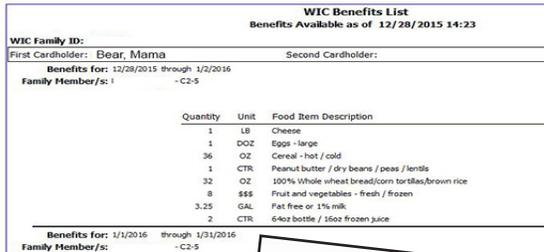


Oregon WIC Food Package Module



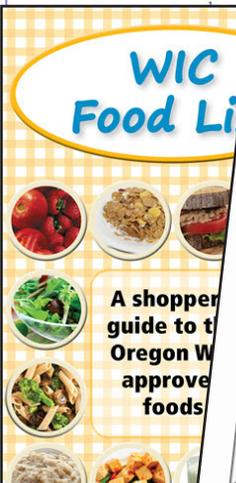
WIC Benefits List
Benefits Available as of 12/28/2015 14:23

WIC Family ID: _____
First Cardholder: Bear, Mama Second Cardholder: _____
Benefits for: 12/28/2015 through 1/2/2016
Family Member/s: 1 -C2-5

Quantity	Unit	Food Item Description
1	LB	Cheese
1	DOZ	Eggs - large
36	OZ	Cereal - hot / cold
1	CTR	Peanut butter / dry beans / peas / lentils
32	OZ	100% Whole wheat bread/corn tortillas/brown rice
8	\$\$\$	Fruit and vegetables - fresh / frozen
3.25	GAL	Fat free or 1% milk
2	CTR	6-oz bottle / 15oz frozen juice

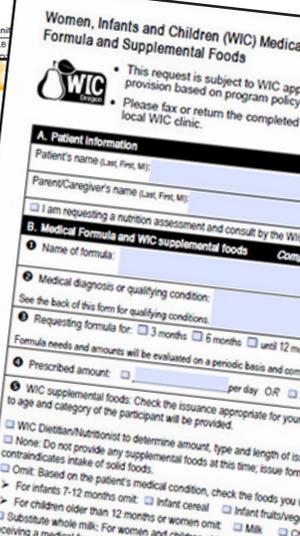
Benefits for: 1/1/2016 through 1/31/2016
Family Member/s: _____ -C2-5





WIC Food List

A shopper guide to Oregon WIC approved foods



Women, Infants and Children (WIC) Medical Formula and Supplemental Foods

This request is subject to WIC approval provision based on program policy and local WIC clinic.

A. Patient information
Patient's name (Last, First, MI): _____
Parent/Caregiver's name (Last, First, MI): _____
 I am requesting a nutrition assessment and consult by the WIC.

B. Medical Formula and WIC supplemental foods
Name of formula: _____
Medical diagnosis or qualifying condition: _____
See the back of this form for qualifying conditions.
Requesting formula for: 3 months 6 months until 12 months
Formula needs and amounts will be evaluated on a periodic basis and common sense.
Prescribed amount: _____ per day OR _____ per week
WIC supplemental foods: Check the issuance appropriate for your patient's age and category of the participant will be provided.
 None. Do not provide any supplemental foods at this time; issue formula if contraindicates intake of solid foods.
 Omit. Based on the patient's medical condition, check the foods you want to omit:
For infants 7-12 months omit: Infant cereal Infant fruits/vegetables
For children older than 12 months or women omit: Milk Cheese
Substitute whole milk: For women and children receiving a medical formula.

Staff Training



Oregon WIC Training Food Package Module

Original Publish Date: June 2009
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Determining Supplemental Formula Amounts for the Partially (IB or IBN) Breastfed Infant

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Medical Documentation Definitions

Qualifying Conditions, ICD-9 Codes, and WIC Risks

Medical Formulas and Nutritionals

Posttest

Posttest

Training Module Evaluation

[Online Training Module Evaluation available at
www.surveymonkey.com/r/W7GXFT2](http://www.surveymonkey.com/r/W7GXFT2)



Starting the Module

Contents

- S-1 Introduction
- S-2 Instruction Levels
- S-3 Steps for Completing the Module
- S-4 Items Needed

S-1 Introduction

What Will You Learn?

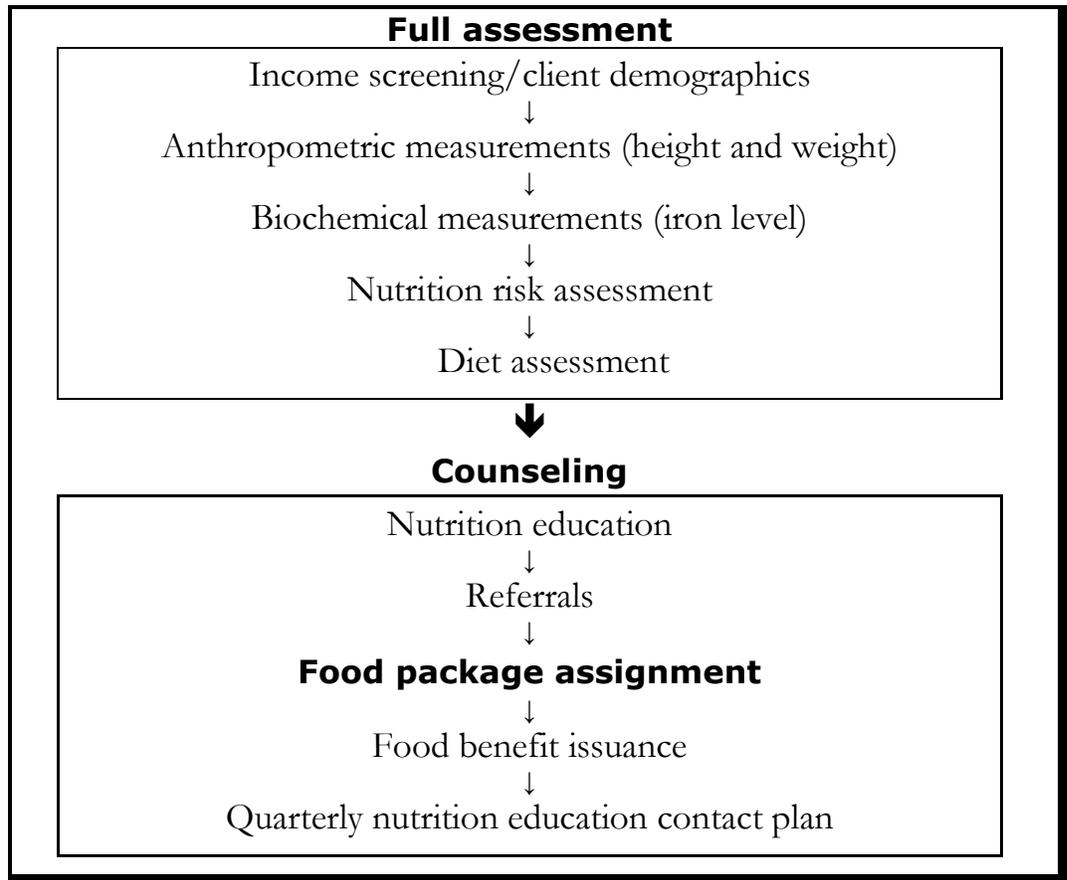
The *Food Package Module* is designed to help you learn the different combinations of foods that are available to participants, and how to select a food package that meets a participant's needs, based on their category, risk, personal preferences and cultural context.

After completing this module, you will be able to:

- ◆ Understand your role related to food packages.
- ◆ Describe the standard food packages for each category of WIC participant.
- ◆ Identify food package alternatives for participants with unique situations.
- ◆ Use the *Medical Documentation Form*.



Where Does Food Package Assignment Fit In?



Assigning a food package is just one step in the process of certifying a participant.

WIC has other training modules that cover the other steps in the certification process. Your Training Supervisor will help you plan when to complete the other modules.

Before completing this module, you should have already completed the:

- Introduction to WIC Module*

Things to Remember

- ◆ This module is yours to keep.
- ◆ Feel free to take notes, highlight or write in them.
- ◆ You can use the module as a reference when you are done with it.
- ◆ Ask your Training Supervisor if you need help or have more questions about food package assignment.

Training Supervisor's name and contact information:



S-2 Instruction Levels

All new WIC staff will complete all lessons in this module.

Exception: Staff who work 100% of their time as breastfeeding peer counselors are not required to complete the *Food Package* module. If they are assigned the role of clerk or CPA in addition to their peer counselor role, they must complete the module.

S-3 Steps for Completing the Module

- ◆ Complete the module by doing one lesson or chapter at a time, depending on your work schedule.
- ◆ This module includes Job Aids, or “cheat sheets” to help on-the-job. After you are done with the module, put the Job Aids in your WIC Notebook to use as a reference.
- ◆ Work together with your Training Supervisor to plan your training time.

Steps:	Date Completed:
<p>1. Work with your Training Supervisor to develop a training plan and plan your training time. Use these time estimates to help plan the time it will take to complete the module.</p> <p>Chapter 1: 1-2 hrs Chapter 2: 1.5 - 3 hrs</p> <p>* You may need more time to complete your observations.</p>	
<p>2. Use the <i>Items Needed</i> checklist in Section S-4 to gather the materials necessary to complete the module.</p>	
<p>3. Complete the required lessons and activities for each chapter. Write down any questions you have about the lessons and discuss them with your Training Supervisor.</p>	
<p>5. Meet with your Training Supervisor to complete each chapter's <i>Review Activities</i> and to discuss your questions.</p>	
<p>6. Complete the <i>Posttest</i>.</p>	
<p>7. Make sure your <i>Job Aids</i> have been placed in your WIC Notebook.</p>	
<p>8. Discuss the <i>Posttest</i> with your Training Supervisor.</p>	
<p>9. Complete the online <i>Training Evaluation</i>.</p>	
<p>10. Your Training Supervisor will complete the <i>Competency Achievement Checklist</i> and print your Module Completion Certificate.</p>	

S-4 Items Needed

Items Needed to Complete the Module

- ◆ Pen or pencil and highlighter.
- ◆ Access to the internet.
- ◆ Job Aids located at the back of this module.
- ◆ Your WIC Notebook (started with *Intro to WIC* module).
- ◆ Access to TWIST Practice database.
- ◆ Access to the [TWIST Manual](#) and Job Aids (available online only).
- ◆ *WIC Policy and Procedure Manual* – to read the policies (you do not need to make copies of the policies). Available online: www.healthoregon.org/wic > For Oregon WIC Staff > [Policy Manual](#)
- ◆ Other items not included in the module, such as handouts and forms.

NOTE

All **policies, forms, TWIST lessons, most handouts and evaluation** are available on the Oregon WIC website: www.healthoregon.org/wic. Hyperlinks to these resources are embedded in the PDF version of the Module, located on the [Training Modules and Online Courses](#) page of the website.

Handouts and forms

- ◆ [Handout 57-1001](#): *WIC Food List*
- ◆ [Form 57-636](#): *Medical Documentation*

To complete this lesson:	You will need:
1-1 Food packages – staff roles	WIC Policy 511 WIC Policy 588 WIC Policy 769
1-2 Food package basics – standard food packages	Job Aid: <i>Standard Food Packages</i> Job Aid: <i>Food Packages and Template Codes</i> Job Aid: <i>Postpartum Women And Infant Category Definitions</i> Job Aid: <i>Food Packages For Postpartum Women And Infants</i> Handout 57-1001: WIC Food List WIC Policy 769 TWIST Training Manual: <ul style="list-style-type: none"> • Ch. 3, Lesson 500
1-3 Food package assignment process	WIC Policy 769
1-4 Changing food packages	Job Aid: <i>Standard Food Packages</i> Job Aid: <i>Food Packages and Template Codes</i> WIC Policy 769 TWIST Training Manual: <ul style="list-style-type: none"> • Ch. 3, Lesson 501 • Ch. 3, Lesson 502

To complete this lesson:	You will need:
2-1 Food package issues based on participant category	<p>Job Aid: <i>Standard Food Packages</i></p> <p>Job Aid: <i>Category Assignments for Breastfeeding Multiple Babies (Twins Or More)</i></p> <p>Job Aid: <i>Determining Supplemental Formula Amounts for the Partially (IB or IBN) Breastfed Infant</i></p> <p>Job Aid: <i>Standard Infant Formulas</i></p> <p>Job Aid – <i>Food Packages for Postpartum Women and Infants</i></p> <p>Job Aid – <i>Breastfeeding: Special Situations</i></p> <p>WIC Policy 769</p> <p>WIC Policy 720</p> <p>WIC Policy 713</p> <p>TWIST Training Manual, Ch 3. Section 5, Job Aids:</p> <ul style="list-style-type: none"> • Food Packages for Women Fully Breastfeeding Twins • Food Packages for Women who are Breastfeeding and Pregnant
2-2 Food package issues related to personal preference	Handout 57-1001: WIC Food List
2-3 Food package issues related to living situation	<p>Job Aid: <i>Food Packages and Template Codes</i></p> <p>Job Aid: <i>Assigning Dry and Evaporated Cow and Goat Milk</i></p> <p>WIC Policy 769</p> <p>WIC Policy 655</p>

To complete this lesson:	You will need:
2-4 Food package assignment based on risk factors	None
2-5 Food packages requiring medical documentation	Job Aid: <i>Medical Documentation Definitions</i> Job Aid: <i>Qualifying Conditions, ICD-9 Codes, and WIC Risks</i> Job Aid: <i>Medical Formulas and Nutritionals</i> Forms 57-636: Medical Documentation WIC Policy 760 WIC Policy 765
2-6 Formula warehouse	Job Aid – <i>Medical Documentation Definitions</i> Job Aid – <i>Medical Formulas and Nutritionals</i> Forms 57-636: Medical Documentation WIC Policy 760 WIC Policy 765 WIC Policy 735



Food Package Overview

Chapter

1

Contents

- 1-1 Food Packages – Staff Roles
- 1-2 Food Package Basics – Standard Food Packages
- 1-3 Food Package Assignment Process
- 1-4 Changing Food Packages

1-1 Food packages – Staff Roles

Items needed

- ◆ None

WIC Policies

- ◆ WIC Policy 511 – *Food Benefit Issuance*
- ◆ WIC Policy 588 – *Program Integrity: Complaints*
- ◆ WIC Policy 769 – *Assigning WIC Food Packages*

Objectives

After completing this lesson, you will:

- ◆ Identify the steps involved in food package assignment.
- ◆ Understand your role related to food package assignment.

