Subtab – Question 6
362 HR	P-1 BF-1 D-3 I-1 C-3	Developmental, Sensory, or Motor Delays Affecting Ability to Eat Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes, but is not limited to: <ul style="list-style-type: none"> • Minimal brain function • Feeding problems due to developmental disability such as pervasive development disorder (PDD) which includes autism • Birth injury • Head trauma • Brain damage • Other disabilities 	Yes	Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6
Substance Abuse				
371	P-1 BF-1 D-3	Maternal Smoking Any smoking of tobacco products, i.e., cigarettes, pipes or cigars; does not include chewing tobacco	Yes	Pregnant: Health Subtab - Question 24 Breastfeeding/Delivered: Health Subtab - Question 18
372a	P-1 BF-1 D-3	Drug Use Any illegal drug use	Yes	Pregnant: Health Subtab – Question 29 Breastfeeding/Delivered: Health Subtab - Question 24

372b	P-1 BF-1 D-3	Alcohol Use <ul style="list-style-type: none"> • Pregnant: any alcohol use • Breastfeeding/Delivered: <ul style="list-style-type: none"> • Routine current use of ≥ 2 drinks per day. A serving or standard sized drink is: 1 can of beer (12 fluid ounces), 5 ounces wine, or 1½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials, or liqueurs), or • Binge drinking, i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days, or • Heavy drinking, i.e., drinks 5 or more drinks on the same occasion on 5 or more days in the past 30 days 	Yes	Pregnant: Health Subtab – Question 27 Breastfeeding/Delivered: Health Subtab – Questions 21 or 22
Dental and FAS				
381	P-1 BF-1 D-3 I-1 C-3	Dental Problems <ul style="list-style-type: none"> • Pregnant: gingivitis of pregnancy • All Women and Children: tooth decay, periodontal disease, tooth loss, and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality • Infants and Children: Presence of nursing or baby bottle caries (smooth surface decay of the maxillary anterior and the primary molars) <p>Medical diagnosis needed. (The CPA may document evidence of any of the above listed dental problems.)</p>	Yes	Pregnant: Health Subtab – Questions 10 or 11 Breastfeeding/Delivered: Health Subtab – Question 16 Infant: Health Tab – Question 10 Child: Health Tab – Questions 11 or 12
382 HR	I-1 C-3	Fetal Alcohol Syndrome Presence of fetal alcohol syndrome. Medical diagnosis needed.	Yes	Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6

		Dietary		
401	P-4 BF-4 D-6 C-5	Failure to Meet Dietary Guidelines Women and children \geq 24 months of age who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on failure to meet Dietary Guidelines for Americans.	No	CPA Manually Assigned The CPA assigns this code only after a complete nutrition assessment (to include an assessment for risk #425, Inappropriate Nutrition Practices for Children, or #427, Inappropriate Nutrition Practices for Women) was done and no other risk codes were identified.
411a	I-4	Inappropriate Primary Feeding Routinely using a substitute(s) for breast milk or FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples of substitutes: <ul style="list-style-type: none"> • Low iron formula without iron supplementation • Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk • Imitation or substitute milks (such as rice or soy-based beverages, non-dairy creamer) or other homemade concoctions 	No	CPA Manually Assigned The CPA can use information gathered from question 1 on the infant dietary to help determine if this risk should be assigned.
411b	I-4	Routinely Using Bottles or Cups Improperly <ul style="list-style-type: none"> • Using a bottle to feed fruit juice. • Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, or sweetened tea. • Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the infant to use the bottle without restriction (i.e., walking around with a bottle) or as a pacifier. • Propping the bottle when feeding. • Allowing an infant to carry around and drink throughout the day from a covered or training cup. • Adding any food (cereal or other solid foods) to the infant's bottle. 	Yes	Infant: Diet Subtab – Questions 20, 21, 22, 23, 28, or 30 When answering question 20, check "other" only if the participant's answer would trigger the code.
411c	I-4	Early Introduction of Solid Foods Any food other than breast milk or iron-fortified infant formula before 4 months of age.	Yes	Infant: Diet Subtab – Question 28 and Participant's Age (Family Tab/Member Link - Date of Birth)

