

## RISK FACTOR DEFINITIONS TABLE - Children

Risk Factors 103, 121, 134, 141 & 142 (<24 months), 201, & 211 are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
103	<p>Underweight or At Risk of Underweight:</p> <p>Underweight:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Automatically assigned by system based on data entered on the Height/Weight/Blood tab.                             <ul style="list-style-type: none"> <li>- Birth to &lt; 24 months: <math>\leq</math> 2.3<sup>rd</sup> percentile weight-for-length on the CDC Birth to 24 months gender specific growth Charts (using 0-24 WHO Wt/Len grid).</li> <li>- 2 to 5 years: <math>\leq</math> 5<sup>th</sup> percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts (BMI grid).</li> </ul> </li> </ul> <p>At Risk of Underweight:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Automatically assigned by system based on data entered on the Height/Weight/Blood tab.                             <ul style="list-style-type: none"> <li>- Birth to &lt; 24 months: <math>&gt;</math> 2.3<sup>rd</sup> percentile and <math>\leq</math> 5<sup>th</sup> percentile weight-for-length on the CDC Birth to 24 months gender specific growth charts (using 0-24 WHO Wt/Len grid).</li> <li>- 2 to 5 years: <math>&gt;</math> 5<sup>th</sup> percentile and <math>\leq</math> 10<sup>th</sup> percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts (BMI grid).</li> </ul> </li> <li><input type="checkbox"/> Risk Factor 103 (Underweight or At Risk of Underweight) will not be assigned for children greater than or equal to (<math>\geq</math>) 24 months and less than (<math>&lt;</math>) 36 months who are measured recumbently; the measurement will be plotted on the Birth to 36 month (WT/Len grid).</li> <li><input type="checkbox"/> Assigned based on a system calculation and not actual plotting.</li> <li><input type="checkbox"/> MOWINS will flag the participant's record as high-risk:                             <ul style="list-style-type: none"> <li>- Birth through 23 months when the weight-for-length is less than or equal to (<math>\leq</math>) 2.3<sup>rd</sup> percentile on the CDC Birth to 24 months gender specific growth charts (using 0-24 WHO Len/Age grid).</li> <li>- Children 24 – 59 months when the BMI-for-age is less than or equal to (<math>\leq</math>) 5<sup>th</sup> percentile on the 2000 CDC age/gender specific growth charts (BMI grid).                                     <ul style="list-style-type: none"> <li>o Complete a SOAP Note in MOWINS. Refer to ER #2.02900.</li> </ul> </li> </ul> </li> </ul>	S
113	<p>Obese - Children 2-5 Years of Age</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Automatically assigned by system for children 2 to 5 years of age when:                             <ul style="list-style-type: none"> <li>- Body Mass Index (BMI) for age is <math>\geq</math> 95<sup>th</sup> percentile on the 2000 CDC age/gender specific growth charts (BMI grid).</li> <li>- Weight-for-stature as plotted <math>\geq</math> 95<sup>th</sup> percentile on the 2000 CDC age/gender specific growth charts (Y 2-6 Wt/Ht grid).</li> <li>- Risk factor 113 will not be assigned based on a recumbent length. A recumbent length measurement cannot be used to assess Body Mass Index (BMI).</li> </ul> </li> <li><input type="checkbox"/> Counseling Note: It is recommended that the terms "overweight and obese" be used for risk assessment only and more neutral terms (e.g. weight disproportional to height, excess weight, BMI) be used when discussing a child's weight with a parent/caregiver.</li> </ul>	S
114	<p>Overweight or At Risk of Overweight</p> <p>Overweight - Automatically assigned by system when:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Body Mass Index (BMI) for age <math>\geq</math> 85<sup>th</sup> and <math>&lt;</math> 95<sup>th</sup> percentile as plotted on the 2000 CDC age/gender specific growth charts (BMI grid).</li> <li><input type="checkbox"/> Weight-for-stature <math>\geq</math> 85<sup>th</sup> and <math>&lt;</math> 95<sup>th</sup> percentile as plotted on the 2000 CDC age/gender specific growth charts (Y 2-6 Wt/Ht grid).</li> </ul> <p>At Risk of Overweight:</p> <ul style="list-style-type: none"> <li>o <i>Optional assignment:</i> when BMI is based on self-reported weight and height by the parent in attendance.                             <ul style="list-style-type: none"> <li>- Manually assign for a child <math>\geq</math> 12 months if the biological mother's BMI is <math>\geq</math> 30 at the time of child's 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 influenced by pregnancy-related weight gain.)</li> </ul> </li> </ul>	B

