



**Government of the District of Columbia  
Department of Health  
Board of Dietetics and Nutrition**

**899 NORTH CAPITOL ST. NE – 2<sup>ND</sup> FLR.  
WASHINGTON, DC 20002**

**March 9, 2017**

**9:00 am - 12:00 pm**

**MEETING AGENDA**



OPEN SESSION: Call to Order

OS-0309-01	<b>SENIOR DEPUTY DIRECTOR'S REPORT</b>	
OS-0309-02	<b>EXECUTIVE DIRECTOR'S REPORT</b>	
OS-0309-03	<b>BOARD ATTORNEY'S REPORT</b>	
OS-0309-04	<b>CHAIRPERSON'S REPORT</b>	
OS-0309-05	<b><u>OPEN SESSION MINUTES</u></b> <b>Board Action:</b> To consider the Open Session Minutes of the December 8, 2016 meeting.	
OS-0309-06	<b><u>INFORMATION ON D.C.'s WIC PROGRAM – PRESENTATION BY AMELIA PETERSON-KOSECKI, MS, RDN, LD</u></b> <b>Board Action:</b> To discuss a new Competent Para Professional Authority position that the DC WIC Program proposes to implement later this year. The details will be provided by Amelia Peterson-Kosecki, Chief of the Department of Health's Nutrition and Physical Fitness Bureau.	
OS-0309-07	<b><u>UPDATE ON REGULATIONS</u></b> <b>Board Action:</b> To discuss the update on the regulations and the establishment of a subcommittee to make recommendations on how to amend, clarify, and add or repeal sections of the regulations.	
OS-0309-08	<b><u>CRIMINAL BACKGROUND CHECK (CBC) POLICY</u></b> <b>Board Action:</b> To discuss if the Board will adopt a policy directing staff in the handling of CBC positive applicants who provide false answers to the criminal background screening questions.	



**TO BE READ BY THE CHAIRPERSON PRIOR TO THE END OF THE  
PUBLIC SESSION**

This concludes the public open session meeting and pursuant to the DC Official Code 2-575(b) and for the purposes set forth therein, the Board will now move into the closed executive session portion of the meeting.



Government of the District of Columbia  
Department of Health

## **BOARD OF DIETETICS/NUTRITION**

### **OPEN SESSION MINUTES**

899 NORTH CAPITOL ST. NE  
ROOM 216  
WASHINGTON, DC 20002

**December 8, 2016**  
**9:00am-10:30am**



Government of the District of Columbia  
Department of Health  
**BOARD OF DIETETICS/NUTRITION**

OPEN SESSION MINUTES DECEMBER 8, 2016

ATTENDANCE:

BOARD MEMBERS:		
	DR. ANNINA BURNS, CHAIRPERSON	PRESENT
	JENNIFER MCCRINDLE	PRESENT
STAFF:		
	ROBIN JENKINS, EXECUTIVE DIRECTOR, BOARDS OF ALLIED AND BEHAVIORAL HEALTH	PRESENT
	ERIC YEAGER, HEALTH LICENSING SPECIALIST	PRESENT
	LEONARD HOWARD, INVESTIGATOR	PRESENT
	PANRAVEE VONGJAROENRAT, ESQ., BOARD ATTORNEY	PRESENT
VISITORS	DR. JANET UNONU	PRESENT
	DR. B. MICHELLE HARRIS	PRESENT

The open session MINUTES begin on the next page.



**Government of the District of Columbia**  
**Department of Health**  
**BOARD OF DIETETICS/NUTRITION**

OPEN SESSION MINUTES December 8, 2016

OS-1208-01	<b>SENIOR DEPUTY DIRECTOR'S REPORT</b> <u>Board Action:</u> There was no report.	
OS-1208-02	<b>EXECUTIVE DIRECTOR'S REPORT</b> <u>Board Action:</u> There was no report.	
OS-1208-03	<b>BOARD ATTORNEY'S REPORT</b> <u>Board Action:</u> There was no report.	
OS-1208-04	<b>BOARD CHAIRPERSON'S REPORT</b> <u>Board Action:</u> There was no report.	
OS-1208-05	<b>OPEN SESSION MINUTES</b>  <u>Board Action:</u> The Open Session Minutes of the September 20, 2016 meeting were approved.	
OS-1208-06	<b>SCOPE OF PRACTICE AND LICENSURE DEFINITIONS</b>  <u>Board Action:</u> The Board agreed that this topic is complicated and needs to be discussed at the subcommittee level.  The Board Chair expressed concern that licensure levels are difficult to discern, especially when one looks at licensing schemes around the country. A close examination of these schemes must	



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	<p>be taken to avoid adding confusion to what a “Dietitian” or a “Nutritionist” means, she said. The Board Chair invited interested members of the public to assist in this effort by contacting the Board and participating in subcommittee meetings that will help reshape and add clarity to the licensure landscape. Dr. B. Michelle Harris of the University of the District of Columbia expressed interest and said that she hopes that the efforts to reshape licensing scheme do not disenfranchise or marginalize minority populations.</p>	
<p><b>OS-1208-07</b></p>	<p><b><u>LGBTQ CONTINUING EDUCATION REQUIREMENT</u></b></p> <p><b>Board Action:</b> The Board voted to fold the two (2) CEUs of LGBTQ training into the current thirty (30)-credit CEU requirement for every licensure renewal.</p> <p>However, the Board Chair cautioned that the Board should look closely at the number of available courses to ensure that licensees are not forced to pick from a narrow group of course offerings set at exorbitant prices. The Executive Director agreed with this concern and promised to conduct a survey of courses available nationally.</p>	
<p><b>OS-1208-08</b></p>	<p><b><u>CONTINUING EDUCATION AUDIT</u></b></p> <p><b>Board Action:</b> The Board asked staff to post a notice on the website to notify licensees of the possibility of an audit following the November 2017 licensure renewal.</p>	



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	<p>Dr. Harris of UDC asked whether a group who decides to conduct research in a journal club, for example, would receive CE credit for “research.” The Executive Director said that something like this should probably be examined at on a case-by-case basis. The Board Chair said that she would be interested in receiving public comments and looking further at this issue in the near future.</p>	
<p>OS-1208-09</p>	<p><b><u>CRIMINAL BACKGROUND CHECK (CBC) POLICY</u></b></p> <p><b><u>Board Action:</u></b> The Board tabled this issue until the next meeting.</p> <p><b>The next meeting is scheduled for Thursday, March 9, 2017.</b></p>	





UTILIZATION OF COMPETENT  
PARAPROFESSIONAL AUTHORITY  
POSITION(S) IN THE DISTRICT OF COLUMBIA  
WIC PROGRAM  
PROPOSAL

Presented to the District of Columbia Board of  
Dietetics and Nutrition  
March 9, 2017

Prepared by the DC Special Supplemental Nutrition Program for  
Women, Infants and Children (WIC) State Agency

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## Background of the WIC Program

The Special Supplemental Food Program for Women, Infants and Children (WIC), established by Congress in 1975, is a public health program under the U.S. Department of Agriculture. The mission of the program is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk by providing health screening, nutrition education and counseling, nutritious foods to supplement diets, breastfeeding support, and referrals to health care.

WIC serves pregnant women, breastfeeding women, non-breastfeeding postpartum women (up to six months post partum), infants and children up to age five.

### Description of Purpose

The District of Columbia (DC) WIC program proposes to utilize a Competent Paraprofessional Authority (CPPA), to perform initial health and dietary assessments, provide nutrition education on basic eating and healthy lifestyles, assign default food packages and make referrals to health and social services. This position would be under the direct supervision of a licensed nutrition professional.

Determination of nutritional risk as part of the WIC certification process has become increasingly automated and rudimentary. Utilization of a CPPA to perform the routine health screening and assessments and provide basic nutrition education will enable the licensed nutrition professional, defined as a Competent Professional Authority (CPA) (see Credential, p. 5), to better utilize their training and skills to provide in-depth assessment and client-centered counseling to high-risk WIC participants requiring Medical Nutrition Therapy (MNT). Examples of high-risk participants include pregnant women with medical and/or nutritional conditions such as gestational diabetes, history of low birth weight and multi-fetal pregnancies, breastfeeding women, infants that are small-for-gestational age or low birth weight, and children with inadequate growth or failure-to-thrive. With implementation of this model, DC WIC will continue to employ licensed dietitians and nutritionists to serve these high-risk clients as well as seek Medicaid reimbursement for MNT when appropriate.

Furthermore, participation in WIC is declining. While reasons for this decline in participation is multi-factorial, long wait times at clinic sites is one contributing factor. Utilization of paraprofessional staff to complete basic certifications will improve clinic efficiency and patient flow, potentially increasing enrollment and participation rates.

### Current Staffing: Credentials and Basic Responsibilities

DC WIC sites are currently staffed with the following position categories:

- A. Competent Professional Authority (CPA) [Code of Federal Regulations 246.2; Nutrition Services Standards, U.S. Department of Agriculture Food and Nutrition Service, August, 2013]
  - o A physician or nutritionist (Master's or Bachelor's degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition or Home Economics with emphasis in Nutrition), dietitian, registered nurse, physician's assistant certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying

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authority, or State or local medically trained health official). (*Note: State or local medically trained health officials includes paraprofessionals.*)

- Has successfully completed a competency-based training program on performing the duties of a CPA. All CPAs are trained in Value Enhanced Nutrition Assessment (VENA) as recommended by the Food and Nutrition Service.
- Has literacy and language skills appropriate to address the needs of diverse participants.
- Is licensed in accordance with the District of Columbia Board of Dietetics and Nutrition as administered through the Department of Health Regulation and Licensing Administration
- Performs nutrition assessments and client-centered counseling for all identified nutritional risks
- Supervises technical staff

### B. Technicians and Administrative Assistants

- Has a minimum of a high school degree or GED
- Has literacy and language skills appropriate to address the needs of diverse participants.
- Performs income and residency intake
- Performs anthropometric and biochemical measurements as part of the nutrition assessment process
- Explains the WIC food package
- Provides referrals to health and social services

### C. Nutrition Education Technician (NETs)

- Has a minimum of a high school degree or GED
- Has literacy and language skills appropriate to address the needs of diverse participants.
- Performs anthropometric and biochemical measurements as part of the nutrition assessment process
- Conducts individual and group education on basic nutrition and healthy lifestyle behaviors
- Explains the WIC food package
- Provides referrals to health and social services

### D. Breastfeeding Peer Counselors

- Has a minimum of a high school degree or GED
- Has literacy and language skills appropriate to address the needs of diverse participants.
- Has breastfed an infant for at least six months
- Is a former or current WIC participant
- Completed the USDA “Loving Support for Breastfeeding: Grow and Glow” competency-based curriculum
- Promotes and advocates for breastfeeding
- Counsels and supports breastfeeding mothers with routine breastfeeding issues and concerns

## CPPA: Proposed Credentials and Basic Responsibilities

### Competent Paraprofessional Authority (CPPA)

- Has a minimum of a high school degree or GED. BS or BA in Nutrition, Licensed Practical Nurse (LPN), Dietetic Technician, Registered (DTR) and home economists with a general bachelor's degree are preferred.

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- Has completed a competency-based training program on performing the duties of a CPPA. The DC WIC training program includes education on basic nutrition principles; life-cycle nutrition specific to maternal and child nutrition and breastfeeding promotion and support; participant-centered counseling skills; and training on specific dietary risks within the CPPA scope of work, such as increasing iron-rich foods or tips to decrease consumption of sugar-sweetened beverages.
- Performs anthropometric and biochemical measurements as part of the nutrition assessment process
- Performs health and nutritional screening
- Conducts individual and group education on basic nutrition and healthy lifestyle behaviors
- Assigns default food packages
- Provides referrals to health and social services

In summary, the Competent Paraprofessional Authorities (CPPAs) will differ from the current NETS by performing the additional tasks of health and nutritional screening and assignment of default food packages. CPPAs will be directly supervised by a CPA that is a licensed nutrition professional.

## Description of WIC Nutrition Services [CFR246.5; 246.7]

Certification is a process to determine if an applicant qualifies for participation in the WIC program. The certification process includes 1) verification of residency in the District of Columbia, 2) verification of income and 3) determination of nutritional risk. Determination of eligibility for residency and income is typically performed by a WIC Technician or Administrative Assistant.

Nutritional Risk is determined by a multi-step assessment. Three major types of nutrition risk are recognized for WIC eligibility: 1) medically-based risks such as anemia, underweight, history of pregnancy complications, or poor pregnancy outcomes; 2) dietary risks, such as inappropriate nutrition/feeding practices or failure to meet the current Dietary Guidelines for Americans and 3) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, such as homelessness or migrancy. Risks are classified as High Risk or Low risk. (See Appendices A-C)

Steps to determine nutritional risk include:

### A. Anthropometric and Biochemical Measurements

Federal regulations mandate that at a minimum, nutritional risk assessment include anthropometric (height, length and weight) measurements and biochemical measurements (Hgb finger prick). Measurements are taken in the WIC clinic or recent measurements can also be provided to WIC by the participant's healthcare provider. WIC technicians and NETs are trained to perform these measurements.

### B. Health Screening

A standardized self-administered questionnaire is used to screen for health risks. The screening tool includes questions on health history, diagnosed health conditions, dietary and lifestyle behaviors. WIC technicians assist participants with filling out the questionnaire. A CPA then reviews the form with the participant and identifies medical, health, dietary and behavioral risks based on responses provided.

C. Nutrition Education

Federal regulations mandate that all WIC participants receive nutrition education at least quarterly. High risk participants must receive individual counseling by a CPA for all required nutrition contacts. Low risk participants may receive two of their nutrition education contacts via a group class, online or through a mobile app. Or WIC Technicians can provide Individual and group nutrition education for non-high risk participants.

D. Food Package Prescription

The WIC program provides specific food benefits to participants according to their participation category, such as infant, child, pregnant woman, non-breastfeeding woman or breastfeeding woman. There are seven food packages authorized per federal regulations. Each food package is designed to provide the Maximum Monthly Allowance or Full Nutrition Benefit (FNB) (see Glossary) for the category. The DC WIC Community Automated Reliable Electronic (CARES) system will automatically assign default food packages for a participant category. Default food packages are defined in the Code of Federal Regulations (7 CFR Part 246) for each participant category and must contain the types and amounts of food to guarantee the Maximum Monthly Allowance of the WIC food package. Federal regulations allow local WIC staff some flexibility and customization for individual tailoring of the food package by a CPA after a thorough assessment. However, some dietary substitutions also require prescription by a physician or other authorized healthcare provider. In these instances, a CPA is required to authorize the prescribed food package in the CARES system.

Federal regulations allow a standardized substitution of yogurt and/or cheese for some of the authorized quantity of milk up to certain amounts (1 lb. of cheese for 3 quarts of milk or 1 quart of yogurt for 1 quart of milk). The DC CARES system is programmed to assign substitutions in the appropriate amounts. In the new staffing model, DC WIC proposes to allow a CPPA to assign yogurt and cheese substitutions for milk.

E. Provision of Referrals

State and local WIC agencies coordinate with services of other public and private programs to assist with meeting additional needs of participants to improve their health, nutrition and social needs, as well as provide a continuum of care to support women, infants and children. Currently, WIC Technicians, NETS and CPAs may provide referrals.

## Proposed Procedures Utilizing CPPAs

A. Certification

Under the new model, the CPPA will perform steps 1-3 below. Currently, paraprofessional WIC Technicians and NETs perform Step 1 and assist with Step 2.

1. Performs anthropometric and biochemical measurements for Hemoglobin (Hgb) levels.
2. Administration of a standardized questionnaire to screen for medical-based risks, dietary risks, or conditions that predispose to inadequate nutrition.
3. Assignment of risk codes. Risk codes are system-assigned by CARES based on entered information such as height and weight and hemoglobin levels or risks are identified through

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the screening tool and entered into CARES. Additional risk codes are assigned based on responses to the screening tool.

Once the screening process is completed, the next steps of certification will be completed by either a CPPA or a CPA depending on the identified risk(s) of the participant. (See Appendices B-G)

### B. Nutrition Education

A CPPA may provide education on basic nutrition and healthy lifestyle behavior to low risk participants (see Appendix F). This education is provided under direct supervision of a CPA. The DC WIC State agency provides scripts and lesson plans developed by a licensed nutritionist or dietitian for CPPA use. Local agency staff must use curriculum approved by the DC WIC State agency nutrition coordinator for any group education classes.

Examples of nutrition education provided by CPPAs include:

- Increasing iron-rich foods in the diet
- Oral health care
- How to read a food label
- Healthy Snacking
- Smart Shopping

A CPPA must document nutrition education contacts in the CARES system. Documentation will be monitored and evaluated by the supervising CPA.

### C. Food Package Assignment

A CPPA can assign a default food package which may include non-exempt contract formulas that do not require a medical prescription in powder or concentrate form. CPPAs cannot assign a food package containing an exempt formula needing a medical prescription; cannot tailor a food package beyond cheese and yogurt substitutions for milk; cannot prorate a food package; cannot prescribe a homeless food package or a breastfeeding infant package (See Appendix B)

### D. Referrals

The CPPA may provide WIC participants with referrals to local and internal health and social services. Referrals must be documented in the CARES system. Documentation will be monitored and evaluated by the supervising CPA.

## Training

Competency-based training of CPPAs will be an essential component to ensure quality nutrition services. Competency-based training focuses on the outcome and each learner's performance is evaluated by whether or not they can demonstrate the outcomes.

Training will include the six competency areas for WIC nutrition assessment as described in "VENA: A Guide to the Art and Science of WIC Nutrition Assessment." These six competency areas include:

1. Principles of life-cycle nutrition – Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood.

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2. Nutrition assessment process – Understands the WIC nutrition assessment process including risk assignment and documentation.
3. Anthropometric and hematological data collection techniques – Understands the importance of using appropriate measurement techniques to collect anthropometric and hematological data.
4. Communication – Knows how to develop rapport and foster open communication with participants and caretakers.
5. Multicultural awareness – Understands how sociocultural issues (race, ethnicity, religion, group affiliation, socioeconomic status and world view) affect nutrition and health practices and nutrition-related health problems.
6. Critical thinking – Knows how to synthesize and analyze data to draw appropriate conclusions.

Continuing education is provided by both the Local agency and the State agency. Continuing education activities assure that personnel maintain and refine their skills and have opportunities to develop new ones.

## Performance Evaluation

WIC Local agency Nutrition Coordinators and Directors as well as State agency nutrition staff conduct regular site monitoring and staff evaluation. Monitoring includes direct observation of nutrition assessment, counseling and education as well as file reviews of appropriate documentation.



## Glossary

### **Anthropometric Measurements**

Relating to measurement of physical characteristics such as height, length and weight measurements.

### **Biochemical Measurements**

A hematological test for anemia such as a hemoglobin, hematocrit, or free erythrocyte protoporphyrin test.

### **Community Automated Reliable Electronic System (CARES)**

A Management Information System (MIS) to manage certification of WIC participants.

### **Competent Paraprofessional Authority (CPPA)**

A state or local agency trained paraprofessional providing services to WIC clients such as, health screening, basic nutrition education, and referral for health care and other services. Must have a **minimum of a high school degree**. Must be under direct supervision of a CPA.

### **Competent Professional Authority (CPA)**

An individual on the staff of the local agency authorized to determine nutritional risk and prescribe supplemental foods. The following persons are the only persons the State agency may authorize to serve as a competent professional authority: A physician or nutritionist (Master's or Bachelor's degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition or Home Economics with emphasis in Nutrition), dietitian, registered nurse, physician's assistant certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority, or State or local medically trained health official). (*Note: State or local medically trained health officials includes paraprofessionals.*)

### **Default Food Package**

Categorical food packages as outlined in 7 CFR 246. The full maximum monthly allowances of all supplemental foods in all food packages must be made available to participants if medically or nutritionally warranted. Food packages must be made available to participants.

### **Dietetic Technician, Registered**

Nutrition and Dietetics Technicians, Registered (NDT) or a Dietetic Technician, Registered are individuals who have met the requirements of the Commission on Dietetic Registration for a NDTR or DTR. These individuals have completed a minimum of an Associate degree by an accredited college or university and completed a minimum of 450 supervised practice hours through a Dietetic Technician Program or equivalent.

<https://www.cdrnet.org/about/who-is-a-dietetic-technician-registered-dtr>

### **Exempt Formula**

An infant formula that meets the requirements for an exempt infant formula under section 412(h) Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a(h)) and the regulations at 21 CFR parts 106 and 107.

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### **Full Nutrition Benefit (FNB)**

The minimum amount of reconstituted fluid ounces of liquid concentrate infant formula as specified in Table 1 of 246.10(e)(9) for each food package category and infant feeding variation.

### **Infant Formula**

A food that meets the definition of an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)) and that meets the requirements for an infant formula under section 412 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a) and the regulations at 21 CFR parts 106 and 107.

### **Maximum Monthly Allowance**

Amount of foods authorized in categorical food packages as defined in 7 CFR 246 ,10.

### **Medical Nutrition Therapy:**

Nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional (source Medicare MNT legislation, 2000). MNT is a specific application of the Nutrition Care Process in clinical settings that is focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.

### **Nutrition Coordinator (State agency)**

WIC State agency position that is responsible for development and evaluation of the State's overall WIC Nutrition Services Plan. A Nutrition Coordinator must meet the credentials of a CPA, hold a Master's degree in the field of nutrition from an accredited college or university and have at least two years of experience as a nutritionist in education, social service, maternal and child health, public health, nutrition or dietetics OR by a Registered Dietitian OR have a Bachelor's degree in the field of nutrition from an accredited college or university and have at least three years of experience as a nutritionist in education, social service, maternal and child health, public health, nutrition or dietetics OR is qualified as a Senior Public Health Nutritionist under the Department of Health and Human Services guidelines OR Meets State/Indian Health Service standards and State personnel qualifications as a Public Health Nutritionist (*Nutrition Services Standards*, Food and Nutrition Service, U.S. Department of Agriculture, August 2013.)

### **Nutrition Coordinator (Local agency)**

A CPA position that participates in the development of the local agency nutrition education and breastfeeding promotion and support plan; coordinates direct nutrition services to participants; oversees food and formula prescriptions and coordinates with medical providers as appropriate; provides nutrition in-service training to other local agency staff who provide nutrition services to participants; develops training schedule for staff who provide nutrition services and other related duties. (*Nutrition Services Standards*, Food and Nutrition Service, U.S. Department of Agriculture, August 2013.)

### **Nutrition Counseling**

A supportive process to set priorities, establish goals, and create individualized action plans which acknowledge and foster responsibility for self-care.

### **Nutrition Education:**

Individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between

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nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.

### **Nutritional risk**

(a) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (b) Other documented nutritionally related medical conditions; (c) Dietary deficiencies that impair or endanger health; (d) Conditions that directly affect the nutritional health of a person, including alcoholism or drug abuse; or (e) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including, but not limited to, homelessness and migrancy.

### **Primary Contract Brand Formula**

The specific infant formula for which manufacturers submit a bid to a State agency in response to a rebate solicitation and for which a contract is awarded by the State agency as a result of that bid.

### **Supplemental Foods**

Those foods containing nutrients determined by nutritional research to be lacking in the diets of pregnant, breastfeeding and postpartum women, infants, and children, and foods that promote the health of the population served by the WIC Program as indicated by relevant nutrition science, public health concerns, and cultural eating patterns, as prescribed by the Secretary in §246.10.

### **Value Enhanced Nutrition Assessment (VENA)**

A comprehensive nutrition assessment to provide quality nutrition services in a participant-centered framework with delivery of appropriate and personalized nutrition interventions that lead to improved health outcomes.

# **APPENDIX**

## Appendix A

### DISTRICT OF COLUMBIA WIC PROGRAM POLICY AND PROCEDURE MANUAL

Policy & Procedure Number: 8.007  
Effective Date: 11/21/2016

#### Functional Area: VIII. CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES

#### Subject Area: Eligibility – Nutritional/Medical Risk Criteria Codes

**Policy** The Certified Professional Authority (CPA) shall use the following criteria for determining nutritional/medical risks for program eligibility for **Women**. An asterisk (\*) is used in DC CARES to designate a high-risk code (indicated by 'HIGH-RISK' used with specific risk codes). The pound symbol (#) is used to indicate that the risk code must be diagnosed by a physician as self reported by WIC client; or as reported or documented by a physician, or someone working under physician's orders (indicated by 'DIAGNOSIS' used with specific risk codes).

**Basis for policy** CFR § 246.7 (e) (Pages 310 - 314) and WIC Policy Memorandum May 2011, Transmittal of New and Revised Nutrition Risk Criteria

**Procedure** N/A

#### a. Biochemical, Women

Risk	DC CARES Code (Priority)		
	Pregnant	Breastfeeding	Non-Breastfeeding
Low Hemoglobin (Refer to Table 1 for cut off values)	<b>201 (I)</b> System-Assigned	<b>201 (I)</b> System-Assigned	<b>201 (III)</b> System-Assigned
Hemoglobin $\leq 10$ g/dl* (must be treated as high-risk and include high-risk care plan or complete SOAP note)	<b>201 (I)</b> System-Assigned HIGH-RISK	<b>201 (I)</b> System-Assigned HIGH-RISK	<b>201 (III)</b> System-Assigned HIGH-RISK
Low Hematocrit (Refer to Table 2 for cut off values)	<b>201 (I)</b> System-Assigned	<b>201 (I)</b> System-Assigned	<b>201 (III)</b> System-Assigned
Elevated Blood Lead Levels: Blood lead level $\geq 5$ mcg/dl within the past 12 months*	<b>211 (I)</b> System-Assigned HIGH-RISK	<b>211 (I)</b> System-Assigned HIGH-RISK	<b>211 (III)</b> System-Assigned HIGH-RISK

**Table I: WIC Low Hemoglobin Cut-Off Values**  
**1998 CDC Guidelines** (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/00051880.htm#0000303039.htm>)

	Pregnant (g/dl)			Non-Pregnant (g/dl)		
	0 – 13 wks	14 – 29 wks	30– 40 wks	12 – 14.9 yrs	15 – 17.9 yrs	≥18 yrs
<b>Nonsmokers</b>	< 11.0	<10.5	<11.0	<11.8	<12.0	<12.0
<b>Up to &lt; 1 pack/day</b>	<11.3	<10.8	<11.3	<12.1	<12.3	<12.3
<b>1 - &lt; 2 packs/day</b>	<11.5	<11.0	<11.5	<12.3	<12.5	<12.5
<b>≥ 2 packs/day</b>	<11.7	<11.2	<11.7	<12.5	<12.7	<12.7

**Table 2: WIC Hematocrit Values**  
**1998 CDC Guidelines** (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/00051880.htm#0000303039.htm>)

	Pregnant (%)			Non-Pregnant (%)		
	0 – 13 wks	14 – 29 wks	30 – 40 wks	12 – 14.9 yrs	15 – 17.9 yrs	≥ 18 yrs
<b>Nonsmokers</b>	<33.0	<32.0	<33.0	<35.7	<35.9	<35.7
<b>Up to &lt; 1 pack/day</b>	<34.0	<33.0	<34.0	<36.7	<36.9	<36.7
<b>1 - &lt; 2 packs/day</b>	<34.5	<33.5	<34.5	<37.2	<37.4	<37.2
<b>≥ 2 packs/day</b>	<35.0	<34.0	<35.0	<37.7	<37.9	<37.7

Note: Current CDC guidelines using pregnancy trimesters (0-13, 14-26, and 27-40 weeks) for hemoglobin and hematocrit values will be implemented upon pending DC CARES upgrade.

