

This document describes the risk factors that can be assigned by the CPA and the risk factors that are automatically assigned by the system. The data requirements for the system to assign each risk factor are described. This document also describes the data requirements for the system to automatically classify the participant to be high risk.

CPA Assigned Risk Factors are risk factors that are presented in a list for the user to select and manually assign to the participant's record. System Assigned Risk Factors are risk factors that are assigned by the system using the formula defined for the risk factor. If it is indicated that the risk factor should flag the participant as high risk, the system will flag the participant's folder by highlighting the folder tabs in yellow. This provides a clear indication to the user upon opening the participant's folder that the participant is high risk.

The Risk Factor Matrix defines each Risk Factor that is applicable for each WIC Category, whether it is CPA Assigned, System Assigned or Both, the formula used to calculate the risk factor and whether it is a "High Risk" risk factor.

101 Underweight Women							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Pre-pregnancy BMI < 19.8		Yes	<p>The system will assign the risk factor if the Pre-Pregnancy Body Mass Index (BMI) value is <19.8.</p> <p>The system will calculate Pre-pregnancy BMI using the most recent anthropometric record height entry for the woman and the Pre-pregnancy weight (PREGNANCY.PrePregWeight).</p> <p>The system will classify the participant as High Risk if both 101 and 371 have been assigned to the participant.</p> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the Body Mass Index (BMI) when assigning this risk factor.</p>		
Breastfeeding	1	<p>Breastfeeding Women who are < 6 Months Postpartum – Pre-pregnancy or current Body Mass Index (BMI) < 18.5.</p> <p>Breastfeeding Women who are >= to 6 Months Postpartum – Current Body Mass Index (BMI) < 18.5.</p>		Yes	<p>The system will assign this risk factor based on the following criteria for breastfeeding women:</p> <ul style="list-style-type: none"> • Breastfeeding < 6 months: prepregnancy or current BMI <18.5. • Breastfeeding 6 months postpartum or more: current BMI <18.5 <p>The system will calculate the pre-pregnancy weight using</p>		

						<p>POSTPARTUM.WeightGained and POSTPARTUM.WeightAtDelivery. The system will calculate the Pre-pregnancy BMI using the calculated pre-pregnancy weight and the most recent anthropometric record height entry for the woman.</p> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the Body Mass Index (BMI) when assigning this risk factor.</p>
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	Pre-pregnancy or Current Body Mass Index (BMI) IBW < 18.5		Yes	<p>The system will assign this risk factor based on the following criteria for non-breastfeeding women:</p> <ul style="list-style-type: none"> • prepregnancy or current BMI <18.5. <p>The system will calculate the pre-pregnancy weight using POSTPARTUM.WeightGained and POSTPARTUM.WeightAtDelivery. The system will calculate the Pre-pregnancy BMI using the calculated pre-pregnancy weight and the most recent anthropometric record height entry for the woman.</p> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the Body Mass Index (BMI) when assigning this risk factor.</p>	
Children		N/A				
Infants		N/A				

103 Underweight or at Risk of Becoming Underweight							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant		N/A					
Breastfeeding		N/A					
Non-breastfeeding		N/A					
Children	3	<p>Underweight – <i>Flag as High Risk</i></p> <p>Birth to 2 years: <= 5th percentile weight-for-length</p> <p>2 to 5 years: <= 5th percentile BMI</p> <p>At Risk of Underweight –</p> <p>Birth to 2 years: 6th thru 10th percentile weight/length</p> <p>2 to 5 years: 6th thru 10th percentile BMI</p>		Yes	<p>The system will assign this risk factor using the following criteria:</p> <ul style="list-style-type: none"> If the participant is under two years of age and the participant’s weight-for-length is <= 10th percentile. If the participant is under two years of age the system will classify the participant as High Risk if the weight-for-length of the participant is <= 5th percentile. If the participant is two years or greater and the Body Mass Index (BMI) of the participant is <= 10th percentile. If the participant is two years or greater the system will classify the participant as High Risk if the BMI of the participant is <= 5th percentile. <p>The system will determine the 5th and 10th percentiles for the</p>		

						participant using the formula supplied by the Center for Disease Control and Prevention (CDC).	
Infants	1	<p>Underweight – <i>Flag as High Risk</i></p> <p>Birth to 2 years: <= 5th percentile weight-for-length</p> <p>At Risk of Underweight –</p> <p>Birth to 2 years: 6th thru 10th percentile weight/length</p>		Yes	<p>The system will assign this risk factor using the following criteria for infants when the weight-for-length of the participant is <= 10th percentile.</p> <p>The system will classify the participant as High Risk if the weight-for-length of the participant is <= 5th percentile.</p> <p>The system will determine the 5th and 10th percentiles for the participant using the formula supplied by the Center for Disease Control and Prevention (CDC).</p>		
111 Overweight Women							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	Pre-pregnancy BMI >= 26.1		Yes	<p>The system will assign the risk factor if the Pre-Pregnancy Body Mass Index (BMI) value is >= 26.</p> <p>The system will calculate Pre-pregnancy BMI using the most recent anthropometric record height entry for the woman and the Pre-pregnancy weight (PREGNANCY.PrePregWeight).</p> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to</p>	

					determine the Body Mass Index (BMI) when assigning this risk factor.	
Breastfeeding	1	<p>Breastfeeding Women who are < 6 Months Postpartum – Pre-pregnancy Body Mass Index (BMI) >= 25.</p> <p>Breastfeeding Women who are >= to 6 Months Postpartum – Current Body Mass Index (BMI) >= 25.</p>		Yes	<p>The system will assign this risk factor based on the following criteria for breastfeeding women:</p> <ul style="list-style-type: none"> • Breastfeeding < 6 months: prepregnancy BMI >= 25. • Breastfeeding 6 months postpartum or more: current BMI >= 25 <p>The system will calculate the pre-pregnancy weight using POSTPARTUM.WeightGained and POSTPARTUM.WeightAtDelivery. The system will calculate the Pre-pregnancy BMI using the calculated pre-pregnancy weight and the most recent anthropometric record height entry for the woman.</p> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the Body Mass Index (BMI) when assigning this risk factor.</p>	
Non-breastfeeding	<p><18 yrs. Priority =1</p> <p>>=18 yrs. Priority = 6</p>	Pre-pregnancy Body Mass Index (BMI) >= 25		Yes	<p>The system will assign this risk factor based on the following criteria for non-breastfeeding women:</p> <ul style="list-style-type: none"> • prepregnancy BMI >= 25. <p>The system will calculate the pre-pregnancy weight using POSTPARTUM.WeightGained and POSTPARTUM.WeightAtDelivery. The system will calculate the Pre-pregnancy BMI using the calculated pre-pregnancy weight and the most recent anthropometric record height</p>	

						entry for the woman. The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the Body Mass Index (BMI) when assigning this risk factor.	
	Children		N/A				
	Infants		N/A				
113 Overweight Children 2 to 5 years of age							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children	3	<p>>= 24 months to 5 years of age and >= 95th percentile Body Mass Index (BMI) or >= 95th percentile weight-for-stature.</p> <p>Based on NCHS/CDC age/sex specific growth charts. Note: For children 24 to 36 months of age with a recumbent length, use >= 95th percentile based on the weight-for-length growth grid.</p>		Yes	<p>The system will assign this risk factor when the participant is between 24 months and 5 years old (inclusive), and the Body Mass Index (BMI) of the participant is >= 95th percentile.</p> <p>For children 24 to 36 months of age, the system will assign this risk factor when the weight-for-length >= 95th percentile.</p> <p>The system will determine the 95th</p>	

						percentile for the participant using the formula supplied by the Center for Disease Control and Prevention (CDC).	
	Infants		N/A				
114 At Risk of Becoming Overweight							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children	3	<ul style="list-style-type: none"> Being ≥ 24 months of age and ≥ 85th and < 95th percentile Body Mass Index (BMI) or ≥ 85th and < 95th percentile weight-for-stature (WFS) (i.e., standing height). Being >12 months and having a biological mother who is obese (BMI ≥ 30) at the time of certification (BMI must be based on self reported weight and height or on weight and height measurements taken by staff at the time of certification. If the mother is pregnant or has had a baby within the past 6 months, use 		Yes	<p>The risk factor will be assigned when the participant is between 24 months and 5 years old (inclusive), and the Body Mass Index (BMI) of the participant is ≥ 85th percentile and < 95th percentile.</p> <p>The system will determine the 85th and 95th percentiles for the participant using the formula supplied by the Center for Disease Control and Prevention (CDC).</p>	<p>For children ≥ 12 months and < 24 months, the risk factor will be CPA assigned.</p> <p>Note: A State Business Rule exists for this risk factor. When SYS_ASSIGN_RF114 is set to Y the system will assign when criteria are met. When set to N, the system will not assign. Thus, Covansys set the assignment method to B (both CPA and System assigned) in the RISKFACTORREFERENCE table should the business rule be</p>

			<p>her preconception weight to assess for obesity since her current weight will be influenced by pregnancy related weight gain.)</p> <ul style="list-style-type: none"> • Being > 12 months and having a biological father who is obese (BMI >= 30) at the time of certification. BMI must be based on self reported, by the father, weight and height or on weight and height measurements taken by staff at time of certification. 				changed.
Infants	1	<p>Have one or more risk factors for being at-risk of becoming overweight. The risk factors are limited to:</p> <ul style="list-style-type: none"> • Being < 12 months of age and born to a woman who was obese (BMI >= 30) at time of conception or during the 1st trimester. BMI must be based on self reported prepregnancy weight and height or on a measured weight and height documented by a health care provider. • Being < 12 months and having a biological mother who is obese (BMI >= 30) at the time of certification (BMI must be based on self reported weight and height or on weight and height measurements taken by staff at the time of certification. If the mother is pregnant or has had a baby within the past 6 months, use her preconceptional weight to assess for obesity since her current weight will be 		Yes	<p>The system will assign this risk factor based on the following criteria for infants being < 12 months of age and linked to</p> <ul style="list-style-type: none"> • a Breastfeeding woman < 6 months postpartum with a pre-pregnancy BMI >= 30; or • a Breastfeeding woman 6 months postpartum or more with a current BMI >= 30; or • a Nonbreastfeeding woman with a pre-pregnancy BMI >= 30 <p>The system will calculate the pre-pregnancy BMI using the pre-pregnancy weight using POSTPARTUM.WeightGained and POSTPARTUM.WeightAtDelivery. The system will calculate the Pre-pregnancy BMI using the calculated pre-pregnancy weight and the most recent anthropometric record height entry for the woman.</p> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to</p>	<p>When the infant is not linked to a woman or when the father's information is used to determine the assignment of this risk, the system will not assign. The CPA will have to assign in these situations.</p> <p>See note above regarding business rule.</p>	

			<p>influenced by pregnancy related weight gain.)</p> <ul style="list-style-type: none"> being < 12 months and having a biological father who is obese (BMI >= 30) at the time of certification. BMI must be based on self reported, by the father, weight and height or on weight and height measurements taken by staff at time of certification. 			determine the Body Mass Index (BMI) when assigning this risk factor.	
121 Short Stature							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children	3	<p>Birth to 2 years: <= 5th percentile length-for-age</p> <p>2 to 5 years: <= 5th percentile height-for-age</p> <p>At Risk of Short Stature</p> <p>Birth to 2 years: 6th through 10th percentile length/age</p> <p>2 to 5 years: 6th through 10th percentile height/age</p> <p>(premature infants and children</p>		Yes	<p>The system will assign the risk factor:</p> <ul style="list-style-type: none"> For children 1 to 2 years old when the length-for-age = > 6th percentile and < = 10th percentile. <p>The system will flag high risk for children 1 to 2 years when length-for-age <=5th percentile.</p> <ul style="list-style-type: none"> For children 2 to 5 years when the height-for-age = > 6th percentile and < = 10th percentile. <p>The system will flag high risk for</p>	