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	<ul style="list-style-type: none"> <li>- Manually assign for all children if the biological father is present and the biological father's BMI is <math>\geq 30</math> at the time of the child's certification. BMI cannot be based on measurements of the father provided by the mother.</li> <li><input type="checkbox"/> Counseling Note: It is recommended that the term "overweight" be used for documentation and risk assessment only and more neutral terms (e.g. weight disproportional to height, excess weight, BMI) be used when discussing a child's weight with a parent/caregiver.</li> </ul>	
115	<p>High Weight-for Length</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Automatically assigned by system for children &lt; 24 months of age when weight-for-length measurements is <math>\geq 97.7^{\text{th}}</math> percentile as plotted on the CDC Birth to 24 months gender specific growth charts (0-24 WHO Wt/Len grid).</li> </ul>	S
121	<p>Short Stature or At Risk of Short Stature</p> <p>Short Stature:</p> <ul style="list-style-type: none"> <li>- Risk factor is automatically assigned by system when child's (Birth to &lt; 24 months) length-for-age measurements is <math>\leq 2.3^{\text{rd}}</math> percentile as plotted on the CDC Birth to 24 months gender specific growth charts (0-24 WHO Len/Age grid).</li> <li>- Child's (2-5 years) stature-for-age measurements is <math>\leq 5^{\text{th}}</math> percentile as plotted on the 2000 CDC age/gender specific growth charts (Y 2-6 Ht/Age grid).</li> </ul> <p>At Risk of Short Stature:</p> <ul style="list-style-type: none"> <li>- Risk factor is automatically assigned by system when child's (Birth to &lt; 24 months) length-for-age measurements is <math>&gt; 2.3^{\text{rd}}</math> percentile and <math>\leq 5^{\text{th}}</math> percentile on the CDC Birth to 24 months gender specific growth charts (0-24 WHO Len/Age grid).</li> <li>- Child's (2-5 years) stature-for-age measurement is <math>&gt; 5^{\text{th}}</math> percentile and <math>\leq 10^{\text{th}}</math> percentile on 2000 CDC age/gender specific growth charts (Y 2-6 Ht/Age grid).</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk Factor 121 (Short Stature or At Risk of Short Stature) will <u>not</u> be automatically assigned by system for children <math>\geq 24</math> months and <math>&lt; 36</math> months who are measured recumbently, the measurement will be plotted on the Birth to 36 month grid.</li> <li><input type="checkbox"/> MOWINS will flag a child record as high risk:                             <ul style="list-style-type: none"> <li>- Birth to &lt; 24 months length-for-age measurements is <math>\leq 2.3^{\text{rd}}</math> percentile on the CDC Birth to 24 months gender specific growth charts (0-24 WHO Len/Age grid).</li> <li>- Children's (2-5 years) stature-for-age measurements is <math>\leq 5^{\text{th}}</math> percentile on the 2000 CDC age/gender specific growth charts (Y 2-6 Ht/Age grid).</li> <li>- Complete a SOAP Note in MOWINS. Refer to ER #2.02900.</li> </ul> </li> </ul>	S
134	<p>Failure to Thrive</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed by a physician, as self-reported by applicant, participant or caregiver; or as reported or documented by a physician, or someone working under physician's orders.*</li> <li><input type="checkbox"/> MOWINS will flag participant's record as high-risk.                             <ul style="list-style-type: none"> <li>- Complete a SOAP Note in MOWINS. Refer to ER #2.02900.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C

