

ISSUE DATE: June 29, 2016

TO: WIC Program Coordinators
Other WIC Policy and Procedure Manual owners

FROM: Holly Wilkalis
Oregon WIC Program – Nutrition & Health Screening
OHA Office of Family Health

SUBJECT: WIC Policy Update 2016-05



EXPLANATION:

- ◆ **485 – WIC ID Number and ID Card**
 - **DELETED**
- ◆ **500 – Ordering and Securing of FI Stock and MICR Toner**
 - **DELETED**
- ◆ **505 – FI Issuance and Local Printing**
 - **DELETED**
- ◆ **506 – Exceptions for Mailing Food Instruments**
 - **DELETED**
- ◆ **530 – Food Instrument Register and FI Stub**
 - **DELETED**
- ◆ **540 – Proxy System**
 - **DELETED**
- ◆ **560 – Replacing Food Instruments**
 - **DELETED**
- ◆ **645 – Certification Periods**
 - Establishes 12 month certification period for infants and children (§3.0 and §4.0).
 - eWIC language changes.
- ◆ **646 – Mid-Certification Health Assessment**
 - eWIC language changes.
 - Updates MCHA requirements to reflect 12 month certification period.
 - Updates procedure for scheduling MCHA.

- ◆ **661 – Competent Professional Authority: Appropriate Counseling for Risk Levels**
 - Removes “dietetic technician” from list of health professionals recommended to provide counseling for medium risk participants.
 - Updates risk criteria for risks 131 and 211 and adds risk 361, Depression.

- ◆ **675 – Risk Criteria Codes and Descriptions**
 - Removes BMI tables and drug nutrient interaction notice from appendices.
 - Deletes background section.
 - Updates risk Definitions and Cutoffs and/or Participant Categories for risk 211, 332, 425.1, 601 and 602.

- ◆ **769 – Assigning WIC Food Packages**
 - Changes on who receives the partial food package: For new and reinstated participants receiving food benefits on or after the 20th of the month, issue the partial food package assigned by TWIST for the current month. If after the 20th for currently certified participants, a partial food package is not required. (§6.0)
 - If certifiers find they routinely issue a certain modified food package, contact the state about creating a template for that food combination.
 - For children 12-23 months, fat free, 1% or 2% milk may be issued if a full nutrition assessment demonstrates the child meets one or more of the criteria in §9.2.1.
 - For women and infants receiving medical formula and needing texture modifications: Jarred infant fruits and vegetables may be substituted for the cash value benefit in child and women food packages. Medical documentation is required for food and formula as well as appropriate risk assignment in TWIST. See §9.0 for more details.

INSTRUCTIONS FOR UPDATING HARD COPY MANUALS:

Remove page(s)	Insert page(s)	Implementation date	Issue date
600.0 – 600.2	600.0 – 600.2	June 29, 2016	June 29, 2016
645.0 – 645.3	645.0 – 645.3	June 29, 2016	June 29, 2016
646.0 – 646.2	646.0 – 646.2	June 29, 2016	June 29, 2016
661.0 – 661.6	661.0 – 661.6	June 29, 2016	June 29, 2016
670.0 – 670.2	670.0 – 670.2	June 29, 2016	June 29, 2016
769.0 – 769.19	769.0 – 769.20	June 29, 2016	June 29, 2016
485.0 – 485.3	none	June 29, 2016	June 29, 2016
500.0 – 500.2	none	June 29, 2016	June 29, 2016
505.0 – 505.4	none	June 29, 2016	June 29, 2016
506.0 – 506.3	none	June 29, 2016	June 29, 2016
530.0 – 530.1	none	June 29, 2016	June 29, 2016
540.0 – 540.3	none	June 29, 2016	June 29, 2016
560.0 – 560.12	none	June 29, 2016	June 29, 2016

NOTE:

- WIC policies can be viewed online at <http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/wicpolicy.aspx>.
- Make sure all hard copies of the WIC Policy and Procedure Manual are updated.
- See the next page for all WIC policy updates for the current year.
- Call the state WIC office at **971-673-0040** if you need additional hard copies of a policy update.

WIC Policy Updates Issued for 2016 (Year-To-Date)

Manual Update Number	Policy Number	Policy Title	Manual Page Number(s)	Issue Date
2016-01	710	Breastfeeding: Definition, Promotion and Support Standards	710.0 – 710.9	January 11, 2016
2016-01	712	Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines	712.0 – 712.12	January 11, 2016
2016-01	713	Breastfeeding: Use of Supplemental Formula	713.0 – 713.4	January 11, 2016
2016-01	716	Breastfeeding Peer Counseling (BFPC) Program Requirements	716.0 – 716.10	January 11, 2016
2016-01	730	Bid Formula: Use and Description	730.0 – 730.5	January 11, 2016
2016-01	880	Referrals: Alcohol, Tobacco and Other Drug Use	880.0 – 880.2	January 11, 2016
2016-01	885	Other Referrals: Required and Recommended	885.0 – 885.3	January 11, 2016
2016-01	711	<i>Merged into policy 710 and DELETED -</i> Breastfeeding: Benefits and Contraindications	---	January 11, 2016
2016-02	452	Civil Rights	452.0 – 452.12	March 8, 2016
2016-02	710	Breastfeeding: Promotion and Support Standards	710.8 – 710.9	March 8, 2016
2016-02	717	<i>Merged into policy 716 and DELETED –</i> Breastfeeding Peer Counseling: Personnel Guidelines	---	March 8, 2016
2016-02	718	<i>Merged into policy 716 and DELETED –</i> Breastfeeding Peer Counseling: Job Parameters, Protocol and Scope of Practice	---	March 8, 2016
2016-02	719	<i>Merged into policy 716 and DELETED –</i> Breastfeeding Peer Counseling: Training	---	March 8, 2016
2016-03	480	Voter Registration-National Voter Registration Act	480.0 – 480.9	April 14, 2016
2016-03	511e	Food Benefit Issuance	511e.0 – 511e.4	April 14, 2016
2016-03	561e	Program Integrity: Replacement of Food Benefits	561e.0 – 561e.2	April 14, 2016
2016-03	614	Income Eligibility: Current Income Guidelines	614.0 – 614.2	April 14, 2016
2016-03	1100	Farm Direct Nutrition Program: Local Program Responsibilities	1100.0 – 1100.7	April 14, 2016
2016-04	140	Organization: Purpose and Chart	140.0 – 140.3	June 1, 2016
2016-04	400	Local Program Overview: Responsibilities and Communications	400.0 – 400.3	June 1, 2016
2016-04	435	Staffing Recommendations	435.0 – 435.3	June 1, 2016
2016-04	440	Staff Training Requirements	440.0 – 440.12	June 1, 2016

WIC Policy Updates Issued for 2016 (Year-To-Date)

Manual Update Number	Policy Number	Policy Title	Manual Page Number(s)	Issue Date
2016-04	511	Food Benefit Issuance	511.0 – 511.4	June 1, 2016
2016-04	610	Required Proofs-Identity, Residency, Income	610.0 – 610.8	June 1, 2016
2016-04	611	Income Eligibility: Determining Income Eligibility	611.0 – 611.12	June 1, 2016
2016-04	613	Income Eligibility: What Counts as Income	613.0 – 613.12	June 1, 2016
2016-04	615	Income Eligibility: Change in Income	615.0 – 615.4	June 1, 2016
2016-04	616	Unavailable Proofs	616.0 – 616.5	June 1, 2016
2016-04	621	Providing WIC Services During Home Visits	621.0 – 621.3	June 1, 2016
2016-04	652	WIC Transfer Card and WIC Overseas Program	652.0 – 652.7	June 1, 2016
2016-04	823	Nutrition Education: Second Nutrition Education Using Online Lessons	823.0 – 823.2	June 1, 2016
2016-04	835	Nutrition Education: Attendance or Refusal	835.0 – 835.1	June 1, 2016
2016-05	645	Certification Periods	645.0 – 645.3	June 29, 2016
2016-05	646	Mid-Certification Health Assessment	646.0 – 646.2	June 29, 2016
2016-05	661	Competent Professional Authority: Appropriate Counseling for Risk Levels	661.0 – 661.6	June 29, 2016
2016-05	675	Risk Criteria Codes and Descriptions	670.0 – 670.2	June 29, 2016
2016-05	769	Assigning WIC Food Packages	769.0 – 769.20	June 29, 2016
2016-05	485	DELETED - WIC ID Number and ID Card	---	June 29, 2016
2016-05	500	DELETED - Ordering and Securing of FI Stock and MICR Toner	---	June 29, 2016
2016-05	505	DELETED - FI Issuance and Local Printing	---	June 29, 2016
2016-05	506	DELETED - Exceptions for Mailing Food Instruments	---	June 29, 2016
2016-05	530	DELETED - Food Instrument Register and FI Stub	---	June 29, 2016
2016-05	540	DELETED - Proxy System	---	June 29, 2016
2016-05	560	DELETED - Replacing Food Instruments	---	June 29, 2016

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USDA Rules and Regulations 7 CFR §246



SECTION: Certification 600
SUBJECT: **CERTIFICATION INTRODUCTION AND OVERVIEW**
DATE: June 29, 2016 (*Revised*)

POLICY: WIC applicants will be screened for eligibility based on the certification requirements.

PURPOSE: To provide an introduction and overview of the WIC certification process.