**b. Medical, Women**

Risk	DC CARES Code (Priority)		
	Pregnant	Breastfeeding	Non-Breastfeeding
Illegal Drug Use: Any illegal drug use*	<b>372 (I)</b> HIGH-RISK	<b>372 (I)</b> HIGH-RISK	<b>372 (III)</b> HIGH-RISK
<b>372</b> Alcohol Use: Any alcohol use*	<b>3WA (I)</b> HIGH-RISK	N/A	N/A
<b>372</b> Alcohol Abuse: Routine current use of ≥ 2 drinks per day based on the USDA/DHHS Dietary Guidelines* (1 drink = 1 ½ oz. liquor, 5 oz. wine, or 12 oz beer)	N/A	<b>3WA (I)</b> HIGH-RISK	<b>3WA (III)</b> HIGH-RISK
Maternal Smoking: Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars* (Not High-risk for Non-Breastfeeding)	<b>371 (I)</b> System-Assigned HIGH-RISK	<b>371 (I)</b> System-Assigned HIGH-RISK	<b>371 (III)</b> System-Assigned
History of Low Birth Weight: Previous or recent delivery of an infant of low birth weight < 5 lbs 8 oz (<2500 grams)*	<b>312 (I)</b> System-Assigned HIGH-RISK	<b>312 (I)</b> System-Assigned HIGH-RISK Most Recent Pregnancy	<b>312 (III)</b> System-Assigned HIGH-RISK Most Recent Pregnancy
History of Preterm Delivery: ≤ 37 weeks gestation*	<b>311 (I)</b> System-Assigned HIGH-RISK	<b>311 (I)</b> System-Assigned HIGH-RISK Most Recent Pregnancy	<b>311 (III)</b> System-Assigned HIGH-RISK Most Recent Pregnancy
History of Spontaneous Abortion, Fetal or Neonatal Loss: spontaneous abortion (≤ 20 weeks), previous neonatal death (death occurring from birth through the first 28 days of life) or a fetal death (miscarriage or still birth): death at ≥ 20 weeks gestation#*	<b>321 (I)</b> System-Assigned DIAGNOSIS HIGH-RISK	<b>321 (I)</b> System-Assigned DIAGNOSIS HIGH-RISK	<b>321 (III)</b> System-Assigned DIAGNOSIS HIGH-RISK
History of Birth with Nutrition Related Congenital or Birth	<b>339 (I)</b>	<b>339 (I)</b>	<b>339 (III)</b>

Risk	DC CARES Code (Priority)		
	Pregnant	Breastfeeding	Non-Breastfeeding
Defect linked to inappropriate nutrient intake (Pregnant women: any pregnancy)#	DIAGNOSIS	DIAGNOSIS Most Recent Pregnancy	DIAGNOSIS Most Recent Pregnancy
Developmental, Sensory or Motor Delays Interfering with the Ability to Eat (including head trauma, brain damage)#*	<b>362 (I)</b> DIAGNOSIS HIGH-RISK	<b>362 (I)</b> DIAGNOSIS HIGH-RISK	<b>362 (III)</b> DIAGNOSIS HIGH-RISK
<b>Fetal Growth Restriction (FGR)# *</b>	<b>336 (I)</b> DIAGNOSIS HIGH-RISK	N/A	N/A
<b>History of Birth of a Large for Gestational Age Infant, <math>\geq 9</math> pounds (4000g) at birth #</b>	<b>337 (I)</b> DIAGNOSIS	<b>337 (I)</b> DIAGNOSIS Most Recent Pregnancy	<b>337 (III)</b> DIAGNOSIS Most Recent Pregnancy
<b>Depression</b> Presence of clinical depression, including postpartum depression#	<b>361 (I)</b> DIAGNOSIS	<b>361 (I)</b> DIAGNOSIS	<b>361 (III)</b> DIAGNOSIS
Woman With Limited Ability to Make Feeding Decisions and/or Prepare Food: <ul style="list-style-type: none"> <li>▪ <math>\leq 17</math> years of age</li> <li>▪ Mentally disabled/delayed and/or have a mental illness such as clinical depression (#diagnosed by a physician or licensed psychologist)</li> <li>▪ Physically disabled to a degree which restricts or limits food preparation abilities</li> <li>▪ Currently using or having a history of abusing alcohol or other drugs</li> </ul>	<b>902 (IV)</b>	<b>902 (IV)</b>	<b>902 (VI)</b>
<b>Eating Disorders</b> (Anorexia Nervosa and Bulimia): Disorders characterized by a disturbed sense of body image and morbid fear of obesity #*	<b>358 (I)</b> DIAGNOSIS HIGH-RISK	<b>358 (I)</b> DIAGNOSIS HIGH-RISK	<b>358 (III)</b> DIAGNOSIS HIGH-RISK
<b>Hyperemesis Gravidarum #*</b>	<b>301 (I)</b> DIAGNOSIS HIGH-RISK	N/A	N/A

Risk	DC CARES Code (Priority)		
	Pregnant	Breastfeeding	Non-Breastfeeding
<b>Gestational Diabetes</b> (current pregnancy) #*	<b>302 (I)</b> DIAGNOSIS HIGH-RISK	N/A	N/A
<b>History of Gestational Diabetes#</b>	<b>303 (I)</b> DIAGNOSIS	<b>303 (I)</b> DIAGNOSIS Most Recent Pregnancy	<b>303 (III)</b> DIAGNOSIS Most Recent Pregnancy
<b>Drug-Nutrient Interactions</b>	<b>357 (I)</b>	<b>357 (I)</b>	<b>357 (III)</b>
Presence of significant medical/nutritional stress conditions diagnosed and documented in the medical record #* Includes: <ul style="list-style-type: none"> <li>▪ Thyroid Disorders (hypo/hyperthyroidism)</li> <li>▪ Cancer</li> <li>▪ Infectious Diseases Present in the Past 6 Months (including HIV/AIDS, bronchiolitis (not bronchitis), hepatitis, meningitis, parasitic infections, pneumonia, tuberculosis)</li> <li>▪ Hypoglycemia</li> <li>▪ Recent Major Surgery (including Cesarean sections), Trauma, Burns (severe)</li> </ul>	<b>DIAGNOSIS HIGH-RISK</b>  <b>344 (I)</b> <b>347 (I)</b> <b>352 (I)</b>  <b>356 (I)</b> <b>359 (I)</b>	<b>DIAGNOSIS HIGH-RISK</b>  <b>344 (I)</b> <b>347 (I)</b> <b>352 (I)</b>  <b>356 (I)</b> <b>359 (I)</b>	<b>DIAGNOSIS HIGH-RISK</b>  <b>344 (III)</b> <b>347 (III)</b> <b>352 (III)</b>  <b>356 (III)</b> <b>359 (III)</b>
<b>Pre-Diabetes#</b>	N/A	<b>363 (I)</b> DIAGNOSIS	<b>363 (III)</b> DIAGNOSIS

<p>Congenital anomalies, birth injury, or medical condition (diagnosed by a physician) which interferes with food intake or compromises nutritional status #*</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>▪ Nutrient Deficiency Diseases (including protein energy malnutrition, rickets, osteomalacia)</li> <li>▪ Gastro-Intestinal Disorders (including ulcers, short bowel syndrome, inflammatory bowel disease, GERD, liver disease, malabsorption syndromes, pancreatitis, gall bladder disease, post-bariatric surgery)</li> <li>▪ Diabetes Mellitus</li> <li>▪ Renal disease [including pyelonephritis &amp; persistent proteinuria, excluding urinary tract infection (UTI)]</li> <li>▪ Central Nervous System Disorders [including cerebral palsy (CP), epilepsy, neural tube defects (NTD) such as Spina Bifida, Parkinson's Disease, Multiple Sclerosis (MS)]</li> <li>▪ Genetic and Congenital Disorders (including cleft lip palate, sickle cell anemia (not trait), thalassemia major, muscular dystrophy, Down's Syndrome)</li> <li>▪ Inborn Errors of Metabolism (including PKU, MSUD, MCAD)</li> <li>▪ Food Allergies</li> <li>▪ Celiac Disease</li> <li>▪ Lactose Intolerance with GI disturbances</li> <li>▪ Other Medical Conditions (including asthma, cardiorespiratory diseases, heart disease, cystic fibrosis, lupus erythematosus)</li> </ul>	<p>DIAGNOSIS HIGH-RISK</p> <p><b>341 (I)</b></p> <p><b>342 (I)</b></p> <p><b>343 (I)</b></p> <p><b>346 (I)</b></p> <p><b>348 (I)</b></p> <p><b>349 (I)</b></p> <p><b>351 (I)</b></p> <p><b>353 (I)</b></p> <p><b>354 (I)</b></p> <p><b>355 (I)</b></p> <p><b>360 (I)</b></p>	<p>DIAGNOSIS HIGH-RISK</p> <p><b>341 (I)</b></p> <p><b>342 (I)</b></p> <p><b>343 (I)</b></p> <p><b>346 (I)</b></p> <p><b>348 (I)</b></p> <p><b>349 (I)</b></p> <p><b>351 (I)</b></p> <p><b>353 (I)</b></p> <p><b>354 (I)</b></p> <p><b>355 (I)</b></p> <p><b>360 (I)</b></p>	<p>DIAGNOSIS HIGH-RISK</p> <p><b>341 (III)</b></p> <p><b>342 (III)</b></p> <p><b>343 (III)</b></p> <p><b>346 (III)</b></p> <p><b>348 (III)</b></p> <p><b>349 (III)</b></p> <p><b>351 (III)</b></p> <p><b>353 (III)</b></p> <p><b>354 (III)</b></p> <p><b>355 (III)</b></p> <p><b>360 (III)</b></p>
<p><b>History of Preeclampsia#</b></p>	<p><b>304 (I)</b> DIAGNOSIS</p>	<p><b>304 (I)</b> DIAGNOSIS</p>	<p><b>304 (III)</b> DIAGNOSIS</p>
<p><b>Hypertension &amp; Prehypertension</b> (Includes Chronic and Pregnancy-Induced Hypertension) #*</p> <p>Hypertension is defined as persistently high arterial blood pressure with systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg. Prehypertension is defined as blood pressure readings between 130/80 to 139/89 mm Hg</p>	<p><b>345 (I)</b> DIAGNOSIS HIGH-RISK</p>	<p><b>345 (I)</b> DIAGNOSIS HIGH-RISK</p>	<p><b>345 (III)</b> DIAGNOSIS HIGH-RISK</p>



Risk	DC CARES Code (Priority)		
	Pregnant	Breastfeeding	Non-Breastfeeding
Lack of Adequate Prenatal Care: No prenatal care or care delayed until after the third month (after 13 <sup>th</sup> week)	<b>334 (I)</b> System-Assigned	N/A	N/A
Pregnancy at a Young Age: Age at date of conception is $\leq$ 17 years*	<b>331 (I)</b> System-Assigned HIGH-RISK	<b>331 (I)</b> System-Assigned HIGH-RISK Most Recent Pregnancy	<b>331 (III)</b> System-Assigned HIGH-RISK Most Recent Pregnancy
Short Interpregnancy Interval: Conception of most recent pregnancy follows termination of previous pregnancy by less than 18 months (including spontaneous or operative abortions) *	<b>332 (I)</b> HIGH-RISK	<b>332 (I)</b> HIGH-RISK Most Recent Pregnancy	<b>332 (III)</b> HIGH-RISK Most Recent Pregnancy
High Parity and Young Age (women < 20 with >3 pregnancies of $\geq$ 20 wks regardless of birth outcome)*	<b>333 (I)</b> HIGH-RISK Current Pregnancy	<b>333 (I)</b> HIGH-RISK Most Recent Pregnancy	<b>333 (III)</b> HIGH-RISK Most Recent Pregnancy
<b>Multi-fetal Gestation:</b> Multiple pregnancy (i.e., twins, triplets)	<b>335 (I)</b> Current Pregnancy	<b>335 (I)</b> Most Recent Pregnancy	<b>335 (III)</b> Most Recent Pregnancy
Breastfeeding Woman Now Pregnant	<b>338 (I)</b>	N/A	N/A
Oral Health Conditions (including Dental caries, often referred to as “cavities” or “tooth decay,” periodontal disease (gingivitis, periodontitis), tooth loss Document referral to dentist#	<b>381 (I)</b> DIAGNOSIS	<b>381 (I)</b> DIAGNOSIS	<b>381 (III)</b> DIAGNOSIS
Breastfeeding Complications (or potential complications): <ul style="list-style-type: none"> <li>▪ Severe breast engorgement</li> <li>▪ Recurrent plugged ducts</li> <li>▪ Flat or inverted nipples</li> <li>▪ Mastitis (fever w/flu-like symptoms with localized breast tenderness)</li> <li>▪ Cracked bleeding or severely sore nipples</li> <li>▪ Aged <math>\geq</math> 40 years</li> </ul>	602(I)	<b>602 (I)</b>	N/A

### c. Anthropometric (height and weight), Women

Risk	DC CARES Code (Priority)		
	Pregnant	Breastfeeding	Non-Breastfeeding
<b>UNDERWEIGHT/OVERWEIGHT:</b>			
Underweight: Pre-pregnancy BMI <18.5	<b>101 (I)</b> System-Assigned	N/A	N/A
Underweight: Pre-pregnancy or current BMI <18.5 (women < 6 months postpartum)	N/A	<b>101 (I)</b> System-Assigned	<b>101 (III)</b> System-Assigned
Underweight: Current BMI < 18.5 (women > 6 months postpartum)	N/A	<b>101 (I)</b> System-Assigned	N/A
Overweight: Pre-pregnancy BMI $\geq$ 25 (pregnant women)	<b>111 (I)</b> System-Assigned	N/A	N/A
Overweight: Pre-pregnancy BMI $\geq$ 25 (women < 6 months postpartum)	N/A	<b>111 (I)</b> System-Assigned	<b>111 (III)</b> System-Assigned
Overweight: Current BMI $\geq$ 25 (women > 6 months postpartum)	N/A	<b>111 (I)</b> System-Assigned	N/A

Risk	DC CARES Code (Priority)		
	Pregnant	Breastfeeding	Non-Breastfeeding
<b>LOW MATERNAL WEIGHT GAIN:</b>			
Pre-pregnancy BMI < 18.5 (Underweight)* weight gain <1 pound per week after 1 <sup>st</sup> trimester or total weight gain less than 28-40 pounds	<b>131 (I)</b> System-Assigned HIGH-RISK	N/A	N/A
Pre-pregnancy BMI 18.5-24.9 (Normal)* weight gain <0.8 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 25-35 pounds	<b>131 (I)</b> System-Assigned HIGH-RISK	N/A	N/A
Pre-pregnancy BMI 25-29.9 (Overweight)* weight gain <0.5 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 15-25 pounds	<b>131 (I)</b> System-Assigned HIGH-RISK	N/A	N/A
Pre-pregnancy BMI ≥30 (Obese)* weight gain <0.4 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 11-20 pounds	<b>131 (I)</b> System-Assigned HIGH-RISK	N/A	N/A
<b>LOW MATERNAL WEIGHT GAIN: MULTIFETAL GESTATION</b>			
Twin Gestations, Pre-pregnancy BMI 18.5-24.9 (Normal Weight)* weight gain <1.5 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 37-54 pounds	<b>131 (I)</b> System-Assigned HIGH-RISK	N/A	N/A
Twin Gestations, Pre-pregnancy BMI 25-29.9 (Overweight) * weight gain <1.5 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 31-50 pounds	<b>131 (I)</b> System-Assigned HIGH-RISK	N/A	N/A
Twin Gestations, Pre-pregnancy BMI ≥30 (Obese) * weight gain <1.5 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 25-42 pounds	<b>131 (I)</b> System-Assigned HIGH-RISK	N/A	N/A
Triplet Gestations* weight gain <1.5 lbs per week and with total weight gain less than approximately 50 pounds	<b>131 (I)</b> System-Assigned HIGH-RISK	N/A	N/A
<b>HIGH MATERNAL WEIGHT GAIN (all body types):</b>			
High Maternal Weight Gain: For singleton pregnancies, after 1 <sup>st</sup> trimester – weight gain: >1.3 # per week for Underweight Women (BMI < 18.5) >1 # per week for Normal Weight Women (BMI 18.5-24.9) >.7 # per week for Overweight Women (BMI 25-29.9) >.6 # per week for Obese Women (BMI ≥30) Or High weight gain at any point in pregnancy, such that using an Institute of Medicine based weight gain grid, a pregnant woman’s weight plots at any point above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category	<b>133 (I)</b> System-Assigned	N/A	N/A
High Maternal Weight Gain: Total pregnancy weight gain exceeding the upper limit of the Institute of Medicine’s (IOM’s) recommended range based on pre-pregnancy BMI <u>Pre-pregnancy Wt. Groups</u> <u>Total Weight Gain</u> Underweight - BMI <18.5              >40 lbs. Normal Weight - BMI 18.5-24.9      >35 lbs. Overweight - BMI 25-29.9              >25 lbs Obese - BMI ≥30                              >20 lbs.	N/A	<b>133 (I)</b> System-Assigned Most Recent Pregnancy	<b>133 (III)</b> System-Assigned Most Recent Pregnancy
<b>Risk</b>	<b>DC CARES Code (Priority)</b>		

	Pregnant	Breastfeeding	Non-Breastfeeding
<b>MATERNAL WEIGHT LOSS (all body types):</b>			
Maternal Weight Loss During Pregnancy: Any weight loss below pregravid weight during the 1st trimester or $\geq 2$ pounds ( $\geq 1$ kg) in the 2 <sup>nd</sup> or 3 <sup>rd</sup> trimesters	132 (I) System-Assigned	N/A	N/A

#### d. Dietary, Women

The DC WIC dietary risk codes appear below with the federal risk code number and title italicized. The abbreviated title descriptions as they appear in DC CARES are underlined and followed by examples.

Due to DC CARES limitations of decimal places, the federal numbering system has been changed to a combination of numbers and letters in order to specify the components of risk factors 427. For example, 427.1 becomes 4WA, using 4 to indicate dietary risk, W to indicate women, and A to coincide with the first risk code subcategory of risk code 427.

Risk	DC CARES Code (Priority)		
	Pregnant	Breastfeeding	Non-Breastfeeding
<b>427</b> <i>Inappropriate Nutrition Practices for Women -</i> Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. <b><i>Risk 427 Includes risk codes 4WA through 4WE below:</i></b>	See <b>4WA-4WE</b>	See <b>4WA-4WD</b>	See <b>4WA-4WD</b>
<b>427.1</b> <i>Consuming dietary supplements with potentially harmful consequences.</i> <u>Inappropriate dietary supplementation</u> Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: <ul style="list-style-type: none"> <li>▪ Single or multiple vitamins;</li> <li>▪ Mineral supplements; and</li> <li>▪ Herbal or botanical supplements/remedies/teas.</li> </ul>	<b>4WA (IV)</b>	<b>4WA (IV)</b>	<b>4WA (VI)</b>
<b>427.2</b> <i>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.</i> <u>Consuming low calorie diet/impaired absorp</u> <ul style="list-style-type: none"> <li>▪ Strict vegan diet;</li> <li>▪ Low-carbohydrate, high protein diet;</li> <li>▪ Macrobiotic diet; and</li> <li>▪ Any other diet restricting calories and/or essential nutrients.</li> </ul>	<b>4WB (IV)</b>	<b>4WB (IV)</b>	<b>4WB (VI)</b>
<b>427.3</b> <i>Compulsively ingesting non-food items (pica).</i> <u>Compulsively ingesting nonfood items, pica</u> Non-food items: <ul style="list-style-type: none"> <li>▪ Ashes;</li> <li>▪ Baking soda;</li> <li>▪ Burnt matches;</li> <li>▪ Carpet fibers;</li> <li>▪ Chalk;</li> <li>▪ Cigarettes;</li> <li>▪ Clay;</li> <li>▪ Dust;</li> <li>▪ Large quantities of ice and/or freezer frost;</li> <li>▪ Paint chips;</li> <li>▪ Soil; and</li> <li>▪ Starch (laundry and cornstarch).</li> </ul>	<b>421 (IV)</b> System-Assigned  <b>(Will Become 4WC Pending DC CARES Upgrade)</b>	<b>421 (IV)</b> System-Assigned  <b>(Will Become 4WC Pending DC CARES Upgrade)</b>	<b>421 (VI)</b> System-Assigned  <b>(Will Become 4WC Pending DC CARES Upgrade)</b>

Risk	DC CARES Code (Priority)		
	Pregnant	Breastfeeding	Non-Breastfeeding
<p><b>427.4</b> <i>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.</i>  <u>Inadequate vitamin/mineral supplementation</u></p> <ul style="list-style-type: none"> <li>▪ Consumption of less than 27 mg of iron as a supplement daily by pregnant woman</li> <li>▪ Consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women</li> <li>▪ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman</li> </ul>	4WD (IV)	4WD (IV)	4WD (VI)
<p><b>427.5</b> <i>Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms.</i>  <u>Pregnant women ingested contaminated foods</u>  Potentially harmful foods:</p> <ul style="list-style-type: none"> <li>▪ Raw fish or shellfish, including oysters, clams, mussels, and scallops;</li> <li>▪ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole;</li> <li>▪ Raw or undercooked meat or poultry;</li> <li>▪ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot;</li> <li>▪ Refrigerated pate or meat spreads;</li> <li>▪ Unpasteurized milk or foods containing unpasteurized milk;</li> <li>▪ Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk;</li> <li>▪ 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;</li> <li>▪ Raw sprouts (alfalfa, clover, and radish); or</li> <li>▪ Unpasteurized fruit and vegetable juices.</li> </ul>	4WE (IV)	N/A	N/A
<p><i>Failure to Meet Dietary Guidelines for Americans</i>  <u>Failure to Meet Dietary Guidelines</u>  Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutritional risk based on failure to meet <i>Dietary Guidelines for Americans</i>. 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><b>PRESUMED RISK FACTOR</b></p> <p><b>A Complete Nutrition Assessment, Including For Risk #427 Must Be Completed Prior To Assigning This Risk</b></p> <p><b>To Be Used Only When No Other Risk Factor is Applicable</b></p>	401 (IV)	401 (IV)	401 (VI)

**e. Others, Women**

<b>Risk</b>	<b>DC CARES Code (Priority)</b>		
	<b>Pregnant</b>	<b>Breastfeeding</b>	<b>Non-Breastfeeding</b>
<p><b>501</b> Possibility of Regression: Prevention of regression in nutritional/health status for Priority I women who still meet residence and economic requirements, who currently meet no risk criteria, and who the CPA believes will regress in nutritional/health status if removed. Use Codes that reflect the original criteria.</p> <p>Regression Categories:</p> <ul style="list-style-type: none"> <li>▪ Anthropometric</li> <li>▪ Biochemical</li> <li>▪ Medical</li> </ul> <p><i>The regression risk code can NOT be used for consecutive certifications.</i></p>	N/A	<p><b>5WA (IV)</b> <b>5WB (IV)</b> <b>5WM (IV)</b></p>	<p><b>5WA (VI)</b> <b>5WB (VI)</b> <b>5WM (VI)</b></p>
Transfer of Certification: VOC Card	<b>502</b> System-Assigned	<b>502</b> System-Assigned	<b>502</b> System-Assigned
Presumptive Eligibility for Pregnant Women (up to 60 days certification)	<b>503 (IV)</b>	N/A	N/A
Breastfeeding Mother of Infant at Nutritional Risk: Woman breastfeeding an infant who meets a Priority I or II medical risk criterion	601 (I)	<b>601 (I)</b>	N/A
Homelessness: Homeless individual	<b>801 (IV)</b> System-Assigned	<b>801 (IV)</b> System-Assigned	<b>801 (VI)</b> System-Assigned
Migrancy: Migrant individual	<b>802 (IV)</b> System-Assigned	<b>802 (IV)</b> System-Assigned	<b>802 (VI)</b> System-Assigned
Recipient of Abuse	<b>901 (IV)</b>	<b>901 (IV)</b>	<b>901 (VI)</b>
Foster Care (entering or moving during previous 6 months)	<b>903 (IV)</b> System-Assigned	<b>903 (IV)</b> System-Assigned	<b>903 (VI)</b> System-Assigned
Exposure to Environmental Tobacco Smoke (ETS) (Also known as passive, secondhand or involuntary smoke). Exposure to smoke from tobacco products inside the home on 4 or more days per week.	<b>904 (I)</b>	<b>904 (I)</b>	<b>904 (VI)</b>

1. The CPA shall use the following criteria for determining nutrition/medical risks for program eligibility purposes for **Infants and Children**. An asterisk (\*) is used in DC CARES to designate a high-risk code (indicated by ‘HIGH-RISK’ used with specific risk codes). The pound symbol (#) is used to indicate that the risk code must be diagnosed by a physician as self reported by WIC client; or as reported or documented by a physician, or someone working under physician's orders (indicated by ‘DIAGNOSIS’ used with specific risk codes).

