

110 Series		ANTHROPOMETRIC	High Weight for Height															
113	Obese (Children 2-5 years)	<p>≥ 24 mo. to 5 yrs of age, ≥ 95th % BMI or ≥ 95th % weight for stature based on NCHS/CDC (2000) age/sex specific growth charts.</p> <p><u>Note:</u> The cutoff is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.</p> <p>Comments: High risk if infant or child is ≥ 95% BMI or weight-for-height with a high rate of weight gain and has not established a parallel growth curve to the recommended curve or if child is significantly above the 95% (more than 2 squares above 95% channel line).</p> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, only by risk factor. CPA must determine if meets high risk criteria.</p>	C															
115	High weight for length (Birth to <24 mos.)	<p>≥ 97.7th % weight-for-length as plotted on WHO growth grids</p> <p>Comments: High risk: Wt-Length ≥ 97.7th % for 12 mo. to < 24 mo.</p> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, only if Wt-Length ≥ 97.7th % for 12 mo. to < 24 mo.</p>	I, C															
130 Series		ANTHROPOMETRIC	Inappropriate Growth/Weight Gain Pattern															
131	Low maternal weight gain	<p>1. 2nd and 3rd trimesters, singleton pregnancies, weight gain:</p> <ul style="list-style-type: none"> ● underweight: < 1 lb./week ● normal: < .8 lbs./week ● overweight: < .5 lbs./week ● obese: < .4 lbs./week <p>OR</p> <p>2. Low weight gain at any point in pregnancy, such that a woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category (underweight, normal, overweight, obese), using IOM-based weight gain grid.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th><u>Wt. Group</u></th> <th><u>BMI</u></th> <th><u>Recommended Wt Gain Range</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td><18.5</td> <td>28-40 lbs.</td> </tr> <tr> <td>Normal</td> <td>18.5 to 24.9</td> <td>25-35 lbs.</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>15-25 lbs.</td> </tr> <tr> <td>Obese</td> <td>> 30.0</td> <td>11-20 lbs.</td> </tr> </tbody> </table> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, risk factor criteria and high risk criteria are the same.</p>	<u>Wt. Group</u>	<u>BMI</u>	<u>Recommended Wt Gain Range</u>	Underweight	<18.5	28-40 lbs.	Normal	18.5 to 24.9	25-35 lbs.	Overweight	25.0 to 29.9	15-25 lbs.	Obese	> 30.0	11-20 lbs.	PG
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132	Maternal weight loss during pregnancy	<ul style="list-style-type: none"> Any weight loss below pregravid weight during 1st trimester, or Weight loss of ≥ 2 lbs (≥ 1 kg) in the 2nd or 3rd trimesters (14-40 weeks gestation). <p>Comments: High risk unless the woman has established adequate weight gain for her respective pre-pregnancy weight category (underweight, normal, overweight, obese), using IOM-based weight gain grid.</p> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, only by risk factor. CPA must determine if meets high risk criteria.</p>	PG															
133	Maternal weight gain	<ol style="list-style-type: none"> 2nd and 3rd trimesters, singleton pregnancies, weight gain: <ul style="list-style-type: none"> underweight: > 1.3 lbs./week normal: > 1 lbs./week /overweight: > .7 lbs./week obese: > .6 lbs./week OR High weight gain at any point in pregnancy, such that a woman’s weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category (underweight, normal, overweight, obese), using IOM-based weight gain grid. <p>Breastfeeding or Non-Breastfeeding Women (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the IOM’s recommended range (2) based on Body Mass Index (BMI), as follows:</p> <table border="1" data-bbox="423 1199 1344 1514"> <thead> <tr> <th><u>Prepregnancy Weight Groups</u></th> <th><u>Definition</u></th> <th><u>Cut-off Value</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>BMI <18.5</td> <td>> 40 lbs</td> </tr> <tr> <td>Normal Weight</td> <td>BMI 18.5 to 24.9</td> <td>> 35 lbs</td> </tr> <tr> <td>Overweight</td> <td>BMI 25.0 to 29.9</td> <td>> 25 lbs</td> </tr> <tr> <td>Obese</td> <td>BMI ≥ 30.0</td> <td>> 20 lbs</td> </tr> </tbody> </table> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, risk factor criteria and high risk criteria are the same.</p>	<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Cut-off Value</u>	Underweight	BMI <18.5	> 40 lbs	Normal Weight	BMI 18.5 to 24.9	> 35 lbs	Overweight	BMI 25.0 to 29.9	> 25 lbs	Obese	BMI ≥ 30.0	> 20 lbs	PG
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134	Failure to thrive	<p>Presence of “failure to thrive” 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>Risk Factor HuBERT assigned? No, CPA assigned. High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	I, C															