			(with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on adjusted gestational age)			<p>children 2 to 5 years when height-for-age <=5th percentile.</p> <p>For children < 2years old with CHILD.WeeksGestation value <= 37, the system will assign the risk factor and flag high risk based on the child's adjusted gestational age.</p> <p>The system will calculate Adjusted Gestational Age in Weeks by:</p> <ul style="list-style-type: none"> • Subtracting the value of Child.WeeksGestation from 40 to determine Adjustment in Weeks. • Determine child's Age in Weeks. • Then, subtracting Adjustment in Weeks from Age in Weeks to determine the child's Adjusted Gestational Age in Weeks. <p>Thus, Adjusted Gestational Age in Weeks = Age in Weeks – (40 – CHILD.WeeksGestation)</p> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the 10th percentile value for the participant when assigning this risk factor to Child participants.</p>	
Infants	1	<p>Birth to 2 years: <= 5th percentile length-for-age</p> <p>At Risk of Short Stature</p> <p>Birth to 2 years: 6th through 10th percentile length-for-age</p> <p>(premature infants and children (with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on</p>		Yes	<p>The system will assign the risk factor for infants from birth to 1 year old when the length-for-age = > 6th percentile and <= 10th percentile.</p> <p>The system will flag high risk for infants from birth to 1 year old when length-for-age <=5th percentile.</p> <p>For infants with CHILD.WeeksGestation value <= 37, the system will assign the risk factor</p>	<p>The system will plot measurements for participants born premature on the Length/Age (Premature) Tab with age adjusted for gestational age.</p>	

			adjusted gestational age)			<p>and flag high risk based on the infant's adjusted gestational age.</p> <p>The system will calculate Adjusted Gestational Age in Weeks by:</p> <ul style="list-style-type: none"> • Subtracting the value of CHILD.WeeksGestation from 40 to determine Adjustment in Weeks. • Determine child's Age in Weeks. • Then, subtracting Adjustment in Weeks from Age in Weeks to determine the child's Adjusted Gestational Age in Weeks. <p>Thus, Adjusted Gestational Age in Weeks = Age in Weeks – (40 – CHILD.WeeksGestation)</p> <p>The certification process will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the 10th percentile value for the participant when assigning this risk factor to Infant participants.</p>	
131 Low Maternal Weight Gain							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	<p>A low rate of weight gain, such that:</p> <p>In the 2nd and 3rd trimesters, singleton pregnancies:</p>		Yes	If the pregnancy is in the 2nd or 3rd trimester and a single baby is expected from the pregnancy, the system will assign the risk factor	

		<ul style="list-style-type: none"> • Underweight women gain < 4 lbs per month • Normal/ Overweight women gain < 2 lbs per month • Obese women gain < 1 lb per month OR <p>Low weight gain at any point in pregnancy, such that:</p> <ul style="list-style-type: none"> • Using an Institute of Medicine (IOM) – based 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 (underweight, normal, overweight, or obese). An IOM-based weight grid is one based on IOM’s 1990 recommendations for maternal weight gain (e.g., recommended range of 28 to 40 lbs for underweight women, 25 to 35 lbs for normal weight women, 15 to 25 lbs for overweight women, and at least 15 lbs for obese women). <table border="0"> <thead> <tr> <th><u>Pre-pregnancy Weight Groups</u></th> <th><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>BMI < 19.8</td> </tr> <tr> <td>Normal weight</td> <td>BMI 19.8 to 26.0</td> </tr> <tr> <td>Overweight</td> <td>BMI 26.1 to 26.0</td> </tr> <tr> <td>Obese</td> <td>BMI >= 29</td> </tr> </tbody> </table> <p>Until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs</p>	<u>Pre-pregnancy Weight Groups</u>	<u>Definition</u>	Underweight	BMI < 19.8	Normal weight	BMI 19.8 to 26.0	Overweight	BMI 26.1 to 26.0	Obese	BMI >= 29			<p>based on the following criteria:</p> <ul style="list-style-type: none"> • Underweight women gain < 4 lbs per month • Normal/Overweight women gain < 2 lbs per month • Obese women gain < a lb per month <p>The average weight gained is calculated using the weight difference between the pre-pregnancy weight (PREGNANCY.PrePregWeight) and the weight (lbs & oz) of the most recent anthropometric contact for the woman, averaged by the number of months between the LMP Date (PREGNANCY.LMPStart) and the date of the most recent anthropometric contact for the woman.</p> <p>The average weight gained is compared against the expected amount in this table:</p> <table border="0"> <thead> <tr> <th><u>Pre-pregnancy Weight Group</u></th> <th><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>BMI < 19.8</td> </tr> <tr> <td>Normal</td> <td>BMI =>19.8 to <=26.0</td> </tr> <tr> <td>Overweight</td> <td>BMI =>26.1 to <=29.0</td> </tr> <tr> <td>Obese</td> <td>BMI ≥ 29.1</td> </tr> </tbody> </table> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the Body Mass Index (BMI) when assigning this risk factor.</p>	<u>Pre-pregnancy Weight Group</u>	<u>Definition</u>	Underweight	BMI < 19.8	Normal	BMI =>19.8 to <=26.0	Overweight	BMI =>26.1 to <=29.0	Obese	BMI ≥ 29.1	
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			will be used for all women, regardless of age, when determining WIC eligibility				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children		N/A				
	Infants		N/A				
132 Maternal Weight Loss During Pregnancy							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Any weight loss below pregravid weight during 1st trimester or weight loss of ≥ 2 lbs (≥ 1 kg) in the 2nd and 3rd trimesters (14 to 40 weeks gestation).		Yes	<p>If the pregnancy is in the 1st trimester and the most recent anthropometric record weight entry for the woman is $<$ pre-pregnancy Weight (PREGNANCY.PrePregWeight), the system will assign the risk factor.</p> <p>If the pregnancy is in the 2nd or 3rd trimester and the weight loss is ≥ 2 lbs, the system will assign the risk factor.</p>		
Breastfeeding		N/A					
Non-breastfeeding		N/A					

	Children		N/A				
	Infants		N/A				
133 High Maternal Weight Gain							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	>= 7lbs per month (all trimesters- all weight groups)		Yes	<p>The system will assign this risk factor to pregnant women (current pregnancy) when a single baby is expected and the average weight gained during the pregnancy is >= 7 lbs per month.</p> <p>The average weight gained is calculated using the weight difference between the pre-pregnancy weight (PREGNANCY.PrePregWeight) and the weight (lbs & oz) of the most recent anthropometric contact for the woman, averaged by the number of months between the LMP Date (PREGNANCY.LMPStart) and the date of the most recent anthropometric contact for the woman.</p> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the Body Mass Index (BMI) when assigning this risk factor.</p>		
Breastfeeding	1	Singleton Pregnancy and most		Yes	The system will assign this risk factor		

		<p>recent pregnancy only.</p> <p>Breastfeeding women: total gestational weight gain exceeding the upper limits of the Institute of Medicine's recommended range based on Body Mass Index, as follows</p> <p>Pre-pregnancy <u>Weight Groups</u></p> <table border="1"> <thead> <tr> <th><u>Definition</u></th> <th><u>Cut-off Value</u></th> </tr> </thead> <tbody> <tr> <td>Underweight BMI < 19.8</td> <td>> 40lbs</td> </tr> <tr> <td>Normal Weight BMI 19.8 to 26.0</td> <td>> 35lbs</td> </tr> <tr> <td>Overweight BMI 26.1 to 29.0</td> <td>> 25lbs</td> </tr> <tr> <td>Obese BMI >= 29.1</td> <td>> 15lbs</td> </tr> </tbody> </table>	<u>Definition</u>	<u>Cut-off Value</u>	Underweight BMI < 19.8	> 40lbs	Normal Weight BMI 19.8 to 26.0	> 35lbs	Overweight BMI 26.1 to 29.0	> 25lbs	Obese BMI >= 29.1	> 15lbs			<p>to breastfeeding woman (most recent pregnancy only) when the woman meets the following criteria:</p> <p>Pre-pregnancy <u>Weight Groups</u></p> <table border="1"> <thead> <tr> <th><u>Definition</u></th> <th><u>Cut-off Value</u></th> </tr> </thead> <tbody> <tr> <td>Underweight BMI < 19.8</td> <td>> 40lbs</td> </tr> <tr> <td>Normal Weight BMI 19.8 to 26.0</td> <td>> 35lbs</td> </tr> <tr> <td>Overweight BMI 26.1 to 29.0</td> <td>> 25lbs</td> </tr> <tr> <td>Obese BMI >= 29.1</td> <td>> 15lbs</td> </tr> </tbody> </table> <p>The system will calculate the pre-pregnancy weight using POSTPARTUM.WeightGained and POSTPARTUM.WeightAtDelivery. The system will calculate the Pre-pregnancy BMI using the calculated pre-pregnancy weight and the most recent anthropometric record height entry for the woman.</p> <p>The system will use the formula supplied by the Center for Disease Control and Prevention (CDC) to determine the Body Mass Index (BMI) when assigning this risk factor.</p>	<u>Definition</u>	<u>Cut-off Value</u>	Underweight BMI < 19.8	> 40lbs	Normal Weight BMI 19.8 to 26.0	> 35lbs	Overweight BMI 26.1 to 29.0	> 25lbs	Obese BMI >= 29.1	> 15lbs	
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Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>High Maternal Weight Gain Singleton Pregnancy and most recent pregnancy only.</p> <p>Non-Breastfeeding women: total gestational weight gain exceeding the upper limits of the Institute of Medicine's recommended range based on Body Mass Index, as</p>		Yes	<p>The system will assign this risk factor to non-breastfeeding woman (most recent pregnancy only) when the woman meets the following criteria:</p> <p>Pre-pregnancy <u>Weight Groups</u></p> <table border="1"> <thead> <tr> <th><u>Definition</u></th> <th><u>Cut-off Value</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td></td> </tr> </tbody> </table>	<u>Definition</u>	<u>Cut-off Value</u>	Underweight																		
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	Children		N/A				
	Infants		N/A				
134 Failure to Thrive							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				

	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children	3	Presence of Failure to Thrive (FTT) diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician or someone working under physician's orders.	Yes			
	Infants	1	Presence of Failure to Thrive (FTT) diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician or someone working under physician's orders.	Yes			
135 Inadequate Growth							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children	3	An inadequate rate of weight gain		Yes	The system will assign the risk factor for children 12 months to 59 months	Note: A State Business Rule exists for this risk factor. When

		<p>as defined below.</p> <ul style="list-style-type: none"> Children 12 months to 59 months of age: <p>Option I: Based on 2 weights taken at least 3 months apart, the child's actual weight gain is < the calculated expected weight gain based on the table below. See Attachment 135-A in the Risk Criteria Manual for metric equivalents and for examples.</p> <table border="0"> <thead> <tr> <th><u>Age</u></th> <th><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>12 to 59 mos</td> <td>2 ½ g/day 0.6 oz/wk 2.7 oz/mos 1 lb/6mos</td> </tr> </tbody> </table> <p>OR</p> <p>Option II: A low rate of weight gain over a six (6) month period (+ or – 2 weeks) as defined by the following chart. See Attachment 135-B in the Risk Criteria Manual for guidance on using measurements not taken within a 5 to 6 month interval.</p> <table border="0"> <thead> <tr> <th><u>Age in months at End of 6 month</u></th> <th><u>Interval Weight gain per 6 month Interval in lbs</u></th> </tr> </thead> <tbody> <tr> <td>12</td> <td><= 3</td> </tr> <tr> <td>18-60</td> <td><= 1</td> </tr> </tbody> </table>	<u>Age</u>	<u>Average Weight Gain</u>	12 to 59 mos	2 ½ g/day 0.6 oz/wk 2.7 oz/mos 1 lb/6mos	<u>Age in months at End of 6 month</u>	<u>Interval Weight gain per 6 month Interval in lbs</u>	12	<= 3	18-60	<= 1			<p>of age based on 2 weights taken at least 3 months apart when the child's weight gain is less than the calculated expected weight gain based on the chart below.</p> <table border="0"> <thead> <tr> <th><u>Age</u></th> <th><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>12 to 59 months</td> <td>2 ½ g/day</td> </tr> </tbody> </table>	<u>Age</u>	<u>Average Weight Gain</u>	12 to 59 months	2 ½ g/day	<p>SYS_ASSIGN_RF135 is set to Y the system will assign when criteria are met. When set to N, the system will not assign. Thus, Covansys set the assignment method to B (both CPA and System assigned) in the RISKFACTORREFERENCE table should the business rule be changed.</p>
<u>Age</u>	<u>Average Weight Gain</u>																			
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12	<= 3																			
18-60	<= 1																			
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12 to 59 months	2 ½ g/day																			
Infants	1	<p>An inadequate rate of weight gain as defined below: Infants from birth to 1 month of</p>		Yes	<p>The system will assign the risk factor</p> <ul style="list-style-type: none"> For Infants 14 days old to 30 days, 	<p>See note above. For infants <14 days old, this will</p>														