Overview

One of the WIC program's primary services is to provide nutritious foods to eligible participants. The combination of WIC foods with WIC nutrition education and referrals can influence the health of the participants we serve.

Although there are specific foods allowed for each WIC category, WIC staff work with individual participants to determine which combination of foods best meets their needs and helps them be as healthy as possible. Each staff member plays an important part in ensuring that participants are able to use their eWIC card to purchase the right foods.



What is involved in this process?

There are a number of steps involved in making sure that a participant receives and uses the WIC foods that are most appropriate for them. These steps may happen in a different order depending on how your clinic operates.

Step 1: Completing a full assessment as part of a certification

During each certification, the certifier completes a full assessment to collect information from the participant about health or special medical conditions, dietary habits or restrictions, cultural or personal preferences, living situation and shopping habits. This information helps guide risk assignment and nutrition education, and provides the certifier with information about which WIC foods to suggest for a particular participant.

Step 2: Nutrition education or counseling during the certification

The certifier talks with the participant about what they want to do to be as healthy as possible and how the foods WIC provides can help them achieve optimal health.

Step 3: Food package assignment

Based on the information gathered during the assessment and working with the participant to select the food package which best meets their needs, the certifier assigns a food package to the participant in TWIST. The certifier starts with the standard food package for the participants category and designation, which provides the maximum amounts available, and then adjusts as needed.

Step 4: Benefit and Card Issuance

4A: Food Benefit issuance

The foods in the food package are sent to the family's Electronic Benefit Account (EBA) at Oregon's eWIC banking contractor

4B: eWIC cardholder assignment and card issuance

An eWIC card is issued to the adult participant or the infant/child participant's parent, guardian or caretaker who will be the first assigned cardholder. An optional second cardholder may be assigned and issued a card also.

Step 5: Shopper education

WIC staff explains to new cardholders how to use the eWIC card. This includes setting the eWIC card PIN, using the card at the grocery store, and which foods are allowed or not allowed. They will ask current participants and cardholders about their shopping experiences and any questions they have about WIC foods.

Step 6: Shopping for WIC foods with the eWIC card

The participant or cardholder selects the foods they want at the grocery store based on what is listed on their Benefits List or benefit balance and what is allowed on the *Food List*. They use the eWIC card at the grocery store to purchase the foods.

Step 7: Quarterly nutrition education or counseling

A WIC staff person meets with participants or their caretakers to talk further about what foods and food behaviors will help them be as healthy as possible. Sometimes this happens in a group, other times it is an individual appointment. Participants that are high risk or with special concerns are scheduled to meet with the WIC nutritionist.

Additional steps may be needed to address special concerns or situations**Food package assignment review**

Some agencies may have the WIC nutritionist review special food package assignments to make sure they are appropriate for the participant's medical condition.

Medical documentation

Some food packages require special documentation from the health care provider (HCP) in order to be issued. The information from the HCP will need to be reviewed by a certifier and recorded in TWIST. The WIC Nutritionist will also need to review the *Medical Documentation* form and food package assignment.

Communication with the HCP

There are times when information needs to be shared between WIC and the HCP. Sometimes this is to clarify information on the *Medical Documentation* form. The WIC nutritionist may also want to consult with the HCP about their recommendations.

Food package changes

Participants may request a change to the food package in the middle of their certification for a variety of reasons. They may find that a formula doesn't work, or there might be a change in their WIC category, medical condition or living situation. A different food package may need to be assigned by a certifier. See Policies 511 and 769.

Taking complaints

Sometimes a participant will be unhappy about a transaction at the grocery store. WIC staff record their complaints in TWIST to be addressed by the State WIC Vendor team. See Policy 588.



What is my role related to food package assignment?

Your role related to food package assignment will depend on your role in your agency. Let's take a look at which parts of the food package assignment process each WIC staff can perform.

Competent Professional Authority (CPAs or certifiers)

- ◆ Complete the assessment to determine risk and eligibility.
- ◆ Nutrition education or counseling.
- ◆ Food package assignment. Only WIC staff members designated as a Competent Professional Authority (CPA) can assign a food package, regardless of when it occurs. CPAs receive training on the factors involved in selecting appropriate food packages.
- ◆ eWIC cardholder assignment and card issuance.
- ◆ Food benefit issuance.
- ◆ Shopper education.
- ◆ Food package changes.
- ◆ Submit medical documentation to WIC Nutritionist for review.
- ◆ Take complaints.

Clerk

- ◆ eWIC cardholder assignment and card issuance.
- ◆ eWIC food benefit issuance.
- ◆ Shopper education.
- ◆ Some food package changes. Your agency may allow clerks to change the form of food provided, but not the type of food. For example, the clerk may switch the same formula from concentrate to powder, but may not change the type of formula.
- ◆ Medical documentation in TWIST.
- ◆ Take complaints.

WIC Nutritionist

- ◆ Complete the assessment.
- ◆ Nutrition education or counseling. A WIC Nutritionist must see all high risk participants at least once during their certification period.
- ◆ Food package assignment.
- ◆ eWIC cardholder assignment and card issuance.
- ◆ Food benefit issuance.
- ◆ Shopper education.
- ◆ Food package changes. Only CPAs can assign a food package, regardless of when it occurs.
- ◆ Review medical documentation for completeness and to ensure the correct food package is assigned.
- ◆ Take complaints.
- ◆ Communicate with health care providers.

Breastfeeding Peer Counselor

- ◆ Refer any food package questions to a CPA or the Breastfeeding Peer Counselor Coordinator.

Practice Activity

Observe how food package assignment is conducted in your clinic. Use the table below to write down the name and role of each person taking care of the steps in food package assignment.

Food package assignment step	Name and role of person doing this task
Step 1: Completing a full assessment as part of a certification	
Step 2: Nutrition education or counseling during the certification	
Step 3: Food package assignment	
Step 4A: Food benefit issuance	
Step 4B: eWIC cardholder assignment and card issuance	
Step 5: Shopper education	
Step 6: WIC food purchase	 cardholder
Step 7: Quarterly nutrition education or counseling	

Skill Check – Self-evaluation

Identify your role and the steps of the food package assignment process for which you will be responsible. Talk with your Training Supervisor about your role.



1-2 Food package basics – standard food packages

Items needed

- ◆ Job Aid – *Standard Food Packages*
- ◆ Job Aid – *Food Packages and Template Codes*
- ◆ Job Aid – *Postpartum Women And Infant Category Definitions*
- ◆ Job Aid – *Food Packages For Postpartum Women And Infants*
- ◆ Handout – *WIC Food List*

WIC Policy

- ◆ WIC Policy 769 – *Assigning WIC Food Packages*

TWIST Training Manual Lessons

- ◆ Chapter 3, Lesson 500 – *Assigning Food Packages*

Objectives

After completing this lesson, you will:

- ◆ Identify the standard food packages for each category.
- ◆ Explain the codes for food templates.
- ◆ Understand the differences in food packages for women who are mostly breastfeeding versus women doing some breastfeeding.
- ◆ Describe food alternatives available on the *WIC Food List*.

Overview

WIC provides participants with specific nutritious foods each month. Each food is chosen because it provides a certain set of nutrients or contributes to a healthy overall diet. WIC regulations tell us the specific foods and quantities each category and designation (e.g. Special, Twins or more, etc.) of participant is eligible to receive each month. The category for each participant is identified during the enrollment process and the appropriate designations are selected by the certifier during assessment. Learn more about client designations in Chapter 2. The combination of foods WIC provides is called a food package. WIC usually gives the maximum quantity of available foods in order to provide the most nutrients needed by the participant.

Standard food packages

The standard food package for a participant is the food package that provides the maximum quantity of food for the client category and designation in the most commonly used combination. The standard food package will automatically be assigned to a participant by TWIST unless the CPA selects a different food package. An exception to this is for a partially breastfed infant, where TWIST assigns the powdered cow's milk bid formula, but not an amount.

Note

See TWIST Training Manual, Chapter 3, Lesson 500 – *Assigning Food Packages* for information on assigning a food package in TWIST.

Practice Activity

Using the Job Aid – *Standard Food Packages*, answer the following questions about the standard food packages.

1. Which category and designation of participant receives the most food from WIC?



2. Which two categories of participants receive 4.5 gallons of milk?



3. What foods do fully breastfeeding women receive that no other category of WIC participant does?



4. Which categories get the highest dollar amount to spend on fruits and vegetables?



5. Which categories get an extra pound of beans in addition to their choice of beans or peanut butter?



6. How many gallons of milk are there in the standard food package for non-breastfeeding women?



7. The amount of formula a non-breastfeeding infant receives changes depending on their age. What are the 3 infant age groups and the amount of Similac Advance Powdered formula each group gets?



8. What is the difference in the amount of infant food received by the fully breastfed infant compared to the non-breastfed infant?



9. Which categories do not get any whole grains?



10. Which category does not have a standard food package?



11. Which categories get two pounds of whole grains?



12. What is the difference between the standard food packages for children 13-23 months versus children 24-60 months?



Food Modules

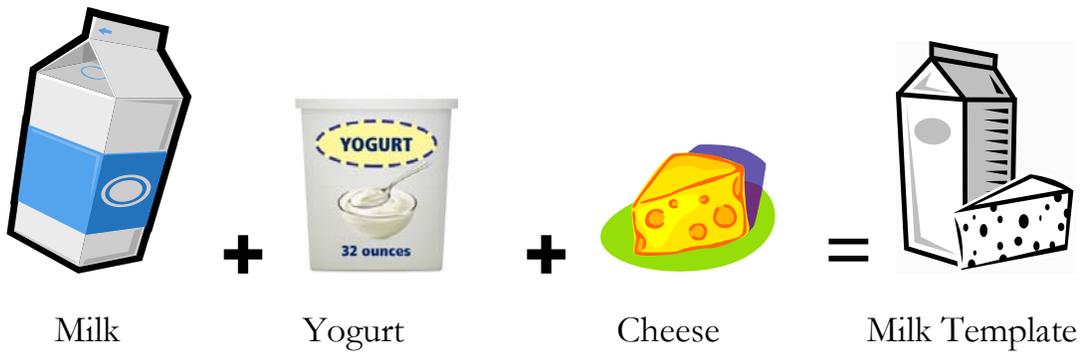
The foods in each food package are grouped together in smaller units called modules. Up to 3 modules may be assigned to a participant at one time. Most participants will receive foods from two different modules.

- ◆ **Module A:** Includes milk, cheese, yogurt, tofu and milk alternatives such as dry or evaporated milk, lactose reduced milk, goat milk, or soy beverage, and formula for infants (both standard infant and medical formulas).
- ◆ **Module B:** Includes all the other foods that WIC provides, such as fruits and vegetables, juice, cereals, whole grains, peanut butter, beans, eggs, and infant foods.
- ◆ **Module C:** Includes medical formula for children or women.

Food Templates

Within each module is a list of templates which are made up of commonly assigned foods. Each template has codes which will help you figure out the foods included in the template. You will see these codes in TWIST when you assign a template. Quantities of formula and milk may be changed in the template.

The combination of module templates and quantities creates a food package that is appropriate for each participant. When a template or quantity other than the standard is assigned, it is called a non-standard food package.



No milk, foods, or formula

All participants must have a food package assigned. That means they have to have at least one template assigned. In TWIST you will see that every category of participant has one module that is mandatory. Some participants will not receive any of the foods in the required module. You will use the template code for no foods to complete the mandatory fields in TWIST in those situations.

- ◆ Template code Z indicates a fully breastfed infant who does not receive any formula in Module A.
- ◆ Template code ZN indicates a participant not receiving any milk, foods or formulas in a particular module.

Practice Activity

Read the Job Aid – *Food Packages and Template Codes* and then answer the following questions about the food template codes. Use the Job Aid *Standard Food Packages* for information on standard food packages.

1. The first letter of the milk template codes tells you the type of milk in the module. What different types of milk does WIC offer in templates?



2. What does the second letter in milk template codes indicate?



3. What is included in a milk template with the code GL-0? What kind of milk is included?



4. Looking at the formula template codes, what 3 different forms of formula are available?



5. How can you tell which infant food modules include meat?



6. What is the standard food template code for fully breastfed infants over 6 months old? What foods do they get?



7. What is the standard milk template code for children 13-23 months? List the milk products included in that template.



8. What template code will you use if a participant does not receive any milk, food, or formula in a mandatory module?



Partial food packages

Food packages are designed to provide a certain level of nutrients to a participant during a given month of their certification period. Benefits are typically dated from the first day of a month to the last day of that month. Sometimes participants are enrolled in WIC late in the month. New and reinstated participants receiving benefits between the 20th and the end of the current month will get a partial food package. Partial food packages equal approximately half of a standard food package. TWIST will help you assign the appropriate partial package during that time period. These participants will receive a full food package the

beginning of the next month. See the Job Aid – *Standard Food Packages* for details about partial packages.

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.

Food packages for partially breastfeeding women and infants

The amount of breastfeeding the woman/baby pair does will determine the amount of foods in the standard packages for breastfeeding women. The standard food package for **fully** breastfeeding women is considered to be the most complete one. The amount of foods is reduced if the woman is breastfeeding less. If a woman is supplementing her baby with formula, she is partially breastfeeding and partially formula feeding.

Partially breastfeeding women are divided into two groups – women who are **mostly** breastfeeding and supplementing with a small amount of formula, or women who are doing **some** breastfeeding and providing a substantial amount of formula. There is a direct connection between the amount of breastfeeding and the amount of formula being used. When determining the food packages for moms and their babies, the category of the mom and baby must match. TWIST will not allow you to issue benefits for mom/baby pairs where the category doesn't match.



Practice Activity

Using the Job Aids – *Postpartum Women and Infant Category Definitions* and *Food Packages for Postpartum Women and Infants*, answer the following questions.