**a. Biochemical, Infants and Children**

Risk	DC CARES Codes (Priority)	
	Infants	Children
Low Hemoglobin: Infants and children up to 2 years: < <b>11.0 g/dl</b> Children 2 to 5 years: < <b>11.1 g/dl</b>	<b>201 (I)</b> System-Assigned	<b>201 (III)</b> System-Assigned
Hemoglobin $\leq$ <b>10 g/dl*</b> (must be treated as high-risk and include high-risk care plan or complete SOAP note)	<b>201 (I)</b> System-Assigned <b>HIGH-RISK</b>	<b>201 (III)</b> System-Assigned <b>HIGH-RISK</b>
Low Hematocrit: Infants 6 to 12 months and children up to 2 years: < <b>32.9 %</b> Children 2 to 5 years: < <b>33.0 %</b>	<b>201 (I)</b> System-Assigned	<b>201 (III)</b> System-Assigned
Elevated Blood Lead Levels: Blood lead level $\geq$ <b>10 mcg/dl</b> within the past 12 months*	<b>211 (I)</b> System-Assigned <b>HIGH-RISK</b>	<b>211 (III)</b> System-Assigned <b>HIGH-RISK</b>

**b. Medical, Infants and Children**

Risk	DC CARES Codes (Priority)	
	Infants	Children
Breastfeeding Infant of Woman at Nutritional Risk: Breast-fed infant whose mother is certified for a Priority I risk factor	<b>702 (I)</b>	N/A
Breastfeeding Complications (or potential complications) as follows (refer to physician or lactation consultant): <ul style="list-style-type: none"> <li>▪ Jaundice</li> <li>▪ Weak or ineffective suck</li> <li>▪ Difficulty latching onto mother’s breast</li> <li>▪ Inadequate stooling for age and/or less than 6 wet diapers per day</li> </ul>	<b>603 (I)</b>	N/A
Fetal Alcohol Syndrome (FAS): The presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation #*	<b>382 (I)</b> DIAGNOSIS <b>HIGH-RISK</b>	<b>382 (III)</b> DIAGNOSIS <b>HIGH-RISK</b>
Infant Born of a Woman With Mental Retardation or Alcohol or Drug Use During Most Recent Pregnancy	<b>703 (I)</b>	N/A
Presence of significant medical/nutritional stress conditions diagnosed and documented in the medical record #* Includes: <ul style="list-style-type: none"> <li>▪ Thyroid Disorders (hypo/hyperthyroidism)</li> <li>▪ Cancer</li> <li>▪ Infectious Diseases (including HIV/AIDS, bronchiolitis (<i>not</i> bronchitis), hepatitis, meningitis, parasitic infections, pneumonia, tuberculosis)</li> <li>▪ Hypoglycemia</li> <li>▪ Recent Major Surgery, Trauma, Burns (severe)</li> </ul>	DIAGNOSIS <b>HIGH-RISK</b>  <b>344 (I)</b> <b>347 (I)</b> <b>352 (I)</b>  <b>356 (I)</b> <b>359 (I)</b>	DIAGNOSIS <b>HIGH-RISK</b>  <b>344 (III)</b> <b>347 (III)</b> <b>352 (III)</b>  <b>356 (III)</b> <b>359 (III)</b>

<b>Risk</b>	<b>DC CARES Codes (Priority)</b>	
	<b>Infants</b>	<b>Children</b>
Congenital anomalies, birth injury, or medical condition (diagnosed by a physician) which interferes with food intake or compromises nutritional status #* Examples include: <ul style="list-style-type: none"> <li>▪ Nutrient Deficiency Diseases (including protein energy malnutrition, rickets, osteomalacia)</li> <li>▪ Gastro-Intestinal Disorders (including ulcers, small bowel syndrome, inflammatory bowel disease, GER, liver disease, pancreatitis, gallbladder disease, malabsorption syndromes - condition must be specified and excludes infants on soy formula for religious or personal reasons)</li> <li>▪ Diabetes Mellitus</li> <li>▪ Renal Disease [including pyelonephritis &amp; persistent proteinuria, excluding urinary tract infection (UTI)]</li> <li>▪ Central Nervous Disorders [including cerebral palsy (CP), epilepsy, neural tube defects (NTD) such as Spina Bifida, Parkinson’s Disease, Multiple Sclerosis (MS)]</li> <li>▪ Genetic and Congenital Disorders (including cleft lip palate, sickle cell anemia (not trait), thalassemia major, Down’s Syndrome)</li> <li>▪ Inborn Errors of Metabolism (including PKU, MSUD, MCAD)</li> <li>▪ Food Allergies</li> <li>▪ Celiac Disease</li> <li>▪ Lactose Intolerance with GI disturbances</li> <li>▪ Other Medical Conditions (including asthma, cardiorespiratory diseases, heart disease, cystic fibrosis, juvenile rheumatoid arthritis, lupus erythematosus)</li> </ul>	DIAGNOSIS HIGH-RISK  <b>341 (I)</b>  <b>342 (I)</b>  <b>343 (I)</b> <b>346 (I)</b>  <b>348 (I)</b>  <b>349 (I)</b>  <b>351 (I)</b> <b>353 (I)</b> <b>354 (I)</b> <b>355 (I)</b> <b>360 (I)</b>	DIAGNOSIS HIGH-RISK  <b>341 (III)</b>  <b>342 (III)</b>  <b>343 (III)</b> <b>346 (III)</b>  <b>348 (III)</b>  <b>349 (III)</b>  <b>351 (III)</b> <b>353 (III)</b> <b>354 (I)</b> <b>355 (III)</b> <b>360 (III)</b>
Hypertension (Includes Prehypertension) #* Hypertension during childhood is age-specific, and is defined as blood pressure readings greater than the 95th percentile for age, gender, and height on at least three separate occasions. Blood pressure reading between the 90th and 95th percentile is considered prehypertension.	<b>345 (I)</b> DIAGNOSIS HIGH-RISK	<b>345 (III)</b> DIAGNOSIS HIGH-RISK
Oral Health Conditions: Dental caries, often referred to as “cavities” or “tooth decay.” Document referral to dentist #	<b>381 (I)</b> DIAGNOSIS	<b>381 (III)</b> DIAGNOSIS
Drug-Nutrient Interactions	<b>357 (I)</b>	<b>357 (III)</b>
Gastro-Intestinal Disorders: Infants or children with excessive regurgitation or persistent vomiting which affects normal food intake *	<b>342 (I)</b> HIGH-RISK	<b>342 (III)</b> HIGH-RISK
Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat: (such as failure to reach developmental milestones, abnormal motor patterns, inability of child to finger-feed or self-feed at appropriate chronological age, faulty sucking reflex, or developmental disability such as pervasive development disorder (PDD), which includes autism) that impact nutritional status.#*	<b>362 (I)</b> DIAGNOSIS HIGH-RISK	<b>362 (III)</b> DIAGNOSIS HIGH-RISK
Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Examples include primary care giver who is: <ul style="list-style-type: none"> <li>▪ ≤17 years of age</li> <li>▪ mentally disabled/delayed</li> <li>▪ has a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist)</li> <li>▪ physically disabled to a degree which restricts or limits food preparation abilities</li> <li>▪ currently using or having a history of abusing alcohol or other drugs</li> </ul>	<b>902 (IV)</b>	<b>902 (V)</b>

### c. Anthropometric, Infants and Children

Risk	DC CARES Codes (Priority)	
	Infants	Children
<b>At Risk of Underweight:</b> Birth to <24 months: >2.3 <sup>rd</sup> percentile and ≤5 <sup>th</sup> percentile weight for length as plotted on the CDC (WHO) Birth to 24 months gender specific growth charts 2-5 years: ≤5 <sup>th</sup> and ≤ 10th percentile Body Mass Index (BMI) –for age as plotted on the 2000 CDC age/gender specific growth charts.	<b>IRU(I)</b> System-Assigned	<b>CRU (III)</b> System-Assigned
<b>Underweight: *</b> Birth-24 months: ≤ 2.3 <sup>rd</sup> percentile weight for length as plotted on the CDC (WHO) Birth to 24 months gender specific growth charts 2-5 years: ≤ 5 <sup>th</sup> percentile Body Mass Index (BMI) –for age as plotted on the 2000 CDC age/gender specific growth charts.	<b>103 (I)</b> System-Assigned <b>HIGH-RISK</b>	<b>103 (III)</b> System-Assigned <b>HIGH-RISK</b>
<b>At Risk of Short Stature:*</b> Birth-<24 months: >2.3 <sup>rd</sup> percentile and ≤5 <sup>th</sup> percentile length-for-age as plotted on the CDC (WHO) Birth to 24 months gender specific growth charts 2-5 years: >5 <sup>th</sup> percentile and ≤ 10th percentile stature-for –age based as plotted on the 2000 CDC age/gender specific growth charts. Assign risk based on gestational age adjustment.	<b>IRS (I)</b> System-Assigned <b>HIGH-RISK</b>	<b>CRS (III)</b> System-Assigned <del><b>HIGH-RISK</b></del>
<b>Short Stature: *</b> Birth-<24 months: ≤ 2.3 <sup>rd</sup> percentile length-for-age as plotted on the CDC (WHO) Birth to 24 months gender specific growth charts 2-5 years: ≤ 5 <sup>th</sup> percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts. Assign risk based on gestational age adjustment.	<b>121(I)</b> System-Assigned <b>HIGH-RISK</b>	<b>121 (III)</b> System-Assigned <b>HIGH-RISK</b>
<b>Low birth Weight (LBW): *</b> Infants and children (< 24 mos. of age) with birth weight of < 5 pounds 8 ounces (< 2500 grams)	<b>141 (I)</b> System-Assigned <b>HIGH-RISK</b>	<b>141 (III)</b> System-Assigned <b>HIGH-RISK</b>
<b>Very Low Birth Weight (VLBW): *</b> Infants and children (< 24 months of age) with birth weight < 3 pounds 5 ounces (< 1500 g)	<b>141 (I)</b> System-Assigned <b>HIGH-RISK</b> (Will Become 1VL Pending DC CARES Upgrade)	<b>141 (III)</b> System-Assigned <b>HIGH-RISK</b> (Will Become 1VL Pending DC CARES Upgrade)
<b>Prematurity:</b> Infants and children with birth ≤ 37 weeks gestation	<b>142 (I)</b> System-Assigned	<b>142 (III)</b> System-Assigned (< 24 months)
<b>Small for Gestational Age #</b>	<b>151 (I)</b> DIAGNOSIS	<b>151 (III)</b> DIAGNOSIS (< 24 months)
<b>Large for Gestational Age:</b> Birth weight >9 lbs (> 4000g) or large for gestational age #	<b>153 (I)</b> DIAGNOSIS	N/A
<b>Failure to Thrive # *</b>	<b>134 (I)</b> DIAGNOSIS <b>HIGH-RISK</b>	<b>134 (III)</b> DIAGNOSIS <b>HIGH-RISK</b>
<b>Obese: *</b> ≥95th percentile Body Mass index (BMI) or weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts	N/A	<b>113 (III)</b> System-Assigned <b>HIGH-RISK</b> Children ≥2 years



Risk	DC CARES Codes (Priority)	
	Infants	Children
<p><b>Overweight:</b> Being <math>\geq 24</math> months of age and <math>&gt; 85</math>th percentile and <math>&lt; 95</math>th percentile BMI for age or weight for stature. Standing height only can be used for this definition. Children who are measured with a recumbent length cannot be prescribed this risk factor.</p> <p><b>At Risk of Overweight:</b> Being <math>&lt; 12</math> months of age and born to a woman who was obese (BMI <math>\geq 30</math>) at time of conception or at any point in the first trimester of the pregnancy. (BMI must be based on self-reported preconception weight and height or a measured weight and height documented by a health care provider.)</p> <p>Being <math>&gt; 12</math> months of age and having a biological mother who is obese (BMI <math>\geq 30</math>) 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 preconception weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain.) <i>(Currently not available due to DC CARES limitations.)</i></p> <p>Being an infant (or child) and having a biological father who is obese (BMI <math>\geq 30</math>) 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 the time of certification.) <i>(Currently not available for children due to DC CARES limitations.)</i></p>	<p><b>114(I)</b> CPA-Assigned using parental weight</p>	<p><b>114 (III)</b> System-Assigned</p>
<p><b>High Weight-for-Length</b> Birth to <math>&lt; 24</math> months: <math>\geq 97.7^{\text{th}}</math> percentile weight-for-length as plotted on the CDC (WHO) Birth to 24 months gender specific growth charts</p>	<p><b>115 (I)</b> System-Assigned</p>	<p><b>115 (III)</b> System-Assigned</p>
<p><b>Inadequate Growth (Rate of Weight Gain):</b> Infants from birth to 1 month of age:</p> <ul style="list-style-type: none"> <li>▪ Loss of <math>&gt; 10\%</math> of birth weight</li> <li>▪ Birth weight not regained by 2 weeks of age</li> </ul> <p>Infants from birth to 6 months of age: Based on 2 weights taken at least 1 month apart and the weight gain is less than expected as follows:</p> <ul style="list-style-type: none"> <li>▪ Birth – 1 month: 4 <math>\frac{1}{2}</math> oz/week, or 1 lb and 3 oz/month</li> <li>▪ 1 – 2 months: 6 <math>\frac{1}{4}</math> oz/week, or 1 lb and 11 oz/month</li> <li>▪ 2 – 3 months: 4 <math>\frac{1}{2}</math> oz/week, or 1 lb and 3 oz/month</li> <li>▪ 3 – 4 months: 4 oz/week, or 1 lb and 1 oz/month</li> <li>▪ 4 – 5 months: 3 <math>\frac{1}{2}</math> oz/week, or 15 oz/month</li> <li>▪ 5 – 6 months: 3 oz/week, or 13 oz/month</li> </ul> <p>Infants from 6 – 12 months of age: Based on at least 2 sequential weight taken at the WIC clinic, at least 3 months apart, weight gain is less than:</p> <ul style="list-style-type: none"> <li>▪ 2 <math>\frac{1}{4}</math> ounces per week or</li> <li>▪ 3 pounds and 10 ounces per 6 months or</li> <li>▪ 9 <math>\frac{1}{2}</math> oz per month</li> </ul> <p>Children 1 to 5 years of age: Based on at least 2 sequential weights taken at the WIC clinic, at least 3 months apart, weight gain is less than:</p> <ul style="list-style-type: none"> <li>▪ 0.6 ounces per week or</li> <li>▪ 1 pound per 6 months or</li> <li>▪ 2.7 ounces per month</li> </ul> <p><i>If the measurement interval falls between the infant and child age categories, add the average weight gain of the infant before 12 months of age and the average weight gain of the child after 12 months of age to determine adequate or inadequate growth. (Currently not available due to DC CARES limitations.)</i></p>	<p><b>135 (I)</b> System-Assigned</p>	<p><b>135 (III)</b> System-Assigned</p>

#### d. Dietary, Infants and Children

The DC WIC dietary risk codes appear below with the federal risk code number and title italicized. The abbreviated descriptions as they appear in DC CARES are underlined and followed by examples. When the risk code can be assigned for both infant and child status, the examples are followed by ‘I’ and ‘C’ in parenthesis to indicate the status for which the example applies. ‘I’ denotes ‘Infants’ and ‘C’ denotes ‘Children’.

Due to DC CARES limitations of decimal spaces, the federal numbering system has been changed to letters in order to specify the components of risk factors 411 and 425. For example, 411.1 becomes 4IA, using 4 to indicate dietary risk, I to indicate infant status and A to coincide with the first subcategory of risk code 411.

Risk		DC CARES Codes (Priority)	
		Infants	Children
<b>411</b>	<b><i>Inappropriate Nutrition Practices for Infants</i></b> Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. <b>Risk Code 411 includes risk codes 4IA through 4IK below:</b>	See <b>4IA-4IK</b>	N/A
<b>425</b>	<b><i>Inappropriate Nutrition Practices for Children</i></b> Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. <b>Risk Code 425 includes risk codes 4CA through 4CI below:</b>	N/A	See <b>4CA-4CI</b>
<b>425.1</b>	<b><i>Routinely feeding inappropriate beverages as the primary milk source.</i></b> <u>Inappropriate bev as primary milk source</u> Examples of inappropriate beverages as primary milk source: <ul style="list-style-type: none"> <li>▪ Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and</li> <li>▪ Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, goat’s milk, sheep’s milk, non-dairy creamer), or other “homemade concoctions”.</li> </ul>	N/A	<b>4CA (V)</b>
<b>425.2</b>	<b><i>Routinely feeding a child any sugar-containing fluids.</i></b> <u>Routinely feeding sugar-containing fluids</u> Examples of sugar-containing fluids: <ul style="list-style-type: none"> <li>▪ Soda/soft drinks;</li> <li>▪ Gelatin water;</li> <li>▪ Corn syrup solutions; and</li> <li>▪ Sweetened tea.</li> </ul>	N/A	<b>4CB (V)</b>
<b>411.1</b>	<b><i>Routinely using a substitute(s) for breast milk or for FDA approved iron fortified formula as the primary nutrient source during the first year of life.</i></b> <u>Inappropriat sub for breastmilk or formula</u> Examples of substitutes: <ul style="list-style-type: none"> <li>▪ Low iron formula without iron supplementation;</li> <li>▪ Cow’s milk, goat’s milk, or sheep’s milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and</li> <li>▪ Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions”.</li> </ul>	<b>4IA (IV)</b>	N/A

Risk		DC CARES Codes (Priority)	
		Infants	Children
<p><b>411.2</b> <i>Routinely using nursing bottles or cups improperly.</i></p> <p><b>425.3</b> <i>Routinely using nursing bottles, cups, or pacifiers improperly.</i></p> <p><u>Inappropriate use bottles, cups, pacifiers</u></p> <ul style="list-style-type: none"> <li>▪ Using a bottle to feed fruit juice, adding any food (cereal or other solid foods) to the infant’s bottle (<b>I</b>).</li> <li>▪ Using a bottle to feed fruit juice, or diluted cereal or other solids (<b>C</b>).</li> <li>▪ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea (<b>I</b>).</li> <li>▪ Allowing the infant/child to fall asleep or be put to bed with a bottle at naps or bedtime (<b>I, C</b>).</li> <li>▪ Allowing the infant/child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier (<b>I, C</b>).</li> <li>▪ Propping the bottle when feeding (<b>I</b>).</li> <li>▪ Allowing an infant/child to carry around and drink throughout the day from a covered or training cup (<b>I, C</b>).</li> <li>▪ Using a bottle for feeding or drinking beyond 14 months of age (<b>C</b>).</li> <li>▪ Using a pacifier dipped in sweet agents such as sugar, honey, or syrups (<b>I, C</b>)</li> </ul>	41B (IV)	4CC (V)	
<p><b>411.3</b> <i>Routinely offering complementary foods or other substances that are inappropriate in type or timing. (Complementary foods are any foods or beverages other than breast milk or infant formula.)</i></p> <p><u>Inapp food, bev, substances in type/timing</u></p> <p>Examples of inappropriate complementary foods:</p> <ul style="list-style-type: none"> <li>▪ Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier; and</li> <li>▪ Any food other than breast milk or iron-fortified infant formula before 4 months of age.</li> </ul>	41C (IV)	N/A	
<p><b>411.4</b> <i>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</i></p> <p><b>425.4</b> <i>Routinely using feeding practices that disregard the developmental needs or stages of the child.</i></p> <p><u>Inapp feeding for developmental need/stage</u></p> <ul style="list-style-type: none"> <li>▪ Inability to recognize, insensitivity to, or disregarding the infant’s/child’s cues for hunger and satiety (e.g., forcing an infant/child to eat a certain type and/or amount of food or beverage, ignoring an infant’s hunger cues or a hungry child’s requests for appropriate foods) (<b>I, C</b>).</li> <li>▪ Feeding foods of inappropriate consistency, size, or shape that put infants/children at risk of choking (<b>I, C</b>).</li> <li>▪ Not supporting an infant’s/child’s need for growing independence with self-feeding (e.g., solely spoon-feeding an infant/child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils) (<b>I, C</b>).</li> <li>▪ Feeding an infant/child foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant/child is ready and capable of eating mashed, chopped or appropriate finger foods) (<b>I, C</b>).</li> </ul>	41D (IV)	4CD (V)	

**I = Infants**      **C = Children**

Risk		DC CARES Codes (Priority)	
		Infants	Children
<p><b>411.5</b> <i>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</i></p> <p><b>425.5</b> <i>Feeding foods to a child that could be contaminated with harmful microorganisms.</i></p> <p><u>Foods possibly contam w/microorgs/toxins</u>            Examples of potentially harmful foods for an infant/child:</p> <ul style="list-style-type: none"> <li>▪ Unpasteurized fruit or vegetable juice (<b>I, C</b>);</li> <li>▪ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese (<b>I, C</b>);</li> <li>▪ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.) (<b>I</b>);</li> <li>▪ Raw or undercooked meat, fish, poultry, or eggs (<b>I, C</b>);</li> <li>▪ Raw vegetable sprouts (alfalfa, clover, bean, and radish) (<b>I, C</b>);</li> <li>▪ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) (<b>I, C</b>).</li> </ul>	<b>4IE (IV)</b>	<b>4CE (V)</b>	
<p><b>411.6</b> <i>Routinely feeding inappropriately diluted formula.</i></p> <p><u>Feeding inappropriately diluted formula</u></p> <ul style="list-style-type: none"> <li>▪ Failure to follow manufacturer’s dilution instructions (to include stretching formula for household economic reasons).</li> <li>▪ Failure to follow specific instructions accompanying a prescription</li> </ul>	<b>4IF (IV)</b>	N/A	
<p><b>411.7</b> <i>Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients.</i></p> <p><u>Limited breastfeeding as sole nutrition</u>            Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> <li>▪ Scheduled feedings instead of demand feedings (Currently not available due to DC CARES limitations);</li> <li>▪ Less than 8 feedings in 24 hours if less than 2 months of age; and</li> <li>▪ Less than 6 feedings in 24 hours if between 2 and 6 months of age.</li> </ul>	<b>418 (IV)</b> System- Assigned  (Will Become <b>4IG</b> Pending DC CARES Upgrade)	N/A	
<p><b>411.8</b> <i>Routinely feeding a diet very low in calories and/or essential nutrients.</i></p> <p><b>425.6</b> <i>Routinely feeding a diet very low in calories and/or essential nutrients.</i></p> <p><u>Diet very low in calories and/or nutrients</u>            Examples:</p> <ul style="list-style-type: none"> <li>▪ Vegan diet (<b>I, C</b>);</li> <li>▪ Macrobiotic diet (<b>I, C</b>); and</li> <li>▪ Other diets very low in calories and/or essential nutrients (<b>I, C</b>).</li> </ul>	<b>4IH (IV)</b>	<b>4CF (V)</b>	

**I = Infants      C = Children**

Risk	DC CARES Codes (Priority)	
	Infants	Children
<p><b>411.9</b> <i>Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breastmilk or formula.</i>  <u>Unsanitary prep/storage breastmilk/formula</u>  Examples of inappropriate sanitation:</p> <ul style="list-style-type: none"> <li>▪ Limited or no access to a: <ul style="list-style-type: none"> <li>○ Safe water supply (documented by appropriate officials),</li> <li>○ Heat source for sterilization, and/or</li> <li>○ Refrigerator or freezer for storage.</li> </ul> </li>   <li>▪ Guidelines on the handling and storage of <i>infant formula</i> indicate that it is unsafe to feed an infant prepared formula, which for example: <ul style="list-style-type: none"> <li>○ has been held at room temperature longer than 1 hour or longer than recommended by the manufacturer;</li> <li>○ has been held in the refrigerator longer than 48 hours for concentrated or ready-to-feed formula, or 24 hours for powdered formula;</li> <li>○ remains in a bottle one hour after the start of feeding; and/or</li> <li>○ remains in a bottle from an earlier feeding</li> </ul> </li>   <li>▪ Guidelines on the handling and storage of <i>breastmilk</i> may differ among pediatric nutrition authorities. However, the following breastmilk feeding, handling, and storage practices, for example, are considered inappropriate and unsafe: <ul style="list-style-type: none"> <li>○ feeding fresh breastmilk held in the refrigerator for more than 48 hours ; or held in the freezer for greater than 6 months</li> <li>○ thawing frozen breastmilk in the microwave oven;</li> <li>○ refreezing breastmilk;</li> <li>○ adding freshly expressed unrefrigerated breastmilk to already frozen breastmilk in a storage container**</li> <li>○ feeding previously frozen breastmilk thawed in the refrigerator that has been refrigerated for more than 24 hours, and/or</li> <li>○ saving breastmilk from a used bottle for another use at another feeding</li> </ul> </li> </ul> <p>** The appropriate and safe practice is to add chilled freshly expressed breastmilk, in an amount that is smaller than the milk that has been frozen for no longer than 24 hours.</p>	4II (IV)	N/A
<p><b>411.10</b> <i>Feeding dietary supplements with potentially harmful consequences.</i>  <b>425.7</b> <i>Feeding dietary supplements with potentially harmful consequences.</i>  <u>Potentially harmful dietary supplement use</u>  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"> <li>▪ Single or multi-vitamins (I, C);</li> <li>▪ Mineral supplements (I, C); and</li> <li>▪ Herbal or botanical supplements/remedies/teas (I, C).</li> </ul>	4IJ (IV)	4CG (V)
<p><b>411.11</b> <i>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</i>  <b>425.8</b> <i>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.</i>  <u>Inadequate use of dietary supplements</u></p> <ul style="list-style-type: none"> <li>▪ Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride (I).</li> <li>▪ Infants who are exclusively breastfed, or are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D (I)</li> </ul>	4IK (IV)	4CH (V)

<ul style="list-style-type: none"> <li>▪ 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 (C).</li> <li>▪ 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 (C)</li> <li>▪ Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula (C)</li> </ul>		
Risk	DC CARES Codes (Priority)	
	Infants	Children
<p><b>425.9</b> <i>Routine ingestion of nonfood items (pica).</i>  <u>Routine ingestion of non-food items (pica)</u>  Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> <li>▪ Ashes;</li> <li>▪ Carpet fibers;</li> <li>▪ Cigarettes or cigarette butts;</li> <li>▪ Clay;</li> <li>▪ Dust;</li> <li>▪ Foam rubber;</li> <li>▪ Paint chips;</li> <li>▪ Soil; and</li> <li>▪ Starch (laundry and cornstarch).</li> </ul>	N/A	<p><b>421 (V)</b>  System-Assigned</p> <p><b>(Will Become 4CI Pending DC CARES Upgrade)</b></p>
<p><b>The following two dietary risk codes can only be assigned following a complete nutrition assessment for other risk factors:</b></p>		
<p><i>Dietary Risk Associated with Complementary Feeding Practices</i>  <u>Dietary risk assoc w/complementary feeding</u>  An infant or 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 <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding.</p> <p><b>PREDISPOSING RISK FACTOR</b></p> <p><b>A Complete Nutrition Assessment, Including For Risk #411 Or #425 Must Be Completed Prior To Assigning This Risk</b></p> <p><b>Must Identify The Complementary Feeding Practice Above That May Be Of Concern</b></p>	<p><b>428 (IV)</b>  (4-12 months)</p>	<p><b>428 (V)</b>  (12-23 months)</p>
<p><i>Failure to meet Dietary Guidelines for Americans</i>  <u>Failure to meet Dietary Guidelines</u>  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 <i>failure to meet Dietary Guidelines for Americans</i>. For this criterion, <i>failure to meet Dietary Guidelines</i> 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><b>PRESUMED RISK FACTOR</b></p> <p><b>A Complete Nutrition Assessment, Including For Risk #425 Must Be Completed Prior To Assigning This Risk</b></p> <p><b>To Be Used Only When No Other Risk Factor is Applicable</b></p>	N/A	<p><b>401 (V)</b>  (2-5 years old)</p>

I = Infants      C = Children

**e. Other, Infants and Children**

<b>Risk</b>	<b>DC CARES Codes (Priority)</b>	
	<b>Infants</b>	<b>Children</b>
<p><b>501</b> Possibility of Regression: Prevention of regression in nutritional/health status for <i>Priority I infants</i> and <i>Priority III children</i> who currently exhibit no risk criteria and who the CPA believes will regress in nutritional status if removed.</p> <p>Use categories that are applicable to the original risk criteria.</p> <p>Regression Categories:</p> <ul style="list-style-type: none"> <li>▪ Anthropometric</li> <li>▪ Biochemical</li> <li>▪ Medical</li> </ul> <p><i>The regression code can NOT be used for consecutive certifications.</i></p>	<p><b>5RA (IV)</b> <b>5RB (IV)</b> <b>5RM (IV)</b></p>	<p><b>5RA (V)</b> <b>5RB (V)</b> <b>5RM (V)</b></p>
Transfer of Certification: VOC Card	<b>502</b> System- Assigned	<b>502</b> System-Assigned
Infant Up to 6 Months Old of WIC Mother, or of a Woman Who Would Have Been Eligible During Pregnancy: Infant born to woman enrolled in WIC	<b>701 (II)</b> (<6 months)	N/A
Infant Up to 6 Months Old of WIC Mother, or of a Woman Who Would Have Been Eligible During Pregnancy: Infant born to woman not enrolled in WIC, <u>but</u> medical record documents that mother would have been eligible for WIC for medical, biochemical or anthropometric reasons		
Breastfeeding Infant of Woman at Nutritional Risk: breast-fed infant whose mother is certified for a Priority IV risk factor	<b>702 (IV)</b>	N/A
Homelessness: Homeless individual	<b>801 (IV)</b> System- Assigned	<b>801 (V)</b> System-Assigned
Migrancy: Migrant individual	<b>802 (IV)</b> System- Assigned	<b>802 (V)</b> System-Assigned
Recipient of Abuse	<b>901 (IV)</b>	<b>901 (V)</b>
Foster Care: Infant/child has entered the foster care system during the previous six months or has been moving from one foster care home to another during the previous six months. (May not be used consecutively if child remains in the same foster home.)	<b>903 (IV)</b> System- Assigned	<b>903 (V)</b> System-Assigned
Exposure to Environmental Tobacco Smoke (ETS) (Also known as passive, secondhand or involuntary smoke). Exposure to tobacco products inside the home on 4 or more days per week.	<b>904 (I)</b>	<b>904 (III)</b>

## Appendix B

### DISTRICT OF COLUMBIA WIC PROGRAM POLICY AND PROCEDURE MANUAL

Policy & Procedure Number: 8.007  
Effective Date: 11/21/2016

#### Functional Area: VIII. CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES

#### Subject Area: Eligibility – Nutritional/Medical Risk Criteria Codes

#### Competent Para-Professional Authority (CPPA) Non-High Risk Nutrition/ Medical Risk Criteria Codes

This appendix defines the Risk(s) with corresponding DC CARES Code for appropriate participant categories for which a CPPA can provide assessment and counseling. A CPPA may however, refer any participant to a CPA based on his/her assessment.