			<p>age:</p> <ul style="list-style-type: none"> Excessive weight loss after birth. Not back to birth weight by 2 weeks of age. <p>Infants from birth to 6 months of age:</p> <ul style="list-style-type: none"> Based on 2 weights taken at least 1 month apart, the infant's actual weight gain is < the calculated expected minimal weight gain based on the table below (See Attachment 135-A in the Risk Criteria Manual for metric equivalents and for examples.): <table border="1"> <thead> <tr> <th><u>Age Range</u></th> <th><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>Birth to 1 mo</td> <td>18g/day 4 ½oz/wk 19oz/mo 1 lb 3oz/mo</td> </tr> <tr> <td>1 to 2 mos</td> <td>25g/day 6 1/4oz/wk 27oz/mo 1 lb 11oz/mo</td> </tr> <tr> <td>2 to 3 mos</td> <td>18g/day 4 ½oz/wk 19oz/mo 1 lb 3oz/mo</td> </tr> <tr> <td>3 to 4 mos</td> <td>16g/day 4oz/wk</td> </tr> </tbody> </table>	<u>Age Range</u>	<u>Average Weight Gain</u>	Birth to 1 mo	18g/day 4 ½oz/wk 19oz/mo 1 lb 3oz/mo	1 to 2 mos	25g/day 6 1/4oz/wk 27oz/mo 1 lb 11oz/mo	2 to 3 mos	18g/day 4 ½oz/wk 19oz/mo 1 lb 3oz/mo	3 to 4 mos	16g/day 4oz/wk			<p>if not back to birth weight.</p> <ul style="list-style-type: none"> For Infants from 31 days to 6 months old, based on 2 weights taken at least 1 month apart when the infant's actual weight gain is less than the calculated expected weight gain based on the table: <table border="1"> <thead> <tr> <th><u>Age Range</u></th> <th><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>Birth to 1 month</td> <td>18g/day</td> </tr> <tr> <td>1 to 2 months</td> <td>25g/day</td> </tr> <tr> <td>2 to 3 months</td> <td>18g/day</td> </tr> <tr> <td>3 to 4 months</td> <td>16g/day</td> </tr> <tr> <td>4 to 5 months</td> <td>14g/day</td> </tr> <tr> <td>5 to 6 months</td> <td>12g/day</td> </tr> </tbody> </table> <ul style="list-style-type: none"> For Infants 6 months to 12 months of age: <p>Based on 2 weights taken at least 3 months apart, when the infant's actual weight gain is < the calculated expected weight gain based on the table below</p> <table border="1"> <thead> <tr> <th><u>Age Range</u></th> <th><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>6-12 months</td> <td>9g/day</td> </tr> </tbody> </table>	<u>Age Range</u>	<u>Average Weight Gain</u>	Birth to 1 month	18g/day	1 to 2 months	25g/day	2 to 3 months	18g/day	3 to 4 months	16g/day	4 to 5 months	14g/day	5 to 6 months	12g/day	<u>Age Range</u>	<u>Average Weight Gain</u>	6-12 months	9g/day	<p>be a CPA assigned risk factor.</p>
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			<p>17oz/mo</p> <p>1 lb 1oz/mo</p> <p>4 to 5 mos 14g/day</p> <p> 3 ½oz wk</p> <p> 15oz/mo</p> <p>5 to 6 mos 12g/day</p> <p> 3oz/wk</p> <p> 13oz/mo</p> <p>Infants 6 months to 12 months of age:</p> <ul style="list-style-type: none"> Option I: Based on 2 weights taken at least 3 months apart, the infant's actual weight gain is < the calculated expected weight gain based on the table below. See Attachment 135-A in the Risk Criteria Manual for metric equivalents and for examples. <p><u>Age Range</u> <u>Average Weight Gain</u></p> <p>6-12 mos 9g/day</p> <p> 2 ¼oz/wk</p> <p> 9 ½oz/mo</p> <p> 3 lbs 10oz 6mos</p> <p>OR</p> <ul style="list-style-type: none"> Option II: A low rate of weight gain over a six (6) month period (+ or - 2 weeks) as defined by the following chart. See Attachment 135-B in the 				
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			<p>Risk Criteria Manual for guidance on using measurements not taken within a 5 to 6 month interval.</p> <p>Age in months at end of 6 month <u>Interval</u></p> <p>6</p> <p>9</p>					<p>Weight gain per 6 month <u>interval in lb</u></p> <p><= 7</p> <p><= 5</p>
141 Low Birth Weight								
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
	Pregnant		N/A					
	Breastfeeding		N/A					
	Non-breastfeeding		N/A					
	Children	3	<p>Low Birth Weight (< 24 months of age)</p> <p>Birth weight <= 5 lbs 8 oz (< 2500 g)</p> <p>Very Low Birth Weight (VLBW)</p> <p>Birth weight <= 3 lbs 5 oz (<= 1500 g)</p>		Yes	<p>If the child is < 24 months old and the child's birth weight (lbs and ounces) (CHILD.WeightPounds and CHILD.Weight.Ounces) is <= 5 lbs 8 oz, the system will assign the risk factor.</p> <p>The system will flag as High Risk if the child's birth weight (lbs & oz) is <= 3 lbs 5 oz</p>	<p>Note: A State Business Rule exists for this risk factor. When SYS_ASSIGN_RF141 is set to Y the system will assign when criteria are met. When set to N, the system will not assign. Thus, Covansys set the assignment method to B (both CPA and System assigned) in the RISKFACTORREFERENCE</p>	

							table should the business rule be changed.
Infants	1	<p>Low Birth Weight Birth weight <=5 lbs 8 oz (<= 2500 g).</p> <p>Very Low Birth Weight (VLBW) <i>Flag as High Risk</i> Birth weight <= 3 lbs 5 oz (<= 1500 g)</p>		Yes	<p>If the child's birth weight (lbs and ounces) (CHILD.WeightPounds and CHILD.Weight.Ounces) is <= 5 lbs 8 oz, the system will assign the risk factor.</p> <p>The system will flag as High Risk if the child's birth weight (lbs & oz) is <= 3 lbs 5 oz</p>	See note above.	
142 Prematurity							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant		N/A					
Breastfeeding		N/A					
Non-breastfeeding		N/A					
Children	3	<p>(< 24 months of age) Birth at <= 37 weeks gestation</p>		Yes	When the Child is < 24 months of age and the child's gestation weeks (CHILD.WeeksGestation) is <= 37, the system will assign the risk factor.		
Infants	1	Infant born at <= 37 weeks gestation.		Yes	If the infant's gestation weeks (CHILD.WeeksGestation) is <= 37, the system will assign the risk factor.		

151 Small for Gestational Age							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant		N/A					
Breastfeeding		N/A					
Non-breastfeeding		N/A					
Children	3	(< 24 months of age) Presence of small for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders	Yes				
Infants	1	Presence of small for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders	Yes				
152 Low Head Circumference							

Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
Pregnant		N/A				
Breastfeeding		N/A				
Non-breastfeeding		N/A				
Children		N/A				
Infants	1	< 5th percentile head circumference based on National Center for Health Statistics/Centers for Disease Control and Prevention age/sex specific growth charts (2000) (Assignment of this risk must be based on gestational age adjustment.)	Yes			
153 Large for Gestational Age						
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
Pregnant		N/A				
Breastfeeding		N/A				
Non-breastfeeding		N/A				

	Children		N/A				
	Infants	1	Birth weight >= 9 lbs (>= 4000 g), or Presence of large for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.		Yes	If the infant's birth weight (lbs & oz) (CHILD.WeightPounds and CHILD.WeightOunces) is >= 9 lbs., the system will assign the risk factor.	
201 Low Hematocrit/Low Hemoglobin							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	<i>Flag as High Risk</i> Non-Smoking < 11.0/33 hgb/hct (0 to 13 weeks) < 10.5/32 hgb/hct (14 to 26 weeks) < 11.0/33 hgb/hct (27 to 40 weeks) Smoking less than 1 pack per day (<1) < 11.3/34 hgb/hct (0 to 13 weeks) < 10.8/33 hgb/hct (14 to 26 weeks) < 11.3/34 hgb/hct (27 to 40 weeks) Smoking 1 to 2 packs per day (>= 1 and <= 2)		Yes	If the Hemoglobin or Hematocrit values on the most recent reported blood work contact record (BLOODWORK.Hematocrit or BLOODWORK.Hemoglobin) for the current certification are below the ANEMIACTOFF table values for the pregnancy trimester and amount of smoking, the system will assign the risk factor. The system will classify the participant as High Risk if the Hemoglobin or Hematocrit values on the most recent reported blood work contact record for the current certification are below the ANEMIACTOFF table lookup values for the applicable age in	

		<p>< 11.5/35 34.5hgb/hct (0 to 13 weeks)</p> <p>< 11.0/34 33.5hgb/hct (14 to 26 weeks)</p> <p>< 11.5/35 34.5hgb/hct (27 to 40 weeks)</p> <p>Smoking more than 2 packs per day (>2)</p> <p>< 11.7/35 hgb/hct (0 to 13 weeks)</p> <p>< 11.2/34 hgb/hct (14 to 26 weeks)</p> <p>< 11.7/35 hgb/hct (27 to 40 weeks)</p>			months.	
Breastfeeding	1	<p><i>Flag as High Risk</i></p> <p>Non-Smoking</p> <p>< 11.8 hgb/hct 12 to < 15 years of age</p> <p>< 12.0/35.9 hgb/hct 15 to < 18 years of age</p> <p>< 12.0/35.7 hgb/hct >= 18 years of age</p> <p>Smoking less than 1 pack per day (<1)</p> <p>< 12.1/36.7 hgb/hct 12 to < 15 years of age</p> <p>< 12.3/36.9 hgb/hct 15 to < 18 years of age</p> <p>< 12.3/36.7 hgb/hct >= 18 years of age</p> <p>Smoking 1 to 2 packs per day (>=1 and <=2)</p> <p>< 12.3/37.2 hgb/hct 12 to < 15 years of age</p>		Yes	<p>If the Hemoglobin or Hematocrit values on the most recent reported blood work contact record (BLOODWORK.Hematocrit or BLOODWORK.Hemoglobin) for the current certification are below the lookup values in the ANEMACUTOFF table for the age category and amount of smoking, the system will assign the risk factor.</p> <p>The system will classify the participant as High Risk if the Hemoglobin or Hematocrit values on the most recent reported blood work contact record for the current certification are below the ANEMACUTOFF table lookup values for the applicable age in months.</p>	

		<p>< 12.5/37.4 hgb/hct 15 to < 18 years of age</p> <p>< 12.5/37.2 hgb/hct >= 18 years of age</p> <p>Smoking more than 2 packs per day (>2)</p> <p>< 12.5/37.7 hgb/hct 12 to < 15 years of age</p> <p>< 12.7/37.9 hgb/hct 15 to < 18 years of age</p> <p>< 12.7/37.7 hgb/hct >= 18 years of age</p>				
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p><i>Flag as High Risk</i></p> <p>Non-Smoking</p> <p>< 11.8 hgb/hct 12 to < 15 years of age</p> <p>< 12.0/35.9 hgb/hct 15 to < 18 years of age</p> <p>< 12.0/35.7 hgb/hct >= 18 years of age</p> <p>Smoking less than 1 pack per day (<1)</p> <p>< 12.1/36.7 hgb/hct 12 to < 15 years of age</p> <p>< 12.3/36.9 hgb/hct 15 to < 18 years of age</p> <p>< 12.3/36.7hgb/hct >= 18 years of age</p> <p>Smoking 1 to 2 packs per day (>=1 and <=2)</p> <p>< 12.3/37.2 hgb/hct 12 to < 15 years of age</p>		Yes	<p>If the Hemoglobin or Hematocrit values on the most recent reported blood work contact record (BLOODWORK.Hematocrit or BLOODWORK.Hemoglobin) for the current certification are below lookup values in the ANEMIAUTOFF table for the age category and amount of smoking, the system will assign the risk factor.</p> <p>The system will classify the participant as High Risk if the Hemoglobin or Hematocrit values on the most recent reported blood work contact record for the current certification are below the ANEMIAUTOFF table lookup values for the applicable age in months.</p>	