411d	I-4	Early Introduction of Juice Fruit juice before 6 months of age.	Yes	Infant: Diet Subtab – Question 28 and Participant’s Age (Family Tab/Member Link - Date of Birth)
411e	I-4	Routinely Adding Sugar/Corn Syrup to Beverage/Food/Pacifier Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or using on a pacifier.	Yes	Infant: Diet Subtab – Question 20 ö only if öKaro syrup/sugar solutionsö is checked.
411f	I-4	Feeding Practices Disregard Developmental Needs Routinely using feeding practices that disregard the developmental needs or stages of the infant such as: <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the infant’s cues for hunger and satiety (i.e., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring a hungry infant’s requests for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. • Not supporting an infant’s need for growing independence with self-feeding (i.e., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding an infant food with an inappropriate texture based on his/her developmental stage (i.e., feeding primarily pureed or liquid food when the infant is ready and capable of eating mashed or chopped foods or appropriate finger foods). 	No	CPA Manually Assigned The CPA can use information gathered from discussions with the parent/guardian to assign this code. This needs to be monitored especially in terms of the infant deciding how much to eat and the feeding relationship as the infant gets older.
411g	I-4	Consuming Honey Added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.	Yes	Infant: Diet Subtab - Question 29
411h	I-4	Routinely Feeding Inappropriately Diluted Formula <ul style="list-style-type: none"> • Failure to follow manufacturer’s dilution instructions (to include stretching formula due to household economic reasons). • Failure to follow specific instructions accompanying a prescription. 	Yes	Diet Tab (Infant) - Question 15 The CPA should assess the information the participant provides to select the appropriate answer. The risk will assign when choosing either öToo much waterö or öNot enough waterö.

411i	I-4	<p>Inappropriate Frequency for Nursing an Exclusively Breastfed Infant</p> <p>Scheduled feedings instead of demand feedings</p> <ul style="list-style-type: none"> • < 8 feedings in 24 hours if < 2 months of age • < 6 feedings in 24 hours if between 2 and 6 months of age 	Yes	<p>Infant: Diet Subtab - Question 2 and Participant's Age (Family Tab/Member Link - Date of Birth)</p> <p>The infant's breastfeeding record must be completed before risk is determined.</p>
411j HR	I-4	<p>Routinely Feeding a Diet Very Low in Calories and/or Essential Nutrients</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	No	<p>CPA Manually Assigned</p> <p>The CPA can assign this risk if an infant is drinking less than 1 ½ ounces per pound of breastmilk or formula in the first four months and is not eating anything else.</p>
411k	I-4	<p>Routinely Using Inadequate Sanitation or Practices</p> <ul style="list-style-type: none"> • Lack of safe water supply (documented by appropriate officials) • Lack of heat source for sterilization • Lack of refrigerator for storage • Failure to properly prepare or handle expressed breastmilk or formula (i.e., store fresh breastmilk and formula for 48 hours or more or let either sit at room temperature for 2 hours or more) 	Yes	<p>Infant: Diet Subtab Breastfed Infants – Questions 9, 10, 11, or 12 Formula Fed Infants – Questions 16, 17, 18, or 19</p>
411L	I-4	<p>Potentially Harmful Dietary Supplements</p> <p>Feeding dietary supplements with potentially harmful consequences</p> <p>Examples of dietary supplements, which, when fed in excess, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multivitamins (over 100% of RDA) • Mineral supplements • Herbal or botanical supplements/remedies/teas 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 32 on the infant dietary to help determine if this risk should be assigned.</p>
411m	I-4	<p>Inadequate Fluoride Intake</p> <p>Routinely not providing a dietary supplement recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements</p> <ul style="list-style-type: none"> • Providing infants who are 6 months of age or older less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride 	Yes	<p>Infant: Diet Subtab - Question 27 and Participant's Age (Family Tab/Member Link - Date of Birth)</p> <p>The risk will assign only if both questions are answered "No".</p>

411n	I-4	<p>Inadequate Vitamin D Intake Routinely not providing a dietary supplement recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements</p> <ul style="list-style-type: none"> An infant who is taking less than 17 ounces per day of vitamin D-fortified formula or milk and is not taking a supplement of 200 IU of vitamin D. 	Yes	Infant: Diet Subtab - Question 31
411o	I-4	<p>Potentially Contaminated Foods Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins such as:</p> <ul style="list-style-type: none"> Unpasteurized fruit or vegetable juice Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, or Mexican-style cheese Raw or undercooked meat, fish, poultry, or eggs Raw vegetable sprouts (alfalfa, clover, bean, and radish) Undercooked or raw tofu Deli meats, hot dogs, and processed meats (avoid unless further cooked to steaming hot) 	No	<p>CPA Manually Assigned</p> <p>There are no specific questions to help determine this risk. If any of the foods listed in the risk definition come up in conversation with the parent/guardian, this risk can be assigned.</p>
425a	C-5	<p>Reduced Fat Milk Before 24 Months Routinely feeding non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk.</p>	Yes	Child: Diet Subtab - Question 21 and Participant's Age (Family Tab/Member Link - Date of Birth)
425b	C-5	<p>Inappropriate Imitation or Substitute Milk Routinely feeding imitation or substitute milks (such as inadequately fortified rice or soy-based beverages, non-dairy creamer) or "homemade concoctions".</p>	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 21 on the child dietary to help determine if this risk should be assigned.</p>
425c	C-5	<p>Routine Use of Sugar Containing Beverages Routinely feeding a child any sugar-containing fluids such as:</p> <ul style="list-style-type: none"> Soda/soft drinks Gelatin water Corn syrup solutions Sweetened tea 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 22 on the child dietary to help determine if this risk should be assigned. Routinely is defined as four or more times per week.</p>
425d	C-5	<p>Routinely Using a Bottle for Feeding or Drinking Beyond 14 Months of Age</p>	Yes	Child: Diet Subtab - Question 18 and Participant's Age (Family Tab/Member Link - Date of Birth)