1. The following risk codes are used for pregnant, breastfeeding and non-breastfeeding women.

##### a. Women-Biochemical:

Risk	DC CARES Code	
	Categories	DC CARES Code
Low Hemoglobin (Refer to Table 1 for cut off values)	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>201</b> System-Assigned

**Table I: WIC Low Hemoglobin Cut-Off Values**

1998 CDC Guidelines (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/00051880.htm#0000303039.htm>)

	Pregnant (g/dl)			Non-Pregnant (g/dl)		
	0 – 13 wks	14 – 29 wks	30– 40 wks	12 – 14.9 yrs	15 – 17.9 yrs	≥18 yrs
<b>Nonsmokers</b>	< 11.0	<10.5	<11.0	<11.8	<12.0	<12.0
<b>Up to &lt; 1 pack/day</b>	<11.3	<10.8	<11.3	<12.1	<12.3	<12.3
<b>1 - &lt; 2 packs/day</b>	<11.5	<11.0	<11.5	<12.3	<12.5	<12.5
<b>&gt; 2 packs/day</b>	<11.7	<11.2	<11.7	<12.5	<12.7	<12.7

##### b. Women- Medical:

Risk	Categories	DC CARES Code
Lack of Adequate Prenatal Care: No prenatal care or care delayed until after the third month (after 13 <sup>th</sup> week)	Pregnant (I)	<b>334</b> System-Assigned
Breastfeeding Woman Now Pregnant	Pregnant (I)	<b>338</b>
Oral Health Conditions (including dental caries, often referred to as “cavities” or “tooth decay,” periodontal disease (gingivitis, periodontitis), tooth loss Document	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>381</b> <b>DIAGNOSIS</b>



referral to dentist#		
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**c. Women-Anthropometric (height and weight):**

Risk	Categories	DC CARES Code
<b>UNDERWEIGHT/OVERWEIGHT:</b>		
Overweight: Pre-pregnancy BMI $\geq$ 25 (pregnant women)	Pregnant (I)	<b>111</b> System-Assigned
Overweight: Pre-pregnancy BMI $\geq$ 25 (women < 6 months postpartum)	Breastfeeding (I) Non-Breastfeeding (III)	<b>111</b> System-Assigned
Overweight: Current BMI $\geq$ 25 (women > 6 months postpartum)	Breastfeeding (I)	<b>111</b> System-Assigned
High Maternal Weight Gain: Total pregnancy weight gain exceeding the upper limit of the Institute of Medicine's (IOM's) recommended range based on pre-pregnancy BMI <u>Pre-pregnancy Wt. Groups</u> <u>Total Weight Gain</u> Underweight - BMI <18.5      >40 lbs. Normal Weight - BMI 18.5-24.9      >35 lbs. Overweight - BMI 25-29.9      >25 lbs. Obese - BMI $\geq$ 30      >20 lbs.	Breastfeeding (I)** Non-breastfeeding(III)** ** most recent pregnancy	<b>133</b> System-Assigned

**d. Women- Dietary:**

Risk	Categories	DC CARES Code
<b>427.4</b> <i>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.</i> <u>Inadequate vitamin/mineral supplementation</u> <ul style="list-style-type: none"> <li>▪ Consumption of less than 27 mg of iron as a supplement daily by pregnant woman</li> <li>▪ Consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women</li> <li>▪ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman</li> </ul>	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (IV)	<b>4WD</b>
<b>427.5</b> <i>Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms.</i> <u>Pregnant women ingested contaminated foods</u> Potentially harmful foods: <ul style="list-style-type: none"> <li>▪ Raw fish or shellfish, including oysters, clams, mussels, and scallops;</li> <li>▪ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole;</li> <li>▪ Raw or undercooked meat or poultry;</li> <li>▪ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot;</li> <li>▪ Refrigerated pate or meat spreads;</li> <li>▪ Unpasteurized milk or foods containing unpasteurized milk;</li> <li>▪ Soft cheeses such as feta, Brie, Camembert,</li> </ul>	Pregnant (IV)	<b>4WE</b>

<ul style="list-style-type: none"> <li>blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk;</li> <li>▪ 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;</li> <li>▪ Raw sprouts (alfalfa, clover, and radish); or</li> <li>▪ Unpasteurized fruit and vegetable juices.</li> </ul>		
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<p><i>Failure to Meet Dietary Guidelines for Americans</i>  <u>Failure to Meet Dietary Guidelines</u>  Women who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutritional risk based on failure to meet <i>Dietary Guidelines for Americans</i>. 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><b>PRESUMED RISK FACTOR</b></p> <p><b>A Complete Nutrition Assessment, Including For Risk #427 Must Be Completed Prior To Assigning This Risk</b></p> <p><b>To Be Used Only When No Other Risk Factor is Applicable</b></p>	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (VI)	<b>401</b>
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**e. Women- Other:**

<b>Risk</b>	<b>Categories</b>	<b>DC CARES Code</b>
Transfer of Certification: VOC Card	Pregnant Breastfeeding Non-Breastfeeding	<b>502</b> System-Assigned
Presumptive Eligibility for Pregnant Women (up to 60 days certification)	Pregnant (IV)	<b>503</b>
Foster Care (entering or moving during previous 6 months)	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (VI)	<b>903</b> System-Assigned
Exposure to Environmental Tobacco Smoke (ETS) (Also known as passive, secondhand or involuntary smoke). Exposure to smoke from tobacco products inside the home on 4 or more days per week.	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (CI)	<b>904</b>

2. The following risk codes are used for infants and children age 1-5.

**a. Infants and Children-Biochemical:**

<b>Risk</b>	<b>Categories</b>	<b>DC CARES Codes</b>
Low Hemoglobin: Infants and children up to 2 years: < <b>11.0 g/dl</b>	Infants (I) Children (III)	<b>201</b> System-Assigned

Children 2 to 5 years: < 11.1 g/dl		
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**b. Infants and Children- Medical:**

Risk	Categories	DC CARES Codes
Oral Health Conditions: Dental caries, often referred to as “cavities” or “tooth decay.” Document referral to dentist #	Infants (I) Children (III)	<b>381</b> <b>DIAGNOSIS</b>

**c. Infants and Children – Dietary:**

Risk	Categories	DC CARES Codes
<b>411</b> <i>Inappropriate Nutrition Practices for Infants</i> Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. <b>Risk Code 411 includes risk codes below</b>	Infants	<b>See below</b>
<b>425</b> <i>Inappropriate Nutrition Practices for Children</i> Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. <b>Risk Code 425 includes risk codes below</b>	Children	<b>See below</b>
<b>425.1</b> <i>Routinely feeding inappropriate beverages as the primary milk source. <u>Inappropriate bev as primary milk source.</u></i>  Examples of inappropriate beverages as primary milk source: <ul style="list-style-type: none"> <li>▪ Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and</li> <li>▪ Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, goat’s milk, sheep’s milk, non-dairy creamer), or other “homemade concoctions”.</li> </ul>	Children (V)	<b>4CA</b>
<b>425.2</b> <i>Routinely feeding a child any sugar-containing fluids. <u>Routinely feeding sugar-containing fluids</u></i> Examples of sugar-containing fluids: <ul style="list-style-type: none"> <li>▪ Soda/soft drinks;</li> <li>▪ Gelatin water;</li> <li>▪ Corn syrup solutions; and</li> <li>▪ Sweetened tea.</li> </ul>	Children (V)	<b>4CB</b>
<b>411.2</b> <i>Routinely using nursing bottles or cups improperly.</i> <b>425.3</b> <i>Routinely using nursing bottles, cups, or pacifiers improperly. <u>Inappropriate use bottles, cups, pacifiers</u></i> <ul style="list-style-type: none"> <li>▪ Using a bottle to feed fruit juice, adding any food (cereal or other solid foods) to the infant’s bottle (<b>I</b>).</li> </ul>	Infants (IV) Children (V)	<b>4IB</b> <b>4CC</b>

<ul style="list-style-type: none"> <li>▪ Using a bottle to feed fruit juice, or diluted cereal or other solids (C).</li> <li>▪ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea (I).</li> <li>▪ Allowing the infant/child to fall asleep or be put to bed with a bottle at naps or bedtime (I, C).</li> <li>▪ Allowing the infant/child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier (I, C).</li> <li>▪ Propping the bottle when feeding (I).</li> <li>▪ Allowing an infant/child to carry around and drink throughout the day from a covered or training cup (I, C).</li> <li>▪ Using a bottle for feeding or drinking beyond 14 months of age (C).</li> <li>▪ Using a pacifier dipped in sweet agents such as sugar, honey, or syrups (I, C)</li> </ul>		
<p><b>411.5</b> <i>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</i></p> <p><b>425.5</b> <i>Feeding foods to a child that could be contaminated with harmful microorganisms.</i>  <u>Foods possibly contam w/microorgs/toxins</u>  Examples of potentially harmful foods for an infant/child:</p> <ul style="list-style-type: none"> <li>▪ Unpasteurized fruit or vegetable juice (I, C);</li> <li>▪ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese (I, C);</li> <li>▪ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.) (I);</li> <li>▪ Raw or undercooked meat, fish, poultry, or eggs (I, C);</li> <li>▪ Raw vegetable sprouts (alfalfa, clover, bean, and radish) (I, C);</li> <li>▪ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) (I, C).</li> </ul>	Infants (IV) Children (V)	<b>4IE</b> <b>4CE</b>
<p><b>411.9</b> <i>Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breastmilk or formula.</i>  <u>Unsanitary prep/storage breastmilk/formula</u>  Examples of inappropriate sanitation:</p> <ul style="list-style-type: none"> <li>▪ Limited or no access to a: <ul style="list-style-type: none"> <li>○ Safe water supply (documented by appropriate officials),</li> <li>○ Heat source for sterilization, and/or</li> <li>○ Refrigerator or freezer for storage.</li> </ul> </li> <li>▪ Guidelines on the handling and storage of <i>infant formula</i> indicate that it is unsafe to feed an infant prepared formula, which for example: <ul style="list-style-type: none"> <li>○ has been held at room temperature longer than 1 hour or longer than recommended by the manufacturer;</li> <li>○ has been held in the refrigerator longer</li> </ul> </li> </ul>	Infants (IV)	

<p>than 48 hours for concentrated or ready-to-feed formula, or 24 hours for powdered formula;</p> <ul style="list-style-type: none"> <li>○ remains in a bottle one hour after the start of feeding; and/or</li> <li>○ remains in a bottle from an earlier feeding</li> </ul> <ul style="list-style-type: none"> <li>▪ Guidelines on the handling and storage of <i>breastmilk</i> may differ among pediatric nutrition authorities. However, the following breastmilk feeding, handling, and storage practices, for example, are considered inappropriate and unsafe: <ul style="list-style-type: none"> <li>○ feeding fresh breastmilk held in the refrigerator for more than 48 hours ; or held in the freezer for greater than 6 months</li> <li>○ thawing frozen breastmilk in the microwave oven;</li> <li>○ refreezing breastmilk; adding freshly expressed unrefrigerated breastmilk to already frozen breastmilk in a storage container**</li> <li>○ feeding previously frozen breastmilk thawed in the refrigerator that has been refrigerated for more than 24 hours, and/or</li> <li>○ saving breastmilk from a used bottle for another use at another feeding</li> </ul> </li> </ul> <p>** The appropriate and safe practice is to add chilled freshly expressed breastmilk, in an amount that is smaller than the milk that has been frozen for no longer than 24 hours.</p>		
<p><b>411.11</b> <i>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</i></p>	<p>Infants (IV)</p>	<p><b>4IK</b></p>

<p><b>The following two dietary risk codes can only be assigned following a complete nutrition assessment for other risk factors:</b></p>		
<p><i>Dietary Risk Associated with Complementary Feeding Practices</i>  <u>Dietary risk assoc w/complementary feeding</u>  An infant or 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 <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding.</p> <p><b>PREDISPOSING RISK FACTOR</b></p> <p><b>A Complete Nutrition Assessment, Including For Risk #411 Or #425 Must Be Completed Prior To Assigning This Risk</b></p>	<p>Infants 4-12 months (IV)  Children 12-23 months (V)</p>	<p><b>428</b>  <b>428</b></p>

<b>Must Identify The Complementary Feeding Practice Above That May Be Of Concern</b>		
<p><i>Failure to meet Dietary Guidelines for Americans</i>  <u>Failure to meet Dietary Guidelines</u>  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 <i>failure to meet Dietary Guidelines for Americans</i>. For this criterion, <i>failure to meet Dietary Guidelines</i> 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.  <b>PRESUMED RISK FACTOR</b></p> <p><b>A Complete Nutrition Assessment, Including For Risk #425 Must Be Completed Prior To Assigning This Risk</b></p> <p><b>To Be Used Only When No Other Risk Factor is Applicable</b></p>	Children 2-5 years old (V)	<b>401</b>

I = Infants      C = Children

**d. Infants and Children - Other:**

Risk	Categories	DC CARES Codes
Transfer of Certification: VOC Card	Infants Children	<b>502</b> System-Assigned
Infant Up to 6 Months Old of WIC Mother, or of a Woman Who Would Have Been Eligible During Pregnancy: Infant born to woman enrolled in WIC	Infants (II) (<6 months)	<b>701</b>
Infant Up to 6 Months Old of WIC Mother, or of a Woman Who Would Have Been Eligible During Pregnancy: Infant born to woman not enrolled in WIC, <u>but</u> medical record documents that mother would have been eligible for WIC for medical, biochemical or anthropometric reasons		
Foster Care: Infant/child has entered the foster care system during the previous six months or has been moving from one foster care home to another during the previous six months. (May not be used consecutively if child remains in the same foster home.)	Infants (IV) Children (V)	<b>903</b> System-Assigned
Exposure to Environmental Tobacco Smoke (ETS) (Also known as passive, secondhand or involuntary smoke). Exposure to tobacco products inside the home on 4 or more days per week.	Infants (I) Children (III)	<b>904</b>

## Appendix C

**Competent Professional Authority (CPA)  
High Risk and Risk Assigned Nutrition/ Medical Risk Criteria Codes**

This appendix defines the Risk(s) with corresponding DC CARES Code for appropriate participant categories that must be referred to a CPA for assessment and counseling. It is not appropriate for a CPPA to counsel or provide nutrition education for these risk codes.

**1. The following risk codes are used for pregnant, breastfeeding and non-breastfeeding women.**

**a. Women- Biochemical:**

Risk	DC CARES Code	
	Categories	DC CARES Code
Hemoglobin $\leq 10$ g/dl* (must be treated as high-risk and include high-risk care plan or complete SOAP note)	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>201</b> System-Assigned HIGH-RISK
Low Hematocrit (refer to table 1)	Pregnant (I) Breastfeeding(I) Non-Breastfeeding (III)	<b>201</b> System-Assigned
Elevated Blood Lead Levels: Blood lead level $\geq 5$ mcg/dl within the past 12 months*	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>211</b> System-Assigned HIGH-RISK

**Table 1: WIC Hematocrit Values**

**1998 CDC Guidelines** (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/00051880.htm#0000303039.htm>)

**Referral Data**

	Pregnant (%)			Non-Pregnant (%)		
	0 – 13 wks	14 – 29 wks	30 – 40 wks	12 – 14.9 yrs	15 – 17.9 yrs	$\geq 18$ yrs
<b>Nonsmokers</b>	<33.0	<32.0	<33.0	<35.7	<35.9	<35.7
<b>Up to &lt; 1 pack/day</b>	<34.0	<33.0	<34.0	<36.7	<36.9	<36.7
<b>1 - &lt; 2 packs/day</b>	<34.5	<33.5	<34.5	<37.2	<37.4	<37.2
<b><math>\geq 2</math> packs/day</b>	<35.0	<34.0	<35.0	<37.7	<37.9	<37.7

**Note:** Current CDC guidelines using pregnancy trimesters (0-13, 14-26, and 27-40 weeks) for hemoglobin and hematocrit values will be implemented upon pending DC CARES upgrade.

**b. Women-Medical:**

Risk	DC CARES Code	
	Categories	DC CARES Code
History of Birth of a Large for Gestational Age Infant, $\geq 9$ pounds (4000g) at birth #	Pregnant (I) Breastfeeding (I)** Non-Breastfeeding (III)** ** most recent pregnancy	<b>337</b> <b>DIAGNOSIS</b>
Illegal Drug Use: Any illegal drug use*	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>372</b> <b>HIGH-RISK</b>
Alcohol Use: Any alcohol use*	Pregnant (I)	<b>3WA</b> <b>HIGH-RISK</b>

Appendix 8.007A

Alcohol Abuse: Routine current use of $\geq 2$ drinks per day based on the USDA/DHHS Dietary Guidelines* (1 drink = 1 ½ oz liquor, 5 oz wine, or 12 oz beer)	Breastfeeding (I) Non-Breastfeeding (III)	<b>3WA HIGH-RISK</b>
Maternal Smoking: Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars* (Not High-risk for Non-Breastfeeding)	Pregnant (I) Breastfeeding (I)	<b>371 System-Assigned HIGH-RISK</b>
History of Low Birth Weight: Previous or recent delivery of an infant of low birth weight < 5 lbs 8 oz (<2500 grams)*	Pregnant (I) Breastfeeding (I)** Non-Breastfeeding (III)** ** most recent pregnancy	<b>312 System-Assigned HIGH-RISK</b>
History of Preterm Delivery: $\leq 37$ weeks gestation*	Pregnant (I) Breastfeeding (I)** Non-Breastfeeding (III)** ** most recent pregnancy	<b>311 System-Assigned HIGH-RISK</b>
History of Spontaneous Abortion, Fetal or Neonatal Loss: spontaneous abortion ( $\leq 20$ weeks), previous neonatal death (death occurring from birth through the first 28 days of life) or a fetal death (miscarriage or still birth): death at $\geq 20$ weeks gestation#*	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>321 System-Assigned DIAGNOSIS HIGH-RISK</b>
History of Birth with Nutrition Related Congenital or Birth Defect linked to inappropriate nutrient intake (Pregnant women: any pregnancy)#	Pregnant (I) Breastfeeding (I)** Non-Breastfeeding (III)** ** most recent pregnancy	<b>339 DIAGNOSIS</b>
Developmental, Sensory or Motor Delays Interfering with the Ability to Eat (including head trauma, brain damage)#*	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>362 DIAGNOSIS HIGH-RISK</b>
Multi-fetal Gestation: Multiple pregnancy (i.e., twins, triplets)	Pregnant (I) Breastfeeding (I)** Non-Breastfeeding (III)** ** most recent pregnancy	<b>335</b>
Fetal Growth Restriction (FGR)# *	Pregnant (I)	<b>336 DIAGNOSIS HIGH-RISK</b>
Depression Presence of clinical depression, including postpartum depression#	Pregnant (I) Breastfeeding (I)** Non-Breastfeeding (III)** ** most recent pregnancy	<b>361 DIAGNOSIS</b>
Woman With Limited Ability to Make Feeding Decisions and/or Prepare Food: <ul style="list-style-type: none"> <li>▪ <math>\leq 17</math> years of age</li> <li>▪ Mentally disabled/delayed and/or have a mental illness such as clinical depression (#diagnosed by a physician or licensed psychologist)</li> <li>▪ Physically disabled to a degree which restricts or limits food preparation abilities</li> <li>▪ Currently using or having a history of abusing alcohol or other drugs</li> </ul>	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (IV)	<b>902</b>
Eating Disorders (Anorexia Nervosa and Bulimia): Disorders characterized by a disturbed sense of body image and morbid fear of obesity #*	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>358 DIAGNOSIS HIGH-RISK</b>
Hyperemesis Gravidarum #*	Pregnant (I)	<b>301 DIAGNOSIS HIGH-RISK</b>
Gestational Diabetes (current pregnancy)#	Pregnant (I)	<b>302 DIAGNOSIS HIGH-RISK</b>
History of Gestational Diabetes#	Pregnant (I)	<b>303</b>



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	Breastfeeding (I)** Non-Breastfeeding (III)** ** most recent pregnancy	<b>DIAGNOSIS</b>
Drug-Nutrient Interactions	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>357</b>
Presence of significant medical/nutritional stress conditions diagnosed and documented in the medical record #* Includes: <ul style="list-style-type: none"> <li>▪ Thyroid Disorders (hypo/hyperthyroidism)</li> <li>▪ Cancer</li> <li>▪ Infectious Diseases Present in the Past 6 Months (including HIV/AIDS, bronchiolitis (not bronchitis), hepatitis, meningitis, parasitic infections, pneumonia, tuberculosis)</li> <li>▪ Hypoglycemia</li> </ul> Recent Major Surgery (including Cesarean sections), Trauma, Burns (severe)	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>DIAGNOSIS HIGH_RISK</b>  <b>344</b> <b>347</b> <b>352</b>  <b>356</b> <b>359</b>
Pre-Diabetes#	Breastfeeding (I) Non-Breastfeeding (III)	<b>363</b> <b>DIAGNOSIS</b>
Congenital anomalies, birth injury, or medical condition (diagnosed by a physician) which interferes with food intake or compromises nutritional status #* Examples include: <ul style="list-style-type: none"> <li>▪ Nutrient Deficiency Diseases (including protein energy malnutrition, rickets, osteomalacia)</li> <li>▪ Gastro-Intestinal Disorders (including ulcers, short bowel syndrome, inflammatory bowel disease, GERD, liver disease, malabsorption syndromes, pancreatitis, gall bladder disease, post-bariatric surgery)</li> <li>▪ Diabetes Mellitus</li> <li>▪ Renal disease [including pyelonephritis &amp; persistent proteinuria, excluding urinary tract infection (UTI)]</li> <li>▪ Central Nervous System Disorders [including cerebral palsy (CP), epilepsy, neural tube defects (NTD) such as Spina Bifida, Parkinson's Disease, Multiple Sclerosis (MS)]</li> <li>▪ Genetic and Congenital Disorders (including cleft lip palate, sickle cell anemia (not trait), thalassemia major, muscular dystrophy, Down's Syndrome)</li> <li>▪ Inborn Errors of Metabolism (including PKU, MSUD, MCAD)</li> <li>▪ Food Allergies</li> <li>▪ Celiac Disease</li> <li>▪ Lactose Intolerance with GI disturbances</li> <li>▪ Other Medical Conditions (including asthma, cardiorespiratory diseases, heart disease, cystic fibrosis, lupus erythematosus)</li> </ul>	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>DIAGNOSIS HIGH-RISK</b>  <b>341</b>  <b>342</b>  <b>343</b> <b>346</b>  <b>348</b>  <b>349</b>  <b>351</b> <b>353</b> <b>354</b> <b>355</b> <b>360</b>
History of Preeclampsia#	Pregnant Breastfeeding Non-Breastfeeding	<b>304</b> <b>DIAGNOSIS</b>
<b>Hypertension &amp; Prehypertension</b> (Includes Chronic and Pregnancy-Induced Hypertension) #* Hypertension is defined as persistently high arterial blood pressure with systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg. Prehypertension is defined as blood pressure readings between 130/80 to 139/89 mm Hg	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>345</b> <b>DIAGNOSIS HIGH-RISK</b>
Pregnancy at a Young Age: Age at date of conception is ≤ 17 years*	Pregnant (I) Breastfeeding (I)	<b>331</b> System-Assigned

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	Non-Breastfeeding (III)	<b>HIGH-RISK</b>
Short Interpregnancy Interval: Conception of most recent pregnancy follows termination of previous pregnancy by less than 18 months (including spontaneous or operative abortions) *	Pregnant (I) Breastfeeding (I) Non-Breastfeeding (III)	<b>332</b> <b>HIGH-RISK</b>
High Parity and Young Age (women < 20 with >3 pregnancies of ≥ 20 wks regardless of birth outcome)*	Pregnant (I) Breastfeeding (I)** Non-Breastfeeding (III)** ** most recent pregnancy	<b>333</b> <b>HIGH-RISK</b>
Breastfeeding Complications (or potential complications): <ul style="list-style-type: none"> <li>▪ Severe breast engorgement</li> <li>▪ Recurrent plugged ducts</li> <li>▪ Flat or inverted nipples</li> <li>▪ Mastitis (fever w/flu-like symptoms with localized breast tenderness)</li> <li>▪ Cracked bleeding or severely sore nipples</li> <li>▪ Aged ≥ 40 years</li> </ul>	Pregnant Breastfeeding	<b>602</b>

**c. Women- Anthropometric (height and weight):**

Risk	Categories	DC CARES Code
<b>UNDERWEIGHT/OVERWEIGHT:</b>		
Underweight: Pre-pregnancy BMI <18.5	Pregnant (I)	<b>101</b> System-Assigned
Underweight: Pre-pregnancy or current BMI <18.5 (women < 6 months postpartum)	Breastfeeding (I) Non-Breastfeeding (III)	<b>101(I) (III)</b> System-Assigned
Underweight: Current BMI < 18.5 (women > 6 months postpartum)	Breastfeeding (I)	<b>101 (I)</b> System-Assigned
<b>LOW MATERNAL WEIGHT GAIN:</b>		
<u>Pre-pregnancy BMI &lt; 18.5 (Underweight)*</u> weight gain <1 pound per week after 1 <sup>st</sup> trimester or total weight gain less than 28-40 pounds	Pregnant (I)	<b>131</b> System-Assigned <b>HIGH-RISK</b>
<u>Pre-pregnancy BMI 18.5-24.9 (Normal)*</u> weight gain <0.8 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 25-35 pounds	Pregnant (I)	<b>131</b> System-Assigned <b>HIGH-RISK</b>
<u>Pre-pregnancy BMI 25-29.9 (Overweight)*</u> weight gain <0.5 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 15-25 pounds	Pregnant (I)	<b>131</b> System-Assigned <b>HIGH-RISK</b>
<u>Pre-pregnancy BMI ≥30 (Obese)*</u> weight gain <0.4 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 11-20 pounds	Pregnant (I)	<b>131</b> System-Assigned <b>HIGH-RISK</b>
<b>LOW MATERNAL WEIGHT GAIN: MULTIFETAL GESTATION</b>		
<u>Twin Gestations, Pre-pregnancy BMI 18.5-24.9 (Normal Weight)*</u> weight gain <1.5 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 37-54 pounds	Pregnant (I)	<b>131</b> System-Assigned <b>HIGH-RISK</b>
<u>Twin Gestations, Pre-pregnancy BMI 25-29.9 (Overweight) *</u> weight gain <1.5 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 31-50 pounds	Pregnant (I)	<b>131</b> System-Assigned <b>HIGH-RISK</b>

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<u>Twin Gestations, Pre-pregnancy BMI &gt;30 (Obese) *</u> weight gain <1.5 lbs per week after 1 <sup>st</sup> trimester or with total weight gain less than 25-42 pounds	Pregnant (I)	<b>131</b> System-Assigned <b>HIGH-RISK</b>
<u>Triplet Gestations*</u> weight gain <1.5 lbs per week and with total weight gain less than approximately 50 pounds	Pregnant (I)	<b>131</b> System-Assigned <b>HIGH-RISK</b>
<b>HIGH MATERNAL WEIGHT GAIN (all body types):</b>		
High Maternal Weight Gain: For singleton pregnancies, after 1 <sup>st</sup> trimester – weight gain: >1.3 # per week for Underweight Women (BMI < 18.5) >1 # per week for Normal Weight Women (BMI 18.5-24.9) >.7 # per week for Overweight Women (BMI 25-29.9) >.6 # per week for Obese Women (BMI ≥30) Or High weight gain at any point in pregnancy, such that using an Institute of Medicine based weight gain grid, a pregnant woman’s weight plots at any point above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category	Pregnant (I)	<b>131</b> System-Assigned
<b>MATERNAL WEIGHT LOSS (all body types):</b>		
Maternal Weight Loss During Pregnancy: Any weight loss below pregravid weight during the 1st trimester or ≥2 pounds (≥1 kg) in the 2 <sup>nd</sup> or 3 <sup>rd</sup> trimesters	Pregnant (I)	<b>132</b>