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141	<p>Low Birth Weight or Very Low Birth Weight – Children &lt; 24 months</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk factor is automatically assigned by system when birth weight entered on the Health Information tab is ≤ 5 lb. 8 oz.</li> <li><input type="checkbox"/> MOWINS will flag participant's record as high-risk.                             <ul style="list-style-type: none"> <li>- Complete a SOAP Note in MOWINS. Refer to ER #2.02900.</li> </ul> </li> </ul>	S
142	<p>Preterm or Early Term Delivery - Children &lt; 24 months</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk factor is automatically assigned by system if the difference between the LMP date of the mother and the actual date of birth of the child is ≤38 6/7 weeks as entered on the Health Information tab. There must be a 2-way link for this risk factor to be system-assigned.                             <ul style="list-style-type: none"> <li>- Preterm: Delivery of an infant born ≤36 6/7 weeks gestation.</li> <li>- Early Term: Delivery of an infant born ≥37 0/7 and ≤38 6/7 weeks gestation.</li> </ul> </li> <li><input type="checkbox"/> Risk Factor is manually assigned when infant is not linked to a mother.</li> <li><input type="checkbox"/> MOWINS will flag participant's record, for children who were born preterm, as high-risk.                             <ul style="list-style-type: none"> <li>- Complete a SOAP Note in MOWINS. Refer to ER #2.02900.</li> </ul> </li> </ul>	B
151	<p>Small for Gestational Age – Children &lt; 24 months</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk factor is manually assigned when the presence of the condition is diagnosed by a physician or someone working under physician's orders or as self-reported by applicant, participant or caregiver.*</li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
201	<p>Low Hemoglobin/Low Hematocrit</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk factor is automatically assigned by system based on data entered on the Health Information and Height/Weight/Blood tab as well as altitude set behind the scenes in MOWINS.                             <ul style="list-style-type: none"> <li>- 1 &lt; 2 years of age: &lt; 11.0/ 32.9 hgb/hct</li> <li>- 2 to 5 years of age: &lt;11.1/33.0 hgb/hct.</li> </ul> </li> <li><input type="checkbox"/> MOWINS will flag participant's record as high-risk all children participants with hemoglobin readings less than 10.0gm/100 ml or a hematocrit less than 31%.                             <ul style="list-style-type: none"> <li>- Complete a SOAP Note in MOWINS. Refer to ER #2.02900.</li> </ul> </li> </ul>	S
211	<p>Elevated Blood Lead Levels</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk factor is automatically assigned by system when blood levels ≥5 mcg/dl within the past 12 months.                             <ul style="list-style-type: none"> <li>- Based on data entered on the Height/Weight/Blood tab.</li> </ul> </li> <li><input type="checkbox"/> MOWINS will flag participant's record as high-risk.                             <ul style="list-style-type: none"> <li>- Complete a SOAP Note in MOWINS. Refer to ER #2.02900</li> </ul> </li> </ul>	S
341	<p><b>Nutrient Deficiency or Disease</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients.</li> </ul>	C

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	<p>- Any currently treated or untreated nutrient deficiency or disease. These include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beriberi, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Xerophthalmia, and Iron Deficiency.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	
342	<p>Gastro-Intestinal Disorders</p> <ul style="list-style-type: none"> <li>☐ Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients.                             <ul style="list-style-type: none"> <li>- Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The Diseases and/or conditions include, but are not limited to: gastroesophageal reflux disease (GERD), peptic ulcer, post bariatric surgery, short bowel syndrome, inflammatory bowel disease, including ulcerative colitis or Crohn's disease, liver disease, pancreatitis, and biliary tract diseases.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
343	<p>Diabetes Mellitus</p> <ul style="list-style-type: none"> <li>☐ Risk factor is Automatically assigned by system when the presence of the condition is diagnosed by a physician, as self-reported by the applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders and the 'Diabetes Mellitus' box is selected on the Health Information tab is selected in the CGS.*                             <ul style="list-style-type: none"> <li>- Metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	B