425e	C-5	<p>Other Inappropriate Use of a Bottle, Cup, or Pacifier Routinely using a bottle, cup, or pacifier improperly such as:</p> <ul style="list-style-type: none"> • Using a bottle to feed fruit juice, diluted cereal, or other solid foods. • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the child to use the bottle without restriction (i.e., walking around with a bottle) or as a pacifier. • Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. • Allowing a child to carry around and drink throughout the day from a covered or training cup. 	<p>No Yes Yes No Yes</p>	<p>The CPA can use information gathered from question 18 on the child dietary to help determine if this risk should be assigned. Child: Diet Subtab ó Question 19</p> <p>Child: Diet Subtab ó Question 20</p> <p>CPA Manually Assigned</p> <p>Child: Diet Subtab ó Question 20</p>
425f	C-5	<p>Feeding Practices Disregard Developmental Needs Routinely using feeding practices that disregard the developmental needs of the child such as:</p> <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (i.e., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. • Not supporting a child's need for growing independence with self-feeding (i.e., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding a child food with an inappropriate texture based on his/her developmental stage (i.e., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed or chopped foods or appropriate finger foods). 	<p>No</p>	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from discussions with the parent/guardian to assign this code.</p> <p>This needs to be monitored especially in terms of the child and the division of responsibility.</p>

425g	C-5	<p>Potentially Contaminated Foods Feeding foods to a child that could be contaminated with harmful microorganisms or toxins such as:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, or Mexican-style cheese • Raw or undercooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean, and radish) • Undercooked or raw tofu • Deli meats, hot dogs, and processed meats (avoid unless further cooked to steaming hot) 	No	<p>CPA Manually Assigned</p> <p>There are no specific questions to help determine this risk. If any of the foods listed in the risk definition come up in conversation with the parent/guardian, this risk can be assigned.</p>
425h HR	C-5	<p>Routinely Feeding a Diet Very Low in Calories or Essential Nutrients Examples include:</p> <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 14 on the child dietary to help determine if this risk should be assigned.</p> <p>A vegetarian diet can be just fine, but not a vegan or macrobiotic diet. It can also be assigned to a child who is only eating a handful of foods and/or is missing two of the five major food groups.</p>
425i	C-5	<p>Potentially Harmful Dietary Supplements Examples of dietary supplements which when fed in excess may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multi-vitamins (over 100% of RDA) • Mineral supplements • Herbal or botanical supplements/remedies/teas 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 26 on the child dietary to help determine if this risk should be assigned.</p>
425j	C-5	<p>Inadequate Fluoride Intake Routinely not providing a dietary supplement recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements</p> <ul style="list-style-type: none"> • Providing children less than 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3-ppm fluoride • Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3-ppm fluoride 	Yes	<p>Child: Diet Subtab – Question 25</p>

425k	C-5	<p>Pica Routine ingestion by child of nonfood items (pica) including, but not limited to:</p> <ul style="list-style-type: none"> • Ashes • Carpet fibers • Cigarettes or cigarette butts • Clay, dust, or soil • Foam rubber • Paint chips • Starch (laundry and cornstarch) 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 15 on the child dietary to help determine if this risk should be assigned. The CPA should be looking for a child who is eating a nonfood item four or more days a week and the parent/guardian is not limiting access to the item.</p>
427a	P-4 BF-4 D-6	<p>Potentially Harmful Dietary Supplements Participant routinely taking inappropriate or excessive amounts of any dietary supplement with potentially harmful consequences including, but not limited to, ingestion of unprescribed supplements and/or excessive or toxic amounts:</p> <ul style="list-style-type: none"> • Multi or single vitamins (over 100% of RDA) • Mineral supplements • Herbal remedies 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 5 on the pregnant dietary or question 1 on the breastfeeding/delivered dietary to help determine if this risk should be assigned.</p>
427b HR	P-4 BF-4 D-6	<p>Diet Very Low in Essential Nutrients Consuming a diet very low in calories and/or essential nutrients or impaired caloric intake or absorption of essential nutrients following bariatric surgery</p> <ul style="list-style-type: none"> • Strict vegan diet • Low carbohydrate, high protein diet • Macrobiotic diet • Any other diet restricting calories and/or essential nutrients 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 9 on the pregnant dietary or question 5 on the breastfeeding/delivered dietary to help determine if this risk should be assigned.</p> <p>A vegetarian diet can be just fine, but not a vegan or macrobiotic diet. It can also be assigned to a woman who is following a low carbohydrate or high protein diet or is missing two of the five major food groups.</p>