1. How much bid formula can a **breastfed** baby get in the month of their birth?



2. What is the maximum amount of powdered bid formula that a **mostly** breastfeeding infant age 1-3 months can receive?



3. What is the amount of powdered bid formula that a **some** breastfeeding infant age 1-3 months can receive?



4. How many months can a postpartum woman who is **mostly** breastfeeding receive a food package?



5. How many months can a postpartum woman who is doing **some** breastfeeding receive a food package?

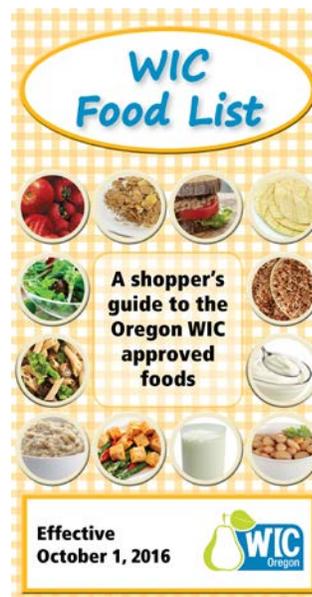


Options from the Food List

Participants have a lot of choice about which foods to purchase even with a standard food package. Having a variety of foods available makes it easier for participants to find nutritious foods that they want to buy and are willing to eat. The CPA can help the participant figure out which foods are most appropriate for their situation and will help them achieve their desired health outcomes. For most foods in the standard food packages, there is more than one option available that will provide similar nutrients. The *Food List* will help you understand the options allowed by WIC for each food. In fact, the *Food List* has specific information on what is allowed and not allowed for each food.

Flavors or brands

Many of the foods allow the participant to choose between different brands or flavors. Examples include cheese, cereals, juice, or infant foods. Since the *Food List* has a variety of flavors and brands for the foods that are allowed, most participants are able to find one that they like. The *Food List* also indicates cereals that are high in folic acid and are whole grain.



Food options or alternatives

Some foods are provided as options or alternatives, allowing the participant to choose their preference. That way if they don't like or don't use one food, they have another option to try.

Some examples:



Fruits and vegetables

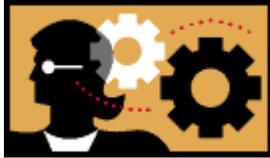
The fruit and vegetable benefit is for a dollar amount that leaves the selection up to the participant. There are very few limitations on what fruits and vegetables are allowed. The option to purchase fresh or frozen fruits and vegetables allows even more flexibility for the participant.

Forms of Juice

Participants can also choose a form of juice other than the one that is standard for their category, for example bottled juice over frozen if they

prefer. It will be important to inform the participant that if they choose the alternate form of juice, they may be receiving a smaller amount.

Skill check – self-evaluation



Critical Thinking: Observe a certification with a new participant, paying attention to what food package the CPA assigns.

- ◆ Was the package assigned a standard food package?
- ◆ What information about the foods available on the *Food List* did the CPA provide?
- ◆ Discuss what you observed and what factors influence food choice with the CPA.

Thinking about the different options for foods available on the *Food List*, what are some of the factors that might affect a participant's selection when they are at the grocery store?



Note

When you are finished, file resource materials in your WIC Notebook.

1-3 Food Package Assignment Process

Items needed

- ◆ None needed

WIC Policy

- ◆ WIC Policy 769 – *Assigning WIC Food Packages*

Objectives

After completing this lesson, you will:

- ◆ Use critical thinking to determine the factors influencing food package assignment.
- ◆ Describe the process used for assigning a food package.

Overview

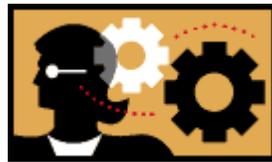
In WIC, CPAs are responsible for determining which food package to assign for a participant. CPAs have the option of assigning a food package other than the standard package. There are many factors to be considered when making a decision to assign a different food package. CPAs will talk with participants about their health, nutrition, and the foods they eat. All of the information collected will help the CPA select a food package that best meets both the participant's nutritional needs and their personal preferences.

Completing a full assessment as part of a certification

The primary roles of a CPA are:

- ◆ To determine the participant's eligibility for the WIC program.
- ◆ To provide appropriate nutrition education.
- ◆ To assign the appropriate food package.
- ◆ To make referrals as appropriate.

To accomplish these tasks effectively, CPAs need to first complete a full assessment. More information on completing the assessment is discussed in the *Dietary Risk* and *Nutrition Risk* Modules. During the assessment, CPAs will use their active listening skills to gather information from the participant about their specific situation. This information is used to assign risks, guide nutrition education, and provide clues about what food package to assign. The CPA also uses critical thinking skills to determine which food package to assign.



Critical Thinking

Critical thinking is the process that a CPA uses to determine the best course of action.

It includes 4 steps:

1. Collect all relevant information from the participant.
2. Clarify or gather additional details.
3. Analyze and evaluate all the information collected.
4. Determine the best course of action.

Information gathered from the participant during the assessment impacts food package assignment. Examples include:

- ◆ How much they are breastfeeding, or concerns about breast milk supply.
- ◆ The type of formula they are using.
- ◆ Foods they like or don't like.

- ◆ Diet restrictions based on religion or beliefs.
- ◆ Common foods eaten or not eaten by their particular culture.
- ◆ If they are following a special diet, such as vegan or vegetarian.
- ◆ If they are pregnant with twins or breastfeeding twins.
- ◆ Clues about their living situation, such as lack of refrigeration or cooking facilities.
- ◆ Clues about their circumstances, such as if they are homeless or a migrant.
- ◆ Their developmental stage and readiness.
- ◆ If they have food allergies or intolerances.
- ◆ If they have a medical condition which requires a special diet.
- ◆ Any medical foods or formulas that are recommended by the health care provider.

Using critical thinking, the CPA will match what they learn during the assessment with the food packages and food options available for the participant's category. Then the CPA will assign the food package that best meets the participant's needs, based on their category, risk, personal preferences and cultural context.



Note

See Policy 769 for more about appropriately assigning food packages.

Process for assigning a food package

There are several steps in the process for assigning a food package.

- Step ①** Identify the participant's category in the enrollment screen.
- Step ②** Identify factors that might influence which food package to assign.
- Step ③** Identify any client designations such as Special or Twins or More.
- Step ④** If no concerns or issues are identified, assign the standard food package for the participant's category and designation.
- Step ⑤** If a factor is identified, discuss with the participant the available food options which may meet their needs.
- Step ⑥** If different options available on the *Food List* do not meet their need, assign a non-standard food package by selecting the appropriate milk, food, or formula template from the list available for the participant's category.
- Step ⑦** If the appropriate template or quantity of food is not available in the list, modify the food package further by using the Modify function in TWIST.
- Step ⑧** Save the food package selected in TWIST.

Chapter 2 of this module will review assigning a different food package or food templates to address a variety of different situations and meet the participant's needs.



Note

There are times where you may not feel comfortable or qualified to assign certain food packages. This may be especially true of food packages that include medical formulas or food. Remember: a WIC Nutritionist need review all participant *Medical Documentation* forms and related food package assignments.

Practice Activity

For each of the following case studies, identify what information might influence food package assignment for each participant. Discuss your answers with your training supervisor.

Case study 1

Certifier: Sophia, what foods have you particularly enjoyed eating during your pregnancy?

Sophia: I am always hungry, but I guess that is normal when you are expecting twins. I eat the same things almost every day. We have tortillas and beans at lunch and dinner, along with some veggies.

Certifier: Wow, congratulations on the twins! What foods, if any, do you avoid?

Sophia: Well, I am allergic to peanuts so I have to keep those out of the house.

What information might influence food package assignment in this situation?



Case study 2

Certifier: Olivia, tell me about what Joe eats on a typical day.

Olivia: Well, our family is vegan so we have to make sure we all get everything we need in a day, without using animals products. We eat a lot of beans and nuts. Joe loves soy milk. We buy all organic vegetables and fruits at the Food Co-Op, so I know they are good for him.

What information might influence food package assignment in this situation?



Case study 3

Certifier: Hi Teri! I haven't seen you in a few months. How are things going for you these days?

Teri: Things have been awful! Jeff lost his job, and we were already behind on the rent, so we got evicted from our apartment. We have been bunking with a friend of ours, but their house is really tiny. We have been sleeping on the fold-out couch. The worst part is the dinky little kitchen. They have one of those refrigerators that come up to about your waist.

What information might influence food package assignment in this situation?



Case study 4

Certifier: Sonia, tell me how breastfeeding is going for you and baby Chloe.

Sonia: Breastfeeding seems to be going fine. Chloe likes it and I am feeding her about every 3 hours when we are together. I am going back to work next week, so I have started giving her a little bit of formula in a bottle each day.

Certifier: What are your plans for feeding Chloe when you go back to work next week?

Sonia: I work a four hour shift at the Taco Bell near my house. So my husband is just going to give Chloe formula during that time.

What information might influence food package assignment in this situation?



Case study 5

Certifier: Margie, what is Taylor eating and drinking these days?

Margie: The doctor wants me to keep Taylor on his special formula for now. Since he was so premature he needs to stay on that for a while longer. He doesn't eat any baby food yet. We tried to give him some baby foods by spoon, but he has some problems with gagging.

What information might influence food package assignment in this situation?



Skill check – self-evaluation

List the steps in the process for assigning a food package.



1-4 Changing Food Packages

Items needed

- ◆ Job Aid – *Standard Food Packages*
- ◆ Job Aid – *Food Packages and Template Codes*

WIC Policy

- ◆ WIC Policy 769 – *Assigning WIC Food Packages*

TWIST Training Manual Lessons

- ◆ Chapter 3, Lesson 501 – *Modifying Food Packages*
- ◆ Chapter 3, Lesson 502 – *Changing Food Packages Mid-certification*

Objectives

After completing this lesson, you will:

- ◆ Describe the differences between assigning a standard, non-standard or modified food package.
- ◆ Describe the basic rules for modifying food packages.
- ◆ Describe how food packages are combined or divided for families and participants.

Overview

TWIST makes it easy to change food package assignments. CPA's might find they need to change from the Standard food package assigned by TWIST when they do the first assessment at the certification appointment, or they may find changes are necessary when the participant returns to the clinic for other reasons. This lesson will help you decide when and how those changes should occur.

Standard, non-standard, or modified food packages

Food packages are defined as either standard, non-standard, or modified.

Standard food packages

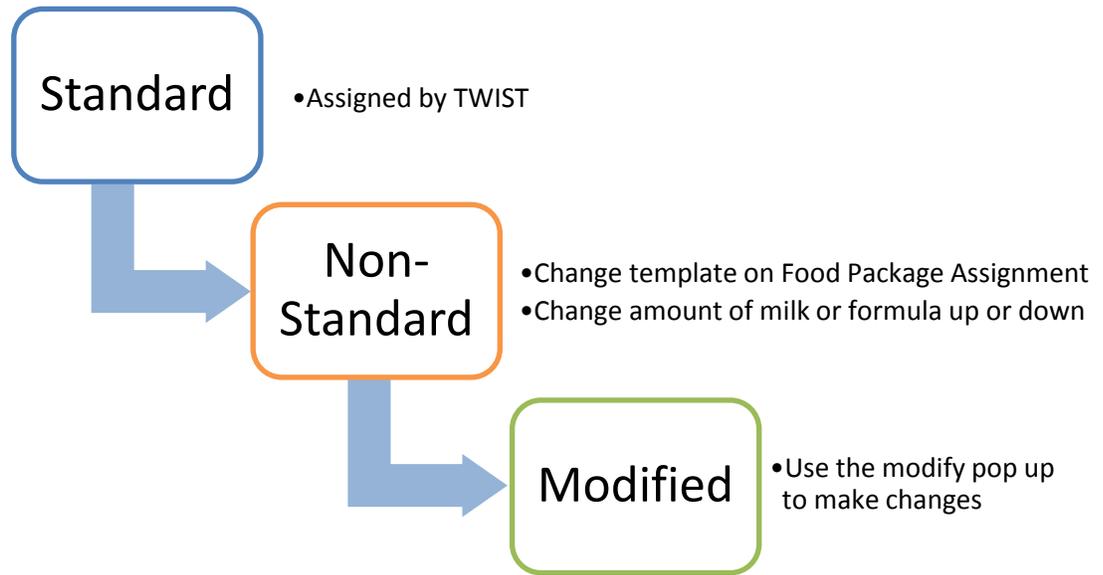
Standard food packages are those automatically assigned by TWIST based on the participant's category and designation. The standard food package provides the maximum amount of foods allowed for the participant category. Most participants will receive this type of food package.

Non-standard food packages

A non-standard food package is the result of assigning a different template in a module or changing the quantity of milk or formula instead of leaving the standard food package that is automatically assigned by TWIST. Non-standard packages also include those where formula is added to a child or woman's food package. Non-standard food packages may **not** provide the maximum amount of foods allowed for the participant category. CPA's should try to assign non-standard food packages before they modify a food package.

Modified

If the CPA can't find a non-standard food package that meets the needs of a participant, they can go to the "Modify" pop-up in TWIST and create one. These unique food packages will be marked in TWIST as modified. This may happen because there isn't a template available for the foods or formula needed, when more than one milk or formula needs to be assigned, or when a food package change is needed and food benefits have already been spent.



Practice Activity

Using the Job Aids *Standard Food Packages* and *Food Packages and Template Codes*, identify whether each of these food packages is standard, non-standard or modified.