RELEVANT REGULATIONS: §246.7 ¶—Certification of participants

OREGON WIC PPM REFERENCES:

- ◆601—Physical Presence at Certification
- ◆610—Required Proofs – Identity, Residency, Income
- ◆611—Income Eligibility: Determining Income Eligibility
- ◆625—Risk Assessment
- ◆635—Participant Notification: Eligibility and Rights & Responsibilities
- ◆636—Participant Notification: Ineligibility and Termination from WIC
- ◆640—Documentation Requirements for Certification in TWIST
- ◆641—Documentation Requirements for Certification in the Absence of TWIST
- ◆645—Certification Periods
- ◆675—Risk Criteria: Codes and Descriptions
- ◆800—Nutrition Education: Introduction and Overview
- ◆810—Nutrition Education: Making Education Available
- ◆820—Nutrition Education: Participant Contacts
- ◆821—Nutrition Education: Telephone Contacts for High Risk Participants with the RD
- ◆822—Nutrition Education: High Risk Counseling Using Interactive Video Technology
- ◆823—Nutrition Education: Second Nutrition Education Using Online Classes
- ◆830—Nutrition Education: Documentation

APPENDICES: 600.2 Appendix A Certification Process Flow Chart

DEFINITIONS: *Certification* Certification is the process of determining whether or not a person qualifies for WIC services.

Certification period The length of time a person is eligible for receiving WIC services. A certification period depends on a participant’s category and is defined by federal regulations.

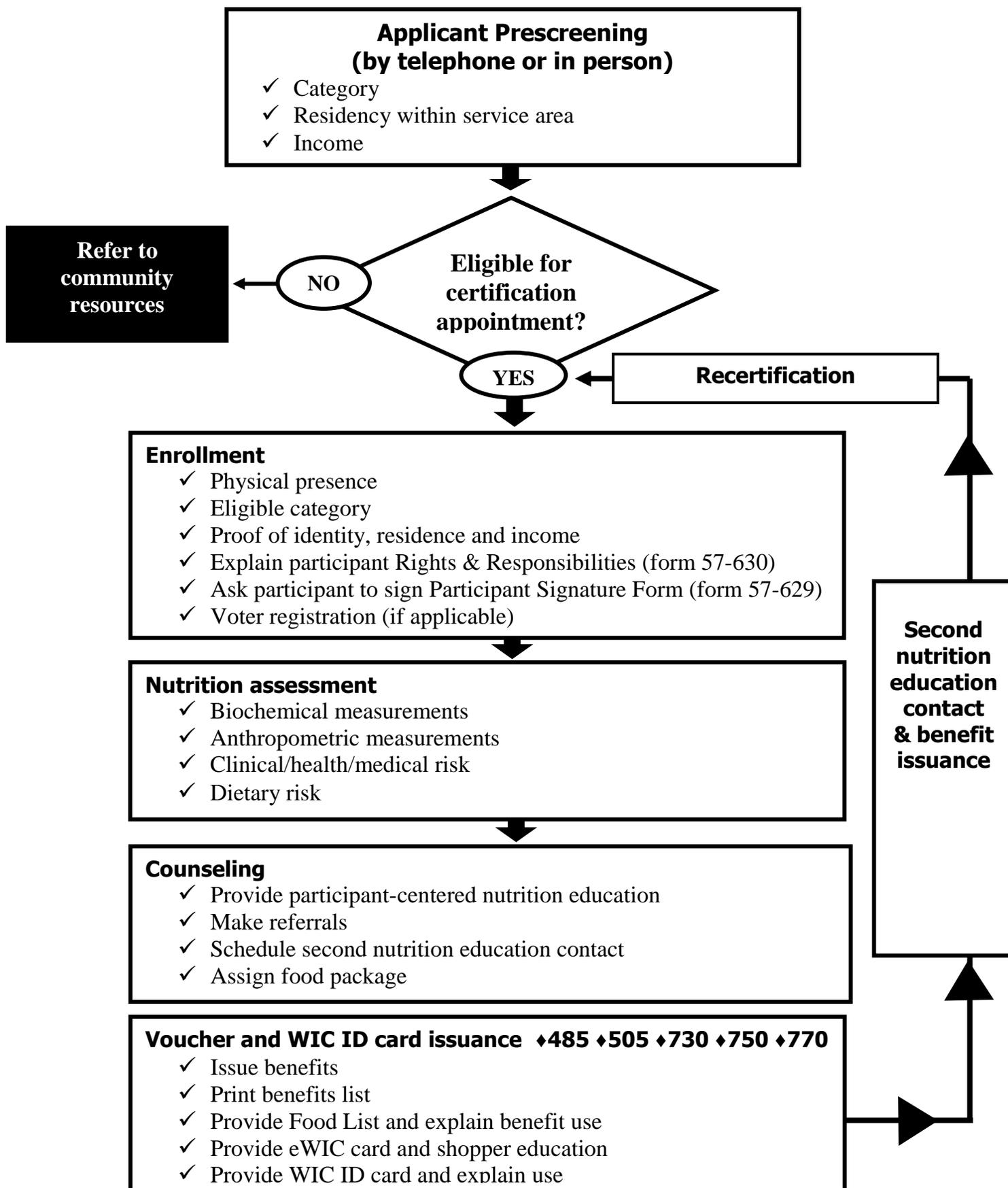
Competent Professional Authority (CPA) An individual on the staff of the local WIC program authorized to determine nutritional risk and prescribe supplemental foods.

CERTIFICATION: REQUIREMENTS, *cont.*

- PROCEDURE:** 1.0 Any person applying for WIC must go through the certification process outlined in Appendix A.
- 1.1 Local programs must follow program requirements, policies and procedures for certification as described in the USDA regulations and this manual.
- Screen for WIC eligibility according to the policies and procedures outlined in this section.
 - Serve the highest risk applicants within the target population of the program's geographic area.
 - Document the services delivered to program participants. ★

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Certification Process Flow Chart





SECTION: Certification
SUBJECT: **CERTIFICATION PERIODS**
DATE: June 29, 2016 (*Revised*)

645

POLICY: Eligible individuals will be enrolled in the WIC program for the length of time allowed by USDA regulations.

PURPOSE: To insure that participants are enrolled for the proper length of time.

RELEVANT REGULATIONS: 7CFR §246.7(g)—Certification periods
ASM 04-52—Implementation of the Certification and General Administration Provisions of P.L. 108-265

OREGON WIC PPM REFERENCES: ♦511—Food Benefit Issuance
♦636—Participant Notification: Ineligibility and Termination from WIC
♦653—Participant Transfers Into and Out of State
♦654—Participant Transfers Within State.
♦710—**BREASTFEEDING:** Definition, Promotion and Support Standards

DEFINITIONS:

<i>Breastfeeding woman</i>	The generic term for women who provide breast milk to their infant(s). The term breastfeeding woman includes all women who are fully breastfeeding, mostly breastfeeding, and some breastfeeding . See ♦710— BREASTFEEDING: Definition, Promotion and Support Standards
<i>Post-partum non-breastfeeding woman</i>	A woman after termination of pregnancy (live birth, stillbirth, miscarriage at any state of pregnancy, or abortion) who is not breastfeeding her infant.
<i>Child</i>	A person from the 13 th month of age to the month of his or her fifth birthday.
<i>Infant</i>	A person who is 12 months old or less.
<i>Temporary newborn (TNB)</i>	Local programs have the option of using birth weight and length to certify infants immediately after birth. This is called a temporary newborn certification. However, infants must be brought to the clinic at the six-week postpartum visit for completion of the nutrition risk assessment, including a current length, weight, health history and diet assessment.

CERTIFICATION PERIODS, *cont.*

PROCEDURE:

- | | | |
|--|-----|---|
| Women | 1.0 | Certification periods for women : |
| <i>Pregnant women</i> | 1.1 | Certify pregnant women from their entry into WIC until their estimated date of delivery (EDD) plus 6 weeks rounded to the end of the month. The maximum eligibility period is calculated from the EDD and will not exceed 42 days past the EDD.
1.1.1 The certification period of a pregnant woman cannot be extended , even when there is difficulty in appointment scheduling.
1.1.2 If the EDD changes during the pregnancy and the change is entered in TWIST, the end of the certification will be the new EDD date plus 6 weeks rounded to the end of the month.
1.1.3 When a participant notifies the local program that she has delivered, the program must recertify the participant any time from the actual date of delivery (ADD) up to 6 weeks postpartum rounded to the end of the month. |
| <i>Breastfeeding women</i> | 1.2 | Certify breastfeeding women for a period of up to one year, ending with the end of the month in which her infant reaches her/his first birthday.
1.2.1 A some breastfeeding woman does not receive food benefits after six months postpartum, but continues to be certified and receives all other WIC program benefits.
1.2.2 If a breastfeeding women stops breastfeeding, her category will be changed to postpartum, non-breastfeeding and her certification period will be shortened accordingly (see 1.3 below). |
| <i>Postpartum, non-breastfeeding women</i> | 1.3 | Postpartum, non-breastfeeding women are certified from the date of the certification visit to 6 months postpartum rounded to the end of the month. The end of the certification period is calculated from the ADD. |
| Temporary newborn (TNB) enrollment | 2.0 | Local programs may temporarily enroll newborns in WIC from the date of birth through 6 weeks of age with a maximum eligibility of 42 days from the date of enrollment.
2.1 The TNB infant must have a full WIC certification completed within this 42-day time period in order to avoid termination from the WIC program.
2.2 The TNB certification period may not be extended by one month. |

CERTIFICATION PERIODS, *cont.*

- 2.3 Once the infant certification is completed for WIC, the certification dates are from the day after the temporary newborn (TNB) enrollment end date through the end of the month in which the infant reaches her/his first birthday.
- Infants** 3.0 Infants 6 months or younger when enrolled are certified for a period of up to 12 months, ending the month in which the infant reaches her/his first birthday. Infants 7 months or older when enrolled are certified for a 12 month period starting from the date they are enrolled and rounded to the end of the month. The length of an infant certification period is the same regardless of the infant category.
- 3.1 When there is difficulty with appointment scheduling for an infant, the certification period may be shortened or lengthened by a period not to exceed one month. However, the certification period of a temporary newborn can *never* be extended.
- Children** 4.0 Children are certified for intervals of 12 months. Certification may last through the end of the month that a child reaches their fifth birthday. The certification period begins the day of their eligibility screening and continues until the child has received 12 months of benefits. The calculated end certification date cannot exceed the last day of the month that a child turns 5 years of age.
- Shortening or lengthening a certification period* 4.1 When there is difficulty with appointment scheduling for a child, the certification period may be shortened or lengthened one time during the certification by a period not to exceed one month. However, the certification period can *never* extend beyond the end of the month of the child's fifth birthday.
- Termination notice** 5.0 A participant who is to be terminated from the WIC program at any time during the certification period shall be notified in writing not less than 15 days before the termination takes effect. See ♦636—Participant Notification: Ineligibility and Termination from WIC for guidelines.
- EXCEPTIONS:** Such notification is not required for participants who are disqualified for not using their vouchers or participants who move out of state and leave no forwarding address. See ♦636—Participant Notification: Ineligibility and Termination.
- Transfers** 6.0 Certification for WIC participants who transfer in from another WIC program in Oregon or any other state remains valid until the end of the participant's original certification period as indicated on a valid Verification of Certification (VOC) card or WIC transfer card. See ♦653—Participant Transfers Into and Out of State and ♦654—Participant Transfers Within State.