		<p>< 12.5/37.4 hgb/hct 15 to < 18 years of age</p> <p>< 12.5/37.2 hgb/hct >= 18 years of age</p> <p>Smoking more than 2 packs per day (>2)</p> <p>< 12.5/37.7 hgb/hct 12 to < 15 years of age</p> <p>< 12.7/37.9 hgb/hct 15 to < 18 years of age</p> <p>< 12.7/37.7 hgb/hct >= 18 years of age</p>				
Children	3	<p><i>Flag as High Risk</i></p> <p>Child 1 year of age up to age 2 years of age:</p> <p>Hgb < 11.0</p> <p>Hct < 32.9</p> <p>Child 2 years of age up to 5 years of age:</p> <p>Hgb < 11.1</p> <p>Hct < 33.0</p>		Yes	<p>If the Hemoglobin or Hematocrit values on the most recent reported blood work contact record (BLOODWORK.Hematocrit or BLOODWORK.Hemoglobin) for the current certification are below the corresponding lookup values in the ANEMIA CUTOFF table for the applicable age, the system will assign the risk factor.</p> <p>The system will classify the participant as High Risk if the Hemoglobin or Hematocrit values on the most recent reported blood work contact record for the current certification are below the ANEMIA CUTOFF table lookup values for the applicable age in months.</p>	
Infants	1	<p><i>Flag as High Risk</i></p> <p>Hgb < 11.0</p> <p>Hct < 33.0</p>		Yes	<p>If the Hemoglobin or Hematocrit values on the most recent reported blood work contact record (BLOODWORK.Hematocrit or BLOODWORK.Hemoglobin) for the</p>	

						<p>current certification are below the Anemia Cutoff reference table lookup values for the applicable age in months, the system will assign the risk factor.</p> <p>The system will classify the participant as High Risk if the Hemoglobin or Hematocrit values on the most recent reported blood work contact record for the current certification are below the ANEMIACUTOFF table lookup values for the applicable age in months.</p>	
211 Elevated Blood Lead Levels							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	Blood lead level of >= 10 ug/dl within past 12 months.		Yes	The system will assign when lead value (BLOODWORK.Lead >= 10) and measurement date (BLOODWORK.ResultDate) is within the past 12 months	Note: A State Business Rule exists for this risk factor. When SYS_ASSIGN_RF211 is set to Y the system will assign when criteria are met. When set to N, the system will not assign. Thus, Covansys set the assignment method to B (both CPA and System assigned) in the RISKFACTORREFERENCE table should the business rule be changed.
	Breastfeeding	1	Blood lead level of >=10 ug/dl within past 12 months.		Yes	The system will assign when lead value (BLOODWORK.Lead >= 10) and measurement date	See above Note

						(BLOODWORK.ResultDate) is within the past 12 months	
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Blood lead level of >= 10ug/dl within past 12 months.		Yes		The system will assign when lead value (BLOODWORK.Lead >= 10) and measurement date (BLOODWORK.ResultDate) is within the past 12 months	See above Note
Children	3	Blood lead level of >= 10 ug/dl within past 12 months.		Yes		The system will assign when lead value (BLOODWORK.Lead >= 10) and measurement date (BLOODWORK.ResultDate) is within the past 12 months	See above Note
Infants	1	Blood lead level of >= 10 ug/dl within past 12 months.		Yes		The system will assign when lead value (BLOODWORK.Lead >= 10) and measurement date (BLOODWORK.ResultDate) is within the past 12 months	See above Note
301 Hyperemesis Gravidarum							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula		Comments/ Questions
Pregnant	1	Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. Presence of Hyperemesis Gravidarum diagnosed by	Yes				

			physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children		N/A				
	Infants		N/A				
302 Gestational Diabetes							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	Current pregnancy only – Presence of Gestational Diabetes diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes			
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children		N/A				

	Infants		N/A				
303 History of Gestational Diabetes							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Any history of Gestational Diabetes.. Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes				
Breastfeeding	1	Applies to most recent pregnancy only. Presence of gestational diabetes condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders.	Yes				
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Applies to most recent pregnancy only. Presence of gestational diabetes diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working	Yes				

			under physician's orders.				
	Children		N/A				
	Infants		N/A				
311 History of Preterm Delivery							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Birth of an infant at <= 37 weeks gestation. Any history of preterm delivery.		Yes	If the Premature Birth checkbox on the Woman Healt Information Pregnancy Info tab is selected (WOMAN.PrematureBirth = 'Y'), the system will assign the risk factor.		
Breastfeeding	1	Birth of an infant at <= 37 weeks gestation. Applies to most recent pregnancy only.		Yes	If the Premature Birth checkbox on the Woman Health Information Postpartum Info tab is selected (POSTPARTUM.PrematureBirth = 'Y'), the system will assign the risk factor.		
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Birth of an infant at <= 37 weeks gestation. Applies to most recent pregnancy only.		Yes	If the Premature Birth checkbox on the Woman Health Information Postpartum Info tab is selected (POSTPARTUM.PrematureBirth = 'Y'), the system will assign the risk factor.		
Children		N/A					

	Infants		N/A				
312 History of Low Birth Weight							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Birth of an infant weighing <= 5 lbs 8 oz (<= 2500 g). Any history of low birth weight.		Yes	If the Low Birth Weight checkbox on the Woman Health Information Pregnancy Info tab is selected (WOMAN.LowBirthweight = 'Y'), the system will assign the risk factor.		
Breastfeeding	1	Birth of an infant weighing <= 5 lbs 8 oz (<= 2500 g). Applies to most recent pregnancy only.		Yes	If the Low Birth Weight checkbox on the Woman Health Information Postpartum tab is selected (POSTPARTUM Info.LowBirthWeight = 'Y'), or the infant birth weight from the most recent pregnancy is <= 5 lbs 8 oz, the system will assign the risk factor.		
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Birth of an infant weighing <= 5 lbs 8 oz (<= 2500 g). Applies to most recent pregnancy only.		Yes	If the Low Birth Weight checkbox on the Woman Health Information Postpartum Info tab is selected (POSTPARTUM.LowBirthWeight = 'Y'), or the infant birth weight from the most recent pregnancy is <= 5 lbs 8 oz, the system will assign the risk factor.		
Children		N/A					

	Infants		N/A				
321 History of Spontaneous Abortion, Fetal or Neonatal Loss							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	<p>2 or more spontaneous abortions or any history of fetal or neonatal death. Presence of condition diagnosed by a physician as self reported by applicant/ participant/ caregiver; or as reported or documented by a physician, or someone working under physicians' orders.</p> <p>Spontaneous Abortion: spontaneous termination of a gestation at < 20 weeks gestation or < 500 g.</p> <p>Fetal Death: spontaneous termination of a gestation at >= 20 weeks.</p> <p>Neonatal Death: death of an infant within 0 to 28 days of life.</p>		Yes	If the History of Fetal or Neonatal Loss checkbox on the Woman Health Information window is selected (WOMAN.NeonatalDeath = 'Y'), the system will assign the risk factor		
Breastfeeding	1	<p>Most recent pregnancy in which there was a multi-fetal gestation with one or more fetal or neonatal deaths but with one or more infants still living.</p> <p>Spontaneous Abortion: spontaneous termination of a gestation at < 20 weeks gestation or < 500 g.</p>		Yes	If the History of Fetal or Neonatal Loss or Spontaneous Abortion checkbox on the Woman Health Information window is selected (POSTPARTUM.NeoNatalDeath = "Y"), the system will assign the risk factor.		

			Fetal Death: spontaneous termination of a gestation at >= 20 weeks. Neonatal Death: death of an infant within 0 to 28 days of life.				
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Most recent pregnancy only in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living Fetal Death: spontaneous termination of a gestation at >= 20 weeks. Neonatal Death: death of an infant within 0 to 28 days of life.		Yes	If the History of Fetal or Neonatal Loss or Spontaneous Abortion checkbox on the Woman Health Information window is selected (POSTPARTUM.NeonatalDeath = 'Y'), the system will assign the risk factor.		
Children		N/A					
Infants		N/A					
331 Pregnancy at a Young Age							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Conception <= 17 years of age. Current pregnancy only. <= 15 years of age <i>Flag as High Risk</i>		Yes	If the woman was <= 17 years old at conception of the current pregnancy, the system will assign the risk factor. The age at conception is calculated using the MEMBER.DateOfBirth and the PREGNANCY.LMP-Start-Date.	Note: A State Business Rule exists for this risk factor. When SYS_ASSIGN_RF331 is set to Y the system will assign when criteria are met. When set to N, the system will not assign. Thus, Covansys set the assignment method to B (both CPA and	

						The system will classify the woman as High Risk if she was <= 15 years old at the age of conception of the current pregnancy.	System assigned) in the RISKFACTORREFERENCE table should the business rule be changed.
Breastfeeding	1	Conception <= 17 years of age. Applies to most recent pregnancy only. <= 15 years of age <i>Flag as High Risk</i>		Yes		If the woman was <=17 years old at conception of the most recent pregnancy, the system will assign the risk factor. The age at conception is calculated using the MEMBER.DateOfBirth and the POSTPARTUM.ActDelivDate minus 277 days. The system will classify the woman as High Risk if she was <=15 years old at the conception of the current pregnancy.	See note above.
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Conception <= 17 years of age. Applies to most recent pregnancy only. <= 15 years of age <i>Flag as High Risk</i>		Yes		If the woman was <= 17 years old at conception of the most recent pregnancy, the system will assign the risk factor. The age at conception is calculated using the MEMBER.DateOfBirth and the POSTPARTUM.ActDelivDate minus 277 days. The system will classify the woman as High Risk if she was <= 15 years old at the conception of the current pregnancy.	See note above.
Children		N/A					
Infants		N/A					

332 Closely Spaced Pregnancies							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Conception before 16 months postpartum. Current pregnancy only.		Yes	The system will assign this risk factor when the difference between PREGNANCY.LMPSTART of the current pregnancy and PREGNANCY.LASTPREGEND of the most recent previous pregnancy is < 16 months.		
Breastfeeding	1	Conception before 16 months postpartum. Applies to most recent pregnancy only.		Yes	The system will assign the risk factor when the participant has a pregnancy record in the system for the pregnancy related to the postpartum certification (PregnancyID is in the Postpartum record), and Risk factor 332 was assigned to the participant during the related pregnancy certification.	If the participant does not have a pregnancy record linked to the postpartum certification, the system will not assign risk factor 332 for the breastfeeding certification. This will remain CPA assigned	
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Conception before 16 months postpartum. Applies to most recent pregnancy only.		Yes	The system will assign the risk factor when the participant has a pregnancy record in the system for the pregnancy related to the postpartum certification (PregnancyID is in the Postpartum record), and Risk factor 332 was assigned to the participant during the related pregnancy certification.	If the participant does not have a pregnancy record linked to the postpartum certification, the system will not assign risk factor 332 for the non-breastfeeding certification. This will remain CPA assigned	
Children		N/A					
Infants		N/A					

333 High Parity and Young Age							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Women under age 20 at date of conception who have had 3 or more pregnancies of at least 20 weeks duration, regardless of birth outcome. Current pregnancy only.		Yes	If the woman was <= 20 years old at conception of the current pregnancy and PREGNANCY.Parity is >= 3, the system will assign the risk factor. The age at conception is calculated using the MEMBER.DateOfBirth and the PREGNANCY.LMPStart.		
Breastfeeding	1	Women under age 20 at date of conception who have had 3 or more pregnancies of at least 20 weeks duration, regardless of birth outcome. Applies to most recent pregnancy only.	Yes				
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Women under age 20 at date of conception who have had 3 or more pregnancies of at least 20 weeks duration, regardless of birth outcome. Applies to most recent pregnancy only.	Yes				
Children		N/A					