130 Series cont.	ANTHROPOMETRIC	Inappropriate Growth/Weight Gain Pattern																																																					
135	Inadequate Growth	<p>A. INFANTS from Birth to 1 month of age: Excessive weight loss after birth or not back to birth weight by 2 weeks of age.</p> <p>B. INFANTS from birth to 6 months of age: Based on 2 weights taken at least 1 month apart, the infant's actual weight gain is less than the calculated expected minimal weight gain based on the table below.</p> <table border="1"> <thead> <tr> <th><u>Age</u></th> <th colspan="3"><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>0 - 1 mos 1 lb 3 oz/mo</td> <td>18 gm/day</td> <td>4 ½ oz/wk</td> <td>19 oz/mo</td> </tr> <tr> <td>1 - 2 mos 1 lb 11 oz/mo</td> <td>25 gm/day</td> <td>6 ¼ oz/wk</td> <td>27 oz/mo</td> </tr> <tr> <td>2 - 3 mos 1 lb 3 oz/mo</td> <td>18 gm/day</td> <td>4 ½ oz/wk</td> <td>19 oz/mo</td> </tr> <tr> <td>3 - 4 mos 1 lb 1 oz/mo</td> <td>16 gm/day</td> <td>4 oz/wk</td> <td>17 oz/mo</td> </tr> <tr> <td>4 - 5 mos</td> <td>14 gm/day</td> <td>3 ½ oz/wk</td> <td>15 oz/mo</td> </tr> <tr> <td>5 - 6 mos</td> <td>12 gm/day</td> <td>3 oz/wk</td> <td>13 oz/mo</td> </tr> </tbody> </table> <p>C. INFANTS AND CHILDREN from 6 months to 59 months of age: Option I: Based on 2 weights taken at least 3 months apart, the infant's or child's actual weight gain is less than the calculated expected weight gain based on the table below.</p> <table border="1"> <thead> <tr> <th><u>Age</u></th> <th colspan="4"><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>6 - 12 mos</td> <td>9 gm/day</td> <td>2 ¼ oz/wk</td> <td>9 ½ oz/mo</td> <td>3 lbs 10 oz/6mo</td> </tr> <tr> <td>12 - 59 mos</td> <td>2 ½ gm/day</td> <td>0.6 oz/wk</td> <td>2.7 oz/mo</td> <td>1 lb/6 mo</td> </tr> </tbody> </table> <p>OR Option II: A low rate of weight gain over a six month period (+ or - 2 weeks) as defined by the following chart.</p> <table border="1"> <thead> <tr> <th><u>Age in months at end of 6 month interval</u></th> <th><u>Weight gain per 6 month interval in pounds</u></th> </tr> </thead> <tbody> <tr> <td>6</td> <td>≤ 7</td> </tr> <tr> <td>9</td> <td>≤ 5</td> </tr> <tr> <td>12</td> <td>≤ 3</td> </tr> <tr> <td>18 - 60</td> <td>≤ 1</td> </tr> </tbody> </table> <p>Comments: High risk if this risk code is assigned <u>and</u> if in the last 6 months the weight for length/height has dropped 1 growth channel or more, when at or below the 75th percentile.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	<u>Age</u>	<u>Average Weight Gain</u>			0 - 1 mos 1 lb 3 oz/mo	18 gm/day	4 ½ oz/wk	19 oz/mo	1 - 2 mos 1 lb 11 oz/mo	25 gm/day	6 ¼ oz/wk	27 oz/mo	2 - 3 mos 1 lb 3 oz/mo	18 gm/day	4 ½ oz/wk	19 oz/mo	3 - 4 mos 1 lb 1 oz/mo	16 gm/day	4 oz/wk	17 oz/mo	4 - 5 mos	14 gm/day	3 ½ oz/wk	15 oz/mo	5 - 6 mos	12 gm/day	3 oz/wk	13 oz/mo	<u>Age</u>	<u>Average Weight Gain</u>				6 - 12 mos	9 gm/day	2 ¼ oz/wk	9 ½ oz/mo	3 lbs 10 oz/6mo	12 - 59 mos	2 ½ gm/day	0.6 oz/wk	2.7 oz/mo	1 lb/6 mo	<u>Age in months at end of 6 month interval</u>	<u>Weight gain per 6 month interval in pounds</u>	6	≤ 7	9	≤ 5	12	≤ 3	18 - 60	≤ 1
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200 Series BIOCHEMICAL		Hematocrit or Hemoglobin Below State Criteria																																																																																															