CERTIFICATION PERIODS, *cont.*

***Food benefit
issuance*** 7.0 See ♦511—Food Benefit Issuance for instruction on when benefits can no longer be issued due to the certification category. ★

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POLICY: Local programs shall provide a mid-certification health assessment (MCHA) for participants with a one year certification period. During the assessment, participants will be encouraged to obtain ongoing health care and will be provided with appropriate nutrition education and anticipatory guidance based on medical and health data obtained at the MCHA appointment.

PURPOSE: To ensure that the quality and accessibility of health care and nutrition education services are not diminished for participants who have an eligibility period greater than six months.

RELEVANT REGULATIONS: 7 CFR §246.7(g)(1)(iv)—Certification periods
 FNS Instruction 803-4, Rev.1

- OREGON WIC PPM REFERENCES:**
- ◆481—Immunization Screening & Referral Protocol
 - ◆511—Food Benefit Issuance
 - ◆601—Physical Presence Requirement at Certification
 - ◆625—Nutritional Risk Assessment
 - ◆645—Certification Periods
 - ◆653—Participant Transfers Into and Out of State
 - ◆820—Nutrition Education: Participant Contacts
 - ◆830—Nutrition Education: Documentation
 - ◆835—Nutrition Education: Attendance and Refusal

TWIST TRAINING MANUAL REFERENCES: Chapter 3, Section 9: Second Nutrition Education Contact
 Lesson 900—Individual Follow-ups

DEFINITIONS: *Mid-Certification Health Assessment (MCHA)* A health screening and nutrition education contact that occurs approximately in the middle of a one year certification. This is an expanded nutrition education appointment, not a certification.

PROCEDURE:

MCHA Requirements 1.0 Participants certified for a one year period shall be scheduled for a MCHA between the fifth and seventh month of their twelve month certification period. This is a nutrition education appointment so eligibility screening such as that completed during a certification is not required.

- MCHA Requirements for infants and children**
- 1.1 The MCHA for an infant and child shall include appropriate nutrition education for the participant and:
 - 1.1.1 Length and weight or height measurements
 - 1.1.2 Diet Assessment
 - 1.1.3 Hemoglobin or hematocrit when appropriate (see ◆625—Nutritional Risk Assessment)

MID-CERTIFICATION HEALTH ASSESSMENT, *cont.*

*(MCHA
Requirements
for infants and
children)*

- 1.1.4 Immunization screening and referral when appropriate (see ♦481—Immunization Screening & Referral Protocol)
- 1.1.5 Age and developmentally appropriate anticipatory guidance and dietary recommendations
- 1.1.6 Updated food package assignment as appropriate
- 1.1.7 Health referrals as appropriate

*MCHA
Recommendations
for women*

- 1.2 The MCHA for a woman shall include appropriate nutrition education for the participant and may also include:
 - 1.2.1 Weight measurement
 - 1.2.2 Hemoglobin or hematocrit when appropriate (see ♦625—Nutritional Risk Assessment)
 - 1.2.3 Health referrals as appropriate
 - 1.2.4 Support and encouragement for continued breastfeeding

Document in TWIST

- 1.3 Document in TWIST at time of the MCHA:
 - 1.3.1 Length/height and weight measurements
 - 1.3.2 Hemoglobin or hematocrit test results if obtained
 - 1.3.3. Additional risk factors if applicable
 - 1.3.4 Diet assessment questionnaire (mandatory questions are required for infants and children through two years old)
 - 1.3.5 Food package changes to provide infant CVB in lieu of part of baby food fruits and vegetables at 9 months if appropriate.
 - 1.3.6 Nutrition education provided
 - 1.3.7 Referrals made

Referral Data

- 1.4 Participants may bring in height and weight data from another provider that was taken within 60 days of the MCHA appointment.
 - 1.4.1 Document the date the referral data was obtained in the “Medical Data” tab in TWIST. In the “Notes” field, document the provider and the date of the actual MCHA appointment. (See ♦601—Physical Presence Requirement at Certification and ♦625—Nutritional Risk Assessment.)

MID-CERTIFICATION HEALTH ASSESSMENT, *cont.*

Scheduling the MCHA 2.0 The MCHA may be done as an individual appointment or a group appointment as long as the activities described in ¶1.0 are performed.

2.1 TWIST will automatically generate a MCHA appointment request for breastfeeding women following their postpartum certification.

2.2 TWIST will automatically generate a MCHA appointment for infants and children following their certification appointment.

Scheduling second NE contacts and the MCHA during a one year certification period 3.0 The MCHA may be counted as one of the three required quarterly NE contacts during a one year certification period. (See ♦820—Nutrition Education: Participant Contacts.)

3.1 Schedule the participant for a second nutrition education contact 2 to 3 months before and after the MCHA appointment.

3.2 Participants transferring into Oregon after the seventh month of their one year certification period do not need a MCHA and should instead be scheduled for a second nutrition education contact before the end of their certification period. See ♦653—Participant Transfers Into and Out of State

Do not withhold benefits 4.0 Benefits cannot be withheld if the MCHA is not completed on time or if the participant refuses the appointment, since the MCHA is not a certification.

Issue one month of benefits if MCHA is missed 4.1 If the initial MCHA appointment is missed, local program staff may issue only one month of benefits at a time for the next 3 months until the MCHA is complete or the parent/caretaker refuses this type contact or participates in another second NE activity. (See ♦835—Nutrition Education: Attendance and Refusal.)

MCHA refusal 4.1.1 If the MCHA appointment is refused at the time of certification, document refusal in the “Family Appointment Record” under “NE Refusal.”★

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SECTION: Certification 661
SUBJECT: **COMPETENT PROFESSIONAL AUTHORITY:**
APPROPRIATE COUNSELING FOR RISK LEVELS
DATE: June 29, 2016 (*Revised*)

POLICY: All local programs shall have access to the services of a registered dietitian (RD) or qualified nutritionist to provide high-risk counseling. All local programs will have access to a registered dietitian, qualified nutritionist or health professional to provide medium risk counseling.

PURPOSE: To ensure that all participants receive counseling appropriate to their risk level including access to the specialized expertise of a registered dietitian or qualified nutritionist.

RELEVANT REGULATIONS: 7 CFR §246.11 ¶(e)(5)—Participant Contacts
 1997 State Technical Assistance Review (STAR) by USDA (*Approved by CLHO MCH Committee January 2001, Approved by CLHO Executive Committee February 2001 and May 2006*)

- OREGON WIC PPM REFERENCES:**
- ◆660—Competent Professional Authority: Requirements
 - ◆675—Risk Criteria Codes and Descriptions
 - ◆760—Medical Formulas
 - ◆821—Nutrition Education: Telephone Contacts for High Risk Participants with the RD
 - ◆822—Nutrition Education: High Risk Counseling Using Interactive Video Technology
 - ◆830—Nutrition Education: Documentation

DEFINITIONS:	<p><i>High risk participant</i> Those participants who are assigned a high-risk level based on identified health risks that meet the state’s high-risk criteria as defined in Appendix A.</p> <p><i>Medium risk participant</i> Those participants who are assigned a medium risk level based on identified health risks that meet the state’s medium-risk criteria as defined in Appendix B.</p> <p><i>Low risk participant</i> Those participants with no medium or high health risks.</p> <p><i>WIC nutritionist</i> A nutrition professional who meets one or more of the following qualifications: a Master’s degree in nutrition; a registered dietitian (RD) with the Academy of Nutrition and Dietetics (AND); eligible for AND registration; an Oregon licensed dietitian (LD).</p> <p><i>Individual care plan</i> A written plan that outlines actions that will assist the participant to assume responsibility for improving identified nutrition and health-related problems on a prioritized basis.</p>
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CPA: APPROPRIATE COUNSELING FOR RISK LEVELS, cont.

- APPENDICES:** 661.4 Appendix A Oregon WIC Program List of High Risks
661.6 Appendix B Oregon WIC Program Lists of Medium Risks

PROCEDURE:

Low risk counseling

- 1.0 Low risk participants may be counseled at certification by any competent professional authority (CPA) and participate in any group or individual second nutrition education activities appropriate for their category and identified needs.

Medium risk counseling

- 2.0 Medium risk participants may be counseled at certification by any CPA. It is recommended that the CPA be an experienced counselor who is skilled at addressing the level of need associated with medium risk.

Second nutrition education may be scheduled for either group nutrition education or individual counseling. Individual appointments for medium risk participants are not required, however local programs may choose to follow these participants more closely. When an individual appointment is appropriate, it is recommended that the participant be seen by the RD/WIC nutritionist or by another health professional, such as a B.S. nutritionist (with a Bachelor's in Science in nutrition), registered nurse, IBCLC or health educator.