Selection											
WIC ID: 00335875-01		Name: Lexington, Lexi Baker CHD-Baker-D			DOB: 07/04/1982		WIC Cat.: WOMAN, PREGNANT			Tr.Type: C	
Medical Data	Health History	Diet Assessment	NE Plan	Progress Notes	BF Tracking	Food Package Assignment					
FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
12/01/2016	WP	ML-C-Y	4.50	gal	WPB						
11/01/2016	WP	ML-C-Y	4.50	gal	WPB						
10/05/2016	WP	ML-C-Y	4.50	gal	WPB						



Selection											
WIC ID: 00174759-02		Name: Lexington, Levi Baker CHD-Baker-E			DOB: 11/05/2012		WIC Cat.: CHILD, 24-60 MONTHS OLD			Tr.Type: C	
Medical Data	Health History	Diet Assessment	NE Plan	Progress Notes	Food Package Assignment						
FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
11/01/2016	C2-5	ML-C-Y	3.00	gal	C						
10/05/2016	C2-5	ML-C-Y	3.00	gal	C						



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Selection

WIC ID: 00753245-01 Name: Seaside, Samantha A DOB: 04/01/1989 WIC Cat.: WOMAN, PREGNANT Tr.Type: C

Medical Data Health History Diet Assessment NE Plan Progress Notes BF Tracking **Food Package Assignment**

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
11/01/2015	WP	LL-C	4.75	gal	WPB w/o E						
10/14/2015	WP	LL-C	4.75	gal	WPB w/o E						



Selection

WIC ID: 00753245-01 Name: Seaside, Samantha A DOB: 04/01/1989 WIC Cat.: WOMAN, PREGNANT Tr.Type: C

Medical Data Health History Diet Assessment NE Plan Progress Notes BF Tracking **Food Package Assignment**

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
11/01/2015	WP	S-0	5.50	gal	WPB						
10/14/2015	WP	S-0	5.50	gal	WPB						



Selection

WIC ID: 00753245-01 Name: Seaside, Samantha A DOB: 04/01/1989 WIC Cat.: WOMAN, PREGNANT Tr.Type: C

Medical Data Health History Diet Assessment NE Plan Progress Notes BF Tracking **Food Package Assignment**

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
11/01/2015	WP	modified			* WPB						
10/14/2015	WP	modified			* WPB						



Selection

WIC ID: 00753245-01 Name: Seaside, Samantha A DOB: 04/01/1989 WIC Cat.: WOMAN, PREGNANT Tr.Type: C

Medical Data Health History Diet Assessment NE Plan Progress Notes BF Tracking **Food Package Assignment**

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
11/01/2015	WP	ML-C	3.00	gal	WPB						
10/14/2015	WP	ML-C	3.00	gal	WPB						



Why assign a food package other than the standard?

The standard food packages provide the maximum foods allowable and are the foods that work the best for most participants. Federal regulations require that we provide the maximum foods available unless there is a specific reason to provide less. A CPA would want to think carefully before making changes and only do so after doing a careful assessment of the participant's needs. The reason for changing the food package should be documented in TWIST. The lessons in Chapter 2 will help you determine which food package changes to make depending on what is going on with the participant.

Non-Standard Food Packages

The non-standard food package templates are for the most common food or formula substitutions.

- The participant requests excluding a food (e.g., no eggs).
- The participant needs a different type of milk (e.g., soy beverage, goat or lactose-free milk).
- The participant requests a package with less cheese or yogurt.
- The participant requests less milk or formula.

Only milk or formula can have the quantity changed on the Food Package Assignment screen.

Modified Food Packages

The ability to do a more specialized modification of a food package gives the CPA a great deal of flexibility to meet the specific participant's needs. Here are some reasons for modifying a food package.

Reasons to modify during the initial food package assignment

- To issue a combination of 2 formulas or milks;
- To issue a formula with no template available;
- To issue a food package with a combination of foods with no template available (it is recommended to find a template when available); or,

- To decrease the quantity or remove a specific food (such as baby food).

Reasons to modify in the middle of a certification

- All of the reasons in the section above, when the participant needs a food package change mid-certification; and
- Any time a food package change needs to be made for the current month if benefits have already been spent

It will be very important to review assigned non-standard or modified food packages to make sure they are correct for every month they are assigned. Before issuing these food packages, make sure the participant knows if they will be receiving less than the maximum they are eligible for.

How do I modify? - Rules of modification

TWIST will not allow you to issue more food benefits than the participant is eligible for, but there are some basic rules that will make it easier to use the “Modify” pop-up. See TWIST Training Manual, Chapter 3, Lesson 501 Modifying Food Packages and Lesson 502 Changing Food Packages Mid-Certification for specific steps to modifying a food package.

- If you can't find a template for what you need, especially special formulas, look for what you want on the Modify pop-up.
- Reduce the amounts of the food/milk/formula that is being changed first.
- Using the drop down and your arrow keys will allow you to fine tune the exact amount you want to issue.
- TWIST will compare the combined amounts of foods from the same food category to the maximum and will not allow you to issue more than the participant can get (e.g. a combination of 2 formulas or milks).
- TWIST knows the current category of the participant, even if you just changed it.
- If some of the benefits have been spent, TWIST will not allow you to reduce that food below what has been spent.

- TWIST will not allow you to select a quantity that is less than WIC can provide (e.g. 6 eggs rather than a dozen eggs).

Forecasting modified packages

Once a food package has been modified, it can't be forecasted by TWIST to future months. If the modification is because food benefits were spent, you may be able to select a non-standard food package for the next month and forecast that for future months. For all other modified packages, the CPA will need to go to the modify pop-up for each month it is needed individually. TWIST will default to the maximum amount allowed. For this reason, it may be very easy to make errors, so it will be important to review any food package to ensure it is what is expected and meets the participant's needs.

Combining and dividing foods

Once a food package is assigned and issued to an individual participant, it will be combined with all the foods assigned to all the participants in the household. On the other hand, if the foods for one member of the family needs to be changed and some of the benefits have been spent, the remaining foods will be divided up between the family members so that you can change what is needed. There are rules that cover how the foods are divided.

- The participant had to be assigned the food to begin with in order to have any of the remainder.
- The amounts of food will be divided among the family members based on the percentage of total original assignment they had.
- The foods cannot be divided into amounts below what can be purchased. For example, there is no dividing a dozen eggs or a container of peanut butter. If all that remains is 12 oz or less of cereal, it will all go to one person, and the family can purchase the smallest container allowed—11.8 oz hot, or 12 oz cold cereal.
- If any amount is left after distributing to each participant, the remainder will go to the highest risk participant. If participants

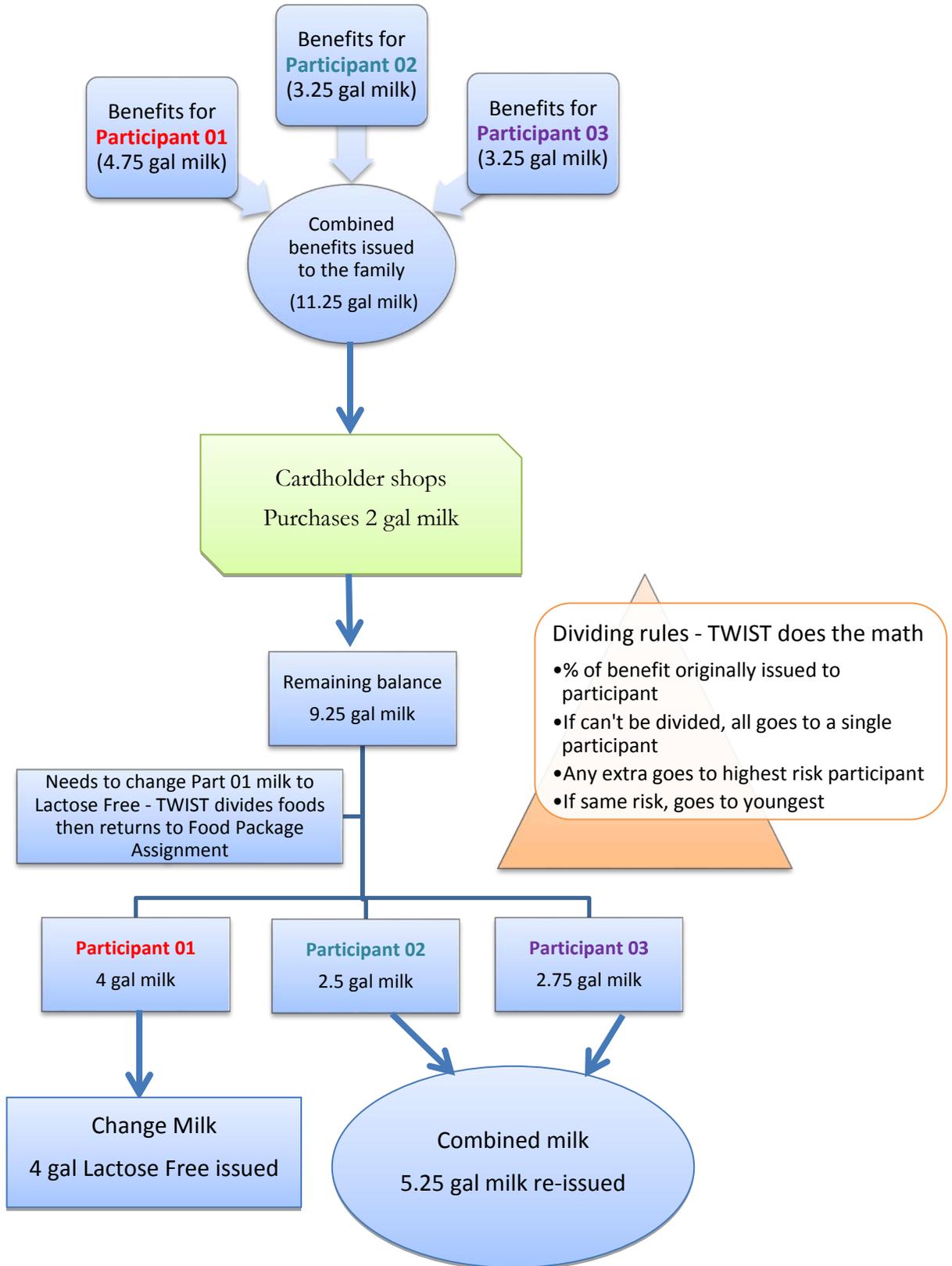
are the same risk it will go to the youngest first. If they are the same age the extra will go to the participant with the lowest participant ID number.

- This same division process is how the system will determine which foods will follow the participant if they are moved to a new family (e.g. foster care, custody change).

TWIST will do all the math calculations for you, so you won't need to worry about it being correct, but it is important to understand that this is happening so you can explain to families if needed. If you'd like to learn more, see Policy 769 – *Assigning WIC Food Packages*.



Combining and Dividing Foods Example



Practice Activity

Watch someone in your clinic select a non-standard food package or modify a food package. Talk with them to find the answers to the following questions.

1. What did you learn from the participants that lead to providing something other than the standard food package?



2. What changes did you make to the food package?



3. Were you able to forecast the food package?



4. What would you have done differently if any of the benefits had been spent already?



5. Review the Benefits List for the family and identify what is different after this food package change.

**Skill Check – Self-evaluation**

Identify your role related to making changes to food packages. Talk with your training supervisor about your role.

Review Activity

With your Training Supervisor

1. Discuss your questions about Chapter 1.
2. Check your answers to the written *Practice Activities* and *Skill Checks*.
3. Review your notes and Job Aids from your WIC Notebook. Your WIC Notebook should now include:
 - ◆ Job Aid: *Standard Food Packages*
 - ◆ Job Aid: *Food Packages and Template Codes*
 - ◆ Job Aid: *Postpartum Women and Infant Category Definitions*
 - ◆ Job Aid: *Food Packages for Postpartum Women and Infants*



Food Package Issues

Chapter 2

Contents

- 2-1 Food Package Issues Based on Participant Category
- 2-2 Food Package Issues Related to Personal Preference
- 2-3 Food Package Issues Related to Living Situation
- 2-4 Food Package Assignment Based on Risk Factors
- 2-5 Food Packages Requiring Medical Documentation
- 2-6 Formula Warehouse

2-1 Food package issues based on participant category and designation

Items needed

- ◆ Job Aid – *Standard Food Packages*
- ◆ Job Aid – *Category Assignments for Breastfeeding Multiple Babies (Twins or more)*
- ◆ Job Aid – *Standard Infant Formulas*
- ◆ Job Aid - *Determining Supplemental Formula Amounts for the Partially (IB or IBN) Breastfed Infant*
- ◆ Job Aid – *Food Packages for Postpartum Women and Infants*
- ◆ Job Aid – *Breastfeeding Special Situations*

TWIST Training Manual Job Aids

- ◆ TWIST Job Aid – *Food Packages for Women Fully Breastfeeding Twins*
- ◆ TWIST Job Aid – *Food Packages for Women who are Breastfeeding and Pregnant.*

WIC Policy

- ◆ WIC Policy 769 – *Assigning WIC Food Packages*
- ◆ WIC Policy 720 – *General Information on Formula Use*
- ◆ WIC Policy 713 – *Breastfeeding: Use of Supplemental Formula*

Objectives

After completing this lesson, you will:

- ◆ Identify the food package assignment solutions to issues related to participant category and designation.

Overview

Every category of participant presents unique issues. This lesson gives specific information about how to deal with food package assignment issues that relate to the participant's category and designation.

Category Changes for Women

Whenever a woman changes from one category to another, she may be eligible for more food and milk than what she was previously assigned. We want to make sure women who change to a new category which finds her eligible for additional foods, receives the foods soon after she is eligible to receive them.

After changing a woman's category, go to the food package screen to confirm that the new food package is appropriate for her, then save the food package, and reissue benefits.

Pregnant women

Pregnant with Twins or More

If a woman is pregnant with multiple babies (twins, triplets or more) she is eligible to receive a larger amount of WIC foods. Her food package is equal to that of a fully breastfeeding woman.



The standard food package for a woman pregnant with twins is:

Milk template: ML-C-Y = 5 gallon lower fat milk, 2 pounds of cheese, and 32 ounces lowfat/nonfat yogurt.

Food template: WPB-M = 2 dozen eggs, 36 ounces of cereal, 3 containers of juice, 16 ounces of whole grains, 30 ounces of fish, 1 pound dry or 4 cans canned beans, 18 ounces peanut butter or 1 pound dry beans (or 4 cans canned) and, \$11 fruit and veggie benefit.

You must mark the “**Twins or more**” check box on the TWIST Medical Data screen in Certification to assign this package.