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344	<p>Thyroid Disorders</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- The medical conditions include, but are not limited to, the following: Hyperthyroidism, Hypothyroidism, Congenital Hyperthyroidism, Congenital Hypothyroidism, Postpartum Thyroiditis.</li> <li>- Document any acceptable documentation or verification of diagnosis in the participant's file in MOWINS or document in General Notes.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
345	<p>Hypertension/Pre-hypertension</p> <ul style="list-style-type: none"> <li>☐ Risk factor is automatically assigned by system when the presence of the condition is diagnosed by a physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders and the 'Hypertension/Pre-Hypertension' box is selected on the Health Information tab in the CGS.*</li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	B
346	<p>Renal Disease</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
347	<p>Cancer</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. Current condition, or the treatment for this condition, must be severe enough to affect nutritional intake.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to</p>	C

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	have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.	
348	<p>Central Nervous System Disorders</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- Conditions which affect energy requirements and may affect the individual's ability to feed self, which alters the nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), multiple sclerosis (MS), Parkinson's disease and neural tube defects (NTD), such as spina bifida or myelomeningocele.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
349	<p>Genetic and Congenital Disorders</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- Hereditary or congenital condition at birth that causes physical or metabolic abnormality. May include, but is not limited to, cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia (not sickle cell trait) and muscular dystrophy.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
351	<p>Inborn Errors of Metabolism</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refers to gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: Amino Acid Disorders, Organic Acid Metabolism Disorders, Fatty Acid Oxidation Disorders, Lysosomal Storage Diseases, Urea Cycle Disorders, Carbohydrate Disorders, Peroxisomal Disorders, Mitochondrial Disorders.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C

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352a	<p>Infectious Diseases - Acute</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. The infectious disease must be present within the past six months.</li> <li>- A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly from person to person. Infectious diseases may also be zoonotic, which are transmitted from animals to humans, or vector-borne, which are transmitted from mosquitoes, ticks, and fleas to humans. These diseases and/or conditions include, but are not limited to (an extensive listing of infectious diseases can be found at: <a href="http://www.nlm.nih.gov/medlineplus/infections.html">http://www.nlm.nih.gov/medlineplus/infections.html</a>)</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th colspan="2" style="text-align: center;">Most Common Acute Infectious Diseases</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Hepatitis A</td> <td style="width: 50%;">Listeriosis</td> </tr> <tr> <td>Hepatitis E</td> <td>Pneumonia</td> </tr> <tr> <td>Meningitis (Bacterial/Viral)</td> <td>Bronchitis (3 episodes in last 6 months)</td> </tr> <tr> <td>Parasitic Infections</td> <td></td> </tr> </tbody> </table> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	Most Common Acute Infectious Diseases		Hepatitis A	Listeriosis	Hepatitis E	Pneumonia	Meningitis (Bacterial/Viral)	Bronchitis (3 episodes in last 6 months)	Parasitic Infections		C
Most Common Acute Infectious Diseases												
Hepatitis A	Listeriosis											
Hepatitis E	Pneumonia											
Meningitis (Bacterial/Viral)	Bronchitis (3 episodes in last 6 months)											
Parasitic Infections												
352b	<p>Infectious Diseases - Chronic</p> <ul style="list-style-type: none"> <li>☐ Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</li> <li>- Conditions likely lasting a lifetime and require long-term management of symptoms. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly, from person to person. Infectious diseases may also be zoonotic, which are transmitted from animals to humans, or vector-borne, which are transmitted from mosquitoes, ticks, and fleas to humans. These diseases and/or conditions include, but are not limited to (an extensive listing of infectious diseases can be found at: <a href="http://www.nlm.nih.gov/medlineplus/infections.html">http://www.nlm.nih.gov/medlineplus/infections.html</a>):</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th colspan="2" style="text-align: center;">Chronic Infectious Diseases</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">HIV Human Immunodeficiency Virus</td> <td style="width: 50%;">Hepatitis B</td> </tr> <tr> <td>AIDS Acquired Immunodeficiency Syndrome</td> <td>Hepatitis C</td> </tr> <tr> <td>Hepatitis D</td> <td></td> </tr> </tbody> </table> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	Chronic Infectious Diseases		HIV Human Immunodeficiency Virus	Hepatitis B	AIDS Acquired Immunodeficiency Syndrome	Hepatitis C	Hepatitis D		C		
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HIV Human Immunodeficiency Virus	Hepatitis B											
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## RISK FACTOR DEFINITIONS TABLE - Children