**d. Women- Dietary:**

<b>Risk</b>	<b>Categories</b>	<b>DC CARES Code</b>
<b>427</b> <i>Inappropriate Nutrition Practices for Women -</i> Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. <b>Risk 427 Includes risk codes 4WA through 4WE below:</b>	Pregnant Breastfeeding Non-Breastfeeding	<b>4WA-4WE</b> <b>4WA-4WD</b> <b>4WA-4WD</b>
<b>427.1</b> <i>Consuming dietary supplements with potentially harmful consequences.</i> <u>Inappropriate dietary supplementation</u> Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: <ul style="list-style-type: none"> <li>▪ Single or multiple vitamins;</li> <li>▪ Mineral supplements; and</li> <li>▪ Herbal or botanical supplements/remedies/teas.</li> </ul>	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (VI)	<b>4WA</b> <b>4WA</b> <b>4WA</b>
<b>427.2</b> <i>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.</i> <u>Consuming low calorie diet/impaired absorp</u> <ul style="list-style-type: none"> <li>▪ Strict vegan diet;</li> <li>▪ Low-carbohydrate, high protein diet;</li> <li>▪ Macrobiotic diet; and</li> <li>▪ Any other diet restricting calories and/or essential nutrients.</li> </ul>	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (VI)	<b>4WB</b>
<b>427.3</b> <i>Compulsively ingesting non-food items (pica).</i> <u>Compulsively ingesting nonfood items, pica</u> Non-food items: <ul style="list-style-type: none"> <li>▪ Ashes;</li> <li>▪ Baking soda;</li> </ul>	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (VI)	<b>421</b> System-Assigned <b>(Will Become 4WC Pending DC CARES Upgrade)</b>

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<ul style="list-style-type: none"> <li>▪ Burnt matches;</li> <li>▪ Carpet fibers;</li> <li>▪ Chalk;</li> <li>▪ Cigarettes;</li> <li>▪ Clay;</li> <li>▪ Dust;</li> <li>▪ Large quantities of ice and/or freezer frost;</li> <li>▪ Paint chips;</li> <li>▪ Soil; and</li> <li>▪ Starch (laundry and cornstarch).</li> </ul>		
<p><b>427.4</b> <i>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.</i>  <u>Inadequate vitamin/mineral supplementation</u></p> <ul style="list-style-type: none"> <li>▪ Consumption of less than 27 mg of iron as a supplement daily by pregnant woman</li> <li>▪ Consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women</li> </ul> <p>Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman</p>	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (VI)	<b>4WD</b>

**e. Women - Other:**

Risk	Categories	DC CARES Code
<p><b>501</b> Possibility of Regression: Prevention of regression in nutritional/health status for Priority I women who still meet residence and economic requirements, who currently meet no risk criteria, and who the CPA believes will regress in nutritional/health status if removed. Use Codes that reflect the original criteria.</p> <p>Regression Categories:</p> <ul style="list-style-type: none"> <li>▪ Anthropometric</li> <li>▪ Biochemical</li> <li>▪ Medical</li> </ul> <p><i>The regression risk code can NOT be used for consecutive certifications.</i></p>	Breastfeeding Non-Breastfeeding	<b>5WA (VI)</b> <b>5WB (VI)</b> <b>5WM (VI)</b>
Breastfeeding Mother of Infant at Nutritional Risk; Woman breastfeeding an infant who meets a Priority I or II medical risk criterion	Pregnant (I) Breastfeeding (I)	<b>601 (I)</b> System-Assigned
Homelessness: Homeless individual	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (VI)	<b>801 (IV)</b> System- Assigned
Migrancy: Migrant individual	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (VI)	<b>802 (IV)</b> System-Assigned
Recipient of Abuse	Pregnant (IV) Breastfeeding (IV) Non-Breastfeeding (901)	<b>901 901</b> <b>901 9</b>

**2. The following risk codes are used for infants and children age 1-5.**

**b. Infants and Children: Biochemical:**

<b>Risk</b>	<b>Categories</b>	<b>DC CARES Codes</b>
Hemoglobin $\leq 10$ g/dl* (must be treated as high-risk and include high-risk care plan or complete SOAP note)	Infants (I) Children (III)	<b>201</b> System-Assigned <b>HIGH-RISK</b>
Low Hematocrit: Infants 6 to 12 months and children up to 2 years: $<32.9\%$ Children 2-5 years: $<33.0\%$	Infants (I) Children (III)	<b>201</b> System-Assigned
Elevated Blood Lead Levels: Blood lead level $\geq 10$ mcg/dl within the past 12 months*	Infants (I) Children (III)	<b>211</b> System-Assigned <b>HIGH-RISK</b>

**c. Infants and Children- Medical:**

<b>Risk</b>	<b>Categories</b>	<b>DC CARES Codes</b>
Breastfeeding Infant of Woman at Nutritional Risk: Breast-fed infant whose mother is certified for a Priority I risk factor	Infants (I)	<b>702</b>
Breastfeeding Complications (or potential complications) as follows (refer to physician or lactation consultant): <ul style="list-style-type: none"> <li>▪ Jaundice</li> <li>▪ Weak or ineffective suck</li> <li>▪ Difficulty latching onto mother's breast</li> <li>▪ Inadequate stooling for age and/or less than 6 wet diapers per day</li> </ul>	Infants (I)	<b>603 (I)</b>
Fetal Alcohol Syndrome (FAS): The presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation #*	Infants (I) Children (III)	<b>382</b> <b>DIAGNOSIS</b> <b>HIGH-RISK</b>
Infant Born of a Woman With Mental Retardation or Alcohol or Drug Use During Most Recent Pregnancy	Infants (I)	<b>703</b>
Presence of significant medical/nutritional stress conditions diagnosed and documented in the medical record #* Includes: <ul style="list-style-type: none"> <li>▪ Thyroid Disorders (hypo/hyperthyroidism)</li> <li>▪ Cancer</li> <li>▪ Infectious Diseases (including HIV/AIDS, bronchiolitis (<i>not</i> bronchitis), hepatitis, meningitis, parasitic infections, pneumonia, tuberculosis)</li> <li>▪ Hypoglycemia</li> <li>▪ Recent Major Surgery, Trauma, Burns (severe)</li> </ul>	Infants (I) Children (III)	<b>DIAGNOSIS</b> <b>HIGH-RISK</b>  <b>344</b> <b>347</b> <b>352</b>  <b>356</b> <b>359</b>
Congenital anomalies, birth injury, or medical condition (diagnosed by a physician) which interferes with food intake or compromises nutritional status #* Examples include: <ul style="list-style-type: none"> <li>▪ Nutrient Deficiency Diseases (including protein energy malnutrition, rickets, osteomalacia)</li> <li>▪ Gastro-Intestinal Disorders (including ulcers, small bowel syndrome, inflammatory bowel disease, GER, liver disease, pancreatitis, gallbladder disease, malabsorption syndromes - condition must be specified and excludes infants on soy formula for religious or personal reasons)</li> </ul>	Infants (I) Children (III)	<b>DIAGNOSIS</b> <b>HIGH-RISK</b>          <b>341</b>  <b>342</b>

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<ul style="list-style-type: none"> <li>▪ Diabetes Mellitus</li> <li>▪ Renal Disease [including pyelonephritis &amp; persistent proteinuria, excluding urinary tract infection (UTI)]</li> <li>▪ Central Nervous Disorders [including cerebral palsy (CP), epilepsy, neural tube defects (NTD) such as Spina Bifida, Parkinson’s Disease, Multiple Sclerosis (MS)]</li> <li>▪ Genetic and Congenital Disorders (including cleft lip palate, sickle cell anemia (not trait), thalassemia major, Down’s Syndrome)</li> <li>▪ Inborn Errors of Metabolism (including PKU, MSUD, MCAD)</li> <li>▪ Food Allergies</li> <li>▪ Celiac Disease</li> <li>▪ Lactose Intolerance with GI disturbances</li> <li>▪ Other Medical Conditions (including asthma, cardiorespiratory diseases, heart disease, cystic fibrosis, juvenile rheumatoid arthritis, lupus erythematosus)</li> </ul>		<p><b>343</b> <b>346</b></p> <p><b>348</b></p> <p><b>349</b></p> <p><b>351</b></p> <p><b>353</b> <b>354 This is priority I for Children as well as I</b> <b>355</b> <b>360</b></p>
<p>Hypertension (Includes Prehypertension) #*</p> <p>Hypertension during childhood is age-specific, and is defined as blood pressure readings greater than the 95th percentile for age, gender, and height on at least three separate occasions. Blood pressure reading between the 90th and 95th percentile is considered prehypertension.</p>	<p>Infants (I) Children (III)</p>	<p><b>345</b> <b>DIAGNOSIS</b> <b>HIGH-RISK</b></p>
<p>Drug-Nutrient Interactions</p>	<p>Infants (I) Children (III)</p>	<p><b>357</b></p>
<p>Gastro-Intestinal Disorders: Infants or children with excessive regurgitation or persistent vomiting which affects normal food intake *</p>	<p>Infants (I) Children (III)</p>	<p><b>342</b> <b>HIGH-RISK</b></p>
<p>Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat: (such as failure to reach developmental milestones, abnormal motor patterns, inability of child to finger-feed or self-feed at appropriate chronological age, faulty sucking reflex, or developmental disability such as pervasive development disorder (PDD), which includes autism) that impact nutritional status.#*</p>	<p>Infants (I) Children (III)</p>	<p><b>362</b> <b>DIAGNOSIS</b> <b>HIGH RISK</b></p>
<p>Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Examples include primary care giver who is:</p> <ul style="list-style-type: none"> <li>▪ ≤17 years of age</li> <li>▪ mentally disabled/delayed</li> <li>▪ has a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist)</li> <li>▪ physically disabled to a degree which restricts or limits food preparation abilities</li> <li>▪ currently using or having a history of abusing alcohol or other drugs</li> </ul>	<p>Infant (IV) Child (V)</p>	<p><b>902</b></p>

**d. Infants and Children- Anthropometric:**

Risk	Categories	DC CARES Codes
<p><b>Underweight: *</b> Birth-24 months: ≤ 2.3<sup>rd</sup> percentile weight for length as plotted on the CDC (WHO) Birth to 24 months gender specific growth charts 2-5 years: ≤ 5<sup>th</sup> percentile Body Mass Index (BMI) –for age as plotted on the 2000 CDC age/gender specific growth charts.</p>	<p>Infants (I) Children (III)</p>	<p><b>103</b> System-Assigned <b>HIGH RISK</b></p>

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<p><b>At Risk of Short Stature:*</b>            Birth-&lt;24 months: &gt;2.3<sup>rd</sup> percentile and ≤5<sup>th</sup> percentile length-for-age as plotted on the CDC (WHO) Birth to 24 months gender specific growth charts            2-5 years: &gt;5<sup>th</sup> percentile and ≤ 10<sup>th</sup> percentile stature-for –age based as plotted on the 2000 CDC age/gender specific growth charts.            Assign risk based on gestational age adjustment.</p>	<p>Infants (I)            Children(III)</p>	<p><b>IRS            CRS            System-Assigned            HIGH-RISK</b></p>
<p><b>Short Stature: *</b>            Birth-&lt;24 months: ≤ 2.3<sup>rd</sup> percentile length-for-age as plotted on the CDC (WHO) Birth to 24 months gender specific growth charts            2-5 years: ≤ 5<sup>th</sup> percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts.            Assign risk based on gestational age adjustment.</p>	<p>Infants (I)            Children (III)</p>	<p><b>121            System-Assigned            HIGH-RISK</b></p>
<p><b>Low birth Weight (LBW): *</b>            Infants and children (&lt; 24 mos. of age) with birth weight of &lt; 5 pounds 8 ounces (&lt; 2500 grams)</p>	<p>Infants(I)            Children(III)</p>	<p><b>141            System-Assigned            HIGH-RISK</b></p>
<p><b>Very Low Birth Weight (VLBW): *</b>            Infants and children (&lt; 24 months of age) with birth weight &lt; 3 pounds 5 ounces (&lt; 1500 g)</p>	<p>Infants (I)            Children (III)</p>	<p><b>141            System-Assigned            HIGH-RISK</b>             (Will Become 1VL Pending DC CARES Upgrade)</p>
<p><b>Prematurity:</b> Infants and children with birth ≤ 37 weeks gestation</p>	<p>Infants(I)            Children (III)            (&lt;24 months)</p>	<p><b>142            System-Assigned</b></p>
<p><b>Small for Gestational Age #</b></p>	<p>Infants (I)            Children (III)            (&lt;24 months)</p>	<p><b>151            DIAGNOSIS</b></p>
<p><b>Failure to Thrive # *</b></p>	<p>Infants (I)            Children (III)</p>	<p><b>134            DIAGNOSIS            HIGH-RISK</b></p>
<p><b>Obese: *</b>            ≥95<sup>th</sup> percentile Body Mass index (BMI) or weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts</p>	<p>Children (III)            (≥ 2 years)</p>	<p><b>113            System-Assigned            HIGH-RISK</b></p>
<p><b>Overweight:</b>            Being ≥24 months of age and &gt; 85<sup>th</sup> percentile and &lt; 95<sup>th</sup> percentile BMI for age or weight for stature. Standing height only can be used for this definition. Children who are measured with a recumbent length cannot be prescribed this risk factor.</p> <p><b>At Risk of Overweight:</b>            Being &lt; 12 months of age and born to a woman who was obese (BMI ≥ 30) at time of conception or at any point in the first trimester of the pregnancy. (BMI must be based on self-reported preconception weight and height or a measured weight and height documented by a health care provider.)</p> <p>Being &gt; 12 months of age 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 preconception weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain.) (Currently not available due to DC CARES limitations.)</p>	<p>Infants (I)            Children (III)</p>	<p><b>114            System-Assigned</b>   <i>Infants: CPA-Assigned using parental weight</i></p>

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<p>Being an infant (or child) and having a biological father who is obese (BMI <math>\geq</math> 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 the time of certification.) (Currently not available for children due to DC CARES limitations.)</p>		
<p><b>High Weight-for-Length</b>          Birth to &lt;24 months: <math>\geq</math> 97.7<sup>th</sup> percentile weight-for-length as plotted on the CDC (WHO) Birth to 24 months gender specific growth charts</p>	<p>Infants (I)          Children (III)</p>	<p><b>115</b>          System-Assigned</p>
<p><b>Inadequate Growth</b> (Rate of Weight Gain):          Infants from birth to 1 month of age:</p> <ul style="list-style-type: none"> <li>▪ Loss of &gt; 10% of birth weight</li> <li>▪ Birth weight not regained by 2 weeks of age</li> </ul> <p>Infants from birth to 6 months of age:          Based on 2 weights taken at least 1 month apart and the weight gain is less than expected as follows:</p> <ul style="list-style-type: none"> <li>▪ Birth – 1 month: 4 ½ oz/week, or 1 lb and 3 oz/month</li> <li>▪ 1 – 2 months: 6 ¼ oz/week, or 1 lb and 11 oz/month</li> <li>▪ 2 – 3 months: 4 ½ oz/week, or 1 lb and 3 oz/month</li> <li>▪ 3 – 4 months: 4 oz/week, or 1 lb and 1 oz/month</li> <li>▪ 4 – 5 months: 3 ½ oz/week, or 15 oz/month</li> <li>▪ 5 – 6 months: 3 oz/week, or 13 oz/month</li> </ul> <p>Infants from 6 – 12 months of age:          Based on at least 2 sequential weight taken at the WIC clinic, at least 3 months apart, weight gain is less than:</p> <ul style="list-style-type: none"> <li>▪ 2 ¼ ounces per week or</li> <li>▪ 3 pounds and 10 ounces per 6 months or</li> <li>▪ 9 ½ oz per month</li> </ul> <p>Children 1 to 5 years of age:          Based on at least 2 sequential weights taken at the WIC clinic, at least 3 months apart, weight gain is less than:</p> <ul style="list-style-type: none"> <li>▪ 0.6 ounces per week or</li> <li>▪ 1 pound per 6 months or</li> <li>▪ 2.7 ounces per month</li> </ul> <p><i>If the measurement interval falls between the infant and child age categories, add the average weight gain of the infant before 12 months of age and the average weight gain of the child after 12 months of age to determine adequate or inadequate growth. (Currently not available due to DC CARES limitations).</i></p>	<p>Infants (I)          Children (III)</p>	<p><b>135</b>          System-Assigned</p>
<p>Large for Gestational Age:          Birth weight &gt; 9 lbs (&gt; 4000g) or large for gestational age</p>	<p>Infants (I)</p>	<p><b>153</b></p>



**e. Infants and Children- Dietary:**

Risk	Categories	DC CARES Codes
<p><b>425</b> <i>Inappropriate Nutrition Practices for Children</i>            Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.  <b>Risk Code 425 includes risk codes 4CA through 4CI below:</b></p>	Children	See <b>4CA-4CI</b>
<p><b>411.1</b> <i>Routinely using a substitute(s) for breast milk or for FDA approved iron fortified formula as the primary nutrient source during the first year of life.</i>  <u>Inappropriat sub for breastmilk or formula</u>            Examples of substitutes:  <ul style="list-style-type: none"> <li>▪ Low iron formula without iron supplementation;</li> <li>▪ Cow’s milk, goat’s milk, or sheep’s milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and</li> </ul>           Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions”.</p>	Infants (IV)	<b>4IA</b>
<p><b>411.3</b> <i>Routinely offering complementary foods or other substances that are inappropriate in type or timing. (Complementary foods are any foods or beverages other than breast milk or infant formula.)</i>  <u>Inapp food, bev, substances in type/timing</u>            Examples of inappropriate complementary foods:  <ul style="list-style-type: none"> <li>▪ Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier; and</li> </ul>           Any food other than breast milk or iron-fortified infant formula before 4 months of age.</p>	Infants (IV)	<b>4IC</b>
<p><b>411.4</b> <i>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</i>  <b>425.4</b> <i>Routinely using feeding practices that disregard the developmental needs or stages of the child.</i>  <u>Inapp feeding for developmental need/stage</u>  <ul style="list-style-type: none"> <li>▪ Inability to recognize, insensitivity to, or disregarding the infant’s/child’s cues for hunger and satiety (e.g., forcing an infant/child to eat a certain type and/or amount of food or beverage, ignoring an infant’s hunger cues or a hungry child’s requests for appropriate foods) (<b>I, C</b>).</li> <li>▪ Feeding foods of inappropriate consistency, size, or shape that put infants/children at risk of choking (<b>I, C</b>).</li> <li>▪ Not supporting an infant’s/child’s need for growing independence with self-feeding (e.g., solely spoon-feeding an infant/child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils) (<b>I, C</b>).</li> <li>▪ Feeding an infant/child foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant/child is ready and capable of eating mashed, chopped or appropriate finger foods) (<b>I, C</b>).</li> </ul> </p>	Infants (IV) Children (V)	<b>4ID</b> <b>4CD</b>
<p><b>411.6</b> <i>Routinely feeding inappropriately diluted formula.</i>  <u>Feeding inappropriately diluted formula</u></p>	Infants (IV)	<b>4IF</b>

<ul style="list-style-type: none"> <li>Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons).</li> </ul> <p>Failure to follow specific instructions accompanying a prescription</p>		
<p><b>411.7</b> <i>Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients.</i>  <u>Limited breastfeeding as sole nutrition</u>  Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> <li>Scheduled feedings instead of demand feedings (Currently not available due to DC CARES limitations);</li> <li>Less than 8 feedings in 24 hours if less than 2 months of age; and</li> </ul> <p>Less than 6 feedings in 24 hours if between 2 and 6 months of age.</p>	<p>Infants (IV)</p>	<p><b>418</b>  System-Assigned    <b>(Will Become 4IG Pending DC CARES Upgrade)</b></p>
<p><b>411.8</b> <i>Routinely feeding a diet very low in calories and/or essential nutrients.</i>  <b>425.6</b> <i>Routinely feeding a diet very low in calories and/or essential nutrients.</i>  <u>Diet very low in calories and/or nutrients</u>  Examples:</p> <ul style="list-style-type: none"> <li>Vegan diet (I, C);</li> <li>Macrobiotic diet (I, C); and</li> </ul> <p>Other diets very low in calories and/or essential nutrients (I, C).</p>	<p>Infants (IV)  Children (V)</p>	<p><b>4IH</b>  <b>4CF</b></p>
<p><b>411.10</b> <i>Feeding dietary supplements with potentially harmful consequences.</i>  <b>425.7</b> <i>Feeding dietary supplements with potentially harmful consequences.</i>  <u>Potentially harmful dietary supplement use</u>  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"> <li>Single or multi-vitamins (I, C);</li> <li>Mineral supplements (I, C); and</li> <li>Herbal or botanical supplements/remedies/teas (I, C).</li> </ul>	<p>Infants (IV)  Children (V)</p>	<p><b>4IJ</b>  <b>4CG</b></p>
<p><b>425.8</b> <i>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.</i>  <u>Inadequate use of dietary supplements</u></p> <ul style="list-style-type: none"> <li>Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride (I).</li> <li>Infants who are exclusively breastfed, or are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D (I)</li> <li>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 (C).</li> <li>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 (C)</li> <li>Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula (C)</li> </ul>	<p>Children (V)</p>	<p><b>4CH</b></p>
<p><b>425.9</b> <i>Routine ingestion of nonfood items (pica).</i></p>	<p>Children (V)</p>	<p><b>42I</b></p>

<p><u>Routine ingestion of non-food items (pica)</u>  Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> <li>▪ Ashes;</li> <li>▪ Carpet fibers;</li> <li>▪ Cigarettes or cigarette butts;</li> <li>▪ Clay;</li> <li>▪ Dust;</li> <li>▪ Foam rubber;</li> <li>▪ Paint chips;</li> <li>▪ Soil; and</li> <li>▪ Starch (laundry and cornstarch).</li> </ul>		System-Assigned  (Will Become 4CI Pending DC CARES Upgrade)
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**I = Infants      C = Children**

<p><b>411.10</b> <i>Feeding dietary supplements with potentially harmful consequences.</i></p> <p><b>425.7</b> <i>Feeding dietary supplements with potentially harmful consequences.</i></p> <p><u>Potentially harmful dietary supplement use</u>  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"> <li>▪ Single or multi-vitamins (<b>I, C</b>);</li> <li>▪ Mineral supplements (<b>I, C</b>); and</li> <li>▪ Herbal or botanical supplements/remedies/teas (<b>I, C</b>).</li> </ul>	Infants (IV) Children (V)	<b>4IJ</b> <b>4CG</b>
<p><b>425.8</b> <i>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.</i></p> <p><u>Inadequate use of dietary supplements</u></p> <ul style="list-style-type: none"> <li>▪ Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride (<b>I</b>).</li> <li>▪ Infants who are exclusively breastfed, or are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D (<b>I</b>)</li> <li>▪ 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 (<b>C</b>).</li> <li>▪ 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 (<b>C</b>)</li> <li>▪ Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula (<b>C</b>)</li> </ul>	Children (V)	<b>4CH</b>
<p><b>425.9</b> <i>Routine ingestion of nonfood items (pica).</i></p> <p><u>Routine ingestion of non-food items (pica)</u>  Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> <li>▪ Ashes;</li> <li>▪ Carpet fibers;</li> <li>▪ Cigarettes or cigarette butts;</li> <li>▪ Clay;</li> <li>▪ Dust;</li> <li>▪ Foam rubber;</li> <li>▪ Paint chips;</li> <li>▪ Soil; and</li> <li>▪ Starch (laundry and cornstarch).</li> </ul>	Children (V)	<b>421</b> System-Assigned  (Will Become 4CI Pending DC CARES Upgrade)

**I = Infants      C = Children**

**f. Infants and Children- Other:**

Risk	Categories	DC CARES Codes
<p><b>501</b> Possibility of Regression: Prevention of regression in nutritional/health status for <i>Priority I infants</i> and <i>Priority III children</i> who currently exhibit no risk criteria and who the CPA believes will regress in nutritional status if removed. Use categories that are applicable to the original risk criteria.</p> <p>Regression Categories:</p> <ul style="list-style-type: none"> <li>▪ Anthropometric</li> <li>▪ Biochemical</li> <li>▪ Medical</li> </ul> <p><i>The regression code can NOT be used for consecutive certifications.</i></p>	<p>Infants (IV) Children (V)</p>	<p><b>5RA</b> (anthropometric) <b>5RB</b> (biochemical) <b>5RM</b> (medical)</p>
<p>Breastfeeding Infant of Woman at Nutritional Risk: breast-fed infant whose mother is certified for a Priority IV risk factor</p>	<p>Infants (IV)</p>	<p><b>702</b></p>
<p>Homelessness: Homeless individual</p>	<p>Infants (IV) Children (V)</p>	<p><b>801</b> System-Assigned</p>
<p>Migrancy: Migrant individual</p>	<p>Infants (IV) Children (V)</p>	<p><b>802</b> System-Assigned</p>
<p>Recipient of Abuse</p>	<p>Infants (IV) Children (V)</p>	<p><b>901</b></p>

## Appendix D

### CPPA Decision Tree

<b>Duties Within Scope of Practice</b>
Perform Anthropometric measurements of height, weight, length
Perform Hemoglobin (Hgb) testing
Conduct Initial Medical, Dietary Screening and Environmental Screening using standardized assessment forms
Explain the plotted measurements on growth charts and/or prenatal weight gain chart related to appropriate risk factors.
Assign risk factors as delineated in DC WIC Policy & Procedure
Provide and document Nutrition Education for appropriate risk codes
Complete food prescription for non-exempt contract formulas in powder or concentrate form.
Complete the default food prescription for women and children.
Adjust a default food prescription for women and children to substitute cheese or yogurt for milk in authorized amount (CARES allowances)
Refer to and document appropriate social, health and/or nutrition services referrals(s)
<b>When to Refer to a CPA</b>
Breastfeeding Women
Breastfeeding Infants
High risk participants
Non-high risk with medical or dietary risks beyond CPPA scope of practice (Appendix F)
When the participant needs a Homeless Food Package
When a food package must be prorated
When a food package must be tailored (exception is for cheese and yogurt substitution for milk).
To prescribe specialty milks
To prescribe food packages with medical documentation
To prescribe a food package for formula that is exempt

## Appendix E

### Overview of Risk Codes – CPPA

The table below lists anthropometric, biochemical, medical and dietary risks that are within the scope of practice for a CPPA to provide counseling and education. If a participant presents an additional risk requiring assessment, counseling and education by a CPA, the CPPA is to refer the participant to a CPA. See Appendix xx for a detailed list and description of risk codes.