Prenatal			
EDD:	08/01/2009	LMP:	10/25/2008
Twins or More:	<input checked="" type="checkbox"/>	2/M	LBS OZ
Pre Pregnancy Weight:	ENGLISH	145	0
Prepregnancy BMI:	22.04		



Pregnant to Fully Breastfeeding

A woman whose category changes from a pregnant woman to a fully breastfeeding woman becomes eligible for an additional:

- 2 quarts of lower fat milk
- 1 pound of cheese
- 1 dozen eggs
- 30 ounces of fish

The standard food package for a fully breastfeeding woman is:

Milk template: ML-C-Y = 5 gallons lower fat milk, 2 pounds of cheese, and 32 ounces lowfat/nonfat yogurt.

Food template: WE = 2 dozen eggs, 36 ounces of cereal, 3 containers of juice, 16 ounces of whole grains, 30 ounces of fish, 1 pound dry or 4 cans canned beans, 18 ounces peanut butter or 1 pound dry beans (or 4 cans canned), \$11 fruit and veggie benefit.

Pregnant with Twins to Fully Breastfeeding Twins

A woman whose category changes from pregnant with twins to a woman **fully** breastfeeding both twins, she becomes eligible for an additional:

- 12 quarts low fat milk
- 8 ounces cheese
- 1 dozen eggs
- 1 ½ cans 11.5-12 oz. frozen juice
- 18 ounces cereal
- 8 ounces whole grains
- 1 pound dry beans, or 4 cans canned beans
- 15 ounces fish
- \$5.50 fruits and vegetables



You must mark the “**Twins or More**” check box on the TWIST Medical Data screen in Certification to assign this package.

NOTE

See the Breastfeeding Multiple Babies section later in this lesson for instructions on assigning the ongoing food package for women fully breastfeeding twins or more.

Pregnant to Postpartum Non-Breastfeeding Woman

A pregnant woman who delivers and does not breastfeed is eligible to receive the pregnant woman food package until she is recertified as a postpartum non-breastfeeding woman. The postpartum non-breastfeeding food package provides less food.

Practice activity

Use the Job Aid – *Standard Food Packages* for this activity. Answer the following questions.

1. For a pregnant woman who changes to a postpartum non-breastfeeding woman, how will her food package change?



2. For a pregnant woman who changes to a fully breastfeeding woman, how many additional quarts of lower fat milk will she receive?



3. For a pregnant woman who changes to a fully breastfeeding woman, in addition to milk, what additional quantities of other foods will she receive?



4. For a woman 6 months pregnant with twins, what modules would you assign?



Breastfeeding women and infants

Assess before assigning food packages

The amount a woman breastfeeds determines the food packages for breastfeeding women and infants. Since many factors influence a mother's decision to fully breastfeed or partially breastfeed and supplement with formula, it is important to fully assess the breastfeeding dyad before determining if formula is required. For this reason, there is not a standard food package for breastfeeding infants being supplemented with formula



Critical Thinking

Use active listening skills to assess the mother's breastfeeding goals. Explore her understanding of breast milk production. She may not fully understand the impact of supplemental formula on her milk production.

- ◆ Explore the reasons a mother feels she needs to supplement with formula. Provide breastfeeding counseling to address her specific concerns. Refer her to a lactation consultant or other designated WIC staff for breastfeeding challenges beyond your expertise.
- ◆ If supplemental formula is required, work with her to assign a food package that supports her breastfeeding goals. Assign a food package which supplements with the smallest amount of powdered formula possible. Use the Job Aid - *Determining Supplemental Formula Amounts for the Partially (IB or IBN) Breastfed Infant* to decide on the appropriate amount of formula to assign.

IB / IBN and WB / WBN flags

Partially breastfeeding women are divided into 2 groups – women that are **mostly** breastfeeding (WB) and women that are doing **some** breastfeeding (WBN). If the amount of formula available for the mostly breastfeeding infant’s category is inadequate, mark the “IBN” flag on the **Food Package Assignment** screen to change the infant to **some** breastfeeding and allow issuance of higher amounts of formula. The category of the mother must match the category of infant, so a similar flag must be set for the mother. Setting the flag will change the food packages available for the mother.



IBN and WBN Flags

Considerations include:

- ◆ The maximum amount of formula available to a **mostly** breastfed baby is equal to approximately half of the standard food package for a non-breastfed infant. This amount varies with the infant’s age.
- ◆ The maximum amount of formula available to a **some** breastfed baby is approximately one can less than the standard food package for the non-breastfed baby.
- ◆ While women with the WBN flag set do not receive any food benefits after 6 months postpartum, they are still considered a WIC participant and are eligible to receive all other WIC services, including nutrition education, breastfeeding support, and farm

direct checks. Note: The WBN flag for women under 6 months postpartum will say WBN1, indicating they get food benefits. After 6 months postpartum the flag is WBN2, which indicates they are not receiving food benefits.

- ◆ Some mothers will choose to supplement with less formula in order to continue to receive their own larger food package. Make sure the mom understands the outcome of such a change.
- ◆ Support of continued breastfeeding is a priority for WIC and all food package assignment and counseling should work toward that outcome.

Practice activity

Use Job Aid – *Determining Supplemental Formula Amounts for the Partially (IB or IBN) Breastfed Infant* and Job Aid – *Food Packages for Postpartum Women and Infants* to decide on the appropriate amount of formula to assign for this activity and if fully, mostly or some breastfeeding.

Scenario A:

Diana is breastfeeding her 4-month old baby Anna before and after work, and on her days off. Her childcare provider gives Anna formula while Diana is at work. Diana estimates that Anna is averaging about 10-12 oz of supplemental formula each day.

1. What is the appropriate amount of powdered formula to issue on Anna's food package? _____ cans 

2. What is the correct category for Anna? (circle your answer)

IE **IB** **IBN** **IN** 

3. What is the correct category for Diana? (circle your answer)

WE **WB** **WBN1** **WBN2** **WN** 

Scenario B:

Luanne’s 10-month old baby Samuel is eating a variety of table foods, receives about 13-15 oz of formula each day, and also breastfeeds before his afternoon nap, and before he goes to sleep each night.

1. What is the appropriate amount of powdered formula to issue on Samuel’s food package?

_____ cans 

2. What is the correct category for Samuel? (circle your answer)

IE **IB** **IBN** **IN** 

3. What is the correct category for Luanne? (circle your answer)

WE **WB** **WBN1** **WBN2** **WN** 

No formula in the first month for breastfed babies

WIC does not provide supplemental formula to breastfeeding infants before they are one month old. This is designed to protect the mother’s milk production during the critical first month, so that she’ll make plenty of milk for her baby in the coming months.



You may find some mothers will request formula from you during the first month for a variety of reasons. When this happens, it is important to assess each mother and infant carefully to determine how you can best assist them. It may be necessary to refer them to a lactation consultant, or other breastfeeding expert in your agency or community, for immediate assistance.

Options for postpartum breastfeeding women during the first month after delivery

A mom who was on WIC during pregnancy will get WP food benefits until the second month postpartum. Between the date her baby is born and the end of her prenatal certification period, her choices as a breastfeeding woman are:

- ◆ Put the baby on WIC as an exclusively breastfed baby and give mom the additional foods she is eligible for as a fully breastfeeding woman.
- ◆ Wait to do anything until her postpartum recertification appointment.
- ◆ Wait until the baby is over one month old and enroll the baby in the “mostly” or “some” breastfeeding category, depending on your assessment and the mother’s breastfeeding plans.

Considerations:

- ◆ TWIST will not allow you to assign a mostly (IB) or some (IBN) breastfeeding category to an infant during the calendar month of their birth. This prevents a breastfed baby from receiving formula in order to help the mother to establish a full milk supply.
- ◆ Policy 713 prohibits issuance of a food package to a breastfed baby until after they are a full month old, even when allowed in TWIST. For example, a breastfed baby born January 15 would not be eligible for a food package until February 15, or later.
- ◆ All women must be given equal access to services in your agency regardless of their breastfeeding status. In other words, breastfeeding women can’t be given preference for earlier certification appointments than non-breastfeeding women.
- ◆ The processing standards for getting new WIC infants an appointment are the same regardless of whether their mother was on WIC during her pregnancy or not. If you receive a request for services for a new baby, they must be screened for eligibility within 20 calendar days.
- ◆ Temp newborn certification is a process that can be used to enroll infants born to mothers who were on WIC during their pregnancy using birth data. Find out if your agency uses this process.

Practice Activity

Ask your Training Supervisor:

- ◆ How your agency handles postpartum women in the month immediately after delivery.
- ◆ If your agency does “temp newborn” certifications.

Breastfeeding multiple babies

Women that are breastfeeding multiple babies (twins, triplets or more, not a younger and an older baby) are eligible to receive larger food packages than those breastfeeding a single baby. You must mark the **“Twins or more”** check box on the TWIST Medical Data screen in Certification to assign



these larger food packages. The category of a woman breastfeeding twins might not match that of both her infants. As the CPA, you will want to think of the mom and her babies as a breastfeeding unit and assign food packages and categories to the babies in a way that maximizes the food package available for mom.

Use the Job Aid – *Category Assignments for Breastfeeding Multiple Babies (Twins or more)* when assigning a category to a mother and her multiple babies.

Fully breastfeeding twins or more

If a woman is **fully** breastfeeding all her babies (she is not getting any formula from WIC) she is eligible to receive a special food package for fully breastfeeding multiple infants. All the infants must have the category of IE – fully breastfeeding.

Because some of the foods in this package do not easily divide into available package sizes, this food package must be provided over two months to provide the full benefit without exceeding the maximum allowed for her category. The quantity of cheese, whole grains, and



juice varies between months 1 and 2, while all other foods remain the same each month.

The food package for a woman fully breastfeeding twins would be:

Month 1:

Milk template: ML-C-Y = 8 gallons of low fat milk, 3 pounds of cheese, and 32 ounces lowfat/nonfat yogurt

Food template: WE-M= 3 dozen eggs, 54 ounces cereal, 5 cans 11.5-12 ounce frozen juice, 32 ounces whole grains, 32 ounces dry beans (or 8 cans canned beans), 18 ounces peanut butter or 1 pound dry beans (or 4 cans canned), 45 ounces fish, \$16.50 fruits and vegetables.

Month 2:

Milk template: ML-C-Y = 8 gallons of low fat milk, 2 pounds of cheese, and 32 ounces lowfat/nonfat yogurt.

Food template: WE-M= 3 dozen eggs, 54 ounces cereal, 4 cans 11.5-12 ounce frozen juice, 16 ounces whole grains, 32 ounces dry beans (or 8 cans canned beans), 18 ounces peanut butter or 1 pound dry beans (or 4 cans canned), 45 ounces fish, \$16.50 fruits and vegetables.

NOTE

Refer to Job Aid – *Standard Food Packages* to see which quantities are provided for Month 1 vs. Month 2. TWIST Job Aid – *Food Packages for Women Fully Breastfeeding Twins* explains how to issue this alternating food package for Month 1 and Month 2.

Mostly breastfeeding twins or more

If a woman with twins is **fully (IE)** or **mostly (IB)** breastfeeding at least one twin, her category would be **mostly breastfeeding (WB)** and she is eligible to receive a food package equal to that of a fully breastfeeding woman with one baby.

Milk template: ML-C-Y = 5 gallons of lower fat milk, 2 pounds of cheese, and 32 ounces lowfat/nonfat yogurt.

Food template: WPB-M = 2 dozen eggs, 36 ounces of cereal, 3 containers of juice, 16 ounces of whole grains, 30 ounces of fish, 1 pound of dry beans or 4 cans canned beans, 18 ounces peanut butter or 1 pound dry beans (or 4 cans canned), and \$11 fruits and vegetables.

Use the Job Aid – *Category Assignments for Breastfeeding Multiple Babies (Twins or more)*, for determining the appropriate food package for the mother based on the breastfeeding categories of her infants.

Fully or Mostly Breastfeeding and Pregnant

If a woman is fully or mostly breastfeeding and becomes pregnant, she is eligible for food package equal to that of a fully breastfeeding woman with one baby. To assign this food package, please follow the steps in the TWIST Job Aid: *Food Packages for Women Who Are Breastfeeding and Pregnant*.

Milk template: ML-C-Y = 5 gallons of lower fat milk and 2 pounds of cheese, and 32 ounces lowfat/nonfat yogurt.

Food template: WPB-M = 2 dozen eggs, 36 ounces of cereal, 3 containers of juice, 16 ounces of whole grains, 30 ounces of fish, 1 pound dry or 4 cans canned beans, 18 ounces peanut butter or 1 pound dry beans (or 4 cans canned), and \$11 fruits and vegetables.



No food packages assigned

Fully breastfed infants (**IE**) less than 6 months old are categorically ineligible for any foods or formulas so would be assigned a “Z” code in the mandatory module field.

Women doing **some** breastfeeding (**WBN**) that are greater than 6 months postpartum are categorically ineligible for any milk or foods so would be assigned a “ZN” code in the mandatory module field.

Practice activity

For each of the following situations, write down the options you might offer the participant or the food templates you might assign.

Scenario A: Bella returns to your clinic after delivering her twins and tells you she is fully breastfeeding both babies. Food benefits for this month and next month had already been issued.

Solution for participant:



Scenario B: Suzanne was on WIC during her pregnancy and just delivered her baby. She really wants to breastfeed her baby but her mom keeps telling her that the reason the baby is crying is because she isn't getting enough to eat and she needs to give the baby some formula.

Options for participant:



Scenario C: Tessa is breastfeeding her twins. She is also supplementing the babies with one can of powdered formula each week.

Options for participant:



Special Situations – Breastfeeding

Situations occasionally arise when careful attention is needed for determining whether a breastfeeding woman meets eligibility requirements for WIC. Such special cases include when the birth mother and infant are living apart, adoption, foster care, or households headed by two females.

When determining a breastfeeding woman's eligibility, including category and program benefits for special situations, refer to the Job Aid – *Breastfeeding Special Situations*. For situations not addressed, contact your WIC Coordinator.

Non-breastfeeding infants

Formula varieties

Infant formulas are essentially the same. The major nutrients in **“standard” infant formulas** are: carbohydrates, protein and fat. Oregon WIC contracts with formula companies that requires us to provide a specific brand of standard infant formulas called **“bid formulas.”** As part of the contract, WIC is not allowed to provide other standard infant formulas (this is referred to as a “no exception” policy).

Infants who cannot tolerate the bid formula due to a medical condition can receive a medical formula with medical documentation from their health care provider. You will learn more in Lesson 2-5 about medical documentation.