Risk Factors 103, 121, 134, 141 & 142 (<24 months), 201, & 211 are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
353	<p>Food Allergies</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
354	<p>Celiac Disease</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- Also known as Celiac Sprue, Gluten-sensitive Enteropathy or Non-tropical Sprue, Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein found in wheat, rye, &amp; barley) that results in damage to the small intestine &amp; malabsorption of the nutrients from food).</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
355	<p>Lactose Intolerance</p> <ul style="list-style-type: none"> <li>☐ Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.</li> <li>- Documentation should indicate that the ingestion of dairy products causes the symptoms and the avoidance of such dairy products eliminates them. Lactose intolerance occurs when there is an 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.</li> <li>- Note: If symptoms are well documented by the competent professional authority, self-reporting of diagnosis or physician/health care provider documentation is not required.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
356	<p>Hypoglycemia</p>	C

## RISK FACTOR DEFINITIONS TABLE - Children

Risk Factors 103, 121, 134, 141 & 142 (<24 months), 201, & 211 are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
	<p><input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <ul style="list-style-type: none"> <li>- Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise.</li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	
357	<p><b>Drug Nutrient Interactions</b></p> <p><input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <ul style="list-style-type: none"> <li>- 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.</li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
359	<p><b>Recent Major Surgery, Physical Trauma, Burns</b></p> <p><input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <ul style="list-style-type: none"> <li>- Major surgery, physical trauma, or burns severe enough to compromise nutritional status. Any occurrence: within the past 2 (<math>\leq 2</math>) months may be self-reported, more than 2 (<math>&gt; 2</math>) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physicians.</li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
360	<p><b>Other Medical Conditions</b></p> <p><input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <ul style="list-style-type: none"> <li>- Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: juvenile rheumatoid arthritis, lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication.</li> </ul>	C

## RISK FACTOR DEFINITIONS TABLE - Children

Risk Factors 103, 121, 134, 141 & 142 (<24 months), 201, & 211 are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
	<p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	
362	<p>Developmental, Sensory or Motor Disabilities</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk Factor is manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.                             <ul style="list-style-type: none"> <li>- Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes, but is not limited to, 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 and other disabilities.</li> </ul> </li> </ul> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
381	<p>Oral Health Conditions</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk Factor is manually assigned when:                             <ul style="list-style-type: none"> <li>- There is presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. Oral health conditions include, but are not limited to:                                     <ul style="list-style-type: none"> <li>o Dental caries, often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria, that metabolize sugars to produce acid which, over time, demineralizes tooth structure</li> <li>o Periodontal diseases are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis.</li> <li>o Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Document how the oral assessment was performed and the results in the general/SOAP notes.</li> </ul>	C
401*	<p>Failure to Meet Dietary Guidelines - Children <math>\geq</math> 2years old</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk Factor is manually assigned when no other risk factor can be assigned at the initial certification.                             <ul style="list-style-type: none"> <li>- May be presumed to be at nutrition risk based on failure to meet Dietary Guidelines for Americans.</li> <li>- This risk may be assigned only to individuals (2 years and older) for whom a complete nutrition assessment (to include assessment for risk #425 or Inappropriate Nutrition Practices for Children) has been performed and for whom no other risk(s) are identified.)</li> <li>- Defined as children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for <i>failure to meet Dietary Guidelines for Americans [Dietary Guidelines]</i> (1). Based on an individual's estimated energy needs, the <i>failure to meet Dietary Guidelines</i> risk criterion 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)</li> <li>- Cannot be assigned with any other health and/or medical risk factors on the initial certification/recertification. (Stand alone risk factor)</li> </ul> </li> </ul>	C