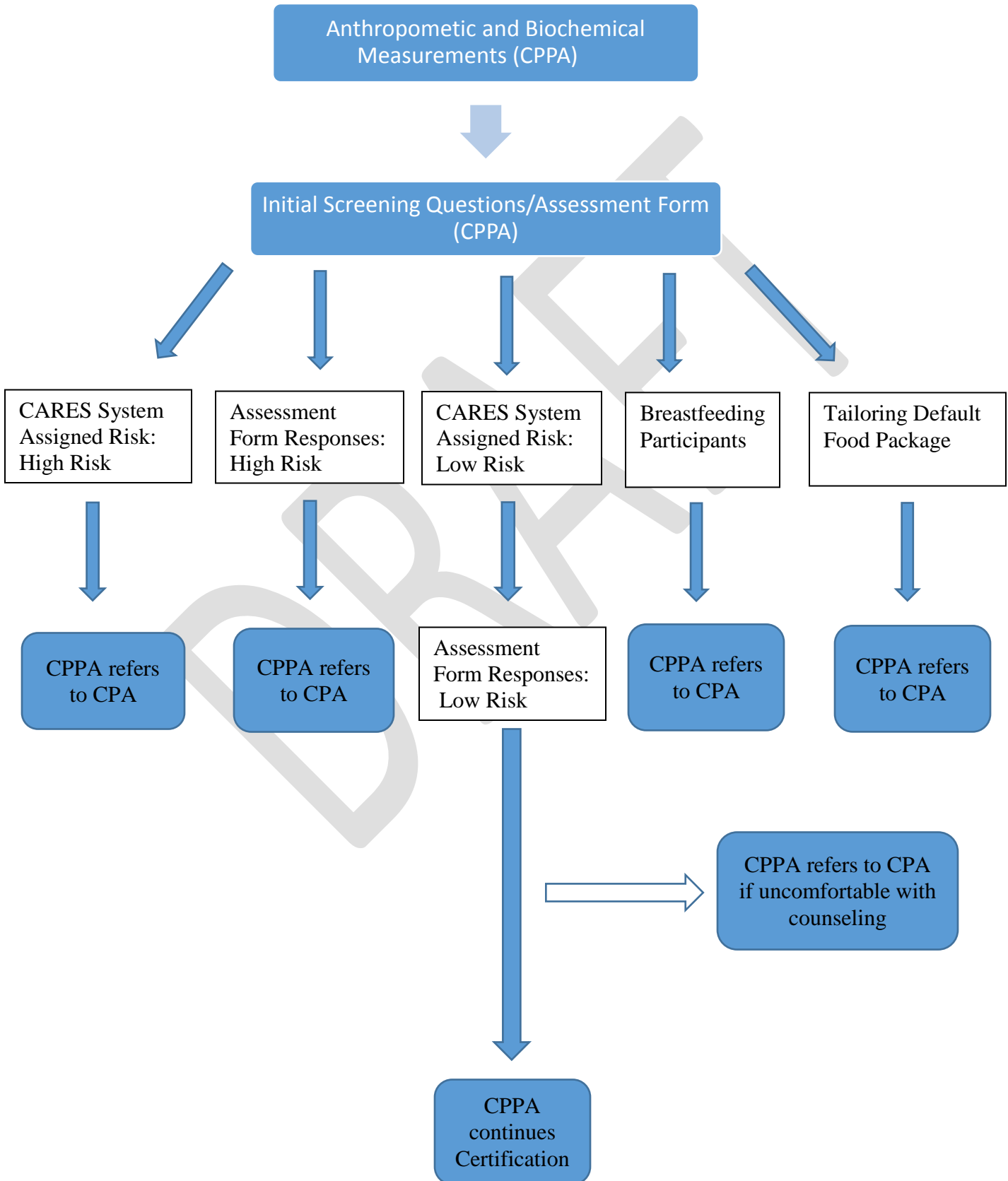
Description of Risk	Participant Category
Low Hemoglobin (See Appendix F)	Women, Infants, Children
Lack of adequate Prenatal Care or care delayed until after the third month (after 13 <sup>th</sup> week)	Women
Pregnant women consuming foods that could be contaminated with potentially harmful substances.	Women
Overweight	Women
High Maternal Weight Gain	Women
Inadequate vitamin / mineral supplementation	Women
Inappropriate foods in pregnancy (food safety)	Women (Pregnant)
Exposure to Environmental Tobacco Smoke	Women, Infants, Children
Oral Health Conditions	Women, Infants, Children
Routinely using nursing bottles, cups, or pacifiers improperly	Infants, Children
Routinely not providing dietary supplements recognized as essential	Infants, Children
Routinely feeding inappropriate beverages as primary milk source	Children
Routinely feeding a child any sugar-containing fluids	Children
Feeding foods to an infant or child that potentially contain microorganisms/toxins (food safety)	Infants, Children
Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breastmilk or formula	Infants
Foster Care	Infants, Children
Failure to Meet Dietary Guidelines*	Women, Children
Infant Up to 6 Months Old of WIC mother or of a woman who would have been eligible for WIC*	Infants
VOC (transfer)**	Women, Infants, Children

\*These risks can only be assigned if a participant does not present any other risk code.

\*\*A participant with a VOC (Verification of Certification) from another state has already been certified and does not require assessment until recertification or medical update.

# Appendix F

## Flow Chart of WIC Processes by CPPA and CPA



## Appendix G

### Side-by-Side Comparison of CPA and CPPA Risk Code Assignment

WOMEN (Pregnant, Breastfeeding, Non-Breastfeeding Postpartum) RISKS	CPA	CPPA
Breastfeeding Women	X	
Low Hemoglobin, Low Risk (See Appendix F for criteria)		X
Hemoglobin < or equal to 10, High Risk	X	
Elevated Blood Lead Levels	X	
Illegal Drug Use; Alcohol Use	X	
Smoking	X	
Exposure to Environmental Tobacco Smoke		X
History of Birth of a Large for Gestational Age Infant	X	
Gestational Diabetes or History of Gestational Diabetes or Pre-diabetes	X	
History of Low Birth Weight	X	
History of Spontaneous Abortion	X	
History of Birth with Nutrition Related Congenital or Birth Defect	X	
History of Preterm Delivery	X	
Developmental, Sensory or Motor Delays Interfering with Ability to Eat	X	
Fetal Growth Restriction	X	
Depression Presence, including postpartum depression	X	
Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food	X	
Eating Disorders	X	
Hyperemesis Gravidarum		
Drug Nutrient Interactions	X	
History of Preeclampsia or Presence of Hypertension & Prehypertension	X	



<b>WOMEN (Pregnant, Breastfeeding, Non-Breastfeeding Postpartum) RISKS</b>	<b>CPA</b>	<b>CPPA</b>
Presence of significant medical/nutritional stress conditions diagnosed and documented in the medical record (includes Thyroid disorders; cancer; Infectious Diseases in the past 6 months) and recent major surgery	X	
Congenital anomalies, birth injury, or medical condition diagnosed by a physician which interferes with food intake or compromises nutritional status (Includes food allergies, lactose intolerance with GI disturbances)	X	
Pregnancy at Young Age (< or equal to 17) or High Parity and Young Age (< 20 with >3 pregnancies of >20 weeks)	X	
Short Pregnancy Interval	X	
Underweight; Low Maternal Weight Gain; Maternal Weight Loss	X	
Overweight or High Maternal Weight Gain		X
Inappropriate Dietary Supplements (such as use of herbal supplements or single vitamin or mineral supplements)	X	
Inadequate vitamin/mineral supplementation recognized as essential by national public health policy		X
Consuming a diet very low in calories or essential nutrients (such as strict vegan diet; Low carb/high protein diet; macrobiotic diet)	X	
Pica	X	
Pregnant women consuming foods that could be contaminated with potentially harmful substances (food safety)		X
Lack of adequate prenatal care		X
Multi-fetal Gestation: twins, triplets	X	
Oral Health Conditions		X
Homelessness	X	
Migrancy	X	
Failure to Meet Dietary Guidelines		X

INFANT and CHILDREN RISKS	CPA	CPPA
Breastfeeding Infants	X	
Low Hemoglobin, Low Risk (See Appendix F for criteria)		X
Hemoglobin < or equal to 10, High Risk	X	
Elevated Blood Lead Levels	X	
Fetal Alcohol Syndrome	X	
Exposure to Environmental Tobacco Smoke		X
Large for Gestational Age Infant		X
Infant Born of a Woman with Mental Retardation or Alcohol or Drug Abuse	X	
Presence of significant medical/nutritional stress conditions diagnosed and documented in the medical record (includes Thyroid disorders; cancer; Infectious Diseases in the past 6 months) and recent major surgery	X	
Congenital anomalies, birth injury, or medical condition diagnosed by a physician which interferes with food intake or compromises nutritional status (Includes food allergies, lactose intolerance with GI disturbances)	X	
Hypertension (includes Prehypertension)	X	
Drug Nutrient Interactions	X	
Gastrointestinal Disorders	X	
Developmental, Sensory or Motor Disabilities Interfering with Ability to Eat	X	
Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food	X	
At Risk of Underweight; Underweight; At Risk of Short Stature	X	
Low Birth Weight or Very Low Birth Weight	X	
Prematurity and Small for Gestational Age	X	
Failure to Thrive or Inadequate Growth	X	

INFANT and CHILDREN RISKS	CPA	CPPA
Obese; Overweight; At Risk of Overweight; High Weight for Length	X	
Routinely using feeding practices that disregard the developmental needs or stage of the infant or child	X	
Routinely feeding inappropriate diluted formula	X	
Inappropriate substitution for breastmilk	X	
Routinely using nursing bottles, cups, or pacifiers improperly		X
Routinely offering complementary foods or other substances that are inappropriate in type or timing to Infants (such as sugar, honey or syrup to beverages)	X	
Routinely feeding inappropriate beverages as primary milk source to children (such as nonfat or reduced-fat milk to one-year olds, sweetened condensed milk, milk substitutes)	X	
Routine ingestion of nonfood items (pica)	X	
Routinely feeding a diet very low in calories and/or essential nutrients (i.e.vegan, macrobiotic)	X	
Feeding dietary supplements with potentially harmful consequences	X	
Routinely not providing dietary supplements recognized as essential by national public health policy		X
Routinely feeding sugar-containing fluids to children		X
Feeding foods to an infant or child that could be contaminated with potentially harmful substances (food safety) or Routinely using inappropriate sanitation in preparation, handling and storage of expressed breastmilk or formula		X
Oral Health Conditions		X
Homelessness	X	
Migrancy	X	
Failure to Meet Dietary Guidelines		X

DRAFT

## **HORA**

3-1201.01

(6) (A) "Practice of dietetics and nutrition" means the application of scientific principles and food management techniques to assess the dietary or nutritional needs of individuals and groups, make recommendations for short-term and long-term dietary or nutritional practices which foster good health, provide diet or nutrition counseling, and develop and manage nutritionally sound dietary plans and nutrition care systems consistent with the available resources of the patient or client.

(B) Nothing in this paragraph shall be construed as preventing or restricting the practices, services, or activities of dietetic technicians and dietetic assistants working under the supervision of a licensed dietitian or nutritionist, other health professionals licensed pursuant to this chapter, or other persons who in the course of their responsibilities offer dietary or nutrition information or deal with nutritional policies or practices on an occasional basis incidental to their primary duties, provided that they do not represent by title or description of services that they are dietitians or nutritionists.

## **SUBCHAPTER VII. QUALIFICATIONS FOR LICENSURE TO PRACTICE DIETETICS AND NUTRITION; WAIVER OF EXAMINATION**

### **§ 3-1207.01. Qualifications for licensure.**

(a) In addition to the general qualifications for licensure set forth in subchapter V of this chapter, and any requirements which the Mayor may establish by rule, a dietitian shall:

(1) Hold a baccalaureate or higher degree with a major in human nutrition, foods and nutrition, dietetics, food systems management, or an equivalent major course of study, approved by the Board, from a school, college, or university that was approved by the appropriate accrediting body recognized by the Council on Postsecondary Accreditation or the United States Department of Education at the time the degree was conferred; and

(2) Successfully complete the certification examination of the Commission on Dietetic Registration of the American Dietetic Association.

(b) Licensure to practice dietetics pursuant to this chapter shall also entitle the licensee to use the title of nutritionist.

(c) In addition to the general qualifications for licensure set forth in subchapter V of this chapter, and any requirements which the Mayor may establish by rule, a nutritionist shall:

(1) Hold a baccalaureate or higher degree with a major in human nutrition, food and nutrition, dietetics, food systems management, or an equivalent major course of study, approved by the Board, from a school, college, or university that was approved by the appropriate accrediting body recognized by the Council on Postsecondary Accreditation or the United States Department of Education at the time the degree was conferred, or shall have completed other training, approved by the Board, which is substantially equivalent to the curricula of accredited institutions; and

(2) Successfully complete the examination developed and required by the Mayor and administered by the Board.

(d) The Mayor, by rule, shall establish requirements for the completion of a planned, continuous, preprofessional program of supervised experience as a condition for licensure as a dietitian or nutritionist.

(e) The Mayor shall, within 12 months of March 25, 1986, develop, and update as necessary, an examination to assess an applicant's knowledge and understanding of the principles of nutrition and ability to apply the principles effectively and for the benefit of patients or clients in the practice of nutrition.

### **§ 3-1207.02. Waiver of examination.**

The board shall waive the examination requirement of § 3-1207.01(a)(2) and (c)(2) for any applicant for licensure as a dietitian or nutritionist who presents evidence satisfactory to the Board that the applicant meets the qualifications required by § 3-1207.01(a)(1) or § 3-1207.01(c)(1) and has been employed in the practice of dietetics or nutrition on a full- time or substantially full-time basis for at least 3 of the last 5 years immediately preceding March 25, 1986, provided that application for the waiver is made within 24 months of March 25, 1986.

## DIETETICS PRACTITIONER STATE LICENSURE PROVISIONS

STATE	YEAR	TYPE OF LAW	COMMENTS
ALABAMA	1989	Licensing of dietitian, nutritionist	<p><b>§ 34-34A-5. Persons authorized to practice.</b>            Only a person licensed or otherwise authorized to practice under this chapter shall practice dietetics/nutrition or provide nutrition care services or use the title "dietitian/nutritionist" or the words "dietitian" or "nutritionist" alone or in combination, or use the letters L.D., L.N., or any facsimile thereof, except as allowed by Chapter 34, Title 34. Nothing in this chapter shall apply to a physician licensed to practice medicine. Dietitians/nutritionists may offer advice and counsel on dietetics and nutrition as adjunct medical therapy when advice and counsel is given upon referral or directive of a licensed physician. Notwithstanding any other provision of this chapter to the contrary a person licensed to practice dietetics/nutrition or to provide nutritional care services shall not diagnose, treat, or prescribe for any human illness, injury, disease, impairment or infirmity, or otherwise engage in the practice of medicine as that term is defined in <a href="#">Section 34-24-50</a>.</p>
ALASKA	1999	Licensing of dietitian, nutritionist	<p><b>Sec. 08.38.010. License required.</b> (a) An individual may not, unless licensed as a dietitian or nutritionist by the department, use the title "dietitian," "licensed dietitian," "nutritionist," "licensed nutritionist," or an occupational title using the word "dietitian" or "nutritionist." ***</p>
ARIZONA		NONE	
ARKANSAS	1989	Licensing of dietitian	<p><b>§ 17-83-105. Violations of provisions</b>            The following acts shall constitute violations of this chapter:</p> <p>(1) Representing oneself to be a dietitian or licensed dietitian, using the words "dietitian" or "provisional licensed dietitian" alone or in combination, or using the initials, "L.D." or "P.L.D." or any other letters, words, abbreviations, or insignia indicating that he or she is a dietitian, unless he or she is duly licensed as such under this chapter;</p> <p>(2) Practicing or attempting to practice dietetics without having first been licensed or otherwise permitted under this chapter;</p> <p>(3) Obtaining or attempting to obtain a license or renewal of a license by bribery or fraudulent representation; and</p> <p>(4) Knowingly making a false statement on any form promulgated</p>

STATE	YEAR	TYPE OF LAW	COMMENTS
			<p>under this chapter or the rules and regulations promulgated under this chapter.</p> <p><b>§ 17-83-301. License requirement</b> Beginning July 4, 1990, no individual shall practice or offer to practice dietetics within the meaning of this chapter unless he or she is duly licensed or is a student under the provisions of this chapter or is otherwise entitled under <a href="#">§ 17-83-104</a> or <a href="#">§ 17-83-302</a>.</p>
CALIFORNIA	1995	Title protection for dietitian and registered dietitian	<p><b>2585(c).</b> It is a misdemeanor for any person not meeting the criteria of subdivision (a) or (b) [setting forth educational or accreditation requirements] to use, in connection with his or her name or place of business, the words "dietetic technician, registered," "dietitian," "dietician," "registered dietitian," "registered dietician," or the letters "RD," "DTR," or any other words, letters, abbreviations, or insignia indicating or implying that the person is a dietitian, or dietetic technician, registered or registered dietitian, or to represent, in any way, orally, in writing, in print or by sign, directly or by implication, that he or she is a dietitian or a dietetic technician, registered or a registered dietitian</p> <p><b>2586(e)</b> It is a misdemeanor for a person specified in subdivision (e) of Section 2585 to practice in a manner inconsistent with the requirements set forth in this section.</p>
COLORADO		NONE-- (except deceptive advertising prohibition)	Regulation proposed by CDA in 1993 but not adopted
CONNECTICUT	1994	Certification of dietitian	<p><b>Sec. 206p.</b> Use of title. No person who is not certified by the department of public health as a dietitian-nutritionist shall represent himself as being so certified or use in connection with his name the term "Connecticut Certified Dietitian-Nutritionist", "Connecticut Certified Dietitian", "Connecticut Certified Nutritionist", or the letters "C.D.-N.", "C.D.", "C.N." or any other letters, words or insignia indicating or implying that he is a certified dietitian-nutritionist in this state.</p>
DELAWARE	2009	Licensing of dietitian, nutritionist	<p><b>§ 3810.</b> No person shall represent oneself or engage in the practice of dietetics and nutrition therapy as a Licensed Dietitian/Nutritionist in</p>



STATE	YEAR	TYPE OF LAW	COMMENTS
			this State or use the title "Licensed Dietitian," "Licensed Nutritionist," "Nutritionist," "Dietitian," use the letters "L.D.N.", or any combination of above terms and/or abbreviations unless such a person is licensed under this chapter.
DISTRICT OF COLUMBIA	1986	Licensing of practitioner of dietetics and nutrition	<b>§ 3-1205.01. License required.</b> A license issued pursuant to this chapter is required to practice medicine, ... dietetics, ... or occupational therapy assistant in the District, except as provided in this chapter.
FLORIDA	1988	Licensing of dietitian, nutritionist, nutrition counselor	<b>468.504.</b> License required.--No person may engage for remuneration in dietetics and nutrition practice or nutrition counseling or hold himself or herself out as a practitioner of dietetics and nutrition practice or nutrition counseling unless the person is licensed in accordance with the provisions of this part.
GEORGIA	1994	Licensing of dietitian	<b>§ 43-11A-16. Unlawful practice or use of title "dietitian" or letters "LD"</b> (a) Only a person licensed or otherwise authorized to practice under this chapter shall be engaged in dietetic practice or use the title "dietitian" or use the letters "LD" or any facsimile thereof or represent himself or herself to the public as a dietitian. (b) Notwithstanding any other provisions of this Code section, a person duly registered as a registered dietitian shall have the right to use the title "registered dietitian," the designation "RD," or any facsimile thereof.
HAWAII	2000	Licensing of dietitian	<b>§ 448B-4 Licensure required.</b> No person shall purport to be a "licensed dietitian" or use the letters "L.D." in connection with the person's name, or use any words or symbols indicating or tending to indicate that the person is a licensed dietitian without meeting the applicable requirements and holding a license as set forth in this chapter
IDAHO	1994	Licensing of dietitian	<b>54-3503 LICENSE REQUIRED.</b> (1) From and after the 1st day of January, 1995, it is unlawful for any person to assume or use the title or designation of "dietitian," "certified dietitian," "registered dietitian," or any other combination of terms which include the title "dietitian," unless such person has been issued a license pursuant to this chapter

STATE	YEAR	TYPE OF LAW	COMMENTS
			and the license is in good standing pursuant to rules of the board.
ILLINOIS	1991	Licensing of dietitian nutritionist	<p><b>30/15. License required</b>  (a) No person may engage for remuneration in nutrition services practice or hold himself or herself out as a licensed dietitian nutritionist unless the person is licensed in accordance with this Act or meets ... [certain enumerated] criteria:</p> <p>(b) No person shall practice dietetics, as defined in this Act, or hold himself or herself out as a licensed dietitian nutritionist unless that person is so licensed under this Act or ... [certain enumerated] criteria:</p> <p>(c) No person shall practice dietetics or nutrition services, as defined in this Act, or hold himself or herself out as a licensed dietitian nutritionist, a dietitian, a nutritionist, or a nutrition counselor unless the person is licensed in accordance with this Act.</p> <p><b>Sec. 56. Transition.</b> Beginning November 1, 2003, the Department shall cease to issue a license as a dietitian or a nutrition counselor. Any person holding a valid license as a dietitian or nutrition counselor prior to November 1, 2003 and having met the conditions for renewal of a license under Section 65 of this Act, shall be issued a license as a dietitian nutritionist under this Act and shall be subject to continued regulation by the Department under this Act. The Department may adopt rules to implement this Section. (Source: P.A. 92-642, eff. 7-11-02.)</p>
INDIANA	1994	Certification of dietitian	<p><b>25-14.5-7-1 Prohibitions</b>  Except as provided in <a href="#">section 3</a> of this chapter, an individual who is not certified under this article may not:(1) profess to be a certified dietitian; or(2) imply by words or letters such as "CD" that the individual is a certified dietitian.</p>
IOWA	1985	Licensing of dietitian	<p><b>147.2. License required</b>  A person shall not engage in the practice of medicine and surgery, ..., dietetics, ... or interpreting for the hearing impaired, ... , unless the person has obtained from the department a license for that purpose.  <i>[Note: the practice of dietetics is not defined]</i></p>

STATE	YEAR	TYPE OF LAW	COMMENTS
KANSAS	1989	Licensing of dietitian	<p><b>65-5903. Persons authorized to practice dietetics or make certain representations limited; violations misdemeanor; action to enjoin violation authorized.</b></p> <p>(a) *** only a person licensed or otherwise authorized to practice under this act shall practice dietetics. Only a person licensed under this act shall use the title "dietitian" or "licensed dietitian" alone or in combination with other titles or use the letters L.D. or any other words or letters to indicate that the person using the same is a licensed dietitian.</p> <p>(b) Violation of this section is a class C misdemeanor.</p>
KENTUCKY	1994	Licensing of dietitian; certification of nutritionist	<p><b>310.070 Unlawful practice or use of title -- Exceptions.</b></p> <p>(1) It shall be unlawful for any person to engage in the practice of dietetics or nutrition, to act or to represent himself to be a dietitian or a nutritionist, or to use such titles as "dietitian," "nutritionist," "licensed dietitian," "certified nutritionist," or such letters as "L.D.," "C.N.," or any word, letters, or title indicating or implying that the person is a dietitian or nutritionist, unless that person holds a license or certificate issued by the board. ***</p> <p>[See also provision of KSA dealing with telehealth.]</p>
LOUISIANA	1987	Licensing of dietitian, nutritionist	<p><b>§ 3091. License required</b></p> <p>No person shall use the titles "dietitian", "dietician", or "nutritionist" or any abbreviation or facsimile thereof unless he is licensed in accordance with the provisions of this Chapter and is engaged in the practice of human nutrition, or meets the exemptions in <a href="#">R.S. 37:3093</a>.</p> <p>No person shall practice dietetics/nutrition or provide nutrition care services unless licensed or otherwise authorized to practice in accordance with the provisions of this Chapter. The board may cause to issue in any competent court a writ of injunction enjoining any person from violating the provisions of this Chapter. The provisions of this Section shall become effective July 1, 1988.</p>
MAINE	1994	Licensing of dietitian, dietetic technician	<p><b>§9906. Licensing</b></p> <p><b>1. Licensing required.</b> A person may not practice dietetics or claim to be a dietitian or a dietetic technician unless that person is licensed in accordance with this chapter. ***</p>

STATE	YEAR	TYPE OF LAW	COMMENTS
MARYLAND	1994	Licensing of dietitian, nutritionist	<b>§ 5-301. Licensing requirements</b> (a) Except as otherwise provided in this subtitle, an individual shall be licensed by the Board before the individual may practice dietetics in the State. ***
MASSACHUSETTS	1999	Licensing of dietitian, nutritionist	<b>§ 206. Authorized activities for nonlicensed dietitians/nutritionists</b> No person shall hold himself out to be a licensed <b>dietitian</b> /nutritionist unless so licensed under the applicable provisions of this chapter. ***
MICHIGAN	2007	Licensing of dietitian, nutritionist	<b>Sec. 18353.</b> Beginning July 1, 2007, an individual shall not use the titles "registered dietitian", "licensed dietitian", "dietitian", "licensed nutritionist", "nutritionist", "r.d.", "l.d.", or "l.n." unless the individual is licensed under this article as a dietitian or nutritionist.
MINNESOTA	1994	Licensing of dietitian, nutritionist	<b>148.630. License required</b> (a) No person may engage in dietetics or nutrition practice unless the person is licensed as a dietitian or nutritionist by the board. No person may use the title "dietitian," "licensed dietitian," "nutritionist," "licensed nutritionist," or any occupational title using the word "dietitian" or "nutritionist" unless so licensed by the board, nor shall any person hold out as a dietitian or nutritionist unless so licensed. (b) Notwithstanding any other provision of <a href="#">sections 148.621 to 148.633</a> , a dietitian registered by the commission shall have the right to use the title "registered dietitian" and the designation "R.D." Notwithstanding any other provision of <a href="#">sections 148.621 to 148.633</a> , a dietetic technician registered by the Commission on Dietetic Registration shall have the right to use the title "dietetic technician registered" and the designation "D.T.R."
MISSISSIPPI	1994	Licensing of dietitian; title protection for nutritionist	<b>§ 73-10-7. Licensing of dietitians or nutritionists</b> It shall be unlawful for any person, corporation or association to, in any manner, represent himself or itself as a dietitian or nutritionist, send out billings as providing services covered in <a href="#">Section 73-10-3(j)</a> , or use in connection with his or its name, the titles "dietitian," "dietician" or "nutritionist" or use the letters "LD," "LN" or any other facsimile thereof when he or she is not licensed in accordance with the provisions of this chapter or meets the exemptions in <a href="#">paragraph (c) of Section 73-10-13</a> . Notwithstanding any other provision of this chapter, a dietitian registered by the Commission on Dietetic Registration

STATE	YEAR	TYPE OF LAW	COMMENTS
			(CDR) shall have the right to use the title "Registered Dietitian" and the designation "R.D." Registered dietitians shall be licensed according to the provisions of this chapter to practice dietetics or provide medical nutrition therapy.
MISSOURI	1998	Licensing of dietitian	<p><b>Title of licensed dietitian, use permitted, when--penalty.</b>  <b>324.205.</b> 1. Any person who holds a license to practice dietetics in this state may use the title "Dietitian" or the abbreviation "L.D.". No other person may use the title "Dietitian" or the abbreviation "L.D.". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a licensed dietitian.</p> <p>2. No person shall practice or offer to practice dietetics in this state for compensation or use any title, sign, abbreviation, card, or device to indicate that such person is practicing dietetics unless he or she has been duly licensed pursuant to the provisions of sections 324.200 to 324.225.</p>
MONTANA	1987	Licensing of nutritionist; title protection for dietitian	<p><b>37-21-301. Dietitian -- qualifications.</b> No person may use, in connection with his name or place of business, the term "dietitian" or represent in any way that he is a dietitian unless he:</p> <p>(1) has been granted, prior to October 1, 1983, the right to use the term "dietitian" by an authorized agency; or</p> <p>(2) (a) is 18 years of age or older;</p> <p>(b) has satisfactorily completed appropriate academic requirements for the field of dietetics and related disciplines;</p> <p>(c) has received a baccalaureate or higher degree in dietetics or a related field from a college or university accredited by the Northwestern association of schools and colleges; and</p> <p>(d) has satisfactorily completed a program of supervised clinical experience of not less than 6 months in length that is designed to train entry-level dietitians through instruction and assignments in a clinical setting. The program must meet minimum requirements established by</p>

STATE	YEAR	TYPE OF LAW	COMMENTS
			<p>the department.</p> <p><b>37-25-305. Representation to public as nutritionist -- limitation on use of title</b>  A person may not represent to the public by any title, sign, or advertisement or description of services that the person is a nutritionist or a licensed nutritionist unless the person has been licensed under this chapter or has met the requirements of 37-25-102(9)(b).</p>
NEBRASKA	1995	Licensing of medical nutrition therapist	<p><b>§ 71-1,287. License; when required.</b>  After September 1, 1996, no person shall practice medical nutrition therapy unless he or she is licensed for such purpose pursuant to the Uniform Licensing Law.</p>
NEVADA	1995	Title protection for dietitian, licensed dietitian, and registered dietitian	<p><b>439.537. Unlawful use of words or letters designating person as licensed or registered dietitian; penalty</b>  1. A person shall not use in connection with his name the words or letters "Dietitian," "Licensed Dietitian," "Registered Dietitian," "L.D.," "R.D." or any other title, word, letter or other designation intended to designate that he is a licensed or registered dietitian without being registered with the Commission on Dietetic Registration, a member of the National Commission on Health Certifying Agencies, or its successor organization. ***</p>
NEW HAMPSHIRE	2000	Licensing of dietitian	<p><b>326-H:5 License Required; License Title.</b>  I. No person shall practice or represent himself or herself as a dietitian in this state without first applying for and receiving a license from the board to practice as a licensed dietitian  II. Licensees shall use the title "licensed dietitian" and the recognized abbreviation "LD".  <b>326-H:6 Scope of Practice.</b> Licensed dietitians shall be authorized to practice applications from food, nutrition, biochemistry, physiology, management, behavioral, and social sciences used in the treatment of illness, injury and other medical conditions, and the maintenance of human health.</p>
NEW JERSEY		NONE	