WIC offers formula in three different forms: powdered, concentrate and ready-to-feed. Powdered and concentrate must be mixed with water according to the directions. Ready-to-feed can be given to the baby without any additional preparation but must be refrigerated after opening. There are advantages and disadvantages of each kind of formula. Because of convenience and cost, the standard package for non-breastfeeding infants is powdered bid formula. Certifiers may assign a food package with concentrate, if preferred by the mother.

Ready-to-feed formula may only be assigned when the CPA determines—and documents—one of the following reasons:

- ◆ The water supply that would normally be used to mix with the formula is unsanitary, tainted, or the supply is limited.
- ◆ The caretaker is unable to correctly mix the concentrate or powdered formula.
- ◆ The formula only comes in ready-to-feed.
- ◆ The participant has a qualifying medical condition that justifies the need for ready-to-feed

NOTE

See Policy 720 – *General Information on Formula Use*, and the *Infant Formula Module* for information on nutrient composition of formulas and the correct preparation of formula.

Formula amounts

The amount of formula an infant is eligible to receive is based on reconstituted ounces. Reconstitution means that the water has been added to the concentrate or powdered formula. Since different kinds of formula reconstitute differently, the number of cans of formula that an infant can get will vary depending on the type and form of formula. This means that the amount of a specific formula that an infant can receive is not based on the number of cans, but on how much formula can be made from the formula in the can.

Refer to the Job Aid – *Standard Infant Formulas* for the number of containers of formula that is allowed by age, participant category and the reconstitution amount of the formula.

Practice activity

1. Which form of formula (concentrate, powder, ready-to-feed) is provided in the standard food package?



2. Under what conditions can ready-to-feed formula be provided?



3. Using the Job Aid – *Standard Infant Formulas*, for a non-breastfeeding infant receiving powdered Similac Advance, identify the maximum number of cans that can be provided when the infant is:

1-3 months _____ 

4-6 months _____ 

7-12 months _____ 

Older Infants

Replacing half of the baby food fruits and vegetables with a Fruit and Veggie Benefit

Babies are developing and changing rapidly during these months and baby food is designed to transition babies to table foods. For the 9-12 month period, half of the baby food fruit and vegetable benefit may be replaced with a fruit and veggie benefit (FVB).

At the mid-cert health assessment, certifiers may offer this option after completing a full nutrition assessment and appropriate nutrition education. The dietary questionnaire in TWIST will assist the certifier in assessing the infant's developmental readiness for solids, the caregiver's ability to safely provide fruits and vegetables to the infant, and that the parent or caretaker is interested in receiving the foods. The nutrition education to provide includes addressing safe food preparation, storage techniques and infant feeding practices to assure the infant will have their nutritional needs met in a safe and effective manner.



- ◆ Partial or non-BF infants can get \$4 in FVB and 64 oz. of baby food fruits and vegetables.
- ◆ Fully BF infants can get \$8 in FVB and 128 oz.. of baby food fruits and vegetables.
- ◆ The infant FVB does not affect the amount of baby food meat or baby cereal for the fully BF infants.

Assign the infant FVB for the month the infant turns 9 months old through the end of the infant certification. You can assign and issue an infant FVB in the baby's 9th month regardless of what date her birthday is as long as it is appropriate based on what you learn during your complete assessment.

Baby food meats for fully breastfed babies

Fully breastfed babies are eligible for baby food meats. This is a value added food and does not indicate that there is any inadequacy with the mother's breast milk.

If a baby is not using all of the baby food meat, here are some options to consider:

- ◆ Suggest they not buy any more baby food meat than they can use for that month. There is no penalty for purchasing less than their food benefit balance.
- ◆ Modify the food template to include fewer containers of baby food meat or no meat based on the mother's preference.



NOTE

If a baby is not eating the baby food meat, do not suggest alternative uses for the meat such as mixing it in with the family meat loaf. Baby foods are for babies only.

One year olds – infant or child?

WIC considers a baby to be an infant until after they have passed their actual birthday. Since Oregon calculates food packages based on the calendar month, babies are assigned an infant food package in the month of their first birthday. If a caretaker would like to switch the baby to a child's package and they have not spent any of the infant foods, formula, or the fruit and veggie benefits for the family for the month, the certifier can make this change after the child's birthday.



To change a one-year-olds' infant package to a child's package:

1. Instruct the caretaker to not spend any of the issued infant foods, formula or fruit and veggie benefits for the family for the month of their birthday.
2. After the first birthday, modify the infant food package to a child's food package following the TWIST Lesson 3-501-Modifying Food Packages. If this happens after the 20th of the month, consider assigning a partial food package for the month.
3. Issue benefits as usual.

Children

Whole vs. lower fat milk and yogurt

Children between the ages of 13-23 months using milk receive whole milk in their standard food package. Fat free, 1% or 2% milk and yogurt is allowed in limited situations to address the risk of specific health and growth issues.



Children between the ages of 24-60 months must be on low fat milk, which includes fat free and 1%. Whole liquid cow's milk is only allowed for this age if the child is also on a special medical formula and we have medical documentation from the health care provider specifically requesting whole milk. 2% milk is only allowed in limited circumstances for 24-60 month old participants who are at risk of specific health and growth issues.

NOTE

When considering fat free, 1% or 2% milk, see Policy 769 for more information about when this can be issued and the documentation required.



Practice activity

For each of the following scenarios, write down the options(s) you might offer the participant or the food templates you might assign.

Scenario A: Amidala is formula feeding her baby. She lives at a migrant camp and the water they have there is not safe to drink.

Options for participant:



Scenario B: At 6 months, Sidni is seen for a mid-cert health assessment. His mother says he is able to sit with only a little support and has been showing a desire for food, so she just started to offer him jarred vegetables.

1. Since Sidni is showing normal signs of developmental readiness for solid foods, what else would you assess for before offering the fresh fruit and vegetable option starting at 9 months?



2. What food template would be used to provide the fresh fruit and veggie benefit, for half of the baby food, starting at 9 months?



3. What nutrition education would you provide to the infant's mom when assigning the fruit and veggie benefit?



Scenario C: Chucky is 10 months old and eating from the table. Mom doesn't use the baby food.

Options for participant:



Scenario D: Cara prefers to make her own baby food, rather than purchase store bought baby food.

Options for participant:



Scenario E: Jillian is a fully breastfed infant and refuses to eat baby food meat.

Options for participant:



Scenario F: Samir is almost a year old. His birthday is in a week. His mom has started giving him cow's milk and still has a little bit of the WIC formula left from last month, and has not used any of this month's food benefits for Samir yet.

Options for participant:



Scenario G: Monty is 18 months old and is at risk for overweight. Monty's doctor has sent a note saying that he should be on 2% milk.

Options for participant:



Skill check – self evaluation

Review your answers to the Practice Activities with your Training Supervisor. When you are finished, file the Job Aids in your WIC Notebook.

2-2 Food package issues related to personal preferences

Items needed

- ◆ Handout – *WIC Food List*

Objectives

After completing this lesson, you will:

- ◆ Provide allowable alternatives to participants with personal preferences about WIC foods

Overview

We want participants to get the most nutrition possible from the foods WIC provides and we want them to get foods that they are most likely to use. We also want to use WIC program resources wisely so that participants don't purchase WIC foods they don't need or want. The CPA can help the participant select foods or modify the food package to address all of these situations.



Handling participant food preferences

Each participant is unique and may come from a different background and situation. WIC can help participants choose WIC foods they will use.

If a participant says they want to purchase a particular food, don't use a particular food, won't use as much as WIC provides, or have a religious or cultural concern about particular foods, the CPA has several options to offer:

- ◆ Use the *Food List* to help find an option that works for their situation.
- ◆ Suggest the participant purchase only what they will need or use.
- ◆ Assign a different food or milk template with the alternate food if it is eligible for their category.
- ◆ For unusual situations, discuss the participant's request with the WIC nutritionist or contact the state office to find out if there are other options available.



Critical thinking Which option you choose depends on how strongly the participant feels about the food and if the amount needed can be adjusted.

NOTE

The foods WIC provides are for the participant and are not intended to be used by other family members. If a participant says she won't consume some of the food, do not recommend that a she or he purchase the food anyway and allow other family members to use it.

Specific preferences

Standard food packages are designed to provide the maximum amount of food for a participant category and designation. Modifications can be made to food packages based on participant preferences, although this may result in less than the maximum quantity of food, due to the available package size of the alternative food.

Listed below are some examples of participant preferences, and their possible solutions.

Alternatives to milk or cheese

Situation: Participant doesn't want cheese.

Option to consider: Assign a milk template without cheese. The participant will automatically get three (3) additional quarts of milk.

Situation: A one year old doesn't like milk.

Option to consider: Replace 1 quart of milk with 1 quart of yogurt or 1 pound tofu.

Situation: 2 year old doesn't like yogurt.

Option to consider: Replace yogurt with additional quart of milk.

Prefers bottled juice over frozen juice

Situation: A pregnant, fully or mostly breastfeeding woman receives three (3) 11.5-12-ounce containers of frozen juice in the standard food package, but she prefers bottled.

Options to consider: Assign a food template that has two (2) 64 ounce bottles of juice. Let mom know that while this option allows her to purchase bottled juice, she will receive fewer ounces of juice each month compared to what she would have received with the three (3) containers of frozen juice.

The **Child** standard food package provides juice in **64 oz.** bottles.

The **Woman** standard food packages provide juice in **11.5-12 oz. frozen** containers only. One 11.5-12 oz. can of frozen concentrate juice makes **48 oz.** of juice.

Prefers a type of milk other than liquid cow's milk

Milk alternatives—evaporated milk, goat's milk, dry/powdered milk, lactose-free milk, acidophilus milk—can be assigned for any participant without medical documentation, if they are available in the fat content appropriate for the age and category.

Prefers soy-based beverage

For children, issuing a soy-based beverage as a substitute for cow's milk must be based on an individual nutrition assessment. When completing the full assessment, consider underlying medical conditions such as milk allergies or lactose intolerance, as well as cultural preference or vegan diets. If the assessment reveals an entire food group is not being consumed, a referral to the WIC Nutritionist/R.D. may be



considered for an additional assessment of overall diet adequacy. Provide the parent/caretaker with education that stresses the importance of milk over milk substitutes, including bone mass and risk of vitamin D deficiency for products not adequately fortified with vitamin D.

NOTE

When a participant has issues with lactose intolerance, offer lactose-free fortified dairy products before soy-based beverage.

Situation: A mother reports that her 2 year old daughter does better with Lactaid milk.

Option to consider: Assign a low-fat lactose-free milk template.

Situation: A pregnant woman prefers soy beverage (soy milk) and will not drink cow's milk.

Option to consider: Assign a milk template for soy beverage.

Since **soy beverage** options include both **quart** and **half-gallon** size, if a participant prefers the half-gallon size, confirm she understands a half gallon is the same as getting 2 quarts.

Won't buy the food

Situation: Sue hates eggs and never buys them, or even has them in her house.

Option to consider: Assign a food template that does not include eggs.

Food templates are available that do not include peanut butter, eggs, or fish. If a lower amount of any other food is needed, use the Modify screen.

Has been using a different type of milk than provided by WIC

Situation: Karen reports that her family only drinks 2% milk and her 27 month old son, Kevin, will probably refuse to drink 1% milk.

Option to consider: Assign a milk module with 2% milk for one or two months, and help Karen develop a transition plan to gradually move Kevin from 2% to 1%. Be sure to document in TWIST the transition plan that Karen comes up with.

Has too much of the food or can't always use the maximum

Situation: Jane says her son eats some peanut butter, but she already has 2 jars in her cupboard.

Option to consider: Suggest Jane try dry or canned beans.

Homemade Baby Food

Many families would rather feed their babies homemade baby food. Some babies don't like certain types of baby food. All of these things can leave a family feeling like they are getting more baby food than their baby can use.



Situation: Sara says that she gets too many jars of baby food and she would rather feed her baby the vegetables she is growing in her garden.

Options to consider:

- ◆ Suggest they not buy any more baby food than they can use for that month. There is no penalty for purchasing less than is on the Benefits List or in the remaining balance.
- ◆ Suggest that they only buy what they need to combine with homemade baby food or with table food as they transition to food with more texture.
- ◆ Assign a food module with fewer containers of baby food, or for babies 9 months or older,

assign a food module that includes an infant fruit and veggie benefit (FVB).

- ◆ Assign a food module with no containers of baby food.

Religious or cultural issues

Situation: Amala is Hindu and is vegetarian.

Option to consider: With the exception of fish for fully breastfeeding women, WIC foods could be considered vegetarian. WIC food packages are not vegan since they include eggs and milk.



Situation: Katherine is a Russian Old Believer woman who does not drink milk during Lent.

Options to consider:

- ◆ Assign no milk template during the months of Lent, and assign the standard food package for the other months of the certification.
- ◆ Offer soy beverage and tofu for the months of Lent.

Organic foods

Due to their higher cost, WIC does not allow organic foods, **except fruits, vegetables, baby foods, and soy beverage** (which is only available in organic).

Situation: Kindra is very concerned about what she offers her children and prefers to offer only organic food.

Option to consider: Point out available organic WIC foods and, as always, a participant can decide not to receive or purchase WIC foods they won't use.

Wants peanut butter without hydrogenated oils

Situation: Veronica has heard that trans fats and hydrogenated oils in peanut butter are bad for her.

Options to consider: Suggest Veronica look for natural peanut butters (such as Adams) that are WIC approved.