	Infants		N/A															
334 Lack of/or Inadequate Prenatal Care																		
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions												
Pregnant	1	<p>Prenatal care which starts after the 1st trimester (after 13th week) or ;</p> <p>First prenatal visit in the third trimester (7 to 9 months) or;</p> <table border="0"> <tr> <td><u>Weeks of Gestation</u></td> <td><u>Number of Prenatal Visits</u></td> </tr> <tr> <td>14 to 21</td> <td>0 or unknown</td> </tr> <tr> <td>22 to 29</td> <td>1 or less</td> </tr> <tr> <td>30 to 31</td> <td>2 or less</td> </tr> <tr> <td>32 to 33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> </table>	<u>Weeks of Gestation</u>	<u>Number of Prenatal Visits</u>	14 to 21	0 or unknown	22 to 29	1 or less	30 to 31	2 or less	32 to 33	3 or less	34 or more	4 or less		Yes	<p>If weeks gestation > 13 and the Did Not Receive Prenatal Care checkbox is not selected (PREGNANCY.NoPrenatalCare = 'N'), the system will assign the risk factor.</p> <p>If weeks gestation > 13 and the Did Not Receive Prenatal Care checkbox is selected (PREGNANCY.NoPrenatalCare = 'Y') and the Date Prenatal Care Began is >3 months from LMP Start Date value (PREGNANCY.PrenatalCareBeganDate is > 3 months from PREGNANCY.LMPSTART), the system will assign the risk factor.</p>	
<u>Weeks of Gestation</u>	<u>Number of Prenatal Visits</u>																	
14 to 21	0 or unknown																	
22 to 29	1 or less																	
30 to 31	2 or less																	
32 to 33	3 or less																	
34 or more	4 or less																	
Breastfeeding		N/A																
Non-breastfeeding		N/A																
Children		N/A																
Infants		N/A																

335 Multifetal Gestation							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	More than one fetus in a current pregnancy		Yes	If the Expecting Multiple Births checkbox is selected (PREGNANCY.ExpectMultipleBirths = 'Y'), the system will assign the risk factor.	Note: A State Business Rule exists for this risk factor. When SYS_ASSIGN_RF335 is set to Y the system will assign when criteria are met. When set to N, the system will not assign. Thus, Covansys set the assignment method to B (both CPA and System assigned) in the RISKFACTORREFERENCE table should the business rule be changed.	
Breastfeeding	1	More than one fetus in the most recent pregnancy	Yes				
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	More than one fetus in the most recent pregnancy.	Yes				
Children		N/A					
Infants		N/A					

336 Fetal Growth Restriction							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	<p>Fetal Growth Restriction (FGR) [replaces the term Intrauterine Growth Retardation (IUGR)], may be diagnosed by physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10th percentile for gestational age.</p> <p>Presence of condition diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes				
Breastfeeding		N/A					
Non-breastfeeding		N/A					
Children		N/A					
Infants		N/A					

337 History of a Birth of a Large for Gestational Age Infant							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	History of birth of an infant weighing \geq 9 lbs (4000 g) or the 90th percentile weight for gestational age at birth, based on a generally accepted intrauterine growth reference. Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes				
Breastfeeding	1	History of giving birth to an infant weighing \geq 9 lbs (4000 g) Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.		Yes	The system will assign when the POSTPARTUMINFANT.WeightPounds & POSTARTUMINFANT.WeightOunce is \Rightarrow 9.	Note: A State Business Rule exists for this risk factor. When SYS_ASSIGN_RF337 is set to Y the system will assign when criteria are met. When set to N, the system will not assign. Thus, Covansys set the assignment method to B (both CPA and System assigned) in the RISKFACTORREFERENCE table should the business rule be changed.	
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	History of birth of an infant weighing \geq 9 lbs (4000 g) Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working		Yes	The system will assign when the POSTPARTUMINFANT.WeightPounds & POSTARTUMINFANT.WeightOunce is \Rightarrow 9.	See note above.	

			under physician's orders.				
	Children		N/A				
	Infants		N/A				
338 Pregnant Woman Currently Breastfeeding							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	Breastfeeding woman now pregnant	Yes			
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children		N/A				
	Infants		N/A				
339 History of Birth with Nutrition Related Congenital or Birth Defect							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions

Pregnant	1	A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A. (Any history of birth with nutrition-related congenital or birth defect).	Yes			
Breastfeeding	1	A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, or excess vitamin A. (Most recent pregnancy)	Yes			
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, or excess vitamin A. Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes			
Children		N/A				
Infants		N/A				
341 Nutrient Deficiency Diseases						

Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
Pregnant	1	<p>Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Menkes Disease • Pellagra • Cheilosis, and • Xerophthalmia <p>Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Breastfeeding	1	<p>Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia 	Yes			

		<ul style="list-style-type: none"> • Vitamin K Deficiency • Menkes Disease • Pellagra • Cheilosis, and • Xerophthalmia <p>Presence of nutrient deficiency diseases condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Menkes Disease • Pellagra • Cheilosis, and • Xerophthalmia <p>Presence of nutrient deficiency diseases condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Children	3	Diagnosis of nutritional deficiencies or a disease caused by	Yes			

			<p>insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Menkes Disease • Xerophthalmia • Pellagra, and • Cheilosis <p>Presence of nutrient deficiency diseases diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Infants	1	<p>Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Protein Energy Malnutrition • Scurvy • Rickets • Beri Beri • Hypocalcemia • Osteomalacia • Vitamin K Deficiency • Menkes Disease • Xerophthalmia • Pellagra, and • Cheilosis 	Yes				

			Presence of nutrient deficiency diseases condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.				
342 Gastro-Intestinal Disorders							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	<p>Disease(s) or condition(s) that interfere with the intake or absorption of nutrients. The conditions include, but are not limited to the following:</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 • gallbladder disease, and • gastroesophageal reflux (GER) <p>Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes				

Breastfeeding	1	<p>Diseases or conditions that interfere with the intake or absorption of nutrients. The conditions include, but are not limited to the following:</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 • gallbladder disease, and • gastroesophageal reflux (GER). <p>Presence of gastro-intestinal disorders condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>Diseases or conditions that interfere with the intake or absorption of nutrients. The conditions include, but are not limited to the following:</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 • gallbladder disease, and • gastroesophageal reflux (GER). 	Yes			

			Presence of gastro-intestinal disorders condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.				
Children	3	<p>Diseases or conditions that interfere with the intake or absorption of nutrients. The conditions include, but are not limited to the following:</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 • gallbladder disease, and • gastroesophageal reflux (GER). <p>Presence of gastro-intestinal disorders condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes				
Infants	1	<p>Disease(s) or condition(s) that interfere with the intake or absorption of nutrients. The conditions include, but are not limited to the following:</p> <ul style="list-style-type: none"> • stomach or intestinal ulcers • small bowel enterocolitis and 	Yes				

			<p>syndrome</p> <ul style="list-style-type: none"> • malabsorption syndromes • inflammatory bowel disease, including ulcerative colitis or Crohn's disea • liver disease • pancreatitis • gallbladder disease, and • gastroesophageal reflux (GER). <p>Presence of gastro-intestinal disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
343 Diabetes Mellitus							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	Yes			
	Breastfeeding	1	Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working	Yes			

			under physician's orders.				
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders	Yes				
Children	3	Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders	Yes				
Infants	1	Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	Yes				
344 Thyroid Disorders							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Hypothyroidism (insufficient levels of thyroid hormone produced or a defect in receptor) or hyperthyroidism (high levels of	Yes				

		<p>thyroid hormone secreted).</p> <p>Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Breastfeeding	1	<p>Hypothyroidism (insufficient levels of thyroid hormone produced or a defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted).</p> <p>Presence of thyroid disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>Hypothyroidism (insufficient levels of thyroid hormone produced or a defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted).</p> <p>Presence of thyroid disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Children	3	<p>Hypothyroidism (insufficient levels of thyroid hormone produced or a defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted).</p>	Yes			

			Presence of thyroid disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.				
Infants	1		Hypothyroidism (insufficient levels of thyroid hormone produced or a defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Presence of thyroid disorders diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes			
345 Hypertension (Includes Chronic and Pregnancy Induced)							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Presence of hypertension diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes				
Breastfeeding	1	Presence of hypertension diagnosed by physician as self-reported by applicant/participant/caregiver, or	Yes				

			as reported or documented by a physician, or someone working under physician's orders.				
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	Presence of hypertension diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes				
Children	3	Presence of hypertension diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes				
Infants	1	Presence of hypertension diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes				
346 Renal Disease							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Any renal disease including pyelonephritis and persistent	Yes				

		<p>proteinuria, but excluding urinary tract infections (UTI) involving the bladder.</p> <p>Presence of renal disease diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Breastfeeding	1	<p>Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.</p> <p>Presence of renal disease diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.</p> <p>Presence of renal disease diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Children	3	<p>Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.</p>	Yes			

			Presence of renal disease diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.				
	Infants	1	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes			
347 Cancer							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of cancer diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a	Yes			

		physician, or someone working under physician's orders.				
Breastfeeding	1	<p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of cancer diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of cancer diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Children	3	<p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect</p>	Yes			

			nutritional status. Presence of cancer diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.				
	Infants	1	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of cancer diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes			
348 Central Nervous System Disorders							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:	Yes			

		<ul style="list-style-type: none"> • epilepsy • cerebral palsy (CP), and • neural tube defects (NTD), such as: <ul style="list-style-type: none"> ○ spina bifida, or ○ myelomeningocele • Parkinson's disease, and • multiple sclerosis (MS) <p>Presence of central nervous system disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Breastfeeding	1	<p>Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • epilepsy • cerebral palsy (CP), and • neural tube defects (NTD), such as: <ul style="list-style-type: none"> ○ spina bifida, or ○ myelomeningocele • Parkinson's disease, and • multiple sclerosis (MS) <p>Presence of central nervous system disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Non-breastfeeding	<18 yrs.	Conditions which affect energy	Yes			

		<p>Priority =3 >=18 yrs. Priority = 6</p>	<p>requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • epilepsy • cerebral palsy (CP), and • neural tube defects (NTD), such as: <ul style="list-style-type: none"> ○ spina bifida, or ○ myelomeningocele • Parkinson's disease, and • multiple sclerosis (MS) <p>Presence of central nervous system disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Children	3	<p>Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • epilepsy • cerebral palsy (CP), and • neural tube defects (NTD), such as: <ul style="list-style-type: none"> ○ spina bifida, or ○ myelomeningocele • Parkinson's disease, and • multiple sclerosis (MS) <p>Presence of central nervous system disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or</p>	Yes				

			as reported or documented by a physician, or someone working under physician's orders.				
Infants	1	<p>Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • epilepsy • cerebral palsy (CP), and • neural tube defects (NTD), such as: <ul style="list-style-type: none"> ○ spina bifida, or ○ myelomeningocele • Parkinson's disease, and • multiple sclerosis (MS) <p>Presence of central nervous system disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes				
349 Genetic and Congenital Disorders							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter	Yes				

		<p>nutrition status metabolically, mechanically, or both. May include, but is not limited to:</p> <ul style="list-style-type: none"> • cleft lip or palate • Down’s syndrome • thalassemia major • sickle Cell Anemia (not sickle cell trait), and • muscular dystrophy <p>Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician’s orders.</p>				
Breastfeeding	1	<p>Hereditary or congenital condition at birth causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:</p> <ul style="list-style-type: none"> • cleft lip or palate • Down’s syndrome • thalassemia major • sickle Cell Anemia (not sickle cell trait), and • muscular dystrophy <p>Presence of genetic and congenital disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician’s orders.</p>	Yes			
Non-breastfeeding	<18 yrs.	<p>Hereditary or congenital condition at birth that causes physical or</p>	Yes			

	Priority =3 >=18 yrs. Priority = 6	metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to: <ul style="list-style-type: none"> • cleft lip or palate • Down’s syndrome • thalassemia major • sickle Cell Anemia (not sickle cell trait), and • muscular dystrophy Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician’s orders.				
Children	3	Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to: <ul style="list-style-type: none"> • cleft lip or palate • Down’s syndrome • thalassemia major • sickle Cell Anemia (not sickle cell trait), and • muscular dystrophy Presence of genetic and congenital disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician’s orders.	Yes			

	Infants	1	<p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to,</p> <ul style="list-style-type: none"> • cleft lip or palate • Down's syndrome • thalassemia major • sickle Cell Anemia (not sickle cell trait), and • muscular dystrophy <p>Presence of genetic and congenital disorders diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
350 Pyloric Stenosis							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children		N/A				

	Infants	1	Gastrointestinal obstruction with abnormal gastrointestinal function affecting nutritional status. Presence of pyloric stenosis diagnosed by a physician as self-reported by an applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	Yes			
351 Inborn Errors of Metabolism							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	Presence of inborn error(s) of metabolism. Generally refers to gene mutations or gene deletions that alter metabolism on the body, including, but not limited to the following: <ul style="list-style-type: none"> • phenylketouria (PKU) • maple syrup urine disease • galactosemia • hyperlipoproteinemia • homocystinuria • tyrosinemia • histidinemia • urea cycle disorders • gluteric aciduria • methylmalonic acidemia • glycogen storage disease • galactokinase deficiency • fructoaldolase deficiency • propionic acidemia 	Yes			