STATE	YEAR	TYPE OF LAW	COMMENTS
NEW MEXICO	1997	Licensing of dietitian, nutritionist, nutrition associate	<p><b>§ 61-7A-4. License required; exemptions</b>  A. After April 1, 1990, no person shall engage in nutrition or dietetics practice, or use or include the titles or represent himself to be a dietitian, nutritionist or nutrition associate unless he is licensed under the Nutrition and Dietetics Practice Act.</p>
NEW YORK	1991	Certification of dietitian, nutritionist	<p><b>§ 8001. Definitions ***</b>  3. A certified dietitian or certified nutritionist is one who engages in the integration and application of principles derived from the sciences of nutrition, biochemistry, physiology, food management and behavioral and social sciences to achieve and maintain people's health, and who is certified as such by the department pursuant to <a href="#">section eight thousand four</a> of this article. The primary function of a certified dietitian or certified nutritionist is the provision of nutrition care services that shall include:  (a) Assessing nutrition needs and food patterns;  (b) Planning for and directing the provision of food appropriate for physical and nutrition needs; and  (c) Providing nutrition counseling.</p> <p><b>§ 8002. Use of titles</b>  Only a person certified under this article shall be authorized to use the title "certified dietitian", "certified dietician", or "certified nutritionist".</p>
NORTH CAROLINA	1991	Licensing of dietitian, nutritionist	<p><b>§ 90-365. Requirement of license</b>  After March 31, 1992, it shall be unlawful for any person who is not currently licensed under this Article to do any of the following:  (1) Engage in the practice of dietetics/nutrition.  (2) Use the title "dietitian/nutritionist".  (3) Use the words "dietitian," "nutritionist," or "licensed dietitian/nutritionist" alone or in combination.  (4) Use the letters "LD," "LN," or "LDN," or any facsimile or combination in any words, letters, abbreviations, or insignia.  (5) To imply orally or in writing or indicate in any way that the person is a licensed dietitian/nutritionist.</p>

STATE	YEAR	TYPE OF LAW	COMMENTS
NORTH DAKOTA	1989	Licensing of dietitian, nutritionist, RD	<p><b>43-44-06 License required - Title - Abbreviations.</b>  A person may not practice or represent as able to practice as a dietitian, or use the title "dietitian", "registered dietitian", "licensed dietitian", or "licensed registered dietitian", or the abbreviations "RD", "LD", or "LRD" unless so licensed under this chapter. A licensed registered dietitian may use the title "licensed registered dietitian" and the abbreviation "LRD". A person may not practice, or represent oneself as able to practice, as a licensed nutritionist using the title "licensed nutritionist" or the abbreviation "LN" unless so licensed under this chapter. A licensed nutritionist may use the title "licensed nutritionist" and the abbreviation "LN".</p>
OHIO	1986	Licensing of dietitian	<p><b>4759.02 License required; exemptions</b>  (A) Except as otherwise provided in this section or in <a href="#">section 4759.10 of the Revised Code</a>, no person shall practice, offer to practice, or hold himself forth to practice dietetics unless he has been licensed under <a href="#">section 4759.06 of the Revised Code</a>.  (B) Except for a licensed dietitian holding an inactive license who does not practice or offer to practice dietetics, or a person licensed under <a href="#">section 4759.06 of the Revised Code</a>, or as otherwise provided in this section or in <a href="#">section 4759.10 of the Revised Code</a>:  (1) No person shall use the title "dietitian"; and  (2) No person except for a person licensed under Chapters 4701. to 4755. of the Revised Code, when acting within the scope of their practice, shall use any other title, designation, words, letters, abbreviation, or insignia or combination of any title, designation, words, letters, abbreviation, or insignia tending to indicate that the person is practicing dietetics.  (C) Notwithstanding division (B) of this section, a person who is a dietitian registered by the commission on dietetic registration and who does not violate division (A) of this section may use the designation "registered dietitian" and the abbreviation "R.D."</p>
OKLAHOMA	1984	Licensing of dietitian	<p><b>§ 1736. Titles and abbreviations</b>  A. A person may not use the title or represent or imply that he or she has the title of licensed dietitian or provisional licensed dietitian or use the letters LD or PLD and may not use any facsimile of those titles in any manner to indicate or imply that the person is a licensed dietitian</p>



STATE	YEAR	TYPE OF LAW	COMMENTS
			<p>or provisional licensed dietitian, unless that person holds an appropriate license.</p> <p>B. A person shall not use the title or represent or imply that he has the title of registered dietitian or the letters RD and shall not use any facsimile of the title in any manner to indicate or imply that the person is registered as a registered dietitian by the Commission on Dietetic Registration, unless the person is registered as a registered dietitian by the Commission on Dietetic Registration. * * *</p>
OREGON	1989	Licensing of dietitian	<p><b>691.415. Dietitians; licenses required; use of terms</b></p> <p>On or after the date stated in the administrative rules adopted by the Board of Examiners of Licensed Dietitians, no person who is not licensed under <a href="#">ORS 691.435</a> shall practice or attempt to practice as a licensed dietitian using in connection with the name of the person the words or letters "L.D.," or "Licensed Dietitian."</p>
PENNSYLVANIA	2002	Licensing of dietitian-nutritionist	<p><b>§ 213.1. Dietitian-nutritionist license required</b></p> <p>(a) It shall be unlawful for any individual to hold himself or herself forth as a licensed dietitian-nutritionist unless he or she shall first have obtained a license pursuant to this act. Only individuals who have received licenses as licensed dietitian-nutritionists pursuant to this act may use the letters "L.D.N." in connection with their names.</p> <p>(b) Nothing in this section shall be construed to require or preclude third-party insurance reimbursement. Nothing herein shall preclude an insurer or other third-party payor from requiring that a licensed dietitian-nutritionist obtain a referral from a licensed physician, dentist or podiatrist or that a licensed dietitian-nutritionist file an evaluation and treatment plan with the insurer or third-party payor as a precondition of reimbursement.</p>
PUERTO RICO	1974	Licensing of dietitian, nutritionist	<p><b>20 L.P.R.A.Sec.2187 –</b></p> <p>On and from the date of effectiveness of this act only the persons holding a license issued by the Board shall have the right to practice the nutrition and dietetics profession in Puerto Rico, and to use the corresponding title.</p>
RHODE ISLAND	1991	Licensing of dietitian, nutritionist	<p><b>5-64-4. License required.</b></p> <p>Only a person licensed or authorized to practice under this chapter shall practice dietetics or use the title "dietitian/nutritionist", or use the letters L.D.N. or any facsimile.</p>

STATE	YEAR	TYPE OF LAW	COMMENTS
SOUTH CAROLINA		Licensing of dietitian	<p><b>Section 40-20-10.</b> This chapter may be cited as the 'South Carolina Dietetics Licensure Act'.</p> <p>Section 40-20-30. It is unlawful for a person not licensed under this chapter, or whose license has been suspended or revoked by the panel, to hold himself or herself out as a dietitian, licensed dietitian, alone or in combination, or use with the letters 'LD' or any facsimile or combination in any words, letters, abbreviations, or insignia. An authorization to practice issued pursuant to this title is valid for up to two years and is renewable on dates as established by the director.</p>
SOUTH DAKOTA	1996	Licensing of dietitian, nutritionist	<p><b>36-10B-2. Licensing and designation</b>  Except as provided in <a href="#">§ 36-10B-15</a>, no person may practice nutrition and dietetics or provide nutrition care services unless licensed or otherwise authorized to practice under this chapter. No person may practice as a licensed nutritionist, use the title nutritionist, dietitian, or licensed nutritionist, or use the abbreviation LN, unless licensed under this chapter. A licensed nutritionist may use the title licensed nutritionist and the abbreviation LN. A violation of this section is a Class 2 misdemeanor.</p>
TENNESSEE	1987	Licensing of dietitian, nutritionist	<p><b>§ 63-25-104. Use of title; application of law</b>  (a) It is unlawful for any person to engage in the practice of dietetics/nutrition, to act or represent such person to be a dietitian or a nutritionist or to use such titles as "dietitian/nutritionist," "licensed dietitian," "licensed nutritionist," or such letters as "L.D.," "L.N.," or any facsimile thereof, or any word, letters or title indicating or implying that such person is a dietitian/nutritionist, unless such person holds a license and otherwise complies with the provisions of this chapter and the rules and regulations adopted by the board. ***</p> <p><b>§ 63-25-105. Therapeutic dietary regimens</b>  No therapeutic dietary regimen may be developed unless pursuant to the appropriate orders and/or referral of licensed practitioners of medicine, osteopathy, chiropractic, dentistry or podiatry when incidental to the practice of their respective professions.</p>
TEXAS	1993	Licensing of dietitian	<p><b>701.251. License Required; Commission Registration</b>  *** (b) Unless the person holds an appropriate license issued under this chapter, a person may not:</p>

STATE	YEAR	TYPE OF LAW	COMMENTS
			<p>(1) use the title or represent or imply that the person has the title "licensed dietitian" or "provisional licensed dietitian" or use the letters "LD" or "PLD"; or</p> <p>(2) use a facsimile of those titles to indicate or imply that the person is a licensed dietitian or provisional licensed dietitian.</p> <p>(c) Unless the person is a dietitian registered by the Commission on Dietetic Registration, a person may not:</p> <p>(1) use the title or represent or imply that the person has the title "registered dietitian" or use the letters "RD"; or</p> <p>(2) use a facsimile of that title to indicate or imply that the person is a dietitian registered by the Commission on Dietetic Registration.</p>
UTAH	1993	Certification of dietitian	<p><b>58-49-9. Use of titles by uncertified person.</b></p> <p>No person, without first being certified under this chapter may:</p> <p>(1) assume or use the title or designation "dietitian," "certified dietitian," the letters "C.D.," the letter "D," or any other title, words, letters, abbreviations, or insignia indicating or implying that the person is a certified dietitian; or</p> <p>(2) represent in any way, whether orally, in writing, in print, or by signature, directly or by implication, that he is a certified dietitian.</p>
VERMONT	1993	Certification of dietitian	<p><b>§ 3382. Prohibition; penalty</b>(a) No person shall use in connection with the person's name any letters, words or insignia indicating or implying that the person is a certified dietitian unless the person is certified in accordance with this chapter. ***</p>
VIRGINIA	1995	Title protection for dietitian, nutritionist	<p><b>§ 54.1-2731. Prohibited terms; penalty</b></p> <p>A. No person shall hold himself out to be or advertise or permit to be advertised that such person is a dietitian or nutritionist unless such person:</p> <ol style="list-style-type: none"> <li>1. Has (i) received a baccalaureate or higher degree in nutritional sciences, community nutrition, public health nutrition, food and nutrition, dietetics or human nutrition from a regionally accredited college or university and (ii) satisfactorily completed a program of supervised clinical experience approved by the Commission on Dietetic Registration of the American Dietetic Association;</li> <li>2. Has active registration through the Commission on Dietetic Registration of the American Dietetic Association;</li> <li>3. Has an active certificate of the Certification Board for Nutrition</li> </ol>

STATE	YEAR	TYPE OF LAW	COMMENTS
			<p>Specialists by the Board of Nutrition Specialists;  4. Has an active accreditation by the Diplomats or Fellows of the American Board of Nutrition;  5. Has a current license or certificate as a dietitian or nutritionist issued by another state; or  6. Has the minimum requisite education, training and experience determined by the Board of Health Professions appropriate for such person to hold himself out to be, or advertise or allow himself to be advertised as, a dietitian or nutritionist.</p> <p>The restrictions of this section apply to the use of the terms "dietitian" and "nutritionist" as used alone or in any combination with the terms "licensed," "certified," or "registered," as those terms also imply a minimum level of education, training and competence.</p>
WASHINGTON	1988	Certification of dietitian, nutritionist	<p><b>18.138.020. Certification required</b>  (1) No persons shall represent themselves as certified dietitians or certified nutritionists unless certified as provided for in this chapter.  (2) Persons represent themselves as certified dietitians or certified nutritionists when any title or any description of services is used which incorporates one or more of the following items or designations: "Certified dietitian," "certified dietician," "certified nutritionist," "D.," "C.D.," or "C.N."  (3) The secretary may by rule proscribe or regulate advertising and other forms of patient solicitation which are likely to mislead or deceive the public as to whether someone is certified under this chapter.</p>
WEST VIRGINIA	2001	Licensing of dietitian	<p><b>§ 30-35-1. License to practice</b>  (a) ***, anyone who represents or implies to the public by use of the title "dietician" or "licensed dietician" or any other title intended to convey the impression that he or she is authorized to practice dietetics in this state must be licensed pursuant to this article.  (b) No person may use any title, sign, card or other device which indicates that such person is a licensed dietitian unless expressly authorized and licensed pursuant to the provisions of this article:</p>

STATE	YEAR	TYPE OF LAW	COMMENTS
			<p>Provided, That a dietitian registered by the commission on dietetic registration may use the title of registered dietitian: Provided, however, That the requirements and provisions of this article do not apply to any person employed as a cook at any public or private educational institution in this state.</p> <p><b>§ 30-35-2a. Scope of practice</b>  (a) The primary scope of practice of licensed dietitians is the provision of medical nutrition therapy. Licensed dietitians may also perform other nutrition-related services to promote the general health, well-being and the prevention of chronic diseases or conditions. * * *</p>
WISCONSIN	1994	Certification of dietitian	<p><b>448.76. Use of titles</b>  Except as provided in <a href="#">s. 448.72 (1) (e)</a> and <a href="#">(2) to (6)</a>, a person who is not a certified dietitian may not designate himself or herself as a dietitian, claim to provide dietetic services or use any title or initials that represent or may tend to represent the person as certified or licensed as a dietitian or as certified or licensed in a nutrition-related field.</p>
WYOMING		NONE	

Updated 1/14/09

# Dietetics and Nutrition Occupation Regulations in Selected States

# Florida

§ § 468.509, F.S., and 64B8-42.002, F.A.C.

DEFINITION	OCCUPATION	REQUIREMENTS
<p>Dietetics means the integration and application of the principles derived from the sciences of nutrition, biochemistry, food, physiology, and management and from the behavioral and social sciences to achieve and maintain a person's health throughout the person's life. It is an integral part of preventive, diagnostic, curative, and restorative health care of individuals, groups, or both.</p>	<p>Dietitian/Nutritionist Licensure:</p> <p>By examination:</p>	<p>Possession of at least a bachelor's degree with a major course of study in human nutrition, food and nutrition, dietetics, or food management</p> <ul style="list-style-type: none"><li>• Completion of 900 hours of pre-professional planned and continuous supervised practice.</li><li>• Passage of Commission on Dietetic Registration (CDR) exam.</li><li>• Completion 2-hour course on prevention of medical errors.</li></ul>
	<p>By endorsement: status as Registered Dietitian (RD).</p>	<p>Applicant is registered dietitian with the CDR.</p>
	<p>Dietetic technician</p>	<p>A person who assists in the provision of dietetic and nutrition services under the supervision of a qualified professional.</p>

# KENTUCKY

## Title Protection KRS.310-021

DEFINITION	OCCUPATION	REQUIREMENTS
Practice of dietetics or nutrition means the integration and application of scientific principles of food, nutrition, biochemistry, physiology, and management, and the behavioral and social sciences in achieving and maintaining the health of people through the life cycle and in the treatment of disease.	Dietitian m	A bachelor's degree from a U.S. regionally accredited college or university accredited by the Commission on Accreditation for Dietetics Education; and,
	Nutritionist	A master's degree in in food science, nutrition, or a closely related area of food science or nutrition;
	Dual license	Board approval



# ILLINOIS

## (225)ILCS 301) Dietitian Nutritionist Act Title Protection Act Repeals on January 1, 2023

DEFINITION	OCCUPATION	REQUIREMENTS
<p>“Dietetics and nutrition services” means the integration and application of principles derived from the sciences of food and nutrition to provide for all aspects of nutrition care for individuals and groups including, but not limited to:</p> <ul style="list-style-type: none"><li>Nutrition counseling;</li><li>Nutrition assessment;</li><li>Medically prescribed diet;</li><li>Medical nutrition therapy;</li><li>Nutrition services - Individual and groups; and,</li><li>Restorative</li></ul>	Dietitian Nutritionist	<p>Baccalaureate degree or post baccalaureate degree in human nutrition, foods and nutrition dietetic, foods system management, nutrition education, nutrition science, clinical nutrition, applied clinical nutrition, nutrition counseling, nutrition and functional medicine, nutrition and integrative health</p> <p>Successful completion of Department exemption which may be or may include exams by the American Clinical Board of Nutrition, the Certification Board of Nutrition Socialists the Clinical Nutrition Certification Board, and the Commission on Dietetic Registration.</p> <p>Internship or supervised practice experience of no less than 900 hours.</p>

# MAINE

## Title Protection

### Title 32: Chapter 104, Dietitians Heading

DEFINITION	OCCUPATION	REQUIREMENTS
<p>"Dietetics" means the professional discipline of assessing the nutritional needs of an individual, including recognition of the effects of the individual's physical condition and economic circumstances, and the applying of scientific principles of nutrition to prescribing means to ensure the individual's proper nourishment and care.</p>	<p>Dietitian</p>          <p>Licensed dietitian technician</p>	<p>Completed the academic requirements established by the American Dietetic Association (ADA) or equivalent. Baccalaureate or higher degree from an accredited college or university. Completed courses in organic and inorganic chemistry, human physiology, microbiology, principles of sociology or psychology, basic communication skills, economics, food composition, nutrition and management theory.</p> <p>Completed the experience requirements approved by the American Dietetic Association or equivalent experience of at least 6 months full-time experience in the field of dietetics.</p> <p>Graduated from a dietetic technician program approved by the Commission on Accreditation of the American Dietetic Association or graduated with a Bachelor of Science Degree in Food and Nutrition from an approved 4-year program.</p> <p>Evidence of having successfully completed a 2-month work experience approved by the board.</p>

# Maryland

## Title Protection

### Title 5-301(a) of the Dietitians and Licensed Nutritionist Act

DEFINITION	OCCUPATION	REQUIREMENTS
<p>“Dietetic Practice” means to apply the principles derived from integrating knowledge of food, biochemistry, physiology, management science, behavioral science, and social science to human nutrition. Includes:</p> <ul style="list-style-type: none"><li>• Assessing individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary, and demographic data, for clinical, research, and program planning purposes;</li><li>• Developing, establishing, and evaluating nutritional care plans that establish priorities, goals, and objectives for meeting nutrient needs for individuals or groups;</li><li>• Nutrition counseling and education as a part of preventive or restorative health care throughout the life cycle;</li><li>• Determining, applying, and evaluating standards for food and nutrition services;</li><li>• Applying scientific research to the role of food in the maintenance of health and the treatment of disease.</li></ul>	<p>Licensed Dietitian-Nutritionist</p>	<p>Baccalaureate degree from accredited college or university; or received a master's or doctoral degree from accredited college or university in nutritional sciences (with emphasis in human nutrition), food and nutrition, dietetics, human nutrition, community nutrition, public health nutrition, or equivalent training approved by the Board;</p> <p>Completed a program of supervised clinical experience approved by the Board; and</p> <p>Proof of certification by the Certification Board for Nutritional Specialists; or registration with the Commission on Dietetic Registration of the American Dietetic Association.</p> <p>Must pass an examination approved by the Board under this subtitle.</p>

# Mississippi

## Title Protection

MS Code § 73-10-3 (2013)

DEFINITION	OCCUPATION	REQUIREMENTS
<p>Dietetics practice means the integration and application of the principles derived from the sciences of nutrition, biochemistry, food, and physiology management and behavioral and social sciences to achieve and maintain people's health.</p> <ul style="list-style-type: none"><li>• <b><i>No regulatory treatment of nutritionist</i></b></li></ul>	Registered dietitian	<p>Registered by the Commission on Dietetic Registration</p> <p>Passed an examination administered by the Commission on Dietetic Registration or any other examination as approved by the Department.</p> <ul style="list-style-type: none"><li>(i) Providing medical nutrition therapy.</li><li>(ii) Development, administration, evaluation and consultation regarding nutritional care standards of quality in food services and medical nutrition therapy.</li><li>(iii) Providing case management services.</li></ul>

# Montana

37-25-101

DEFINITIONS	OCCUPATION	REQUIREMENTS
<p>"Dietetics-nutrition" is the integration and application of principles derived from the sciences of nutrition, biochemistry, physiology, and food management and from the behavioral and social sciences to achieve and maintain health.</p>	Registered Dietitian	<p>Complete Accreditation Council for Education in Nutrition and Dietetics (ACEND)-accredited educational and experiential programs through the Commission on Dietetic Registration (CDR) of the Academy of Nutrition and Dietetics (AND).</p> <p><a href="http://www.nutritioned.org/registered-dietitian-montana.html#certification">http://www.nutritioned.org/registered-dietitian-montana.html#certification</a></p> <p>Earn your bachelor's degree and complete an ACEND-accredited Dietetic Internship.</p> <p>Take the CDR Exam for Registered Dietitians.</p>
	Licensed nutritionist	<p>Must complete a bachelor's <i>and</i> master's degree, or doctoral degree, accredited program in public health nutrition, food and nutrition, or dietetics.</p> <p>Be registered with the Commission on Dietetic Registration (CDR)</p>

# New Mexico

§ 61-7A-4

Title Protection

Repealed Effective July 1, 2016

DEFINITIONS	OCCUPATION	REQUIREMENTS
<p>Nutrition or dietetics practice means the integration and application of principles derived from the sciences of nutrition, biochemistry, physiology, food management and behavioral and social sciences to achieve and maintain human health through the provision of <u>nutrition care services</u>;</p> <p>Nutrition care services means:</p> <ol style="list-style-type: none"><li>(1) assessment of the nutritional needs of individuals and groups and determining resources and constraints in the practice setting;</li><li>(2) establishment of priorities, goals and objectives that meet nutritional needs</li><li>(3) provision of nutrition counseling in health and disease;</li><li>(4) development, implementation and management of nutrition care systems; and</li><li>(5) evaluation, adjustment and maintenance of appropriate standards of quality in food and nutrition care;</li></ol>	<p>Dietitian means a health care professional who engages in nutrition or dietetics practice and uses the title dietitian;</p> <p>Nutritionist</p> <p>Nutrition associate" means a health care professional who engages in nutrition or dietetics</p>	<p>Master's degree or doctorate in human nutrition, nutrition education, foods and nutrition, or public health nutrition from accredited college or university;</p> <p>Valid current evidence of membership in one of the following: American Clinical Board of Nutrition or American Society for Nutrition.</p> <p>Pass an examination related to entry level nutrition practice and nutrition care services approved by the board</p> <p>A health care professional who engages in nutrition or dietetics practice and uses the title nutritionist.</p> <p>Practices under the supervision of a dietitian or nutritionist. Must have a baccalaureate or higher degree from accredited college or university; and completion of the academic requirements that qualify the applicant for an internship or equivalent program as approved by the commission on dietetic registration; and pass an examination related to entry level nutrition practice and nutrition care services which has been approved by the board.</p>



**DISTRICT OF  
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MUNICIPAL  
REGULATIONS  
for  
DIETETICS**



## **CHAPTER 44      DIETETICS**

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4400	General Provisions
4401	Term of License
4402	Educational and Experience Requirements
4403	Applicants Educated in Foreign Countries
4404	National Examination
4405	Supervised Practice by Students and Graduates (Registered Dietitians Eligible (RDE))
4406	Continuing Education Requirements
4407	Approved Continuing Education Programs and Activities
4408	Continuing Education Credits
4409	Definitions

### **4400            GENERAL PROVISIONS**

4400.1            This chapter shall apply to applicants for and holders of a license to practice dietetics.

4400.2            Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 45 (Nutrition) of this title shall supplement this chapter.

### **4401            TERM OF LICENSE**

4401.1            Subject to § 4401.2, a license issued pursuant to this chapter shall expire at 12:00 midnight of November 1<sup>st</sup> of each odd-numbered year.

4401.2            If the Director changes the renewal system pursuant to § 4006.3 of Chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the license, or other date established by the Director.

### **4402            EDUCATIONAL AND EXPERIENCE REQUIREMENTS**

4402.1            Except as provided in § 4403, an applicant for a license shall furnish proof satisfactory to the Board that the applicant holds a baccalaureate or higher degree, with a major in human nutrition, foods and nutrition, dietetics, or food systems management, from an institution that was approved by an accrediting body recognized by the Council on Postsecondary Accreditation or the Secretary of the United States Department of Education at the time the applicant graduated, in accordance with § 702(a) of the Act, D.C. Official Code § 3-1207.01(a) (2001).

- 4402.2 An applicant shall have completed an American Dietetic Association approved, planned, continuous, preprofessional experience component in dietetic practice of not less than nine hundred (900) hours under the supervision of a registered dietitian or licensed dietitian.
- 4402.3 An applicant who provides evidence of current registration as a registered dietitian with the Commission on Dietetic Registration of the American dietetic Association (CDRADA) shall be deemed to have met the education and experience requirements of this section.
- 4402.4 An applicant, including a registered dietitian deemed to be qualified under § 4402.3, shall submit a certified transcript of the applicant's educational record(s) and an official certificate of graduation to the Board with the completed application.

#### **4403 APPLICANTS EDUCATED IN FOREIGN COUNTRIES**

- 4403.1 The Board may grant a license to practice dietetics to an applicant who completed an educational program in a foreign country, if the applicant meets all requirements of this chapter except § 4402.1.
- 4403.2 An applicant under this section shall submit with the application a certification from one of the following that the applicant's foreign education is equivalent to the applicable requirements of the Act and this chapter:
- (a) A private education evaluation service approved by the Board; or
  - (b) A college or university approved by an accrediting body recognized by the Council on Postsecondary Accreditation or the Secretary of the United States Department of Education.
- 4403.3 If a document required by this chapter is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a translation signed by the translator attesting to its accuracy.

#### **4404 NATIONAL EXAMINATION**

- 4404.1 To qualify for a license by examination, an applicant shall receive a passing score on the certification examination sponsored by the CDRADA.
- 4404.2 Except as provided in § 4404.3, an applicant shall submit the applicant's examination results, which have been certified or validated by CDRADA, to the Board with the completed examination.

- 4404.3 An applicant who provides written verification of current registration as a registered dietitian from CDRADA shall be deemed to have met the requirements of this section.
- 4404.4 The Board shall waive the examination requirements of the Act and this section for any applicant who presents evidence satisfactory to the Board of the following:
- (a) That the applicant meets the educational requirements of the Act and this chapter; and
  - (b) That the applicant was employed in the practice of dietetics on a substantially full-time basis for at least three (3) of the five (5) years immediately preceding March 25, 1986.
- 4404.5 The application for the waiver shall be received by the Board prior to March 1988.
- 4404.6 An applicant under this section shall demonstrate the experience qualifications under §§ 4404.4 and 4404.5 by submitting the following:
- (a) Evidence documenting that at least four thousand five hundred (4,500) hours of substantially full-time practice were completed over at least three (3) of the five (5) years immediately preceding March 25, 1986;
  - (b) Locations and time periods;
  - (c) Hours of supervised practice;
  - (d) Nature of practice;
  - (e) Performance rating or letter of reference from a supervisor; and
  - (f) The supervisor's name and position.
- 4404.7 For purposes of this section, the term "substantially full-time" means at least thirty (30) hours per week.

**4405 SUPERVISED PRACTICE BY STUDENTS AND GRADUATES  
(REGISTERED DIETITIANS ELIGIBLE (RDE))**

- 4405.1 The following unlicensed persons may practice dietetics under supervision:
- (a) A student fulfilling educational requirements in a program that meets the requirements of §§ 4402.1, 4402.2, and 4402.3; and

(b) A graduate enrolled in a postgraduate training program recognized by the Board.