Development of high-risk care plans are not required for medium risk participants.

***High risk counseling:
written procedure required***

- 3.0 Each local program must have a written procedure for referring high risk participants to the RD/WIC nutritionist. The guidelines must include, at a minimum, the high risk criteria defined by the state WIC program (see Appendix A). Local programs may set higher standards with state approval.

- 3.1 Participants identified as high risk shall receive at least one nutrition intervention from the RD/WIC nutritionist during a certification period. If possible, this nutrition intervention should occur at the time of certification. Additional nutrition interventions shall be based on the individual care plan developed by the local RD/WIC nutritionist.

- 3.1.1 When nutrition intervention by the RD/WIC nutritionist cannot occur at the certification visit, at least one second nutrition education contact with the RD/WIC nutritionist shall be scheduled during the certification period.

CPA • APPROPRIATE COUNSELING FOR RISK LEVELS, cont.

(High risk counseling: written procedure required)

3.2 Nutrition intervention for high risk participants shall include the following:

- Individual high risk counseling;
- An individual high risk care plan; **and**
- Follow-up for the high risk condition.

Document the high risk care plan

3.3 Individual high risk care plans must be documented in TWIST using “Progress Notes” and include at a minimum:

- Date of counseling
- Progress made in resolving nutritional risk
- Nutrition education and counseling provided
- Identification of participant behavior change whenever possible
- A plan for future intervention that addresses risks

Requirement for RD/nutritionist

4.0 Local programs will have on staff a full-time or part-time RD/WIC nutritionist to provide nutrition services to high risk participants. For programs without such a resource, arrangements should be made with an RD/WIC nutritionist in the community who can provide these services on a contract or volunteer basis.

4.1 If a high risk participant is referred to an RD/WIC nutritionist in the community, there must be no cost to the WIC participant for these services. Any cost associated with this referral must be covered by the local WIC program.

4.2 A referral to an RD/WIC nutritionist for nutrition assessment and counseling does not preclude a referral to other health care providers such as the participant’s primary care practitioner for medical conditions or other health care needs.

4.3 If the high risk care plan developed by the RD/WIC nutritionist in the community is not entered directly into the participant’s TWIST record, a hard copy must be retained on site and be accessible to WIC staff.

5.0 If an RD/WIC nutritionist is not currently under contract or is temporarily unavailable, high risk participants may receive their high risk counseling from another health professional as defined in ♦660—Competent Professional Authority: Requirements. For agencies that are unable to hire or contract with a local RD to provide on-site high risk counseling, using interactive video technology is an optional delivery method for face-to-face high risk second NE appointments when approved by the state office. Refer to ♦822—Nutrition Education: High Risk Counseling Using Interactive Video Technology for guidance.

5.1 Health professionals other than RDs may only be utilized for high risk counseling in limited circumstances such as during the time that a program works to fill a vacant nutritionist position.

CPA: APPROPRIATE COUNSELING FOR RISK LEVELS, cont.

(High-risk intervention when RD/ nutritionist is not available)

- 5.2 When a participant misses an original face-to-face high risk second NE appointment and rescheduling is not possible, telephone contacts are an optional delivery method. See 821: Nutrition Education: Telephone Contacts for High Risk Participants with the RD.
- 5.3 Under no circumstances can high risk counseling be provided by a paraprofessional. Refer to ♦660—Competent Professional Authority: Requirements for the definition of a paraprofessional.

REFERENCES:

1. *Paraprofessionals in the WIC Program: Guidelines for Developing a Model Training Program.* United States Department of Agriculture, Food and Nutrition Service. FNS-269. 1993.
2. *Ensuring the Quality of Nutrition Services in the WIC Program.* WIC Nutrition Services Committee, National Association of WIC Directors and U.S. Department of Agriculture, Food and Nutrition Service. January 1988.
3. *STAR Guide.* United States Department of Agriculture Food and Nutrition Service. Special Supplemental Program for Women, Infants, and Children. December 1989.
4. *NAWD/FNS Joint Statement on Quality Nutrition Services in the WIC Program.* January 1993.
5. *Oregon WIC Training: Nutrition Risk Module.* Oregon Department of Human Services. 2006.
6. *Nutrition Services Standards.* United States Department of Agriculture. Food and Nutrition Services. August 2013

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Appendix A: List of High Risks

Risk Code	Risk Criterion
103	Underweight for Infants and Children Birth to <24 months: \leq 5 th percentile weight-for length 2 to 5 years: \leq 10 th percentile BMI for age
113*	Overweight for Children 2-5 years of age \geq 95 th percentile BMI for age High risk if child is \geq 95 th percentile with a high rate of weight gain and has not established a parallel growth curve to the recommended curve
131*	Low maternal weight gain High risk if pregnant with twins or more.
134	Failure to thrive
141*	Low birth weight < 5#8 oz (2500 grams) High risk if very low birth weight \leq 3# 5 oz (1500 grams)
201*	Low hemoglobin, low hematocrit. High risk if hematocrit 3 points or more below appropriate level for pregnancy trimester or for age or if serum iron level is more than 1 point below appropriate hemoglobin levels for pregnancy trimester or for age.
211	Elevated blood lead levels
301	Hyperemesis gravidarum
302	Gestational diabetes
331*	Pregnancy at a young age High risk if 15 years of age or less at conception
341	Nutrient deficiency disease
342	Gastrointestinal disorders
343	Diabetes Mellitus
345	Hypertension and Prehypertension
346	Renal disease
347	Cancer
348	Central nervous system disorders (e.g. cerebral palsy, neural tube defects)
349	Genetic and congenital disorders (e.g. Down's, cleft lip/palate)
351	Inborn errors of metabolism (e.g. PKU, galactosemia)

Risk Code	Risk Criterion
352	Infectious diseases (e.g. tuberculosis or HIV)
354	Celiac disease
357	Drug nutrient interactions
358	Eating Disorders
360	Other medical conditions
362	Developmental delays, sensory or motor delays interfering with the ability to eat
363	Pre-Diabetes
382	Fetal Alcohol Syndrome
703	Infant of a woman with mental retardation or alcohol or drug use
902	Woman or child of a primary care provider with limited ability to make feeding decisions and/or prepare food

* Also a Medium Risk

For complete description of each risk criterion, please see ♦675—Risk Criteria Codes and Descriptions.

Risk Code	Risk Criterion
101	Underweight Women WP: Pre-pregnant BMI <18.5 WE, WB, WN: < 6 months postpartum: Pre-pregnant or current BMI <18.5 WE, WB: > 6 months postpartum: Current BMI <18.5
111	Overweight Women WP: Pre-pregnant BMI \geq 25.00 WE, WB, WN: < 6 months postpartum: Pre-pregnant BMI \geq 25 WE, WB: > 6 months postpartum: Current BMI \geq 25
113*	Monitor Weight for Children 2-5 years of age \geq 95 th percentile Body Mass Index (BMI) for age
114	At Risk of Overweight for Children 2-5 years of age \geq 85 th and < 95 th percentile BMI for age
115	High Weight for Length for Infants and Children < 24 months of age \geq 98 th percentile weight for length
131*	Low maternal weight gain
132	Maternal weight loss during pregnancy
133	High maternal weight gain
135	Slow weight gain for Infants and Children
141*	Low birth weight, Birth weight between 3# 5 oz (1500 grams) and \leq 5# 8oz (2500 grams)
142	Prematurity, Infants and children to 24 months of age born at \leq 37 weeks gestation
201*	Low Hemoglobin/Low Hematocrit (except for values defined as high risk)
331*	Pregnancy at young age - conception > 15 and \leq 17 years of age
335	Multiple fetus pregnancy
344	Thyroid Disorders
353	Food allergies
361	Depression
372	Alcohol and illegal and/or illicit drug use
602	Breastfeeding complications or potential complications for woman
603	Breastfeeding complications or potential complications for infants

* Also a High Risk

For complete description of each risk criterion, please see **◆675**—Risk Criteria Codes and Descriptions.



SECTION: Certification 670
SUBJECT: **OVERVIEW OF RISK CRITERIA AND PRIORITY LEVELS**
DATE: June 29, 2016 (*revised*)

POLICY: All participants must be assigned one or more of the medical and/or nutritional risk factors used by the Oregon WIC program to determine nutritional eligibility for WIC participation

PURPOSE: To ensure consistent use of federally-defined risk criteria and priorities among local WIC programs.

RELEVANT REGULATIONS: 7 CFR §246.7(e)—Nutritional risk
7 CFR §246.7(i)(6-9)—Certification forms

OREGON WIC PPM REFERENCES: ♦325—Caseload Management
♦625—Risk Assessment
♦640—Documentation Requirements for Certification in TWIST
♦653—Participant Transfers Into and Out of State
♦654—Participant Transfers Within State
♦675—Risk Criteria Codes and Descriptions

DEFINITIONS: *Risk criteria* Health or dietary conditions that indicate a nutrition related problem and is required for program eligibility.
Priority A ranking system used to indicate severity of need when comparing one participant with another and used for caseload management. Priority 1 is highest priority, Priority 7 is lowest priority.