		<ul style="list-style-type: none"> • hypermethionemia, and • medium-chain acyl-CoA dehydrogenase (MCAD) <p>Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Breastfeeding	1	<p>Presence of inborn error(s) of metabolism diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Generally refers to gene mutations or gene deletions that alter metabolism on the body, including, but not limited to the following:</p> <ul style="list-style-type: none"> • phenylketouria (PKU) • maple syrup urine disease • galactosemia • hyperlipoproteinemia • homocystinuria • tyrosinemia • histidinemia • urea cycle disorders • gluteric aciduria • methylmalonic acidemia • glycogen storage disease • galactokinase deficiency • fructoaldolase deficiency • propionic acidemia • hypermethionemia, and • medium-chain acyl-CoA dehydrogenase (MCAD) 	Yes			
Non-breastfeeding	<18 yrs.	Presence of inborn error(s) of metabolism. Generally refers to	Yes			

	<p>Priority =3</p> <p>>=18 yrs.</p> <p>Priority = 6</p>	<p>gene mutations or gene deletions that alter metabolism on the body, including, but not limited to the following:</p> <ul style="list-style-type: none"> • phenylketouria (PKU) • maple syrup urine disease • galactosemia • hyperlipoproteinemia • homocystinuria • tyrosinemia • histidinemia • urea cycle disorders • gluteric aciduria • methylmalonic acidemia • glycogen storage disease • galactokinase deficiency • fructoaldolase deficiency • propionic acidemia • hypermethionemia, and • medium-chain acyl-CoA dehydrogenase (MCAD) <p>Presence of inborn error of metabolism diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Children	3	<p>Presence of inborn error(s) of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Generally refers to gene mutations or gene deletions that alter metabolism in the body, including, but not limited to the following:</p>	Yes			

		<ul style="list-style-type: none"> • phenylketouria (PKU) • maple syrup urine disease • galactosemia • hyperlipoproteinemia • homocystinuria • tyrosinemia • histidinemia • urea cycle disorders • gluteric aciduria • methylmalonic acidemia • glycogen storage disease • galactokinase deficiency • fructoaldolase deficiency • propionic acidemia • hypermethionemia, and • medium-chain acyl-CoA dehydrogenase (MCAD) 				
Infants	1	<p>Presence of inborn error(s) of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Generally refers to gene mutations or gene deletions that alter metabolism in the body, including, but not limited to the following:</p> <ul style="list-style-type: none"> • phenylketouria (PKU) • maple syrup urine disease • galactosemia • hyperlipoproteinemia • homocystinuria • tyrosinemia • histidinemia • urea cycle disorders • gluteric aciduria • methylmalonic acidemia • glycogen storage disease • galactokinase deficiency • fructoaldolase deficiency 	Yes			

			<ul style="list-style-type: none"> • propionic acidemia • hypermethionemia, and • medium-chain acyl-CoA dehydrogenase (MCAD) 				
352 Infectious Diseases							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <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) <p>The infectious disease must be present within the past 6 months, and presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes				

Breastfeeding	1	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <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) <p>The infectious disease must be present within the past 6 months, and presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <ul style="list-style-type: none"> • tuberculosis • pneumonia • meningitis • parasitic infections • hepatitis • bronchiolitis (3 episodes in last 6 months) • HIV (Human 	Yes			

			<p>Immunodeficiency Virus infection)</p> <ul style="list-style-type: none"> • AIDS (Acquired Immunodeficiency Syndrome) <p>The infectious disease must be present within the past 6 months, and presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Children	3	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <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) <p>The infectious disease must be present within the past 6 months, and diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes				

	Infants	1	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <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) <p>The infectious disease must be present within the past 6 months, and by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
353 Food Allergies							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	<p>An adverse immune response to a food or a hypersensitivity that causes adverse immunological reaction.</p> <p>Presence of condition diagnosed by</p>	Yes			

		physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.				
Breastfeeding	1	An adverse immune response to a food or a hypersensitivity that causes adverse immunological reaction. Presence of food allergies diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes			
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6	An adverse immune response to a food or a hypersensitivity that causes adverse immunological reaction. Presence of food allergies diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes			
Children	3	An adverse immune response to a food or a hypersensitivity that causes adverse immunological reaction. Presence of food allergies diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a	Yes			

			physician, or someone working under physician's orders.				
	Infants	1	An adverse immune response to a food or a hypersensitivity that causes adverse immunological reaction. Presence of food allergies diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes			
354 Celiac Disease							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions

Pregnant	1	<p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue • Gluten Enteropathy, and • Non-tropical Sprue <p>Presence of Celiac disease diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Breastfeeding	1	<p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue • Gluten Enteropathy, and • Non-tropical Sprue <p>Presence of Celiac disease diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Non-breastfeeding	<p><18 yrs. Priority =3 ≥18 yrs.</p>	<p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue 	Yes			

		Priority = 6	<ul style="list-style-type: none"> • Gluten Enteropathy, and • Non-tropical Sprue <p>Presence of Celiac Disease diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Children	3		<p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue • Gluten Enteropathy, and • Non-tropical Sprue <p>Presence of Celiac Disease diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Infants	1		<p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as:</p> <ul style="list-style-type: none"> • Celiac Sprue • Gluten Enteropathy, and • Non-tropical Sprue. <p>Presence of Celiac Disease diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a</p>	Yes			

			physician, or someone working under a physician's orders.				
355 Lactose Intolerance							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest Lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe. Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes				
Breastfeeding	1	Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest Lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI	Yes				

		<p>disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of lactose intolerance diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders</p>				
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest Lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of lactose intolerance diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			
Children	3	<p>Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all</p>	Yes			

			<p>of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of lactose intolerance diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders; or symptoms must be well documented by the competent professional authority. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.</p>				
Infants	1		<p>Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of lactose intolerance diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders; or</p>	Yes			

			symptoms must be well documented by the competent professional authority. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.				
356 Hypoglycemia							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/caregiver; or as documented by a physician, or someone working under physician's orders.	Yes			
	Breastfeeding	1	Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/caregiver; or as documented by a physician, or someone working under physician's orders.	Yes			
	Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs.	Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/caregiver; or as documented by a physician, or someone working under physician's	Yes			

		Priority = 6	orders.				
	Children	3	Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/caregiver; or as documented by a physician, or someone working under physician's orders.	Yes			
	Infants	1	Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/caregiver; or as documented by a physician, or someone working under physician's orders.	Yes			
357 Drug-Nutrient Interactions							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	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.	Yes			
	Breastfeeding	1	Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an	Yes			

			extent that nutritional status is compromised.				
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6		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.	Yes			
Children	3		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.	Yes			
Infants	1		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.	Yes			
358 Eating Disorders							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	4	Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image	Yes				

			<p>and morbid fear of becoming fat.</p> <p>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 <p>Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Breastfeeding	4	<p>Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat.</p> <p>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 <p>Presence of eating disorder(s) diagnosed by physician as self-reported by</p>	Yes				

			applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.				
Non-breastfeeding	<18 yrs. Priority =3	Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat.	Yes				
	>=18 yrs. Priority = 6	Symptoms are manifested by abnormal eating patterns including, but not limited to: <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 Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.					
Children		N/A					
Infants		N/A					
359 Recent Major Surgery, Trauma, Burns							

Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
Pregnant	1	<p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status.</p> <ul style="list-style-type: none"> • If within the past two (<= 2) months may be self-reported without being reported or documented by a physician. • If more than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician. 	Yes			
Breastfeeding	1	<p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status.</p> <ul style="list-style-type: none"> • If within the past two (<= 2) months may be self-reported without being reported or documented by a physician. • If more than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician. 		Yes	If the C-section Delivery checkbox on the Woman Health Information Postpartum Info tab is selected (POSTPARTUM.CSection = 'Y'), the system will assign the risk factor.	
Non-breastfeeding	<18 yrs. Priority =3	<p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status.</p> <ul style="list-style-type: none"> • If within the past two (<= 2) 		Yes	If the C-section Delivery checkbox on the Woman Health Information Postpartum Info tab is selected (POSTPARTUM.CSection = 'Y'), the system will assign the risk factor.	

		>=18 yrs. Priority = 6	<p>months may be self-reported without being reported or documented by a physician.</p> <ul style="list-style-type: none"> • If more than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider. 				
Children	3		<p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status.</p> <ul style="list-style-type: none"> • If within the past two (<= 2) months may be self-reported without being reported or documented by a physician. • If more than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician. 	Yes			
Infants	1		<p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status.</p> <ul style="list-style-type: none"> • If within the past two (<= 2) months may be self-reported • If more than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician. 	Yes			

360 Other Medical Conditions							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	<p>Diseases or conditions with nutritional implications that are not included in any of the medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <ul style="list-style-type: none"> • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardiorespiratory diseases • heart disease • cystic fibrosis, or • persistent asthma (moderate or severe) requiring daily medication <p>Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes				
Breastfeeding	1	<p>Diseases or conditions with nutritional implications that are not included in any of the medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <ul style="list-style-type: none"> • juvenile rheumatoid arthritis 	Yes				

		<p>(JRA)</p> <ul style="list-style-type: none"> • lupus erythematosus • cardiorespiratory diseases • heart disease • cystic fibrosis, or • persistent asthma (moderate or severe) requiring daily medication <p>Presence of medical conditions diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>Diseases or conditions with nutritional implications that are not included in any of the medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <ul style="list-style-type: none"> • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardiorespiratory diseases • heart disease • cystic fibrosis, or • persistent asthma (moderate or severe) requiring daily medication <p>Presence of medical conditions diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes			

Children	3	<p>Diseases or conditions with nutritional implications that are not included in any of the medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <ul style="list-style-type: none"> • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardiorespiratory diseases • heart disease • cystic fibrosis, or • persistent asthma (moderate or severe) requiring daily medication <p>Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>	Yes				
Infants	1	<p>Diseases or conditions with nutritional implications that are not included in any of the medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to the following:</p> <ul style="list-style-type: none"> • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardiorespiratory diseases • heart disease • cystic fibrosis, or • persistent asthma (moderate or severe) requiring daily 	Yes				

			<p>medication</p> <p>Presence of medical condition(s) diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.</p>				
361 Depression							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Presence of clinical depression diagnosed by physician or psychologist as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes				
Breastfeeding	1	Presence of clinical depression diagnosed by physician or psychologist as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes				
Non-breastfeeding	<18 yrs. Priority =3	Presence of clinical depression diagnosed by physician or psychologist as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working	Yes				

		>=18 yrs. Priority = 6	under physician's orders.				
Children	3		Presence of clinical depression diagnosed by physician or psychologist as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.	Yes			
Infants			N/A				
362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: <ul style="list-style-type: none"> • minimal brain function • feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes: autism • birth injury • head trauma • brain damage 	Yes				

		<ul style="list-style-type: none"> • other disabilities 				
Breastfeeding	1	<p>Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to:</p> <ul style="list-style-type: none"> • minimal brain function • feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes: autism • birth injury • head trauma • brain damage • other disabilities 	Yes			
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include, but are not limited to:</p> <ul style="list-style-type: none"> • minimal brain function • feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes: autism • birth injury • head trauma • brain damage • other disabilities 	Yes			
Children	3	<p>Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities</p>	Yes			

			include but are not limited to: <ul style="list-style-type: none"> • minimal brain function • feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes: autism • birth injury • head trauma • brain damage • other disabilities 				
Infants	1	Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: <ul style="list-style-type: none"> • minimal brain function • feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes: autism • birth injury • head trauma • brain damage • other disabilities 	Yes				
371 Maternal Smoking							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars. (If RF 371 and 101 are		Yes	If PREGNANCY.CurCigsDay is > 0, the system will assign the risk factor.		