201	Low Hemoglobin/ Low Hematocrit	<p>Hemoglobin or Hematocrit concentration below the 95% confidence interval (i.e., below the .025th percentile) for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy.</p> <p>HuBERT will suggest risk code 201 – Low Hemoglobin or Hematocrit for any value less than the blood values listed on the table below. If the user enters zero or 9’s in the field, no risk code is assigned.</p> <table border="1"> <thead> <tr> <th rowspan="2">Status</th> <th colspan="2">Non-smoking</th> <th colspan="2">Any smoking up to 20 cigarettes/day</th> <th colspan="2">Smoking 21 to 40 cigarettes/day</th> <th colspan="2">Smoking > 40 cigarettes/day</th> </tr> <tr> <th>Hct. %</th> <th>Hgb. gm.</th> <th>Hct. %</th> <th>Hgb. gm.</th> <th>Hct. %</th> <th>Hgb. gm.</th> <th>Hct. %</th> <th>Hgb. gm.</th> </tr> </thead> <tbody> <tr> <td>PG First trimester</td> <td>33.0</td> <td>11.0</td> <td>34.0</td> <td>11.3</td> <td>34.5</td> <td>11.5</td> <td>35.0</td> <td>11.7</td> </tr> <tr> <td>PG Second trimester</td> <td>32.0</td> <td>10.5</td> <td>33.0</td> <td>10.8</td> <td>33.5</td> <td>11.0</td> <td>34.0</td> <td>11.2</td> </tr> <tr> <td>PG Third trimester</td> <td>33.0</td> <td>11.0</td> <td>34.0</td> <td>11.3</td> <td>34.5</td> <td>11.5</td> <td>35.0</td> <td>11.7</td> </tr> <tr> <td>PP, BF 12-14 years old</td> <td>35.7</td> <td>11.8</td> <td>36.7</td> <td>12.1</td> <td>37.2</td> <td>12.3</td> <td>37.7</td> <td>12.5</td> </tr> <tr> <td>PP,BF 15-17 years old</td> <td>35.9</td> <td>12.0</td> <td>36.9</td> <td>12.3</td> <td>37.4</td> <td>12.5</td> <td>37.9</td> <td>12.7</td> </tr> <tr> <td>PP,BF 18 yrs. & older</td> <td>35.9</td> <td>12.0</td> <td>36.9</td> <td>12.3</td> <td>37.4</td> <td>12.5</td> <td>37.9</td> <td>12.7</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Status</th> <th></th> <th>Hct. %</th> <th>Hgb. gm.</th> </tr> </thead> <tbody> <tr> <td>I</td> <td>5 to 12 months</td> <td>33.0</td> <td>11.0</td> </tr> <tr> <td>C</td> <td>12 to 24 months</td> <td>32.9</td> <td>11.0</td> </tr> <tr> <td>C</td> <td>24 to 60 months</td> <td>33.0</td> <td>11.1</td> </tr> </tbody> </table> <p>Comments: High risk if Hgb < 10.0 or if Hematocrit < 30.0.</p> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by HuBERT? Yes, only if Hgb < 10.0 or if Hematocrit < 30.0</p>								Status	Non-smoking		Any smoking up to 20 cigarettes/day		Smoking 21 to 40 cigarettes/day		Smoking > 40 cigarettes/day		Hct. %	Hgb. gm.	PG First trimester	33.0	11.0	34.0	11.3	34.5	11.5	35.0	11.7	PG Second trimester	32.0	10.5	33.0	10.8	33.5	11.0	34.0	11.2	PG Third trimester	33.0	11.0	34.0	11.3	34.5	11.5	35.0	11.7	PP, BF 12-14 years old	35.7	11.8	36.7	12.1	37.2	12.3	37.7	12.5	PP,BF 15-17 years old	35.9	12.0	36.9	12.3	37.4	12.5	37.9	12.7	PP,BF 18 yrs. & older	35.9	12.0	36.9	12.3	37.4	12.5	37.9	12.7	Status		Hct. %	Hgb. gm.	I	5 to 12 months	33.0	11.0	C	12 to 24 months	32.9	11.0	C	24 to 60 months	33.0	11.1	PG, BF, PP, I, C						
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210 Series BIOCHEMICAL		Other Biochemical Test Results Which Indicate Nutritional Abnormality		
211	Elevated blood lead levels	<p>Blood lead level of ≥ 10 µg/deciliter within the past 12 months.</p> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, risk factor criteria and high risk criteria are the same.</p>		PG, BF, I, C