427c	P-4 BF-4 D-6	<p>Pica Compulsively ingesting non-food items including, but not limited to:</p> <ul style="list-style-type: none"> • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay • Dust • Large quantities of ice and/or freezer frost • Paint chips • Soil and starch (laundry and/or cornstarch) 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 10 on the pregnant dietary to help determine if this risk should be assigned. There is not question asked about pica on the on the breastfeeding/delivered dietary. The CPA should be looking for a pregnant woman who is eating a nonfood item four or more days a week.</p>
427d	BF-4 D-6	<p>Inadequate Folic Acid Intake Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women.</p>	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from questions 1, 4, or 6 on the breastfeeding/delivered dietary to help determine if this risk should be assigned.</p> <p>If the woman is taking a multivitamin or prenatal vitamin, it probably has the right amount of folic acid. She is also fine if she is eating cold cereal with 100% folic acid every day.</p>
427e	P-4	<p>Inadequate Iron Supplementation Consumption of less than 30 mg of iron as a supplement daily by pregnant women.</p>	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 5 on the pregnant dietary to help determine if this risk should be assigned.</p> <p>Vitamins can vary greatly. A pregnant woman is getting 30 mg of iron if she is taking a prenatal vitamin or is taking an iron supplement with a dosage of 30 mg.</p>

427f	P-4	<p>Potentially Contaminated Foods Eating foods that could be contaminated with harmful microorganisms or toxins such as:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, or Mexican-style cheese • Raw or undercooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean and radish) • Undercooked or raw tofu • Deli meats, hot dogs, and processed meats (avoid unless further cooked to steaming hot) • Raw fish or shellfish, including oysters, clams, mussels, and scallops and refrigerated, smoked seafood • Refrigerated pâté or meat spreads 	No	<p>CPA Manually Assigned</p> <p>There are no specific questions to help determine this risk. If any of the foods listed in the risk definition come up in conversation with the participant, this risk can be assigned.</p>
428	I-4 C-5	<p>Dietary Risk Associated with Complementary Feeding Practices:</p> <p>An infant or child from ≥ 4 but ≤ 23 months of age who meets the eligibility requirements of income, categorical, and residency status may be presumed to be a nutrition risk if the infant or child has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding.</p>	No	<p>CPA Manually Assigned</p> <p>The CPA assigns this code only after a complete nutrition assessment (to include an assessment for risk #411, Inappropriate Nutrition Practices for Infants, or #425, Inappropriate Nutrition Practices for Children) was done and no other risk codes were identified.</p>
Regression, Transfer, Presumptive				
501	C-7	<p>Risk of Regression A child, who in the previous certification, was a priority 1 infant or a priority 3 child and the CPA determines there is a possibility of regression without WIC benefits.</p>	No	<p>CPA Manually Assigned</p> <p>If the CPA assigns this risk, it cannot be used again in the subsequent certification.</p>

502	P BF D I C	Transfer of Certification A potential participant with a current valid Verification of Certification (VOC) document from another state or local agency. The VOC is valid until the certification period expires and be accepted as proof of eligibility for program benefits. If the receiving local agency has a waiting list for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.	Yes	Application Link (Family Tab), VOC Check Box Any information from the VOC that may be useful for nutrition education/counseling should be documented in the care plan. WICnet will assign the highest priority available for the participant type.
503	P-4	Presumptive Eligibility for Pregnant Women A pregnant woman who meets WIC income eligibility standards but has not yet been evaluated for nutrition risk, for a period of up to 60 days.	Yes	Application Link (Family Tab), Pre-Certify Check Box
Breastfeeding Complications				
601	BF	Breastfeeding Woman With Infant at Nutritional Risk A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk. Priority for woman and infant has to be the same.	No	CPA Manually Assigned See page 31 of this manual for a more detailed explanation of this risk.
602	BF-1	Breastfeeding Complications or Potential Complications for the Woman: A breastfeeding woman with any of the following complications or potential complications: <ul style="list-style-type: none"> • Severe breast engorgement • Recurrent plugged ducts • Mastitis (fever or flu-like symptoms with localized breast tenderness) • Flat or inverted nipples • Cracked, bleeding or severely sore nipples • Age ≥ 40 years • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding two siblings who are not twins) 	Yes	Breastfeeding: Diet Subtab (Question 26) This risk will auto assign if the participant answers öyesö to question 26 and one or more of the problems listed is checked.