PROCEDURE:

Minimum risk requirements 1.0 The following must be done at each certification:

- 1.1 Document all risk criteria applicable to the participant in the participant’s TWIST record. Refer to “Oregon WIC Training: Nutrition Risk Module,” “Oregon WIC Training: Dietary Risk Module” and ♦625—Risk Assessment for information on risk assessment and assignment.
- 1.2 All manually assigned risk factors must be supported by documentation in the participant’s record. Refer to “Oregon WIC Training: Nutrition Risk Module,” “Oregon WIC Training: Dietary Risk Module” and ♦640—Documentation Requirements for Certification in TWIST
- 1.3 Refer to ♦675—Risk Criteria Codes and Descriptions for the current list of risk criteria for women, infants, and children.
- 1.4 Document all new risks that develop during a certification period in TWIST. This ensures that the participant’s record accurately reflects their risk and priority status throughout their certification

List of risk criteria

New risk during a certification period

OVERVIEW OF RISK CRITERIA AND PRIORITIES, *cont.*

- Priority levels** 2.0 A participant's priority level is automatically assigned by TWIST based on the highest priority level that the participant's risk factor(s) allows.
- Priority I* Includes pregnant women, breastfeeding women, and infants at nutritional risk for reasons other than dietary risks or presumed eligibility as demonstrated by hematological or anthropometric measurements or nutritionally related medical conditions.
- Priority II* Includes infants, except for infants who qualify for Priority I, up to six months of age of WIC program participants who participated during pregnancy and infants up to six months of age born of women who were not program participants during pregnancy but whose medical records indicate that they were at nutritional risk during pregnancy.
- Priority III* Includes children at nutritional risk for reasons other than dietary risks or presumed eligibility as demonstrated by hematological or anthropometric measurements or nutrition- related medical conditions.
- Priority IV* Includes pregnant women, breastfeeding women, and infants with a dietary risk or presumed eligibility as the only risk factor. It also includes postpartum, non-breastfeeding women at nutritional risk for reasons other than dietary risk or presumed eligibility.
- Priority V* Includes children with dietary risks or presumed eligibility.
- Priority VI* Includes postpartum, non-breastfeeding women at nutritional risk who do not qualify as a priority IV participant.
- Priority VII* Includes participants certified for WIC solely due to homelessness or migrant status or previously certified participants who might regress in nutritional status without WIC supplemental foods.
- 2.1 Regardless of priority level, a participant who is currently enrolled in WIC and transfers from another WIC agency must be enrolled within the guidelines specified in ♦653—Participant Transfers Into and Out of State and ♦654—Participant Transfers Within State.

OVERVIEW OF RISK CRITERIA AND PRIORITIES, cont.

- Breastfeeding pairs* 2.2 A breastfeeding mother and her breastfeeding infant are required to have the same priority level. The highest priority level that either of them has is used, based on the risk criteria assigned to either the mother or the infant. To ensure this, mark all of the risk criteria for the breastfeeding mother and her breastfeeding infant. If they have different priority levels (e.g., mom is Priority I and her infant is Priority IV), then select either Risk Code 601 or 702 as appropriate so that the participant with the lower priority level is raised to the priority level of the other. Refer to the “*Oregon WIC Training: Nutrition Risk Module*” for guidance.
- Caseload management* 2.3 Local WIC programs will serve all priorities unless approval is given by the state WIC program for restriction of priorities served. Priority freezing may be used for caseload management in special circumstances and only with state WIC program approval. See ♦325—Caseload Management.
- Risk criteria review process* 3.0 The medical and nutritional risk criteria used for WIC certification are developed at the national level through a joint effort between Food and Nutrition Service (FNS) and the National WIC Association (NWA) Risk Identification and Selection Collaborative (RISC). State WIC programs must use the national risk criteria, although they have a choice as to which risk codes to implement subject to USDA approval. These risk codes are revised periodically and are based on the following:
- 3.1 WIC should serve women, infants and children with the greatest need.
 - 3.2 Risk criteria standards are defined and documented based on current scientific knowledge and research.
 - 3.3 Need to have consistent risk criteria in use by all local programs. ★

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POLICY: A competent professional authority (CPA) shall select a participant’s food package in accordance with federal regulations and state policy.

PURPOSE: To assure food benefits are appropriate for each participant’s health and nutritional needs.

RELEVANT REGULATIONS: 7 CFR §246.10—Supplemental Foods
 Child Nutrition Act of 1966, Sec. 17(14)

- OREGON WIC PPM REFERENCES:**
- ◆511e—Food Benefit Issuance
 - ◆560—Program Integrity: Replacing Food Benefits
 - ◆646—Mid-Certification Health Assessment
 - ◆655—Homeless Applicants
 - ◆713—Breastfeeding: Use of Supplemental Formula
 - ◆720—General Information on Formula Use
 - ◆730—Bid Formula: Use and Description
 - ◆760—Medical Formulas and Nutritionals
 - ◆765—Medical Documentation
 - ◆770—WIC Authorized Foods

TWIST TRAINING MANUAL REFERENCES: Chapter 3, Section 5—Food Packages

- APPENDICES:**
- 769.11 Appendix A WIC Monthly Standard Food Packages for Children and Women
 - 769.14 Appendix B WIC Monthly Standard Food Packages for Infants
 - 769.18 Appendix C WIC Monthly Food Packages for Special Women, Infants and Children

- DEFINITIONS:**
- Participant category:***
 - Fully breastfeeding infant* A breastfeeding infant who is up to one year of age and does not receive infant formula from WIC.
 - Fully breastfeeding woman* A breastfeeding woman who is up to one year postpartum, whose infant does not receive formula from WIC.
 - Mostly breastfeeding infant* A mostly breastfed infant who is one month to one year of age and receives infant formula from WIC up to the maximum provided for a mostly breastfed infant.

ASSIGNING WIC FOOD PACKAGES, *cont.*

(DEFINITIONS:)		
	<i>Mostly breastfeeding woman</i>	A breastfeeding woman who is up to one year postpartum, whose infant receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant.
	<i>Some breastfeeding infant</i>	A breastfeeding infant who is one month to one year of age and receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant.
	<i>Some breastfeeding woman</i>	A breastfeeding woman who is up to one year postpartum, whose infant receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant.
	<i>Non-breastfeeding infant</i>	An infant who is not breastfeeding and is up to one year of age and receives infant formula from WIC.
	<i>Non-breastfeeding woman</i>	A mother who is not breastfeeding and is less than 6 months postpartum.
	<i>Food package:</i>	
	<i>Food Package</i>	Participant's combined food benefits for a selected month.
	<i>Authorized foods</i>	The brands and types of foods a participant may purchase when a food is specified on their food benefit balance.
	<i>Maximum food package</i>	A food package that contains the maximum amount of each of the foods authorized by WIC regulations for the participant category.
	<i>Partial food package</i>	A partial food package contains approximately one-half of the participant's food package.
	<i>Standard food package</i>	Based on the participant category, the food package which is automatically assigned by TWIST. The standard food package provides the maximum amount of foods allowed for the participant category.
	<i>Food Benefits</i>	The foods a participant receives on WIC for a selected month. Depending on a participant category, food benefits provide specific amounts of WIC authorized foods, formulas, and /or a fixed-dollar amount for participants to obtain WIC authorized fruits and vegetables (referred to as a "Cash Value Benefit" or "CVB").

ASSIGNING WIC FOOD PACKAGES, cont.

(DEFINITIONS:)	<i>Food Package Assignment</i>	Assigned and CPA authorized food package for a participant in TWIST.
	<i>Food Package Issuance</i>	Sending the assigned food package to the eWIC banking contractor to be accessed by the cardholder at the store.
	<i>Assigned Food Benefits</i>	The benefits that have been assigned by the CPA to a participant for the certification period.
	<i>Issued Food Benefits</i>	The benefits that have been sent to the eWIC banking contractor which are/will be available for purchase by a cardholder.
	<i>Food Benefit Balance</i>	The unspent issued food benefits which are available for purchase by a cardholder.
	<i>Participant Designation</i>	Indicates the three descriptions that can be applied to a participant in TWIST to alter the maximum foods available for a participant's category. They include "Special", "Twins or more", and WBN/IBN".
	<i>Supplemental foods</i>	Foods prescribed by the WIC federal regulations 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 program, as indicated by relevant nutrition science, public health concerns, and cultural eating patterns. [Child Nutrition Act of 1966, Sec. 17(14)]
	<i>WIC-eligible Nutritionals</i>	Enteral products that are specifically formulated to provide nutrition support for children over 1 year of age and women with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Also known as WIC-eligible medical foods. Nutritionals may be nutritionally complete or incomplete (e.g. Duocal). They must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via an oral or tube feeding.

BACKGROUND: WIC food packages are intended to be supplemental rather than a primary source of food for participants. The nutrients provided by the food will supplement the participant's diet and help meet, but not provide all of, the nutrient needs of the participant.

PROCEDURE:

- Food package assignment* 1.0 The Competent Professional Authority (CPA) shall select in consultation with the participant an appropriate food package for the WIC participant.

ASSIGNING WIC FOOD PACKAGES, *cont.*

(Food package assignment)

The CPA shall document the food package in the participant’s TWIST record and make food package changes or adjustments per the TWIST Training Manual, Chapter 3, Section 5—Food Packages. The CPA shall assign a food package which provides the foods and quantities that are allowed for that participant’s category. The food package shall take into account the individual’s age, dietary needs, medical and nutrition conditions, cultural eating patterns, willingness to consume a food and living situation.

2.0 Food package changes are the responsibility of a CPA. A CPA must be involved with any change to a participant’s food package, including a breastfeeding infant requesting formula. A local agency may establish a protocol that allows clerical staff to change the form of food provided, but not the type of food, e.g. switch the form of the same formula, such as from concentrate to powder.

Standard food packages

3.0 For most WIC participant categories, TWIST automatically defaults to a standard food package. Standard food packages were created to provide participants the most commonly requested combination of foods. The standard package provides the full nutrition benefit allowed for the category. For specific information about the foods and quantities provided in each standard food package, refer to Appendices A and B. Standard food packages are not automatically assigned by TWIST for partially breastfed infants or participants on medical formula.

Maximum quantities and allowable foods

4.0 CPAs have the option of assigning a food package other than the standard food package. Participants are eligible for specific quantities of foods based on their WIC category and designation (special, IBN/WBN, twins or more). The allowed foods, maximum quantities and allowable substitutions can be found in Appendices A, B and C.