300 Series CLINICAL/HEALTH/MEDICAL Pregnancy-induced Conditions			
301	Hyperemesis gravidarum	<p>Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. Presence of Hyperemesis Gravidarum 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>Risk Factor HuBERT assigned? No, CPA assigned. High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	PG
302	Gestational diabetes	<p>Presence of gestational diabetes 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>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, risk factor criteria and high risk criteria are the same.</p>	PG
330 Series CLINICAL/HEALTH/MEDICAL General Obstetrical Risks			
331	Pregnancy at a young age	<ul style="list-style-type: none"> • Conception \leq 17 years of age. • Current pregnancy (PG), most recent pregnancy only (BF) <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, risk factor criteria and high risk criteria are the same.</p>	PG, BF
335	Multifetal Gestation	<p>> 1 fetus in current pregnancy (PG)</p> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, risk factor criteria and high risk criteria are the same.</p>	PG

338	Pregnant woman currently breastfeeding	<p>Breastfeeding woman now pregnant.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	PG
340, 350, 360 Series CLINICAL/HEALTH/MEDICAL Nutrition Related Risk Conditions			
341	Nutrient deficiency diseases	<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: Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Cheilosis, Menkes Disease, Xerophthalmia, etc.</p> <p>Presence 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>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	PG, BF, I, C

<p>342</p>	<p>Gastro-intestinal disorders</p>	<p>Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include but are not limited to:</p> <ul style="list-style-type: none"> ● gastroesophageal reflux disease (GERD) ● peptic ulcer ● post-bariatric surgery ● Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease ● Liver disease ● Pancreatitis ● short bowel syndrome ● biliary tract diseases <p>Presence of gastro-intestinal 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.</p> <p>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	<p>PG, BF, I, C</p>
<p>343</p>	<p>Diabetes mellitus</p>	<p>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.</p> <p>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, risk factor criteria and high risk criteria are the same.</p>	<p>PG, BF, I, C</p>

345	Hypertension and Prehypertension	<p>Presence of hypertension 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>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? Yes High risk checkbox auto selected by Hubert? Yes, risk factor criteria and high risk criteria are the same.</p>	PG, BF, I, C
346	Renal disease	<p>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.</p> <p>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	PG, BF, I, C

347	Cancer	<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. 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.</p> <p>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	PG, BF, I, C
348	Central nervous system disorders	<p>Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to:</p> <ul style="list-style-type: none"> • epilepsy • cerebral palsy (CP) • neural tube defects (NTDs), such as spina bifida • Parkinson's disease • multiple sclerosis (MS) <p>Presence of central nervous system 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.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	PG, BF, I, C

349	Genetic and congenital disorders	<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) ● Muscular dystrophy <p>Presence of genetic and congenital 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.</p> <p>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	PG, BF, I, C
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351	Inborn errors of metabolism	<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:</p> <p style="text-align: center;">Inborn errors of Metabolism*</p> <ul style="list-style-type: none"> ● Amino Acid Disorders ● Organic Acid Metabolism Disorders ● Fatty Acid Oxidation Disorders ● Lysosomal Storage Diseases ● Urea Cycle Disorders ● Carbohydrate Disorders ● Peroxisomal Disorders ● Mitochondrial Disorders <p><i>*For information about additional IEM, please see Clarification for 351 in the Allowed Nutrition Risk Criteria in the MDH WIC website.</i></p> <p>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	PG, BF, I, C
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<p>352</p>	<p>Infectious diseases</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:</p> <ul style="list-style-type: none"> ➤ ● Tuberculosis*** ➤ ● Bronchiolitis (3 episodes in last 6 months) ● Pneumonia ● Hepatitis*** ● Meningitis ● HIV (Human Immunodeficiency Virus infection)* ● Parasitic infections ● AIDS (Acquired Immunodeficiency Syndrome) * <p>* Breastfeeding is contraindicated for women with these conditions. ***Breastfeeding is occasionally contraindicated for women with these conditions.</p> <p>The infectious disease must be present within the past six (6) months, and diagnosed by a physician as self reported by applicant/participant/care-giver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Comments: High risk for the following: tuberculosis, parasitic infections, HIV, AIDS, Hepatitis. ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	<p>PG, BF, I, C</p>
<p>354</p>	<p>Celiac disease</p>	<p>Also known as: Celiac Sprue, Gluten Enteropathy, Non-tropical Sprue</p> <ul style="list-style-type: none"> ● Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. ● Presence of Celiac 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. <p>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	<p>PG, BF, I, C</p>