## RISK FACTOR DEFINITIONS TABLE - Children

Risk Factors 103, 121, 134, 141 & 142 (<24 months), 201, & 211 are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
	<p>NOTE: The <i>Failure to meet Dietary Guidelines for Americans</i> risk criterion can only be used when a complete nutrition assessment has been completed and no other risk criteria have been identified. This includes assessing for risk #425 (Stand alone risk factor) <i>Inappropriate Nutrition Practices for Children</i>.</p> <p>*NOTE: A WIC Certifier cannot assign risk factor. *NOTE: A WIC Certifier cannot assign risk factor.</p>	
425	<p>Inappropriate Nutrition Practices for Children (12 – 59 months)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk Factor is manually assigned when inappropriate child feeding practices are documented, e.g.,                             <ul style="list-style-type: none"> <li>- Routinely feeding inappropriate beverages as the primary milk source or any sugar-containing fluids,</li> <li>- Routinely using nursing bottles, cups, or pacifiers improperly,</li> <li>- Routinely using feeding practices that disregard the developmental needs or stages of the child</li> <li>- Feeding foods that could be contaminated with harmful microorganisms</li> <li>- Routinely feeding a diet very low in calories and/or essential nutrients,</li> <li>- Feeding dietary supplements with potentially harmful consequences,</li> <li>- Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements,</li> <li>- Routine ingestion of nonfood items (pica).</li> </ul> </li> </ul>	B
428*	<p>Dietary Risk Associated with Complementary Feeding Practices</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk Factor is manually assigned for children 12 through 23 months, this is a presumed risk.                             <ul style="list-style-type: none"> <li>- A child is at risk of inappropriate complementary feeding if they have begun, or are expected to begin consuming complementary foods and beverages, eating independently, weaning from breast milk or infant formula, or transitioning from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans.</li> <li>- A complete nutrition assessment for risk #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk factor. This can be assigned with other dietary risk factor assignment.</li> <li>- Can be assigned along with risk 425.</li> </ul> </li> </ul> <p>* A WIC Certifier cannot assign risk factor.</p>	C
501*	<p>Possibility of Regression</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk Factor is manually assigned when a participant could regress in their nutrition/health status. Cannot be used:                             <ul style="list-style-type: none"> <li>- At the initial certification</li> <li>- Consecutively per risk factor</li> <li>- If participant can be certified for other risk factors (401 shall be assigned before 501).</li> <li>- If participant was certified using only the following risk factors during the last certification period; 501 and 502</li> </ul> </li> </ul> <p>* A WIC Certifier cannot assign risk factor.</p>	C
502	<p>Transfer of Certification</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Automatically assigned by system when the "VOC" check box is selected on the Applicant Prescreening Window or through the VOC Certification option on the Participant Activities menu.                             <ul style="list-style-type: none"> <li>- Person with current valid Verification of Certification (VOC) document from another State or local agency.</li> <li>- The VOC is valid until the certification period expires (See E.R. # 3.03500) and shall be accepted as proof of eligibility for program benefits and their FI cycle should remain as determined by the other state.</li> </ul> </li> </ul>	S

## RISK FACTOR DEFINITIONS TABLE - Children

Risk Factors 103, 121, 134, 141 & 142 (<24 months), 201, & 211 are high risk and require a SOAP note.

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
801	<p>Homelessness</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Automatically assigned by system when the "Homeless" check box is selected.                             <ul style="list-style-type: none"> <li>- Homelessness is when a child lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: a supervised publicly or privately operated shelter (including a welfare hotel, 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.</li> </ul> </li> <li><input type="checkbox"/> System will default to a homeless food package.</li> </ul>	S
802	<p>Migrancy</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Automatically assigned by system when the "Migrant" check box is selected.                             <ul style="list-style-type: none"> <li>- This is defined as eligible children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</li> </ul> </li> </ul>	S
902	<p>A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Risk Factor is manually assigned when the primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to, a woman or an infant/child of caregiver with the following:</p> <ul style="list-style-type: none"> <li>- Documentation or self-report of misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications.</li> <li>- Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</li> <li>- Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</li> <li>- Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities.</li> <li>- ≤ 17 years of age.</li> <li>- Document the concern to why the primary caregiver has limited feeding decisions in the general/SOAP note.</li> </ul> <p>*Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
904	<p>Environmental Tobacco Smoke [ETS] Exposure</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Automatically assigned by system when the 'Household Smoking' field on the AdditionalInfo1 tab found on the Demographics tab is checked after the LWP staff has asked if anyone living in the household smokes inside the home and they reported 'yes'.</li> <li><input type="checkbox"/> System automatically assigns this risk factor to all members of the household.</li> </ul>	S