Monthly allowances

5.0 The full maximum monthly allowances of all supplemental foods in all food packages must be made available to participants if medically or nutritionally warranted. The provision of less than the maximum monthly allowances of supplemental foods to an individual WIC participant in all food packages is appropriate only when:

- Medically or nutritionally warranted (e.g. to eliminate a food due to a food allergy); or
- A participant refuses or cannot use the maximum monthly allowances; or
- The quantities necessary to supplement another programs’ contribution to fill a medical prescription would be less than the maximum monthly allowances.

For more information, see ♦713—Breastfeeding: Use of Supplemental Formula.

ASSIGNING WIC FOOD PACKAGES, *cont.*

Partial food packages 6.0 For new and reinstated participants receiving food benefits on or after the 20th of the month, issue the partial food package assigned by TWIST for the current month. A partial food package contains approximately one-half of the participant's food package, since the participant will have another set of food benefits available for use the beginning of the following month.

Partial food packages are not required for participants in a current certification period. Food packages may be tailored after the 20th to meet the needs of the participant for the remainder of the month.

Requesting new food package templates in TWIST 7.0 If local staff find they are routinely issuing a certain modified food package, contact the state office about creating a template for that food combination.

Breastfeeding Women Food Packages 8.0 The following are food packages for breastfeeding women:

8.1 **Fully breastfeeding women food package**
The food package for the fully breastfeeding woman should be issued in any month during which the participant's infant receives no supplemental formula from WIC and up through the month of the infant's first birthday. The infant can receive baby food fruits and vegetables, baby food meat and cereal between 6 through 11 months.

8.1.1 A food package equivalent to the Fully Breastfeeding Food Package is issued to four types of participants:

- fully breastfeeding women whose infants do not receive formula from the WIC Program;
- women partially breastfeeding multiple infants;
- women pregnant with two or more fetuses; and
- pregnant women who are also fully or mostly breastfeeding an infant.

8.1.2 A woman fully breastfeeding multiple infants is issued a food package equivalent to 1.5 times the fully breastfed food package.

8.1.3 When a fully breastfeeding woman's status changes, issue the food package appropriate for the participant's new status. For example, if the fully breastfeeding woman (WE) receives supplemental formula from WIC, her status changes to mostly breastfeeding (WB) or some breastfeeding (WBN).

8.2 **Partially breastfeeding women food packages**
[Mostly Breastfeeding (WB) vs. Some Breastfeeding (WBN)]
The food package a partially breastfeeding woman receives is determined by the amount she is breastfeeding.

ASSIGNING WIC FOOD PACKAGES, *cont.*

***(Breastfeeding
Women Food
Packages)***

- 8.2.1 A woman who is mostly breastfeeding and is supplementing with a limited amount of formula during the 1st year postpartum, is eligible to receive the mostly breastfeeding food package. See Appendix B.
- 8.2.2 For a woman who is doing some breastfeeding, but mostly formula feeding, the age of the infant and the quantity of formula received from WIC determines the food package (see Appendix B):
- If a partially breastfed infant less than six months of age receives a food package with a quantity of formula that exceeds the amount listed in Appendix B for the mostly breastfed infant, the partially breastfeeding woman is eligible to receive the same foods as the postpartum woman through the month the infant turns six months of age.
 - If the breastfed infant is 6 through 11 months and receives a food package with a quantity of formula that exceeds the amount listed in Appendix B for the mostly breastfed infant, the some breastfeeding woman is no longer eligible to receive a food package, but continues to receive breastfeeding education and support, nutrition education and other WIC services.
- 8.2.3 When a woman participant discontinues breastfeeding an infant over six months of age, no benefits will be issued, because the participant is not categorically eligible.

9.0 Food package options for specific circumstances:

9.1 Infants

- 9.1.1 Infants 6-11 months receive infant cereal, baby food fruits & vegetables and if fully breastfeeding, baby food meat.
- 9.1.2 Infants greater than six months, with a qualifying medical condition and receiving infant formula, medical formula or nutritionals in lieu of infant foods (cereal, fruits and vegetables), can receive the maximum monthly allowance of formula as infants ages four through five months of age who are of the same feeding option, i.e. mostly breastfed, some breastfed or non-breastfed.
- 9.1.3 Infants 9-11 months may be offered the option of replacing half of the baby food fruit and vegetable benefit with a fruit and veggie cash value benefit (CVB) for fresh fruits and vegetables. The CPA may offer this option, after completing the following:

*Maximum infant
formula over 6
months*

*Fruit and
Veggie Benefit
for infants 9-11
months*

ASSIGNING WIC FOOD PACKAGES, cont.

(Fruit and Veggie Benefit for infants 9-11 months)

- A full nutrition assessment demonstrating that the infant will be developmentally ready by 9-11 months old for this option and that the parent or caretaker is interested.
 - The parent or caretaker may choose the maximum baby food fruit and vegetable benefit or the combination baby food and fruit and veggie CVB.
 - This assessment may occur during an individual appointment such as the mid-cert health assessment. See ♦646—Mid Certification Health Assessment.
- Nutrition education for the parent or caretaker addressing safe food preparation, storage techniques, and infant feeding practices to assure that the infant will have their nutritional needs met in a safe and effective manner.

NOTE: If baby food has already been issued for the 9-11 month period and any portion of the baby food fruit and vegetable benefit has been spent, then only benefits for future months can be changed. Participants cannot return purchased baby foods to the WIC clinic to exchange for the infant CVB.

Food packages for infants in month of first birthday

- 9.1.4 An infant who needs formula must be provided formula until the child turns one year of age. A formula food package will automatically be provided through the end of the month of the first birthday. On or after the participant's first birthday, the CPA may change the food package from formula to a child 12-23 month food package if this better meets the needs of the child.

NOTE: This change from an infant food package to a child food package is only possible if none of the issued infant foods and/or formula for the month have been spent.

Fat Free, 1% or 2% Milk

- 9.2 **Children 12-23 months**
WIC provides whole milk to children 12-23 months of age. Fat free, 1% or 2% milk is allowed in limited circumstances excluding participant preference as the sole consideration.

9.2.1 After a full diet assessment has been completed, the CPA may approve issuance of nonfat, 1% or 2% milk to children 12-23 months based on at least one of the following:

- Assignment of Risk 115 High Weight for Length. No additional documentation is required when this risk is assigned. Presence of this risk, however, does not require issuance of nonfat, 1% or 2% milk.
- Participant trending toward overweight based on CPA assessment and/or consultation with the child's health care provider. Document justification in progress notes and reassess at each certification. Presence of trending does not require issuance of nonfat, 1% or 2% milk.
- Parent expresses concerns about a family history of overweight, cardiovascular disease or high cholesterol. Document justification in progress notes.

2% Milk

9.3 **Children two years and older and women**

WIC provides fat free and 1% milk to children two years and older and women. 2% is allowed in limited circumstances excluding participant preference as the sole consideration.

9.3.1 After a full diet assessment has been completed, the CPA may approve issuance of 2% milk in addition to fat free and 1% milk for children two years and older and women based on at least one of the following:

- Assignment of Risk 101 Underweight (women), 103 Underweight or At Risk of Underweight (children), 131 Low Maternal Weight Gain, 132 Maternal Weight Loss During Pregnancy, 134 Failure to Thrive. No additional documentation is required when these risks are assigned. Presence of these risks does not, however, require issuance of 2% milk.
- Participant trending toward underweight based on CPA assessment and/or consultation with the participant's health care provider. Document justification in progress notes and reassess at each certification. Presence of trending does not require issuance of 2% milk.
- For children participants, a parent or guardian expresses concerns about a family history of underweight. For women participants, concern about a personal history of underweight or low weight gain in pregnancy is expressed. Document justification in progress notes.

ASSIGNING WIC FOOD PACKAGES, cont.

- Support transition from whole or 2% milk to fat free or 1% milk at two years of age or as a trial for new participants who have never used lower fat milk. Assigned by CPA for one to two months. Document justification and the plan for transitioning to fat free or 1% in progress notes.

Whole milk

9.4 When receiving medical formulas, children over two years of age and women must have medical documentation with a qualifying condition and be receiving a WIC medical formula in order to receive whole milk in addition.

*Soy-based
beverage for
children*

9.5 **Children**

For children, issuance of soy-based beverage as a substitute for cow's milk must be based on an individual nutrition assessment in consultation with the participant's health care provider, if necessary. The CPA may offer this option, after completing the following:

- A nutrition assessment that considers conditions including, but not limited to milk allergies, lactose intolerance, and vegan diets.
- For issues with lactose intolerance, offer lactose-free fortified dairy products before soy-based beverages.
- The parent/caretaker is provided education that stresses the importance of milk over milk substitutes including:
 - Bone mass
 - Risk of vitamin D deficiency for products not adequately fortified with vitamin D.
- A referral may be considered to the WIC Nutritionist/RD for an additional assessment of overall diet adequacy.

*Medical formula
and nutritionals
and special food
packages*

10.0 When the use of conventional foods or formulas does not address special nutritional needs, special food packages are available for women, infants and children who have a documented qualifying condition that requires the use of:

- infant formula,
- special medical formula, or
- nutritional formula plus special food package changes (e.g. infant foods for a child or woman)

10.1 See Appendix C for requirements.

Allowable formulas

11.0 For allowable formulas and information on formula use, refer to:

- ♦713 – Breastfeeding: Use of Supplemental Formula

ASSIGNING WIC FOOD PACKAGES, *cont.*

- ♦720—General Information on Formula Use
- ♦730—Bid Formula: Use and Description
- ♦760—Medical Formulas and Nutritionals

Medical documentation

12.0 Medical documentation is required for both the formula and the foods in food packages of women, infants and children who require medical formula. See ♦765—Medical Documentation for medical documentation requirements.