603	I-1	<p>Breastfeeding Complications or Potential Complications for the Infant: A breastfed infant with any of the following complications/potential complications:</p> <ul style="list-style-type: none"> • Jaundice • Weak or ineffective suck • Difficulty latching onto mother's breast • Inadequate stooling (for age, as determined by a physician or other health care professional) and/or less than 6 wet diapers a day 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from questions 2-7 on the infant dietary to help determine if this risk should be assigned.</p>
Other				
701	I-2	<p>An Infant Up to 6 Months, Born to a WIC Mother or to a Woman Who Would Have Been Eligible During Her Pregnancy An infant < 6 months of age whose mother was a WIC participant during her pregnancy or would have been eligible.</p>	Yes	<p>Mother was on WIC – Health Subtab – Question 12 and Infant’s Age (Family Tab/Member Link - Date of Birth)</p> <p>Mother was not on WIC – Health Subtab – Questions 12 and 13 and Infant’s Age (Family Tab/Member Link - Date of Birth)</p>
702	I	<p>Breastfeeding Infant of Woman at Nutritional Risk A breastfed infant of a woman at nutritional risk. Priority for woman and infant has to be the same.</p>	No	<p>CPA Manually Assigned</p> <p>See page 31 of this manual for a more detailed explanation of this risk.</p>
703	I-1	<p>Infant Born to a Woman at Risk Infant born to a woman:</p> <ul style="list-style-type: none"> • Diagnosed with mental retardation by a physician or psychologist as self-reported by applicant/participant/caregiver or as reported or documented by a physician, psychologist, or someone working under physician's orders, or • Documentation or self-report of abuse of alcohol or illegal drugs during most recent pregnancy 	No	<p>CPA Manually Assigned</p> <p>The CPA can use information gathered from question 20 (alcohol use) and question 23 (illegal drug use) on the breastfeeding/delivered health questionnaire to help determine if this risk should be assigned. They can also assign this risk based on knowledge of the participant and information gathered during the certification.</p>

801	P-4 BF-4 D-6 I-4 C-5	<p>Homelessness A woman, infant, or child who lacks a fixed and regular nighttime residence or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations • An institution that provides a temporary residence for individuals intended to be institutionalized • A temporary accommodation of not more than 365 days in the residence of another individual • A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings 	Yes	Contact/Address Link, Homeless Check Box
802	P-4 BF-4 D-6 I-4 C-5	<p>Migrants Categorically eligible women, infants, and children who are members of a family which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p>	Yes	Contact/Address Link, Migrant Check Box
901	P-4 BF-4 D-6 I-4 C-5	<p>Recipient of Abuse Battering or child abuse/neglect within the past 6 months as self-reported, documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p> <p>öBatteringö generally refers to violent physical assaults on women.</p> <p>Child abuse/neglect: öAny recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker.ö</p>	Yes	<p>Pregnant: Health Subtab – Question 6 Breastfeeding/Delivered: Health Subtab – Question 12 Infant: Health Subtab – Question 6 Child: Health Subtab – Question 6</p>

902	P-4 BF-4 D-6 I-4 C-5	Primary Caretakers with Limited Abilities A woman or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: <ul style="list-style-type: none"> • ≤ 17 years of age. • Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist). • Physically disabled to a degree which restricts or limits food preparation abilities. • Currently using or having a history of abusing alcohol or other drugs. 	No	CPA Manually Assigned The CPA can assign this risk code based on personal knowledge and conversation with the participant. In WICnet, this risk is listed as "Limited Ability to Make Feeding Decision/Prepare Food".
903	P-4 BF-4 D-6 I-4 C-5	Foster Care Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.	Yes	Member Link (Family Tab), Foster Care Group Box
904	P-1 BF-1 D-3 I-1 C-3	Environmental Tobacco Smoke Exposure Exposure to smoke from tobacco products inside the home (also known as passive, secondhand or involuntary smoke)	Yes	Pregnant: Health Subtab – Question 25 Breastfeeding/Delivered: Health Subtab – Question 19 Infant: Health Subtab – Question 11 Child: Health Subtab – Question 13

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