Practice activity

Match the food package suggestions that you might offer to participants when you hear the following statements:

Statements:

_____ “I’d like my child to eat more vegetables but I don’t buy them because they will just go to waste.”

_____ “I already have a lot of infant cereal in our cupboards.”

_____ “He just doesn’t like peanut butter that much.”

_____ “Cow’s milk doesn’t seem to set very well with my daughter. I’m not sure what she should drink.”

_____ “I really dislike fish of all types. I can’t stand the thought of having it in my house.”

_____ “100% whole wheat bread doesn’t taste as good as white bread.”

_____ “I only eat organic food because it is so much healthier.”

_____ “She’s my little vegetarian! She’ll eat anything other than meat.”

_____ “Rice milk is the only type of milk that I serve my family. We try to stay as close to a vegan diet as possible.”

_____ “I rarely use eggs.”

Suggestions to offer:

1. There is no penalty for purchasing less than what is listed on the Benefits List or on the remaining balance.
2. We can remove cow's milk and cheese from your food package. You are welcome to pick foods from the *Food List* that best match your diet, including soy beverage and tofu. In addition, I'd like to offer you the opportunity to speak with our Nutritionist just to make sure you and your children are addressing all of your nutritional needs.
3. Organic produce can be purchased with the fruit and vegetable benefits, as well as some baby foods. Other organic food options are limited due to cost.
4. Dry or canned beans are an option that can be selected instead of peanut butter.
5. We can assign a food package that doesn't include fish.
6. Consider purchasing frozen vegetables with your fruit and vegetable voucher then you can prepare small amounts at a time.
7. Some mothers find that lactose free or acidophilus milk works well as a milk alternative for the situation you've described.
8. Other whole grain foods you can choose from are oats, brown rice, bulgur, whole grain pasta, soft corn tortillas and whole wheat tortillas. Which of these might you like to try?
9. WIC foods work well for a vegetarian diet.
10. You can choose to purchase foods that you use occasionally only as you need them.

Skill Check – self evaluation

Use the WIC *Food List* and think about which of the foods you would select if you were a WIC participant. What would you choose and why would you have selected those? Discuss your answer with another WIC staff person.



2-3 Food package issues related to living situation

Items needed

- ◆ Job Aid – *Food Packages and Template Codes*
- ◆ Job Aid – *Assigning Dry and Evaporated Cow and Goat Milk*

WIC Policy

- ◆ WIC Policy 769 – *Assigning WIC Food Packages*
- ◆ WIC Policy 655 – *Homeless Applicants*

Objectives

After completing this lesson, you will:

- ◆ Assign appropriate food packages to participants with limited refrigeration or who are homeless.
- ◆ Assign appropriate food packages to participants with an unsafe water supply.
- ◆ Assign appropriate food packages to participants residing in institutions, such as a shelter, hospital or jail.

Overview

The participant's living situation greatly influences their ability to shop, store, and prepare food. The CPA can assign food packages which address each participant's particular needs.

Use the Job Aid – *Food Packages and Template Codes* to find the codes that relate to the options listed in this lesson.

Limited storage, refrigeration, or homelessness

Some participants may live in situations where they do not have access to a refrigerator or have a very small refrigerator.

Options include:

- ◆ If the refrigerator is small, you can let the participant know that the milk can be purchased in half gallon containers. If the participant has no refrigeration, suggest purchasing the milk a quart at a time.
- ◆ Assign a milk module with evaporated or dry milk. Neither of these types of milk requires refrigeration in their original packaging. The participant may need help learning to reconstitute these if they have never used them before. Use Job Aid: *Assigning Dry and Evaporated Cow and Goat Milk* when determining options for issuing these foods.
- ◆ Assign a milk template that has no cheese.
- ◆ Assign a food template that does not include eggs.
- ◆ Assign a food template to women for bottled juice rather than frozen.
- ◆ Discuss options of foods to purchase from the food list that do not require refrigeration. For example, fresh apples or oranges will not need refrigeration while berries will.

NOTE

See Policy 655 – *Homeless Applicants*, and Policy 769 – *Assigning WIC Food Packages*, for more information.



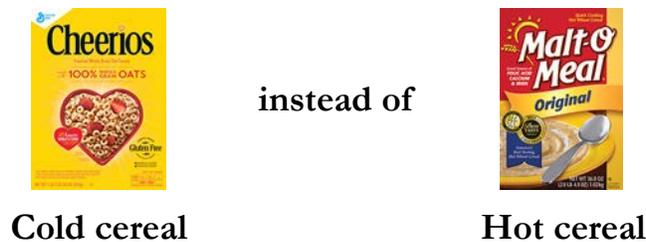
Unsafe or limited water supply

Participants use water to prepare some of the WIC foods, so having access to a safe water supply is important. City water supplies are generally considered safe.

If the participant lives where the water is unsafe, toxic or limited, consider the following options:

- ◆ Assign a food template to women that has bottled juice rather than frozen.
- ◆ For infants on formula, use the modify screen to assign a ready-to-feed formula.
- ◆ Discuss options to purchase from the food list that do not require water for preparation.

For example:



Participants currently in a hospital, jail, shelter

If a participant currently living in an institution that is responsible for feeding them (such as a hospital, long-term care facility or jail), a WIC food package cannot be provided until they are discharged. When this is the case, document why you are not providing the participant food benefits.

If a participant is living in a shelter, you will need to assess what is the most appropriate food package to assign. You will need to determine if the shelter is providing communal food, allows the participant to keep their food separate from that provided by the shelter, or will restrict their use of WIC services (such as attending WIC appointments or redeeming WIC benefits at the store). If the shelter does any of these things, do not issue a food package to the participant.

NOTE

If an infant is with the parent while they are staying in a residential treatment center, Policy 655 allows the infant to receive infant foods and infant formula.

Practice Activity

For each scenario below, write suggestions you might offer the participant. Use the Job Aid – *Food Packages and Template Codes* to help you decide what food packages you might suggest.

Scenario A: Micky lives in a small trailer with an under-counter refrigerator. Her little frig has no freezer at all.

Food package suggestions:



Scenario B: Minnie is camping at the local camp ground until she can get together the first month's rent. She uses a cooler to keep things cold the day she gets them, but can't really afford ice to keep things cool for very long.

Food package suggestions:

Scenario C: Daisy is a pregnant woman who lives out of town and gets water from a well. The water is okay to wash with but really isn't safe to drink.

Food package suggestions:

Scenario D: Simone is formula feeding her baby. The landlord told her the water in her apartment won't be safe to drink while construction involving the sewer lines is going on.

Food package suggestions:

Scenario E: Nora was on WIC during her pregnancy. Baby Nick was just born at 32 weeks gestation and will be in the hospital for the next couple of months. Baby Nick is on a special formula because he was so tiny at birth. Nora is at home now.

Food package suggestions:

Scenario F: Celine and her daughter left their apartment when Celine's boyfriend became violent. They are temporarily living in a women's shelter while they figure out where they can go. The shelter has a kitchen they let the women use while they are there. They have to write their name on any food they keep in the refrigerator.

Food package suggestions:

Skill check – Self evaluation

Discuss the suggestions you developed for the Practice Activity with your Training Supervisor. When you are finished, file the Job Aids in your WIC Notebook.

2-4 Food package assignment based on risk factors

Items needed

- ◆ None needed

Objectives

After completing this lesson, you will be able to:

- ◆ List the milk alternatives that are available and the appropriate times to assign them.
- ◆ Describe food package assignment options available for vegan participants.

Overview

Completing the assessment with each participant may reveal risk factors that will influence which food package to assign. Many of these food packages can be assigned by the CPA, while others will need medical documentation in order to be assigned beyond the first month. Lesson 2-5 covers food package assignments which require medical documentation. We want to make sure that the foods WIC provides help improve the participant's health and do not cause harm. If the participant has a medical condition requiring a special diet, consider your scope of practice. Ask yourself whether you have



the expertise to appropriately assign a package or if you should ask your WIC Nutritionist to review the food package assignment or to counsel the participant.

Food allergies or intolerance

An adverse food reaction is any negative physical reaction caused by eating a food. Adverse food reactions can be divided into two main groups: food allergy and food intolerance.

- A **food allergy** is an inappropriate response of the immune system that is triggered when a food is eaten by a person and that results in symptoms throughout the body involving several systems (e.g. gastrointestinal tract, respiratory tract, nervous system, skin and mucous membranes).
- **Food intolerance** is an adverse reaction to food that results in physical symptoms but is not caused by an immune system reaction.

Food allergies or intolerances may or may not be a risk factor for a participant and can range from very mild to life threatening. If the allergy or intolerance is to one of the WIC foods you will want to consider assigning a food package that can be tolerated by the participant.

Your options include:

- ◆ Assign a food or milk template which does not include the particular food or foods.
- ◆ Review the *Food List* with the participant to identify food options which are tolerated.
- ◆ Encourage the participant to read labels of WIC foods to eliminate those which might include a particular ingredient.
- ◆ Refer the participant to the WIC Nutritionist for further counseling or food package recommendations.

Milk allergy vs. lactose intolerance

Sorting out adverse reactions to food can be confusing, especially when it comes to milk based foods. In the clinic you may hear someone say, “My child cannot drink milk” and this will be your cue to further explore the underlying issue.

Sensitivity to milk includes two different responses in the body, either to the **protein** which is a milk allergy or to the **carbohydrate** which would be lactose intolerance.

Milk Allergy	Lactose Intolerance
<ul style="list-style-type: none"> • Milk allergy is an overreaction by the body’s immune system to the proteins in milk, especially casein and albumin. • Milk allergy in infants typically develops within the first year of life and many children will outgrow the allergy by age 5. • Milk allergy is uncomfortable and potentially life-threatening. • Symptoms of a milk allergy reaction are most common in the skin and gastrointestinal track and can range from a mild response (e.g. hives) to a severe response that can be life-threatening (e.g. anaphylaxis). 	<ul style="list-style-type: none"> • Lactose intolerance refers to the body’s inability to digest the carbohydrate found in milk, lactose (milk sugar). • People with lactose intolerance are missing or do not make enough of the enzyme lactase. Lactase is needed to digest lactose. • Symptoms include nausea, cramping, gas, bloating and diarrhea. While uncomfortable, lactose intolerance is not life-threatening. • A temporary lactase deficiency can develop in infants as a result of a bacterial or viral infection that damages the cells in the digestive tract where the enzyme is produced. Once the illness is over, the digestive track recovers and lactase production begins again.

For more information regarding food allergies and intolerance, refer to the *Infant Formula Module*.

Milk allergy

Cow's milk is one of the most common allergenic foods in infancy, caused by an immune reaction to the proteins in milk. If an infant is allergic to the proteins in milk-based infant formulas, they are likely to present with an allergic response within the first year of life.



Symptoms of a milk allergy most commonly present in the skin and in the gastrointestinal tract. Many children can outgrow their cow's milk allergy by their fifth birthday.

Infants diagnosed with milk allergy

- ◆ Breastfeeding is the optimal source of nutrition for all infants, including infants with a cow's milk allergy.
- ◆ Selecting a formula to address a food allergy can be a complicated issue, so consider referring the participant to the WIC Nutritionist for counseling and formula assignment.
- ◆ The American Academy of Pediatrics (AAP) does not recommend soy protein-based formulas for infants with a cow's milk allergy as there might be an allergy to soy as well. There is no convincing evidence that use of a soy-based infant formula will prevent allergies.
- ◆ The health care provider may request an extensively hydrolyzed, casein-based formula (e.g. Alimentum, Nutramigen) or amino acid based formula (e.g. PurAmino, Elecare or Neosure). These formulas require a WIC medical documentation form to be completed by the health care provider.

Women and children diagnosed with milk allergy:

- ◆ Goat's milk may not be a good alternative to cow's milk as individuals who are allergic to cow's milk are often advised to also avoid milk from other domestic animals, including goat's milk.

- ◆ Soy beverage and tofu can be provided without medical documentation. Refer to the *Food List* for the specific soy beverages and tofu brands available from WIC.
- ◆ A full assessment is required to issue soy beverage to children. Only certain brands of soy beverage meet WIC's nutrient requirements. Many have a lower fat content than what is recommended for adequate growth and development in children. Consider a referral to your WIC Nutritionist for further counseling and evaluation.
- ◆ The health care provider may request an extensively hydrolyzed or amino acid based formula (e.g., PediaSure Peptide or Peptamen Jr.). If this is the case, provide what is requested on the medical documentation form.
- ◆ For severe food allergies, the formula that would normally be assigned for the child's age may not be appropriate and the health care provider may request an infant medical formula be continued for children 23-60 months of age (e.g. Neocate Infant). If this is the case, contact your assigned state Nutrition Consultant to request the changes in TWIST that will allow the formula to be assigned.

Lactose intolerance

Lactose intolerance has a broad spectrum of symptoms and severity, meaning that what can be tolerated by one participant may not be tolerated by another. WIC can provide a variety of different milk alternatives for women or children who are lactose intolerant. Mild intolerance is difficult to diagnose, so determining which milk module to assign may be more a matter of trial and error, or preference of the participant.



Infants with lactose intolerance

For infants experiencing symptoms of lactose intolerance after a bout of illness and not breastfeeding, consider a one month issuance of a hydrolyzed protein formula until their gut recovers.

Women and children with lactose intolerance

For women and children who report lactose intolerance, you have several options to offer:

- ◆ For **children ages 12-23 months**, assign a milk module for lactose-free milk. This type of milk does not require medical documentation and sometimes causes less intolerance because the level of lactose in the milk has been reduced.
- ◆ For **women and children ages 24 to 60 months**, assign a milk module for acidophilus or lactose-free milk. These types of milk do not require medical documentation and sometimes cause less intolerance because the level of lactose in the milk has been reduced.
- ◆ Soy beverage can be provided without medical documentation. For children, issuing soy beverage in place of cow's milk must be based on an individual nutrition assessment. Refer to Lesson 2-2 for assessment of overall diet adequacy.
- ◆ For certain women or children use of a formula might be considered with medical documentation (see Lesson 2-5).
- ◆ The food package can be modified to remove yogurt, tofu or cheese, based on participant tolerance of each food.

Formulas and Nutritionals WIC cannot provide

WIC **cannot** provide:

- ◆ Standard infant formula without iron. Low iron formulas do not assure adequate dietary iron for WIC participants.
- ◆ Standard infant formulas other than our bid contract formulas (e.g. Enfamil Premium, Enfamil Gentlease, store brands) even with medical documentation.
- ◆ Thickeners.
- ◆ Amounts of formula above what is federally allowed.
- ◆ Toddler or follow-up formulas.

Oregon WIC participants enrolled in the Oregon Health Plan (OHP) and fed via tube feeding (gastrostomy, nasogastric, etc.), or those who need a metabolic formula for an inborn error of

metabolism (metabolic disease), receive these formulas through their health plan—not from WIC. Refer these patients to your WIC Nutritionist to coordinate services and to assign the WIC supplemental foods appropriate for their diagnosis.