			selected together the participant will be High Risk.)			The system will classify the participant as High Risk if both 101 and 371 have been assigned to the participant.	
Breastfeeding	1		Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars.		Yes	If POSTPARTUM.CurCigsDay is > 0, the system will assign the risk factor.	
Non-breastfeeding	<18 yrs. Priority =3 >=18 yrs. Priority = 6		Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars.		Yes	If POSTPARTUM.CurCigsDay is > 0, the system will assign the risk factor.	
Children			N/A				
Infants			N/A				
372 Alcohol and Illegal Drug Use							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Any alcohol use. Any illegal drug use.		Yes	The system will assign the risk factor when PREGNANCY.CurDrinksWeek is >0.		
Breastfeeding	1	Routine current use of >= 2 drinks/day (1). A serving or standard sized drink is: 1 can of beer (12 fluid oz); 5 oz Wine; and 1	Yes				

		<p>½ fluid oz liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs), or</p> <p>Binge Drinking i.e., drinks 5 or more (≥ 5) drinks on the same occasion on at least one day in the past 30 days; or</p> <p>Heavy Drinking i.e., drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days; or</p> <p>Any illegal drug use.</p>				
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>≥ 18 yrs. Priority = 6</p>	<p>Routine current use of ≥ 2 drinks/day per day (1). A serving or standard sized drink is: 1 can of beer (12 fluid oz); 5 oz Wine; and 1 ½ fluid oz liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs), or</p> <p>Binge Drinking, i.e., drinks 5 or more (≥ 5) drinks on same occasion on at least one day in past 30 days; or</p> <p>Heavy Drinking i.e., drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days; or</p> <p>Any illegal drug use.</p>	Yes			
Children		N/A				
Infants		N/A				

381 Dental Problems							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	1	Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, including but not limited to: <ul style="list-style-type: none"> tooth decay, periodontal disease, tooth loss and/ or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality; and gingivitis of pregnancy 	Yes				
Breastfeeding	1	Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, include, but not limited to: <ul style="list-style-type: none"> tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality 	Yes				
Non-breastfeeding	<18 yrs. Priority =3	Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, include, but	Yes				

		>=18 yrs. Priority = 6	not limited to: <ul style="list-style-type: none"> tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality. 				
Children	3		Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, including but not limited to: <ul style="list-style-type: none"> presence of nursing or baby bottle caries smooth surface decay of the maxillary anterior and the primary molars, delete comma tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality. 	Yes			
Infants	1		Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, include, but limited to: <ul style="list-style-type: none"> presence of nursing or baby bottle caries, smooth surface decay of the maxillary anterior and the primary molars 	Yes			

382 Fetal Alcohol Syndrome							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant		N/A					
Breastfeeding		N/A					
Non-breastfeeding		N/A					
Children	3	<p>Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.</p> <p>Presence of FAS as diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.</p>	Yes				
Infants	1	<p>Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.</p> <p>Presence of FAS diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.</p>	Yes				

401 Failure to Meet USDA/DHHS Dietary Guidelines for Americans							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	4	<p>Women and children two years of age and older 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. For this criterion, failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individuals estimated energy needs.</p> <p>NOTE: This risk may be assigned only to individuals for whom a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and for whom no other risks are identified.</p>	Yes				
Breastfeeding	4	<p>Women and children two years of age and older 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.</p>	Yes				

		<p>For this criterion, failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individuals estimated energy needs.</p> <p>NOTE: This risk may be assigned only to individuals for whom a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and for whom no other risks are identified.</p>				
Non-breastfeeding	<p><18 yrs. Priority = 6</p> <p>>=18 yrs. Priority = 6</p>	<p>Women and children two years of age and older 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.</p> <p>For this criterion, failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individuals estimated energy needs.</p> <p>NOTE: This risk may be assigned only to individuals for whom a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been performed and for whom no other</p>	Yes			

			risks are identified.				
Children	5	<p>Women and children two years of age and older 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. For this criterion, failure to meet Dietary Guidelines is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.</p> <p>NOTE: This risk may be assigned only to individuals 2 years and older for whom a complete nutrition assessment (to include an assessment for risk #425, Inappropriate Nutrition Practices for Children) has been performed and for whom no other risks are identified.</p>	Yes				
Infants		N/A					
411 Inappropriate Infant Feeding							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant		N/A					

Breastfeeding		N/A				
Non-breastfeeding		N/A				
Children		N/A				
Infants	4	<p>Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.</p> <p>411.1 Routinely Using a Substitute for Breast Milk or FDA-approved Iron-fortified Formula as the Primary Nutrient Source during the First Year of Life</p> <p>Examples of substitutes include:</p> <ul style="list-style-type: none"> • Low-iron formula without iron supplementation; • Cows milk, goats milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and • Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other homemade concoctions <p>411.2 Routinely Using Nursing Bottles or Cups Improperly</p> <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, sweetened tea • Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime 	Yes			

		<ul style="list-style-type: none"> • Allowing the infant to use the bottle without restriction (e.g., 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 infants bottle <p>411.3 Routinely Offering Complementary Foods or Other Substances that Are Inappropriate in Type or Timing</p> <p>Complementary foods are any foods or beverages other than breast milk or infant formula. Examples of inappropriate complementary foods:</p> <ul style="list-style-type: none"> • Sweet agents such as sugar, honey, or syrups added to any beverage (including water) or prepared food, or used on a pacifier; and • Any food other than breast milk or iron-fortified infant formula before 4 months of age <p>411.4 Routinely Using Feeding Practices that Disregard the Developmental Needs or Stages of the Infant</p> <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an 				
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			<p>infants hunger cues).</p> <ul style="list-style-type: none"> • 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 (e.g., 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 inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the infant is ready and capable of eating mashed, chopped, or appropriate finger foods). <p>411.5 Feeding Foods to a Infant that Could Be Contaminated with Harmful Microorganisms or Toxins</p> <p>Examples of potentially harmful foods:</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, and Mexican-style cheese • Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.); • Raw or under-cooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean, and radish); 				
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			<ul style="list-style-type: none"> • Undercooked or raw tofu; and • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) <p>411.6 Routinely Feeding Inappropriately Diluted Formula</p> <ul style="list-style-type: none"> • Failure to follow manufacturers dilution instructions (to include stretching formula for household economic reasons) • Failure to follow specific instructions accompanying a prescription <p>411.7 Routinely Limiting the Frequency of Nursing of the Exclusively Breastfed Infant when Breast Milk Is the Sole Source of Nutrients</p> <p>Examples of inappropriate frequency of nursing include:</p> <ul style="list-style-type: none"> • Scheduled feedings instead of demand feedings; • Less than 8 feedings in 24 hours if less than 2 months of age; and • Less than 6 feedings in 24 hours if between 2 and 6 months of age <p>411.8 Routinely Feeding a Diet Very Low in Calories or Essential Nutrients</p> <p>Examples:</p> <ul style="list-style-type: none"> • Vegan diet; • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients <p>411.9 Routinely Using</p>			
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			<p>Inappropriate Sanitation in Preparation, Handling, and Storage of Expressed Breast Milk or Formula</p> <p>Examples of inappropriate sanitation:</p> <ul style="list-style-type: none"> • Limited access or no access to a: • Safe water supply (documented by appropriate officials), • Heat source for sterilization, and/or • Refrigerator or freezer for storage • Failure to properly prepare, handle, and store bottles or storage containers of expressed breast milk or formula <p>411.10 Feeding Dietary Supplements with Potentially Harmful Consequences</p> <p>Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single- or multi-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas <p>411.1 Routinely Not Providing Dietary Supplements Recognized as Essential by National Public Health Policy when a Infant's Diet Alone Cannot Meet Nutrient Requirements</p> <ul style="list-style-type: none"> • Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride 				
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			<p>daily when the water supply contains less than 0.3 ppm fluoride</p> <ul style="list-style-type: none"> Breastfed infants who are ingesting less than 500 mL (16.9 ounces) per day of vitamin D-fortified formula and not taking a supplement of 200 IU of vitamin D Non-breastfed infants who are ingesting less than 500 mL (16.9 ounces) per day of vitamin D-fortified formula and not taking a supplement of 200 IU of vitamin D 				
425 Inappropriate Feeding Practices for Children							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children	5	<p>Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.</p> <p>425.1 Routinely Feeding Inappropriate Beverages as the Primary Milk Source</p>	Yes			

		<p>Examples of inappropriate beverages as primary milk source:</p> <ul style="list-style-type: none"> • Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and • Imitation or substitute milks (such as inadequately or unfortified rice-or soy-based beverages, non-dairy creamer), or other homemade concoctions <p>425.2 Routinely Feeding a Child Any Sugar-Containing Fluids</p> <p>Examples of sugar-containing fluids:</p> <ul style="list-style-type: none"> • Soda/soft drinks; • Gelatin water; • Corn syrup solutions; and • Sweetened tea. <p>425.3 Routinely Using Nursing Bottles, Cups, or Pacifiers Improperly</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 (e.g., walking around with a bottle) or as a pacifier • Using a bottle for feeding or drinking beyond 14 months of age • Using a pacifier dipped in sweet agents such as sugar, honey, or syrups 				
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			<ul style="list-style-type: none"> • Allowing a child to carry around and drink throughout the day from a covered or training cup <p>425.4 Routinely Using Feeding Practices that Disregard the Developmental Needs or Stages of the Child</p> <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregard of the child's cues for hunger and satiety (e.g., 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 (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try to self-feed with appropriate utensils). • Feeding a child food with inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped, or appropriate finger foods). <p>425.5 Feeding Foods to a Child that Could Be Contaminated with Harmful Microorganisms Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice; • Unpasteurized dairy products or soft cheeses such as feta, Brie, 				
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			<p>Camembert, blue-veined, and Mexican-style cheese</p> <ul style="list-style-type: none"> • Raw or under-cooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean, and radish); • Undercooked or raw tofu; and • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) <p>425.6 Routinely Feeding a Diet Very Low in Calories and/or Essential Nutrients Examples:</p> <ul style="list-style-type: none"> • Vegan diet; • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients <p>425.7 Feeding Dietary Supplements with Potentially Harmful Consequences Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single- or multi-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas <p>425.8 Routinely Not Providing Dietary Supplements 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 under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. 				
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			<ul style="list-style-type: none"> • 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. <p>425.9 Routine Ingestion of Nonfood Items (pica) Examples of inappropriate non-food items:</p> <ul style="list-style-type: none"> • Ashes; • Carpet fibers; • Cigarettes or cigarette butts; • Clay; • Dust; • Foam rubber; • Paint chips; • Soil; • Starch (laundry and cornstarch) 				
	Infants		N/A				
427 Inappropriate Nutrition Practices for Women							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	4	<p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems.</p> <p>427.1 Consuming Dietary Supplements with Potentially Harmful Consequences Examples of dietary supplements which when ingested in excess of recommended dosages, may be</p>	Yes			

			<p>toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single- or multiple-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas. <p>427.2 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 <p>Compulsively Ingesting Non-food Items (pica)</p> <p>427.3 Non-food items:</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 cornstarch). <p>427.4 Inadequate Vitamin/Mineral</p>			
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			<p>Supplementation Recognized as Essential by National Public Health Policy Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by a non-pregnant woman.</p> <p>427.5 Pregnant Woman Ingesting Foods that Could Be Contaminated with Pathogenic Microorganisms Potentially harmful foods:</p> <ul style="list-style-type: none"> • Raw fish or shellfish, including oysters, clams, mussels, and scallops; • Refrigerated smoke seafood, unless it is an ingredient in a cooked dish, such as a casserole; • Raw or undercooked meat or poultry; • Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli style meat or poultry products unless reheating until steaming hot; • Refrigerated pate or meat spreads; • Unpasteurized milk or foods containing unpasteurized milk; • Soft Cheeses such as feta, Brie, Camembert, blue-veined cheeses, and Mexican-style cheeses, such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; 				
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		<ul style="list-style-type: none"> • Raw sprouts (alfalfa, clover, and radish); or • Unpasteurized Fruit or Vegetable Juices 				
Breastfeeding	4	<p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems.</p> <p>427.1 Consuming Dietary Supplements with Potentially Harmful Consequences Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single- or multiple-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas. <p>427.2 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 <p>427.3 Compulsively Ingesting Non-food Items (pica) Non-food items:</p> <ul style="list-style-type: none"> • Ashes; • Baking soda; • Burnt matches; • Carpet fibers; • Chalk; 	Yes			