- 4405.2 Only a supervisor shall be authorized to supervise the practice of a student or graduate.
- 4405.3 A student or graduate may practice dietetics only in accordance with the Act and this subtitle.
- 4405.4 A student or graduate who practices pursuant to this section shall practice only at a hospital, nursing home, health facility, health education center, business, or other health care facility considered appropriate for the practice of dietetics.
- 4405.5 A student or graduate under this section shall not assume administrative or technical responsibility for the operation of a program dietetics, clinical service, or unit.
- 4405.6 All supervised practice shall take place under general or immediate supervision.
- 4405.7 A student or graduate shall identify himself or herself as such before practicing under supervision.
- 4405.8 A supervisor shall be fully responsible for all practice by a student or graduate during the period of supervision and shall be subject to disciplinary action for any violation of the Act of this subtitle by the student or graduate.
- 4405.9 A student or graduate shall not receive compensation of any kind directly or indirectly from a patient, except for a salary based on hours worked under supervision.
- 4405.10 A graduate eligible to practice under § 4405.1(b) may practice for no more than twelve (12) months or for the duration of the graduate's postgraduate training program.
- 4405.11 A student or graduate shall be subject to all of the applicable provisions of the Act and this chapter. In accordance with Chapter 41 of this title, the Board may deny an application for a license by, or take disciplinary action against, a student or graduate who is found to have violated the Act of this chapter.
- 4405.12 As used in this section:
- (a) "General supervision" means supervision in which the supervisor is available on the premises or within vocal communication either directly or by a communication device at the time the student or graduate is practicing.

- (b) “Immediate supervision” means supervision in which the supervisor is with the student or graduate and is either discussing or observing the student’s or graduate’s practice.
- (c) “Supervisor” means a registered dietitian licensed under the Act who is responsible for the supervision of a student or graduate.

**4406 CONTINUING EDUCATION REQUIREMENTS**

- 4406.1 Subject to § 4406.2, this section shall apply to applicants for the renewal, reactivation, or reinstatement of a license for a term expiring April 30, 1991, and for subsequent terms.
- 4406.2 This section shall not apply to applicants for an initial license by examination, reciprocity, or endorsement, nor shall it apply to applicants for the first renewal of a license granted by examination.
- 4406.3 A continuing education credit shall be valid only if it is part of a program or activity approved by the Board in accordance with § 4407.
- 4406.4 An applicant for renewal of a license shall submit proof of having completed thirty (30) hours of approved continuing education credit during the two-year (2) period preceding the date the license expires.
- 4406.5 To qualify for a license, a person in inactive status within the meaning of § 511 of the Act, D.C. Official Code § 3-1205.11 (2001), who submits an application to reactivate a license shall submit proof of having completed fifteen (15) hours of approved continuing education credit for each license year after April 30, 1989, that the applicant was in inactive status, up to a maximum of thirty (30) hours.
- 4406.6 To qualify for a license, an applicant for reinstatement of a license shall submit proof of having completed fifteen (15) hours of approved continuing education credit for each year after April 30, 1989, that the applicant was not licensed, up to a maximum of thirty (30) hours.
- 4406.7 An applicant under this section shall prove completion of required continuing education credits by submitting with the application the following information with respect to each program:
  - (a) The name and address of the sponsor of the program;
  - (b) The name of the program, its location, a description of the subject matter covered, and the names of the instructors;
  - (c) The dates on which the applicant attended the program;

(d) The hours of credit claimed; and

(e) Verification by the sponsor of completion by signature or stamp.

4406.8 An applicant for renewal of a license who fails to submit proof of having completed continuing education requirements by the date the license expires may renew the license up to sixty (60) days after expiration by submitting this proof and by paying the required additional late fee.

4406.9 Upon submitting proof of having completed continuing education requirements and paying the late fee, the applicant shall be deemed to have possessed a valid license during the period between the expiration of the license and the submission of the required documentation and payment of the late fee.

4406.10 If an applicant for renewal of a license fails to submit proof of completion of continuing education requirements or pay the late fee within sixty (60) days after the expiration of applicant's license, the license shall be considered to have lapsed on the date of expiration.

4406.11 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew after expiration if the applicant's failure to submit proof of completion was for good cause. For purposes of this section, "good cause" includes the following:

(a) Serious and protracted illness of the applicant;

(b) The death or serious and protracted illness of a member of the applicant's immediate family.

#### **4407 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES**

4407.1 The Board, in its discretion, may approve continuing education programs and activities that contribute to the growth of an applicant in professional competence in the practice of dietetics and that meet the other requirements of this section.

4407.2 The Board may approve the following types of continuing education programs, if the program meets the requirements of § 4407.3:

(a) An undergraduate or graduate course given at an accredited college or university;

(b) A seminar or workshop;

(c) An educational program given at a conference.

4407.3 To qualify for approval by the Board, a continuing education program shall do the following:

- (a) Be current in its subject matter;
- (b) Be developed and taught by qualified individuals; and
- (c) Meet one of the following requirements:

(1) Be administered or approved by:

- (A) A national, state or local dietetics organization recognized by the Board;
- (B) A health care facility accredited by the Joint Commission for the Accreditation of Hospitals; or
- (C) A college or university approved by an accrediting body recognized by the Council on Postsecondary Accreditation or the Secretary of the United States Department of Education; or

(2) Be submitted by the program sponsors to the Board for review no less than sixty (60) days prior to the date of the presentation and be approved by the Board.

4407.4 The Board may issue an update a list of approved continuing education programs.

4407.5 An applicant shall have the burden of verifying whether a program is approved by the Board pursuant to this section prior to attending the program. The applicant shall also have the burden of verifying the number of continuing education credits the Board will accept for a program under this section.

4407.6 The Board may approve the following continuing education activities by an applicant:

- (a) Serving as an instructor or speaker at a conference, seminar, workshop, or in-service training;
- (b) Publication of an article in a professional journal or publication of a book or a chapter in a book or publication of a book review in a professional journal or bulletin;
- (c) Participation in research as a principal investigator or research assistant.

- 4408.1 The Board may grant continuing education credit in whole hours only, with a minimum of fifty (50) minutes constituting one (1) credit hour.
- 4408.2 For approved undergraduate or graduate courses, each semester hour of credit shall constitute fifteen (15) hours of continuing education credit, and each quarter hour of credit shall constitute ten (10) hours of continuing education credit.
- 4408.3 The Board may grant credit to an applicant who serves as an instructor or speaker at an approved program for both preparation and presentation time, subject to the following restrictions:
- (a) The maximum amount of credit which may be granted for preparation time shall be twice the amount of the associated presentation time;
  - (b) The maximum amount of credit which may be granted pursuant to this subsection shall be fifty percent (50%) of an applicant's continuing education requirement;
  - (c) If an applicant has previously received credit in connection with a particular presentation, the Board shall not grant credit for a subsequent presentation unless it involves either a different subject or substantial additional research concerning the same subject; and
  - (d) The presentation shall have been completed during the period for which credit is claimed.
- 4408.4 The Board may grant an applicant who is an author or editor of a published book fifteen (15) continuing education credits, if the book has been published or accepted for publication during the period for which credit is claimed, and the applicant submits proof of this fact in the application.
- 4408.5 The Board may grant an applicant who is an author of a published original paper six (6) continuing education credits, subject to the same restrictions set forth for books in § 4408.4.
- 4408.6 The Board may grant an applicant who is the sole author of a published book review, review paper, or abstract, two (2) continuing education credits, subject to the same restrictions set forth for books in § 4408.4.
- 4408.7 The Board may grant an applicant who is able to demonstrate participation in research, either as a principal investigator or as a research assistant, six (6) continuing education credits.
- 4408.8 The Board may grant an applicant who is the co-author of a published book review, review paper, abstract, or original paper two (2) continuing education credits, subject to the same restrictions set forth for books in § 4408.5. A



maximum of four (4) continuing education credits per year may be granted pursuant to this subsection.

**4499**            **DEFINITIONS**

4499.1            As used in this chapter, the following terms and phrases shall have the meanings ascribed:

**Applicant** – a person applying for a license to practice dietetics under this chapter.

**Board** – the Board of Dietetics and Nutrition established by § 202 of the Act, D.C. Official Code § 3-1202.02 (2001).

**CDRADA** – Commissioner on dietetic Registration of the American Dietetic Association.

**Dietitian** – a person licensed to practice dietetics under the Act. Licensure to practice dietetics pursuant to this chapter shall also entitle the licensee to use the title of nutritionist.

**Nutritionist** – a person licensed to practice nutrition under the Act.

**Registered dietitian** – a person registered as a dietitian by the Commission on Dietetic Registration of the American Dietetic Association.

4499.2            The definitions in § 4099 of Chapter 40 of this title are incorporated by reference and are made applicable to this chapter.

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## CHAPTER 45      NUTRITION

Secs.

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### **4500            GENERAL PROVISIONS**

- 4500.1            This chapter shall apply to applicants for and holders of a license to practice nutrition.
- 4500.2            Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 44 (Dietetics) of this title shall supplement this chapter.

### **4501            TERM OF LICENSE**

- 4501.1            Subject to § 4501.2, a license issued pursuant to this chapter shall expire at 12:00 midnight on November 1<sup>st</sup> of each odd-numbered year.
- 4501.2            If the Director changes the renewal system pursuant to § 4006.3 of Chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the license, or other date established by the Director.

### **4502            EDUCATIONAL AND TRAINING REQUIREMENTS**

- 4502.1            Except as otherwise provided in this subtitle, an applicant shall furnish proof satisfactory to the Board, in accordance with § 701(c) of the Act, D.C. Official Code § 3-1207.01(c) (2001), of one of the following:
- (a) That the applicant holds a baccalaureate or higher degree, with a major in human nutrition, foods and nutrition, dietetics, or food systems management;
  - (b) That the applicant holds a baccalaureate or higher degree with a major in a course of study found by the Board to be equivalent to one of the courses of study listed in paragraph (a) of this subsection; or

(c) That the applicant has completed other training, approved by the Board, which is substantially equivalent to the requirements of paragraphs (a) and (b) of this subsection.

- 4502.2 Degrees required in §§ 4502.1(a) and (b) shall have been received from an academic institution that was approved by the appropriate accrediting body recognized by the Council on Postsecondary Accreditation or the United States Department of Education at the time the degree was conferred.
- 4502.3 An applicant shall submit a certified transcript of the applicant's educational record(s) and an official certificate of graduation to the Board with the completed application.
- 4502.4 Except as provided in §§ 4502.6, 4502.7, 4502.8, and 4502.9, an applicant shall furnish proof satisfactory to the Board that the applicant has completed preprofessional experience which meets the following requirements:
- (a) The experience was obtained in a dietetic or nutrition program approved by the Board;
  - (b) The program was under the direction of a registered dietitian or nutritionist licensed or authorized to practice dietetics or nutrition in the United States;
  - (c) The experience consisted of a minimum of nine hundred (900) hours completed over a period of not less than twenty-two (22) weeks and not more than forty-five (45) weeks;
  - (d) At least one (1) hour per week of experience was under the immediate supervision of a registered dietitian or nutritionist and the remaining experience was under the general supervision of a registered dietitian or nutritionist; and
  - (e) The applicant's performance was rated as at least satisfactory.
- 4502.5 An applicant under this section shall demonstrate the experience listed under § 4502.4 by submitting with the application a statement from each supervisor during the required period of supervision, on the prescribed form, which sets forth the following:
- (a) Locations and time periods of the training;
  - (b) Hours of supervised practice;
  - (c) Nature of practice;

(d) Performance rating; and

(e) The supervisor's license number, if any, and jurisdiction in which authorized to practice.

4502.6 An applicant who passes the examination sponsored by the Commission on Dietetic Registration of the American Dietetic Association (CDRADA) and who submits proof of current certification as a registered dietitian by the CDRADA shall be deemed to have met the educational and experience requirements of this section.

4502.7 An applicant who has received a master's or doctoral degree in nutrition from a university that was accredited by the ADA's Commission on Accreditation for Dietetics Education at the time the applicant graduated, shall be deemed to have met the pre-professional experience requirements of this section.

4502.8 An applicant who has been actively engaged in the practice of nutrition for not less than two (2) of the five (5) years immediately preceding the date of application and who meets the requirements of § 4502.1 of this chapter, shall be deemed to have met the pre-professional experience requirements of this section.

4502.9 An applicant who has been certified by the Certified Board for Nutrition Specialists as a Certified Nutrition Specialist (CNS), shall be deemed to have met the pre-professional experience requirements of this section.

4502.10 The Board may require that an applicant submit evidence that documents the nature of the course work completed.

4502.11 For purposes of this section, a quarter hour of academic credit shall equal two-thirds (2/3) of a semester hour.

### **4503 APPLICANTS EDUCATED IN FOREIGN COUNTRIES**

4503.1 The Board may grant a license to practice nutrition to an applicant who has completed an educational program in a foreign country, which program is not accredited pursuant to this section, if the applicant does as follows:

(a) Meets all requirements of this chapter except for § 4502.1; and

(b) Demonstrates to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements of this subtitle and the Act in ensuring that the applicant is qualified to practice nutrition by submitting the documentation required by § 4502.6 or § 4503.2 of this chapter.

4503.2 An applicant under this section shall submit with the application a certification from one of the following that the applicant's foreign education is equivalent to the applicable requirements of the Act and this chapter:

- (a) A private education evaluation service approved by the Board; or
- (b) A college or university approved by an accrediting body recognized by the Council on Postsecondary Accreditation or the Secretary of the United States Department of Education.

4503.3 If a document required by this chapter is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a translation signed by the translator attesting to its accuracy.

#### **4504 SUPERVISED PRACTICE BY STUDENTS AND GRADUATES**

4504.1 The following unlicensed persons may practice nutrition under supervision;

- (a) A student fulfilling educational requirements in a program that meets the requirements of §§ 4502.1 and 4502.2; and
- (b) A graduate enrolled in a postgraduate training program recognized by the Board.

4504.2 Only a supervisor shall be authorized to supervise the practice of a student or graduate.

4504.3 A student or graduate may practice nutrition only in accordance with the Act and this title.

4504.4 A student or graduate who practices pursuant to this section shall practice only at a hospital, nursing home, health facility, health education center, business, or other health care facility considered appropriate for the practice of nutrition.

4504.5 A student or graduate under this section shall not assume administrative or technical responsibility for the operation of a program of dietetics, clinical service, or unit.

4504.6 All supervised practice shall take place under general or immediate supervision.

4504.7 A student or graduate shall identify himself or herself as such before practicing under supervision.

4504.8 A supervisor shall be fully responsible for all practice by a student or graduate during the period of supervision and shall be subject to disciplinary action for any

violation of the Act or this subtitle by the student or graduate.

- 4504.9 A student or graduate shall not receive compensation of any kind directly or indirectly from a patient, except for a salary based on hours worked under supervision.
- 4504.10 A graduate eligible to practice under § 4504.1(b) may practice for no more than twelve (12) months or for the duration of the graduate's postgraduate training program.
- 4504.11 A student or graduate shall be subject to all of the applicable provisions of the Act and this chapter. In accordance with Chapter 41 of this title, the Board may deny an application for a license by, or may take disciplinary action against, a student or graduate who is found to have violated the Act or this chapter.
- 4504.12 As used in this section, the following definitions shall apply:
- (a) "General supervision" means supervision in which the supervisor is available on the premises or within vocal communication either directly or by a communication device at the time the student or graduate is practicing;
  - (b) "Immediate supervision" means supervision in which the supervisor is with the student or graduate and is either discussing or observing the student's or graduate's practice; and
  - (c) "Supervisor" means a registered nutritionist or dietitian licensed under the Act who is responsible for the supervision of a student or graduate.

## **4505 CDR EXAM**

- 4505.1 Except as provided in 4505.2 of this chapter, all applicants for licensure in the District of Columbia shall receive a passing score on the national registration examination for dietitians offered by the Commission on Dietetic Registration ("CDR Exam").
- 4505.2 The following shall not be required to complete the CDR exam:
- (a) An applicant for licensure by endorsement;
  - (b) An applicant who is currently certified as a registered dietitian by the Commission on Dietetic Registration of the American Dietetic Association (CDRADA); or
  - (c) An applicant who is currently certified by the Certified Board for Nutrition Specialists as a Certified Nutrition Specialist (CNS).

- 4505.4 An applicant who fails the CDR exam on three (3) consecutive attempts may not retake the examination for one (1) year. Thereafter, the applicant may not retake the examination for one (1) year after each failure.
- 4505.5 An applicant who fails the CDR exam three (3) times is not eligible for licensure in the District unless the applicant successfully completes a course or courses in each area of weakness as determined by the CDRADA's analysis of the previous examination before the applicant may reapply for examination.
- 4505.6 To be eligible to take the CDR exam, an applicant shall submit proof satisfactory to the Board that he or she has met the educational and preprofessional experience training requirements of the Act.

#### **4506 CONTINUING EDUCATION REQUIREMENTS**

- 4506.1 Subject to § 4506.2, this section shall apply to applicants for the renewal, reactivation, or reinstatement of a license for a term expiring April 30, 1991, and for subsequent terms.
- 4506.2 This section does not apply to applicants for an initial license by examination, reciprocity, or endorsement, nor does it apply to applicants for the first renewal of a license granted by examination.
- 4506.3 A continuing education credit shall be valid only if it is relevant to the field of Nutrition, Food Systems Management/Food service and is part of a program or activity approved by a nationally credentialed group and is accompanied by a signed certificate from the program director or accredited university/department.
- 4506.4 Repealed
- 4506.5 To qualify for a license, a person in inactive status within the meaning of § 511 of the Act, D.C. Official Code § 3-1205.11(2001) who submits an application to reactivate a license shall submit proof of having completed fifteen (15) hours of approved continuing education credit for each license year after December 1, 2000 that the applicant was in inactive status, up to a maximum of five (5) years, with at least thirty (30) of those hours having been completed in the two (2) years immediately preceding the date of applying for reactivation.
- 4506.6 To qualify for a license, an applicant for reinstatement of a license shall submit proof of having completed fifteen (15) hours of approved continuing education credit for each year after December 1, 2000 that the applicant was not licensed, up to a maximum of five (5) years, with at least thirty (30) of those hours having been completed in the two (2) years immediately preceding the date of applying for reinstatement.



- 4506.7 To qualify for renewal of a license to practice nutrition in the District an applicant shall:
- (a) Have completed thirty (30) hours of approved continuing education credits (“CEUs”) during the two (2) year period preceding the date the license expires in accordance with this section;
  - (b) Attest to completion of the required continuing education credits on the renewal application form; and
  - (c) Be subject to a random audit for compliance with the continuing education requirement.
- 4506.8 Except as provided in § 4506.9, an applicant under this section shall prove completion of required continuing education credits by submitting with the application the following information with respect to each program:
- (a) The name and address of the sponsor of the program;
  - (b) The name of the program, its location, a description of the subject matter covered, and the names of the instructors;
  - (c) The dates on which the applicant attended the program;
  - (d) The hours of credit claimed; and
  - (e) Verification by the sponsor of completion, by signature or stamp.
- 4506.9 Applicants for renewal of a license shall only be required to prove completion of the required continuing education credits by submitting proof pursuant to § 4506.8 if requested to do so as part of the random audit, or if otherwise requested to do so by the Board.
- 4506.10 The Board shall conduct a random audit of continuing education credits at the completion of each renewal period.
- 4506.11 An applicant who falsely certifies completion of continuing education credits shall be subject to disciplinary action.
- 4506.12 An applicant for renewal of a license who fails to renew the license by the date the license expires may renew the license for up to sixty (60) days after the date of expiration by completing the application, submitting the required supporting documents, and paying the required late fee. Upon renewal, the licensee shall be deemed to have possessed a valid license during the period between the expiration of the license and the renewal thereof.

- 4506.13 If an applicant for renewal of a license fails to renew the license and pay the late fee within the sixty (60) days after the expiration of the license, the expired license shall be deemed to have lapsed on the date of expiration and the applicant shall thereafter be required to apply for reinstatement of an expired license and meet all requirements and fees for reinstatement.
- 4506.14 If an applicant's license lapses, the applicant shall be subject to disciplinary action, including denial of a license, if the applicant practices as a nutritionist after the date the license lapses.
- 4506.15 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the license after expiration, if the applicant's failure to renew was for good cause. As used in this section "good cause" includes the following:
- (a) Serious and protracted illness of the applicant; and
  - (b) The death or serious and protracted illness of a member of the applicant's immediate family.

**4507 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES**

- 4507.1 The Board may, in its discretion, approve continuing education programs and activities that contribute to the growth of an applicant in professional competence in the practice of nutrition and that meet the other requirements of this section.
- 4507.2 The Board may approve the following types of continuing education programs, if the programs meet the requirements of § 4507.3:
- (a) An undergraduate or graduate course given at an accredited college or university;
  - (b) A seminar related to the discipline of human nutrition;
  - (c) A training or technical assistance workshop in nutrition or a nutrition related field;
  - (d) An educational program given at a conference specifically related to the discipline of nutrition; and
  - (e) Nutrition related presentations or poster board sessions in professional meetings.
- 4507.3 To qualify for approval by the Board, a continuing education program shall meet the following requirements:

- (a) Be current and relevant to the practice of nutrition and dietetics in its subject matter;
- (b) Be developed and taught by individuals with appropriate qualifications and credentials; and
- (c) Be administered or approved by one of the following:
  - (1) A national, state, or local dietetics organization recognized by the Board;
  - (2) A health care facility accredited by the Joint Commission for the Accreditation of Hospitals; or
  - (3) A college or university approved by an accrediting body recognized by the Council on Postsecondary Accreditation or the Secretary of the United States Department of Education.

4507.4 The Board may issue and update a list of approved continuing education programs.

4507.5 An applicant shall have the burden of verifying whether a program is approved by the Board pursuant to this section prior to attending the program. The applicant shall also have the burden of verifying the number of continuing education credits the Board will accept for a program under this section.

4507.6 The Board may approve the following continuing education activities by an applicant:

- (a) Serving as an instructor or speaker at a conference, a seminar, workshop, or in-service training;
- (b) Publishing a book or a chapter in a book, or publishing a book review, article, abstract, or paper in a professional journal or bulletin; or
- (c) Participating in research as a principal investigator or research assistant.

## **4508 CONTINUING EDUCATION CREDITS**

4508.1 The Board may grant continuing education credit for whole hours only, with a minimum of fifty (50) minutes constituting one (1) credit hour, which shall equal one (1) continuing education unit (CEU).

4508.2 For approved undergraduate or graduate course, each semester hour of credit shall constitute fifteen (15) hours of continuing education credit, and each quarter

hour of credit shall constitute ten (10) hours of continuing education credit.

- 4508.3 The Board may grant credit to an applicant who serves as an instructor or speaker at an approved program for both preparation and presentation time, subject to the restrictions under §§ 4508.4 through 4508.7.
- 4508.4 The maximum amount of credit which may be granted for preparation time shall be twice the amount of the associated presentation time.
- 4508.5 The maximum amount of credit which may be granted pursuant to § 4508.3 shall be fifty percent (50%) of an applicant's continuing education requirement.
- 4508.6 If an applicant has previously received credit in connection with a particular presentation, the Board shall not grant credit for a subsequent presentation unless it involves either a different subject or substantial additional research concerning the same subject.
- 4508.7 The presentation shall be completed during the period for which credit is claimed.
- 4508.8 The Board may grant an applicant who is an author or editor of a published book fifteen (15) continuing education credits, if the book has been published or accepted for publication during the period for which credit is claimed, and the applicant submits proof of this fact with the application.
- 4508.9 The Board may grant an applicant who is an author of a published original paper six (6) continuing education credits, subject to the same restrictions set forth for books in § 4508.8.
- 4508.10 The Board may grant an applicant who is the sole author of a published book review, article, or abstract, six (6) continuing education credits, subject to the same restrictions set forth for books in § 4508.8.
- 4508.11 The Board may grant an applicant who is able to demonstrate participation in research, either as a principal investigator or as a research assistant, six (6) continuing education credits.
- 4508.12 The Board may grant an applicant who is a co-author of a published book review, article, abstract, or original paper two (2) continuing education credits, subject to the same restrictions set forth for books in § 4508.9. A maximum of four (4) continuing education credits per year may be granted to this section.

## **4509 LICENSURE BY ENDORSEMENT**

- 4509.1 An applicant, holding an active license, in good standing, to practice nutrition in another state, shall in addition to meeting all the requirements of this chapter:

- (a) Submit a copy of his or her current license with the application; and
- (b) Obtain verification from each state in which the applicant holds or has ever held a professional health occupation license, that the license is current and in good standing, or if the license is no longer active, that it was in good standing immediately prior to its expiration. The licensure verification form must be sent directly to the Board, by the verifying Board.

#### **4510 USE OF TITLE REGISTERED DIETITIAN**

4510.1 An individual licensed under the Act to practice nutrition in the District of Columbia shall not use the title dietitian or registered dietitian unless the individual is licensed under the Act to practice dietetics in the District of Columbia.

#### **4599 DEFINITIONS**

4599.1 When used in this chapter, the following terms and phrases shall have the meanings ascribed:

**Applicant** – a person applying for a license to practice nutrition under this chapter.

**Board** – the Board of Dietetics and Nutrition, established by § 202 of the Act, D.C. Official Code § 3-1202.02 (2001).

**CDRADA** – the Commission on Dietetic Registration of the American Dietetic Association.

**Dietitian** – a person licensed to practice dietetics under the Act. Licensure to practice dietetics pursuant to this chapter shall also entitle the licensee to use the title of nutritionist.

**General Supervision** – supervision in which the supervisor is within the same facility as the supervisee and immediately available upon request or is not within the same facility but immediately available by telephone.

**Immediate Supervision** – supervision in which the supervisor is physically with the supervisee and either discusses or observes the supervisee's practice.

**Nutritionist** – a person licensed to practice nutrition under the Act.

4599.2 The definitions in § 4099 of Chapter 40 of this title are incorporated by reference into and are applicable to this title.

**CBC CATEGORIES  
BOARD OF DENTISTRY**

<b>CATEGORIES OF CBC REVIEW</b>	<b>ACTION</b>
<p><b>CATEGORY I – ALWAYS REQUIRING BOARD’S ATTENTION</b></p> <p>Significant issues such as</p> <ul style="list-style-type: none"> <li>• Child molestation/abuse</li> <li>• Serious drug charges</li> <li>• Felony assault and battery</li> <li>• Crime of moral turpitude (e.g. theft, forgery,</li> </ul>	<b>Requiring case-by-case review and measure</b>
<p><b>CATEGORY II – PATTERN</b></p> <p>Multiple arrests for the same or similar types of crimes – maybe minor or relatively minor – but possibly indicating a penchant for such acts</p>	<b>Requiring monitoring (with case-by-case exception)</b>
<p><b>CATEGORY III – RECENTNESS</b></p> <p>Criminal charges occurring within the past 7 years Requiring case-by-case determination as to whether the issues raise any practice/professional concerns</p>	<b>Requiring case-by-case decision – possible monitoring</b>
<p><b>CATEGORY IV - INVOLVES SPECIFIC PROFESSIONAL ISSUES OR CREATING CONCERNS OVER PROFESSIONAL CHARACTER (e.g. drug dependence)</b></p>	<b>Requiring case-by-case review</b>
<p><b>CATEGORY V - (“MAY BE OK”)</b> Potentially serious and may be of some concern, but applicant provides statement sufficient to reassure Board of rehabilitation.</p>	Cleared and approved
<p><b>CATEGORY VI – OLD</b></p> <p>More than 7 years ago and the record is clear since then – pointing to a temporary lapse of judgment and not indicating propensity for crime</p>	Cleared and approved
<p><b>CATEGORY VII – CLEAR</b></p> <p>Very minor and isolated charges such as misdemeanor assaults</p>	Cleared and approved

**1985 RULE: Arrests, charges, or convictions – other than in Category I – will be cleared and not considered in reviewing the answer to the crime question. (NOTE: This cut-off date is rolling; accordingly, in 2014, the 1985 Rule became 1986 Rule.)**