<p>358</p>	<p>Eating Disorders</p>	<p>Eating disorders (anorexia nervosa and bulimia) characterized by a disturbed sense of body image and morbid fear of becoming fat. 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 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 or evidence of such disorders documented by the CPA.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	<p>PG, BF</p>
<p>360</p>	<p>Other medical conditions</p>	<p>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:</p> <ul style="list-style-type: none"> ● Juvenile rheumatoid arthritis (JRA) ● Lupus erythematosus ● Cardiorespiratory diseases ● Heart disease ● Cystic fibrosis ● Persistent asthma (moderate or severe) requiring daily medication <p>Presence of other medical condition(s) 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>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	<p>PG, BF, I, C</p>

362	Developmental delays, sensory or motor delays interfering with the ability to eat	<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 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.</p> <p>Comments: ** If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	PG, BF, I, C
370 Series CLINICAL/HEALTH/MEDICAL Substance Abuse			
371	Smoking	<p>Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars.</p> <p>Comments: High risk if smoking ≥ 1 pack (20) per day</p> <p>Risk Factor Hubert assigned? Yes High risk checkbox auto selected by Hubert? Yes, only if smoking ≥ 1 pack (20) per day</p>	PG, BF
372	Alcohol and illegal and/or illicit drug use	<p>Pregnancy (PG): Any alcohol use or illegal and/or illicit drug use.</p> <p>Breastfeeding (BF):</p> <ul style="list-style-type: none"> ● Routine current use of ≥ 2 drinks/day (a serving is 1- 12-oz can beer, 5-oz wine, 1 ½ oz (1 jigger) hard liquor ● Binge drinking, i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days ● Heavy drinking, i.e., drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days; or ● Any illegal and/or illicit drug use. <p>Risk Factor HuBERT assigned? Yes, for pregnant women. High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code for Breastfeeding women, or system assigns for pregnant women, HuBERT will auto select high risk checkbox.</p>	PG, BF
410, 420 Series DIETARY Other Dietary Risks			
411G	Infrequent breastfeeding as sole source of nutrients	<p>The fully breastfed infant (NOT consuming any solid foods) routinely taking:</p> <ul style="list-style-type: none"> ● < 8 feedings in 24 hours (< 2 months of age). ● < 6 feedings (2 months or older). <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	I

600 Series	OTHER RISKS	Breastfeeding Mother/Infant Dyad	
602	Breastfeeding complications or potential complications (women)	<p>A breastfeeding woman with any of the following complications or potential complications:</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 ● tandem nursing (breastfeeding two siblings who are not twins). <p>Comments: High risk if breastfeeding problems affect infant growth or mother's milk supply.</p> <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk</p>	BF
603	Breastfeeding complications or potential complications (infant)	<p>A breastfeeding infant with any of the following complications or potential complications:</p> <ul style="list-style-type: none"> ● jaundice ● weak or ineffective suck ● difficulty latching onto mother's breast ● inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day. <p>Risk Factor HuBERT assigned? No, CPA assigned High risk checkbox auto selected by Hubert? Yes, When CPA assigns risk code, HuBERT will auto select high risk checkbox.</p>	I

OTHER RISKS		
Medically Prescribed Formula	<ul style="list-style-type: none"> Special medical formula prescribed by MD. <p>Note: All participants who receive medical formula are required to have a high risk care plan.</p> <p>CPAs should go into the risk factor screen and select the high risk checkbox.</p>	PG, BF, I, C

REFERENCES FOR MINNESOTA WIC PROGRAM HIGH RISK AND MEDICAL REFERRAL CRITERIA

1. California WIC Program. *Individual Nutrition Education Plan Guidelines*. 2000.
2. CDC Recommendations to Prevent and Control Iron Deficiency in the United States. *MMWR*. 1998; 47(RR-3);1-36.
3. Earl R, Woteki RE, eds. *Iron Deficiency Anemia: Recommended Guidelines for the Prevention, Detection, and Management of Iron Deficiency Anemia Among U.S. Children and Women of Childbearing Age*. Institute of Medicine. Washington, D.C.: National Academy Press, 1994; pp. 22-25.
4. Oregon WIC Program. *High Risk Nutrition Referral Criteria*. 2000.
5. Pennsylvania WIC Program. *Guidance for Providing High Risk Services*. Attachment 2, P & P No.5.02. June 15, 1998.
6. USDA. Food and Nutrition Service. *WIC Nutrition Risk Criteria, WIC Policy Memorandum, 98-9, Revision 4*. 2000.
7. WIC Program, Dallas, Texas. *High Risk Individual Counseling Protocols for WIC Registered Dietitians*. 1999.