		<ul style="list-style-type: none"> • Cigarettes; • Clay; • Dust; • Large quantities of ice and/or freezer frost; • Paint chips; • Soil; and • Starch (laundry and cornstarch). <p>427.4 Inadequate Vitamin/Mineral Supplementation Recognized as Essential by National Public Health Policy</p> <p>Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by a non-pregnant woman.</p>				
Non-breastfeeding	<p><18 yrs. Priority =6</p> <p>>=18 yrs. Priority = 6</p>	<p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems.</p> <p>427.1 Consuming Dietary Supplements with Potentially Harmful Consequences Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single- or multiple-vitamins; • Mineral supplements; and • Herbal or botanical supplements/remedies/teas. <p>427.2 Consuming a Diet Very Low in Calories and/or Essential Nutrients OR Impaired Caloric Intake or</p>	Yes			

		<p>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 <p>427.3 Compulsively Ingesting Non-food Items (pica) Non-food items:</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 cornstarch). <p>427.4 Inadequate Vitamin/Mineral Supplementation Recognized as Essential by National Public Health Policy</p> <p>Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by a non-pregnant woman.</p>				
Children		N/A				

	Infants		N/A				
428 Dietary Risk Associated with Complementary Feeding Practices							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children	5	A child who 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 Dietary Guidelines for Americans, is at risk of inappropriate complementary feeding. Children 12 through 23 months only. A complete nutrition assessment, including for risk #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.	Yes			
	Infants	4	An infant 4 to 12 months of age who has begun to or is expected to begin to	Yes			

			<ul style="list-style-type: none"> • consume complementary foods and beverages, • eat independently, • be weaning from breast milk or infant formula, or • transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans <p>NOTE: A complete nutrition assessment, including risk #411, Inappropriate Nutrition Practices for Infants, must be completed prior to assigning this risk.</p>				
501 Possibility of Regression							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant						
	Breastfeeding	4	<p>A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>This code may be used only once for each appropriate risk condition which lends itself to the possibility</p>	Yes			

		of regression. Not all risk conditions would apply.				
Non-breastfeeding	<18 yrs. Priority = 6 >=18 yrs. Priority = 6	A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. Removal of such individuals from the Program could result in a situation where the individual's recently improved nutritional status deteriorates. This code may be used only once for each appropriate risk condition which lends itself to the possibility of regression. Not all risk conditions would apply.*	Yes			
Children	5	A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next Certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides This code may be used only once for each appropriate risk condition which lends itself to the possibility of regression. Not all risk conditions would apply.	Yes			
Infants	4	Person with a current valid VOC	Yes			

			<p>Document from another State.</p> <p>The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.</p> <p>If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion would be used primarily when the VOC document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.</p>				
502 Transfer of Certification							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	<p>Person with a current valid VOC Document from another State.</p> <p>The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.</p>		Yes	If CERTCONTACT.VOCDocument = 'Y' for the current certification, the system will assign the risk factor.	
	Breastfeeding	4	<p>Person with a current valid Verification of Certification (VOC) Document from another State or</p>		Yes	If CERTCONTACT.VOCDocument = 'Y' for the current certification, the	

		<p>local agency.</p> <p>The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.</p>			<p>system will assign the risk factor.</p>	
Non-breastfeeding	<p><18 yrs. Priority =3</p> <p>>=18 yrs. Priority = 6</p>	<p>Person with a current valid VOC Document from another State.</p> <p>The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.</p>		Yes	<p>If CERTCONTACT.VOCDocument = 'Y' for the current certification, the system will assign the risk factor.</p>	
Children	3	<p>Person with a current valid VOC Document from another State or local agency.</p> <p>The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.</p>		Yes	<p>If CERTCONTACT.VOCDocument = 'Y' for the current certification, the system will assign the risk factor.</p>	
Infants	1	<p>Person with a current valid VOC Document from another State.</p> <p>The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.</p> <p>If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion would be used primarily when the VOC document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the</p>		Yes	<p>If CERTCONTACT.VOCDocument = 'Y' for the current certification, the system will assign the risk factor.</p>	

			participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.				
503 Presumptive Eligibility for Pregnant Women							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	4	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				
Breastfeeding		N/A					
Non-breastfeeding		N/A					
Children		N/A					
Infants		N/A					
602 Breastfeeding Complications or Potential Complications							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	

	Pregnant		N/A				
	Breastfeeding	1	<p>A breastfeeding woman with any of the following complications or potential complications for breastfeeding:</p> <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, and/or • Tandem nursing (breastfeeding two siblings who are not twins). 	Yes			
	Non-breastfeeding		N/A				
	Children		N/A				
	Infants		N/A				
603 Breastfeeding Complications (for Infants)							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				

	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children		N/A				
	Infants	1	<p>A breastfed infant with any of the following complications or potential complications for breastfeeding:</p> <ul style="list-style-type: none"> • Jaundice • Weak or ineffective suck • Difficulty latching onto mother's breast, or • Inadequate stooling (for age, as determined by a physician or other health care professional), and/or < 6 wet diapers per day. 	Yes			
701 Infant up to 6 Months Old of WIC Mother, or of a Woman Who Would have Been Eligible During Pregnancy							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children		N/A				

	Infants	2	An infant less than 6 (< 6) months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.	Yes			
702 Breastfeeding Infant of Woman at Nutritional Risk							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant		N/A				
	Breastfeeding		N/A				
	Non-breastfeeding		N/A				
	Children		N/A				
	Infants	2	Breastfeeding infant of woman at nutritional risk.	Yes			

703 Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant		N/A					
Breastfeeding		N/A					
Non-breastfeeding		N/A					
Children		N/A					
Infants	1	Infant born of a woman: <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 any use of alcohol or illegal drugs during most recent pregnancy. 	Yes				
801 Homelessness							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	

Pregnant	4	<p>A woman 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 temporary residence for individuals intended to be institutionalized • temporary accommodation of not more than 365 days in the residence of another individual, or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 		Yes	If HOUSEHOLD.Homeless is = 'Y' for the household, the system will assign the risk factor.	
Breastfeeding	4	<p>A woman 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 temporary residence for individuals intended to be 		Yes	If HOUSEHOLD.Homeless is = 'Y' for the household, the system will assign the risk factor.	

		<p>institutionalized</p> <ul style="list-style-type: none"> • temporary accommodation of not more than 365 days in the residence of another individual, or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 				
Non-breastfeeding	<p><18 yrs. Priority =5</p> <p>>=18 yrs. Priority = 6</p>	<p>A woman/emancipated minor or child (non-emancipated minor) 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 temporary residence for individuals intended to be institutionalized • temporary accommodation of not more than 365 days in the residence of another individual, or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 		Yes	If HOUSEHOLD.Homeless is = 'Y' for the household, the system will assign the risk factor.	
Children	5	<p>A child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p>		Yes	If HOUSEHOLD.Homeless is = 'Y' for the household, the system will assign the risk factor.	

			<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 temporary residence for individuals intended to be institutionalized • a temporary accommodation of not more than 365 days in the residence of another individual, or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 			
Infants	4	<p>An infant 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 temporary residence for individuals intended to be institutionalized • a temporary accommodation of not more than 365 days in the residence of another individual, or • a public or private place not 		Yes	If HOUSEHOLD.Homeless is = 'Y' for the household, the system will assign the risk factor.	

			designed for, or ordinarily used as, a regular sleeping accommodation for human beings.				
802 Migrancy							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	4	Categorically eligible women, infants and children who are members of families which contains 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.		Yes	If HOUSEHOLD.Migrant is = 'Y' for the household, the system will assign the risk factor.		
Breastfeeding	4	Categorically eligible women, infants and children who are members of families which contains 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.		Yes	If HOUSEHOLD.Migrant is = 'Y' for the household, the system will assign the risk factor.		
Non-breastfeeding	<18 yrs. Priority =5	Categorically eligible women, infants and children who are members of families which contains		Yes	If HOUSEHOLD.Migrant is = 'Y' for the household, the system will assign		

		>=18 yrs. Priority = 6	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.			the risk factor.	
	Children	5	A child who is a member of a family which contains at least one individual whose principle 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.		Yes	If HOUSEHOLD.Migrant is = 'Y' for the household, the system will assign the risk factor.	
	Infants	4	An infant who is a member of a family which contains 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.		Yes	If HOUSEHOLD.Migrant is = 'Y' for the household, the system will assign the risk factor.	
901 Recipient of Abuse							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	4	Battering or child abuse/neglect within past 6 months as self-	Yes			

		<p>reported, or as 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> <ul style="list-style-type: none"> • Battering: Generally refers to violent physical assaults on women. • Child abuse/neglect: Any 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 (2). <p>If State law requires the reporting of known or suspected child abuse or neglect.</p>				
Breastfeeding	4	<p>Battering or child abuse/neglect within past 6 months as self-reported, or as 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> <ul style="list-style-type: none"> • Battering: Generally refers to violent physical assaults on women. • Child abuse/neglect: Any 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 	Yes			

		<p>or caretaker (2).</p> <p>State law requires the reporting of known or suspected child abuse or neglect.</p>				
Non-breastfeeding	<p><18 yrs. Priority =5</p> <p>>=18 yrs. Priority = 6</p>	<p>Battering or child abuse/neglect within past 6 months as self-reported, or as 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> <ul style="list-style-type: none"> • Battering: Generally refers to violent physical assaults on women. • Child abuse/neglect: Any 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 (2). <p>State law requires the reporting of known or suspected child abuse or neglect.</p>	Yes			
Children	5	<p>Battering or child abuse/neglect within past 6 months as self-reported, or as 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> <ul style="list-style-type: none"> • Battering: Generally refers to violent physical assaults on 	Yes			

		<p>women.</p> <ul style="list-style-type: none"> • Child abuse/neglect: Any 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 (2). <p>State law requires the reporting of known or suspected child abuse or neglect.</p>				
Infants	4	<p>Battering or child abuse/neglect within past 6 months as self-reported, or as 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> <ul style="list-style-type: none"> • Battering: Generally refers to violent physical assaults on women. • Child abuse/neglect: Any 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 (2). <p>If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. WIC regulations pertaining to confidentiality do not take precedence over such State</p>	Yes			

			law.				
902 Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	4	Woman (pregnant, breastfeeding, or non-breastfeeding), 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, or • currently using or having a history of abusing alcohol or other drugs. 	Yes				
Breastfeeding	4	Woman (pregnant, breastfeeding, or non-breastfeeding), 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 	Yes				

		<ul style="list-style-type: none"> 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; or currently using or having a history of abusing alcohol or other drugs. 				
Non-breastfeeding	<p><18 yrs. Priority =5</p> <p>>=18 yrs. Priority = 6</p>	<p>Woman/emancipated minor or child (non-emancipated minor) 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:</p> <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, or currently using or having a history of abusing alcohol or other drugs. 	Yes			
Children	5	<p>A 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:</p> <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 	Yes			

			<ul style="list-style-type: none"> licensed psychologist); physically disabled to a degree which restricts or limits food preparation abilities, or currently using or having a history of abusing alcohol or other drugs. 				
Infants	4	<p>Infant 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:</p> <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, or currently using or having a history of abusing alcohol or other drugs. 	Yes				
903 Foster Care							
Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions	
Pregnant	4	Entering the foster care system during the previous six months or moving from one foster care home to another during the previous six months.	Yes				

	Breastfeeding	4	Entering the foster care system during the previous six months or moving from one foster care home to another during the previous six months.	Yes			
	Non-breastfeeding	<18 yrs. Priority =5 >=18 yrs. Priority = 6	Entering the foster care system during the previous six months or moving from one foster care home to another during the previous six months.	Yes			
	Children	5	Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.	Yes			
	Infants	4	Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.	Yes			
904 Environmental Tobacco Smoke Exposure							
	Category	Priority	Definition	CPA Assigned	System Assigned	Formula	Comments/ Questions
	Pregnant	1	Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to		Yes	If HOUSEHOLD.HouseholdSmoking is = 'Y' for the household, the system will assign the risk factor.	

		smoke from tobacco products inside the home.				
Breastfeeding	1	Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.		Yes	If HOUSEHOLD.HouseholdSmoking is = 'Y' for the household, the system will assign the risk factor.	
Non-breastfeeding	<18 yrs. Priority = 3 >=18 yrs. Priority = 6	Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.		Yes	If HOUSEHOLD.HouseholdSmoking is = 'Y' for the household, the system will assign the risk factor.	
Children	3	Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.		Yes	If HOUSEHOLD.HouseholdSmoking is = 'Y' for the household, the system will assign the risk factor.	
Infants	1	Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home.		Yes	If HOUSEHOLD.HouseholdSmoking is = 'Y' for the household, the system will assign the risk factor.	