Limited storage, refrigeration or homelessness

13.0 For participants living in a homeless facility, refer to ♦655—Homeless Applicants, when determining if it is appropriate to issue foods to the participant. Provide the maximum food package that will be safe and sanitary as per guidance below.

13.1 For limited storage, consider:

- suggesting milk be purchased more frequently or in half gallons rather than gallons
- offering evaporated milk or powdered milk.

13.2 When no refrigeration or freezer is available:

- you may suggest buying quarts of milk or issue powdered milk, evaporated or shelf-stable soy milk;
- consider not including eggs or cheese (ask the participant if storing/cooking eggs or cheese is feasible);
- offer women juice in 64 oz. plastic bottles instead of frozen juice.

13.3 If safe water is not available:

- ready-to-feed formula may be appropriate instead of powdered formula (document reason in participant's record);
- suggest 64 oz. plastic bottles of juice instead of frozen juice.

Issuing Additional Foods

14.0 Additional food(s) can be issued to a participant, but the total quantity of foods provided for the month cannot exceed the maximum amount allowed for the participant category.

14.1 *Example:* If an infant received a formula package with two cans of formula for a month, but now needs a package with six cans of formula, only four cans of formula (the remainder of the cans of formula) can be issued for that month.

ASSIGNING WIC FOOD PACKAGES, *cont.*

15.0 A participant who has a category change which decreases the amount of food benefits they are eligible for is allowed to keep all foods issued for the current month. Food packages issued in the future shall be changed to the appropriate food package for the new category.

15.1 *Example 1 (WE to WN):* Participant has changed from a WE to a WN and has spent some of the food benefits from the current month, the participant can keep the food benefits for the current month, but the future months food benefits will be replaced with a WN food package. Refer to ♦560—Program Integrity: Replacing Food Benefits.

15.2 *Example 2 (WE or WB to WN):* If a participant has changed from a WE or WB to a WN and she is more than six months postpartum, future food benefits for which she is no longer eligible, will be removed.

15.3 *Example 3 (IE to IN):* If an infant 6 through 11 months is changing from IE to an IB or IN, TWIST will reduce the baby food meat and baby food fruits and vegetables. The modify screen will be used to assign the formula.

Hospitalized or institutionalized participants

16.0 If a participant is in the hospital, long term care facility or an institution, a WIC food package cannot be provided until discharged, since the institution is responsible for feeding the patient. If an infant is with the mother who is staying in a residential treatment center, see ♦655—Homeless Applicants for an exception which allows the infant to receive infant foods and infant formula.

Participants transferring from out of state

17.0 If a participant is transferring in from another state, Oregon food benefits can be issued if they did not receive food benefits for the current month from the other state, or when any food benefits they received are brought in for replacement with Oregon food benefits. For more information, refer to ♦560—Program Integrity: Replacing Food Benefits. ★

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WIC Monthly Standard Food Packages for Children and Women

Foods	Children 1-4 years	Women			
		Pregnant & Mostly Breastfeeding Women (up to 1 year postpartum)(c)	Some Breastfeeding (up to 6 months postpartum)(c) and Postpartum Non-breastfeeding Women (up to 6 months postpartum)	Fully Breastfeeding Women (up to 1 year post-partum), Partially breastfeeding women with twins, Pregnant women with twins, and Pregnant women who are also fully or mostly breastfeeding an infant(a)	Woman Fully Breastfeeding Multiple Infants (Month 1 /Month2)(b)
Fruits and Vegetables (fresh or frozen)	\$8	\$11	\$11	\$11	\$16.50
Juice	2 – 64 oz. plastic bottles (d)	3 – 11.5-12 oz. cans frozen juice (e)	2 – 11.5-12 oz. cans frozen juice (f)	3 – 11.5-12 oz. cans frozen juice (e)	(5/4) – 11.5-12 oz. cans frozen juice (g)
Cereal	36 oz.	36 oz.	36 oz.	36 oz.	54 oz.
Whole Wheat Bread, Corn Tortillas or Brown Rice	2 lb. [32 oz.]	1 lb. [16 oz.]	N/A	1 lb. [16 oz.]	(2 lb. / 1 lb.) [32oz./16 oz.]
Milk (h)(i)	13 qt. [3.25 gal]	19 qt. [4.75 gal]	13 qt. [3.25 gal]	21 qt. [5.25 gal]	33 qt. [8.25 gal]
Cheese (i)	1 lb.	1 lb.	1 lb.	2 lb.	(3 lb. / 2 lb.)
Eggs	1 dozen	1 dozen	1 dozen	2 dozen	3 dozen
Beans and/or peanut butter	1 lb. beans OR 18 oz. PB	1 lb. beans AND 18 oz. PB (k)	1 lb. beans OR 18 oz. PB	1lb. beans AND 18 oz. PB (k)	2 lb. beans AND 1 jar 18 oz. PB (k)
Fish – canned tuna, salmon or sardines	N/A	N/A	N/A	30 oz.	45 oz.

Breastfeeding Food Packages:

- (a) The fully breastfeeding food package is to be issued to 4 categories: fully breastfeeding women whose infants do not receive formula from the WIC program; women partially breastfeeding multiple infants; women pregnant with 2 or more fetuses, and pregnant women who are also fully or mostly breastfeeding an infant.
- (b) Women fully breastfeeding multiple infants receive a food package that is 1.5 times the fully breastfeeding food package. To provide a maximum food package, quantities will be averaged over 2 months (months 1 and 2) when the packaging of the foods does not accommodate the 1.5 times amount.
- (c) The food package a partially breastfeeding woman receives is determined by the amount she is breastfeeding. The woman's category and infant's category must match for each to receive the appropriate food package. If an infant is "mostly breastfed" per Appendix B, then the woman is considered mostly breastfeeding. A mostly breastfeeding woman is mainly breastfeeding with some formula supplementation during the 1st year postpartum.

For a woman who is doing some breastfeeding, but whose infant is receiving mostly formula, the age of the infant and the quantity of formula received from WIC determines the food package (See Appendix B for specific quantities):

- If a partially breastfed infant less than 6 months of age receives a food package with a quantity of formula that exceeds the amount listed in Appendix B, until the infant turns 6 months of age, the partially breastfeeding woman is eligible to receive the some breastfeeding food package which includes the same foods as the non-breastfeeding woman.
- If the partially breastfed infant is 6-12 months, but receives a food package with a quantity of formula that exceeds the amount listed in Appendix B for the mostly breastfeeding infant, the some breastfeeding woman is no longer eligible to receive a food package, but continues to receive breastfeeding education and support, nutrition education and other WIC services.

Juice:

- (d) Children have a monthly allowance of 128 fl. oz. juice. Two 64 oz. plastic bottles or 16 oz. frozen juice provides 128 fl. oz.
- (e) Pregnant, Mostly Breastfeeding Women and Fully Breastfeeding Women have a monthly allowance of 144 fl. oz. juice.
- (f) Non-breastfeeding and Some breastfeeding women have a monthly allowance of 96 fl. oz. juice.
- (g) Women fully breastfeeding multiple infants have a monthly allowance of 216 fl. oz. juice.

Milk and Cheese:

- (h) Whole milk is the standard type of milk allowed for 1 year old children (12 through 23 months). Lower fat milks (fat free and 1%), are the standard types allowed for children \geq 24 months of age and women.
- (i) Milk substitutions: When a combination of different milk forms is provided, the full maximum monthly fluid milk allowance must be provided.

Lactose-free milk: may be substituted for milk on a quart for quart basis up to the total maximum allowance for milk.

Evaporated milk: may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk or a 1:2 fluid ounce substitution ratio.

Dry milk: may be substituted at an equal reconstituted rate to fluid milk.

Soy-based beverage: may be substituted for milk on a quart for quart basis up to the total maximum allowance for milk. For children, issuance of soy-based beverage as a substitute for cow’s milk must be based on an individual nutrition assessment in consultation with the participant’s health care provider, if necessary, and provide appropriate nutrition education. (See Section 4.8 for details.)

- (j) Cheese: Food packages for women fully breastfeeding and women fully breastfeeding multiple infants always contain a minimum of 1 lb. and 1.5 lb. cheese per month respectively. All other food packages do not automatically include cheese. No more than 1 pound of cheese may be substituted for milk at the rate of one pound of cheese for 3 quarts of milk. Standard food packages include 1 lb. of cheese.

Beans and Peanut Butter:

- (k) Women who receive both beans and peanut butter have the option of replacing the 18 ounces of peanut butter with 16 oz. of dry beans.

If a participant prefers the maximum fluid milk, the maximum amount of milk and cheese by category is:

Category	Milk (qts.)	Cheese (lb.)
Child	16 qts.	0
Pregnant and Mostly Breastfeeding Women	22 qts.	0
Some Breastfeeding and Non-Breastfeeding Women	16 qts.	0
Fully Breastfeeding Women	24 qts.	1 lb.*
Fully Breastfeeding Multiple Infants	36 qts.	1.5 lb.* (2 lb. cheese month one / 1 lb. cheese month two)

* Cheese provided for these categories is unrelated to the milk provided and cannot be converted to fluid milk.

WIC Monthly Standard Food Packages for Infants

To support the successful establishment of breastfeeding, infant formula is not provided during the first month after birth to a breastfed infant.

When the infant is not fully breastfed, the infant food package provides iron-fortified bid brand infant formula. To maximize the number of eligible women, infants and children served, the Oregon WIC program has a policy of “**no exception**” to the standard bid formulas. Other than the current standard infant bid formula, no other standard infant formulas are allowed.

If an infant needs a medical formula or WIC eligible Nutritional, refer to Appendix C: WIC Monthly Food Packages for Special Women, Infants and Children for additional information.

The infant period is divided into 0-1 month, 1-3 months, 4-5 months and 6 through 11 months. See the tables below for the maximum amount of formula and food allowed for an infant’s age and amount of breastfeeding.

Infants 0-1 month

Foods	Fully Breastfed	Non-Breastfed
Formula	0-1 month: None needed	Bid formula or medical formula (a): 870 fl. oz. reconstituted powder (b) (e.g. 9 cans Similac Advance) 823 fl. oz. reconstituted liquid concentrate 832 fl. oz. ready-to-feed

(a) Medical formulas require medical documentation.

(b) Reconstituted fluid ounce is the form prepared for consumption as directed on the container.

Infants 1-3 months

Foods	Fully Breastfed	Mostly Breastfed	Some Breastfed (c)	Non-Breastfed
Formula	1-3 months: None needed	1-3 months: Bid formula or medical formula (a): 435 fl. oz. reconstituted powder (b) (e.g. 4 cans Similac Advance) 388 fl. oz. reconstituted liquid concentrate 384 fl. oz. ready-to-feed	1-3 months: Bid formula or medical formula (a): 436 to 776 fl. oz. reconstituted powder (b) 389 to 728 fl. oz. reconstituted liquid concentrate 385 to 763 fl. oz. ready-to-feed	1-3 months: Bid formula or medical formula (a): 870 fl. oz. reconstituted powder (b) (e.g. 9 cans Similac Advance) 823 fl. oz. reconstituted liquid concentrate 832 fl. oz. ready-to-feed

(a) Medical formulas require medical documentation.

(b) Reconstituted fluid ounce is the form prepared for consumption as directed on the container.

(c) A “some” breastfeeding infant receives more formula than the mostly breastfed infant and up to the equivalent of one can powder less than a non-breastfed infant (or less 3 cans concentrate or less 3 cans ready-to-feed.)

Infants 4-5 months

Foods	Fully Breastfed	Mostly Breastfed	Some Breastfed (c)	Non-breastfed
Formula	<p>4-5 months: None needed</p>	<p>4-5 months: Bid infant formula or medical formula (a): Up to 522 fl oz. reconstituted powder (b) (e.g. 5 cans Similac Advance) 460 fl. oz. reconstituted liquid concentrate 474 fl. oz. ready-to-feed</p>	<p>4-5 months: Bid infant formula or medical formula (a): 523 to 866 fl. oz. reconstituted powder (b) 461 to 806 fl. oz. reconstituted liquid concentrate 475 to 800 fl. oz. ready-to-feed</p>	<p>4-5 months: Bid infant formula or medical formula (a): 960 fl. oz. reconstituted powder (b) (e.g. 10 cans Similac Advance) 896 fl. oz. reconstituted liquid concentrate 913 fl. oz. ready-to-feed</p>

(a) Medical formulas require medical documentation.

(b) Reconstituted fluid ounce is the form prepared for consumption as directed on the container.

(c) A “some” breastfeeding infant receives more formula than the mostly breastfed infant and up to the equivalent of one can powder less than a non-breastfed infant (or less 3 cans concentrate or less 3 cans ready-to-feed.)

Infants 6 through 11 months

All infants 6 through 11 months receive infant cereal and baby food fruits and vegetables. Fully breastfed infants receive additional baby food fruits and vegetables and baby food meat. For the 9-11 month food benefits, after a full assessment and appropriate education is provided, infants may replace half of the baby food fruits and vegetables in their food package for a fruit and veggie benefit for fresh fruits and vegetables. (See ¶4.7 for details.) Infants who are not fully breastfed receive infant formula based on how much they are breastfeeding.

Foods	Fully Breastfed	Mostly Breastfed	Some Breastfed (c)	Non-breastfed	
				6 through 11 months:	6 through 11 months:
Formula	6 through 11 Months: None needed	6 through 11 months: Bid Infant Formula OR Medical Formula (a) with infant foods: Up to 384 fl. oz. reconstituted powder (b)(e.g. 4 cans Similac Advance) 315 fl. oz. reconstituted liquid concentrate 338 fl. oz. ready-to-feed	6 through 11 months: Bid Infant Formula OR Medical Formula (a) with infant foods: 385 to 602 fl. oz. reconstituted powder (b) 316 to 546 fl. oz. reconstituted liquid concentrate 339 to 544 fl. oz. ready-to- feed	6 through 11 months: Bid Infant Formula OR Medical Formula (a) with infant foods: 696 fl. oz. reconstituted powder (b) (e.g. 7 cans Similac Advance) 630 fl. oz. reconstituted liquid concentrate 643 fl. oz. ready-to-feed	6 through 11 months: Bid Infant Formula OR Medical Formula (a) Without infant foods, (infant foods are contraindicated based on medical condition) 960 fl. oz. reconstituted powder (b) (e.g. 11 cans NeoSure) 896 fl. oz. reconstituted liquid concentrate 913 fl. oz. ready-to-feed
Infant Cereal	24 oz.	24 oz.	24 oz.	24 oz.	N/A
Baby Food Fruits and Vegetables	256 oz. (d)	128 oz. (e)	128 oz. (e)	128 oz. (e)	N/A
Baby Food Meat	77.5 oz. (f)	N/A	N/A	N/A	N/A

(a) Medical formulas and Nutritionals require medical documentation.

(b) Reconstituted fluid ounce is the form prepared for consumption as directed on the container.

(c) A “some” breastfeeding infant receives more formula than the mostly breastfed infant and up to the equivalent of one can powder less than a non-breastfed infant (or less 3 cans concentrate or less 3 cans ready-to-feed.)

(d) 256 oz. baby food fruits & vegetables is 64 – 4 oz. containers. For the 9-11 month food benefits for fully breastfed infants, the 256 oz. of baby food may be replaced with an \$8 fruit and veggie benefits for fresh fruits and vegetables plus 128 ounces of baby food fruits and vegetables.

(e) 128 oz. baby food fruits & vegetables is 32 – 4 oz. containers. For the 9-11 month food benefits, infants receiving 128 oz. of baby food fruits and vegetables may instead be offered a \$4 fruit and veggie benefits for fresh fruits and vegetables plus 64 oz. of baby food fruits and vegetables.

(f) 77.5 oz. baby food meat is 31 – 2.5 oz. jars.

WIC Monthly Food Packages for Special Women, Infants and Children

1. This food package is reserved for women, infants and children who have a documented qualifying condition that requires use of an infant formula, medical formula or nutritional because the use of conventional foods or formula is precluded, restricted or inadequate to address their special nutritional needs.
2. Participants eligible to receive this food package must have one or more qualifying conditions, as determined by a health care professional licensed to write medical prescriptions under State law, and the appropriate medical documentation. Qualifying conditions include, but are not limited to, premature birth, low birth weight, malnutrition, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status.
3. This package may not be used for infants whose only condition is:
 - a. A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula; or
 - b. A non-specific formula or food intolerance.
4. This package may not be used for women and children:
 - a. who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages;
 - b. for the sole purpose of enhancing nutrient intake or managing body weight without an underlying condition.
5. All apparatus or devices (e.g., enteral feeding tubes, bags and pumps) designed to administer WIC formulas are not allowable WIC costs.
6. All infants, children and women receiving the WIC bid formula, medical formula or nutritionals in this food package require medical documentation in order to receive other allowable WIC supplemental foods. Refer to ♦765 for medical documentation requirements.

7. The special infant food package allows:

- for infants 0-11 months that require a medical formula, follow the quantities in Appendix B, listed for infants on medical formula for 0-1, 1-3, 4-5 and 6 through 11 months and whether mostly breastfed, some breastfed or non-breastfed.
- for non-breastfed infants greater than 5 months receiving the WIC bid formula, a medical formula or nutritionals and whose health care provider has determined that the infant foods are contraindicated based on medical condition. In place of receiving infant foods (infant cereal, and baby fruits and vegetables) participants can receive the same maximum formula quantity as infants 4 through 5 months of age who are non-breastfed. Refer to Appendix B, 6 through 11 Months listed for non-breastfed infants on Medical Formula or Nutritionals.

8. The special woman and child food package allows up to:

- 910 oz. of ready to feed nutritional or reconstituted powder formula or reconstituted concentrate formula (1365 oz. for women exclusively breastfeeding multiple infants), and
- The foods and quantities that are identified for the participant's category, as long as they are prescribed by their health care provider. Refer to Appendix A, WIC Monthly Food Packages for Children and Women for the foods and quantities.

9. Infant foods and whole milk for children and women

The following substitutions are allowed for children and women with a documented qualifying medical condition that requires use of a WIC formula (standard bid, medical formula or nutritional). The substitutions must address the qualifying condition and be requested by a qualified health care provider on the WIC medical documentation form. These substitutions are not allowed in the absence of a WIC formula. Local agencies will need to contact their assigned Nutrition Consultant to have these foods added to the participant's benefits. The reason for the substitution must be documented in progress notes along with appropriate risks assigned (e.g. Risk 362: Developmental, Sensory or Motor Delays interfering with Eating); a referral to the local agency WIC nutritionist is required.

Infant foods:

- 32 ounces infant cereal may be substituted for 36 ounces of cold or hot cereal.
- 128 ounces of jarred infant fruits and vegetables may be substituted for the cash value benefit.

Whole milk:

- Whole milk may be substituted for a lower fat milk if the participant is receiving a WIC formula and has medical documentation demonstrating a medical need for whole milk and WIC formula.

With medical documentation, other foods may be assigned as deemed safe to consume by their health care provider including juice, milk/cheese, eggs, bread/corn tortilla/brown rice, peanut butter/beans, canned fish (fully breastfeeding women only). Participants with feeding difficulties need to be monitored carefully and their care coordinated.

Participants needing modification in food consistency, but not medically eligible for a WIC formula, should receive nutrition education on choosing and preparing foods that meet the participant's needs (e.g. pureeing fruits and vegetables, choosing foods with correct texture, consistency).