Medically fragile or premature infants

Many of these infants will be high risk and will need to be seen by the WIC Nutritionist. Because these infants will likely need close monitoring of their diet and growth, formula assignment may need to be done by the WIC Nutritionist or be based on their health care provider's recommendation.



Assignment of a premature formula after the infant has been discharged from the hospital (also known as post-discharge premature formulas-e.g. Enfacare, Neosure) are based on the birth weight of the infant. These formulas require medical documentation and are intended for infants weighing less than 2000 grams at birth (4.5 pounds). Refer to your WIC Nutritionist to help coordinate how long the use of this specialized formula is needed. Although it is acceptable for use up to 1 year corrected age, it may be more appropriate to transition to a standard bid formula sooner.

NOTE

For more information regarding nutrition for premature infants talk to your agency WIC Nutritionist or refer to the [Nutrition Practice Care Guidelines for Preterm Infants in the Community](#), available online at www.healthoregon.org/wic > For Medical Providers.

Weight management



As part of a complete health assessment, you may identify an issue or risk that has the potential to impact weight or weight gain. These may include a family history of under or over weight, growth patterns indicating a possible concern, or health concerns identified by their health care provider. Talking with participants and caretakers about weight is an opportunity to talk about the feeding dynamics in the family. It is a bigger issue than specifically which food module to assign and what foods are higher in calories. It will be important to document what concern prompted the assignment of a particular food module. Overall, the WIC foods are fairly low in calories and options for changing the calories come more from preparation methods than from food alternatives that might be available.

Overweight

Options to consider:

- ◆ Children ages 12 to 23 months may be assigned nonfat, 1% or a 2% milk module if the CPA identifies a growth related issue during the health assessment or if they are assigned Risk 115 – High Weight for Length.
- ◆ Provide counseling on age and category appropriate ways to prepare the WIC foods which do not increase calories.
- ◆ Review the *Food List* with the participant to identify foods options with lower calories, e.g. using fat free milk versus 1% (for children 24-60 months of age).
- ◆ Refer the participant to the WIC Nutritionist for counseling.

Underweight

Options to consider:

- ◆ Children ages 2-5 and women may be assigned a milk module which includes 2% milk, if the CPA identifies growth related issues during the health assessment, or if they are assigned risks related to underweight:



- **101 – Underweight** (women)
 - **103 – Underweight or at-risk of** (children 2-5)
 - **131 – Low Maternal Weight Gain** (women)
 - **132 – Maternal Weight Loss During Pregnancy** (women)
 - **134 – Failure To Thrive (FTT)** (children 2-5)
- ◆ Whole milk can only be provided if the participant is also getting a medical formula and has medical documentation of a qualifying medical condition.
 - ◆ Provide counseling on age and category appropriate ways to prepare the WIC foods which increase calories.
 - ◆ Review the *Food List* with the participant to identify food options which are higher in calories.
 - ◆ Refer the participant to the WIC Nutritionist for counseling.

Specific nutrients, fiber, or gluten free

Many WIC foods are selected because they are high in a particular nutrient. Become familiar with the primary nutrients in each type of WIC eligible food, but realize the nutrient level may vary between different forms or brands.



If a participant asks for a food high in a certain nutrient, consider the following options:

- ◆ Cereals considered high in folic acid are noted on the *Food List*.
- ◆ Cereals that are whole grain are noted on the *Food List*.
- ◆ Some companies state products are gluten free. See the cereal and whole grain sections of the *Food List*.
- ◆ Pointing out foods on the *Food List* that may offer more of a particular nutrient or fiber.

Vegan

Adhering to a vegan diet is considered a dietary risk. While some of the WIC foods are vegan, many of them would not fit a vegan diet.

Options to consider:

- ◆ Assign a food template that does not include eggs or fish.
- ◆ Assign a milk template for soy beverage and tofu without cheese.
- ◆ Encourage the participant to review the *Food List* and read labels to see which WIC cereals and whole grains would work for them.

Developmental delay or disability

While most food packages are based on category and age, not all infants and children develop at the same rate or are physically able to eat the same things as peers their same age. Food packages can be adjusted to meet the needs of infants and children that are not ready or are unable to consume the foods in typical forms.

For women and children with a documented qualifying medical condition which impairs their ability to consume solids (e.g. oral surgery, difficulty handling lumpy foods) **and** requires the use of a WIC formula (standard bid, medical formula or nutritional) contact your assigned State Nutrition Consultant for appropriate substitutions.

For infants and children not on a formula or nutritional but needing modifications to their food package, you can modify the participant's food package to meet their specific dietary needs.

Options to consider:

- ◆ 32 oz. of infant cereal may be substituted for 36 oz. of adult cereal for children.
- ◆ Modify the food package to exclude the food(s) that the participant is unable to eat.
- ◆ Review the *Food List* with the caretaker to identify foods options which are appropriate for the child's needs.
- ◆ Refer the participant to the WIC Nutritionist for counseling and food package assignment.
- ◆ For participants who are tube fed, assigning risk 362 will change the risk level to high, and a referral to your WIC Nutritionist will be needed to coordinate formula issuance.

NOTE

See Lesson 2-5 for information on when infants receiving formula and who cannot tolerate solid foods, can get additional formula and no infant foods with medical documentation.

Practice Activity

1. Kayleigh and her mom have an appointment for Kayleigh's 1 year certification. Kayleigh has been receiving Pregestimil formula because she is allergic to milk and soy based formula. What food package options would you want to discuss with Kayleigh's mom?



2. Which of the following is **not** a food package option for a pregnant woman with lactose intolerance? (circle your answer)



- ◆ Acidophilus or lactose free milk
- ◆ More cheese and less milk
- ◆ Soy beverage

3. Which of the following WIC participants may be issued a special food package? (circle your answer)



- ◆ Infant born 4 weeks premature
- ◆ 1 year old child with a feeding disability
- ◆ Pregnant woman who is vegan
- ◆ 3 year old child at risk for overweight
- ◆ Breastfeeding woman who is lactose intolerant

Skill check – Self evaluation

Meet with the WIC Nutritionist from your agency. Review 2 or 3 recent interactions with high risk WIC participants. Discuss the risk factors of the participant and how those factors affected food package assignment.

2-5 Food packages requiring medical documentation

Items needed

- ◆ Job Aid – *Medical Documentation Definitions*
- ◆ Job Aid – *Qualifying Conditions, ICD-9/10 codes and WIC risks*
- ◆ Job Aid – *Medical Formulas and Nutritionals*
- ◆ Form: 57-636—*Medical Documentation Form*

WIC Policy

- ◆ WIC Policy 760 – *Medical Formulas and Nutritionals*
- ◆ WIC Policy 765 – *Medical Documentation*

Objectives

After completing this lesson, you will:

- ◆ Identify which food packages require medical documentation.
- ◆ Determine if a *Medical Documentation Form* received from the health care provider is complete.

Overview

When a WIC participant has a qualifying medical condition which requires a special diet, WIC can provide special medical formulas or nutritionals if the participant has authorization and documentation from a **health care provider (HCP)**. The form we use to collect this information is called the *WIC Medical Documentation Form*.

Medical formulas and nutritionals are in special food packages. These food packages must be assigned by a CPA just like the standard food packages. This lesson reviews the requirements for assigning special food packages and medical documentation. For more information, see Policies 760 – *Medical Formulas and Nutritionals* and 765 – *Medical Documentation*. If there are terms that are unfamiliar, refer to the Job Aid: *Medical Documentation Definitions*.

Providing medical formulas or nutritionals

Medical formulas vs. nutritionals?

Medical formulas and nutritionals are special formulas and foods for people with medical conditions. They provide nutrition in a form that meets their unique feeding and/or nutrient needs.

- **Nutritionals** is the term used for medical formulas, or foods for adults and children over the age of one year (e.g. Ensure, Duocal).
- **Medical formula** is the term used for infants (e.g. Nutramigen).

Medical formulas and nutritionals are requested by a health care provider to help improve the nutritional intake of participants with medical conditions. Participants using these medical formulas or nutritionals require special follow-up and counseling including review of the *Medical Documentation Form* by the WIC Nutritionist or health care professional.

When would WIC provide medical formulas or nutritionals?

To receive medical formulas or nutritionals from WIC, the health care provider must have diagnosed the WIC participant with a qualifying condition. Qualifying conditions should be documented in TWIST, and if appropriate, the WIC risk factors assigned. These risk factors frequently make a participant high risk, which requires a contact with the WIC Nutritionist. Participants requiring medical formulas or nutritionals can also receive the standard WIC foods as long as the health care provider determines that they are safe for the participant's medical condition.

What would be considered a qualifying condition?

A qualifying condition is a medical diagnosis made by a health care provider which meets the requirements set by USDA. The qualifying condition must require the use of a medical formula or nutritional or a special diet to maintain or improve the health of a participant.

Special food packages for special participants

Women or children with a qualifying condition and receiving nutritionals are identified in TWIST by checking “Special” on the food package assignment screen. Checking “Special” allows you to select and assign nutritionals in Module C. When “Special” is checked, TWIST will require medical documentation information to be entered in order to issue more than the first month’s benefits.



The image shows a screenshot of a form with three checkboxes. The first checkbox is labeled 'Special Client:' and is checked. The second checkbox is labeled 'WBN1:' and is unchecked. The third checkbox is labeled 'Twins or More:' and is unchecked.

Food packages for special women or children

- ◆ Women or children with the special client designation can receive up to 910 ounces of medical formula. Since the number of containers it takes to reach that amount will vary by formula, TWIST will help you identify the maximum amount of the formula WIC can provide once you enter the name. Children over the age of one year need to be marked special in order to continue to receive infant formula.
- ◆ WIC Nutritionists can determine the supplemental foods appropriate for the participant’s medical needs when noted on the *Medical Documentation Form* by the HCP.
- ◆ Milk or food templates assigned to a special woman or child must be modified if the HCP indicates certain foods or the amounts are not appropriate for the participant.
- ◆ The maximum amount of food or milk the participant can receive is based on the participant’s category.

- ◆ Special women or children can be issued whole milk only if they are also receiving a medical formula, and the substitution of whole milk is marked by the HCP on section B of the *Medical Documentation Form*, or as determined by the WIC Nutritionist when indicated on the *Medical Documentation Form*.



Medical formulas for infants

- ◆ The maximum ounces of reconstituted medical formula an infant can receive is the same as standard formula for their age and category.
- ◆ Infants may receive a combination of a standard formula and medical formula or 2 medical formulas or nutritionals. These must be assigned using the modify screen. TWIST automatically limits the total amount of both formulas to not exceed the maximum for the age of the infant and the amount he/she is breastfeeding.
- ◆ There may be times when an infant 7-12 months of age who is receiving a medical formula may not be ready to start solids. Examples of qualifying conditions include:
 - Infants born prematurely and not developmentally ready to start solids.
 - Infants experiencing difficulty eating: choking, gagging or at risk of aspiration when consuming infant foods.
- ◆ Infants age 7-12 months who do not tolerate solid foods may receive additional standard infant formula or medical formula if:
 - they are marked in TWIST as “Special;”
 - they have a documented qualifying condition; and
 - the HCP has checked “None: Do not provide supplemental foods at this time; issue formula only” in section B-5 on the *Medical Documentation Form*.

When would WIC not provide medical formulas or nutritionals?

WIC wants to ensure that all participants receive the food and/or formula packages that best meets their medical needs. Medical formulas and nutritionals are more expensive than standard formulas or foods for both WIC and the family.

It is important to make sure that they are necessary for the health of the participant. WIC would not provide medical formulas or nutritionals if other food package options meet the needs of the participant. Refer to the



Job Aid - *Qualifying Conditions, ICD-9/10 Codes and WIC Risks*. If you are unsure as to whether the participant's diagnosis meets the qualifying medical conditions, contact your WIC Nutritionist or state nutrition consultant for clarification.

Examples of situations where WIC cannot provide medical formulas or nutritionals:

- ◆ When medical formulas are delivered by tube feeding (e.g. gastrostomy tube or nasogastric tube). These formulas are to be provided by Medicaid and coordinated by the enteral company which provides the tube feeding supplies. WIC can provide the supplemental foods appropriate to the age and health care needs of the participant as approved by their health care provider.
- ◆ When a participant has an inborn error of metabolism, also known as a metabolic disorder (e.g. PKU, Galactosemia). These formulas are very specialized formulas and their issuance is coordinated by a specialty clinic (e.g. CDRC Metabolic Clinic), and the specialty clinic bills Medicaid. WIC can provide the supplemental foods appropriate to the age and health care needs of the participant as approved by their health care provider.
- ◆ When a participant has a food intolerance, if their condition can be managed with one of the other WIC food packages (e.g. Lactaid milk for lactose intolerance).

- ◆ Solely for the purpose of improving nutrient intake, without an underlying medical condition (e.g. providing PediaSure because mom is worried that the child doesn't eat very well.)
- ◆ To manage body weight, without an underlying medical condition (e.g. providing PediaSure because the child is a little slim, but still within normal limits on the growth grid.)
- ◆ Based on personal preference of the participant, parent or caregiver.

Practice Activity

Review the Job Aid – *Qualifying Conditions, ICD-9/10 Codes and WIC Risks* to practice what conditions might require the use of WIC approved medical formulas or nutritionals.

1. List 3 qualifying conditions you might see for infants.



2. What would be an example of a non-qualifying condition for infants?



3. List 3 qualifying conditions you might see for children.



4. What would be an example of a non-qualifying condition for children?



5. List 3 qualifying conditions you might see for women.



6. What would be an example of a non-qualifying condition for women?



What is medical documentation?

Medical documentation is a means of communication and coordination of care between WIC participants, health care providers and WIC staff. Medical documentation supports WIC staff by having the HCP provide medical oversight of the dietary management for our shared patients. By getting medical documentation from the health care provider, we make sure we meet the medical needs of the participant.



Medical documentation is not the same as a medical prescription. Medical documentation covers foods, formulas and nutritional; medical prescriptions cover medicines. Medical documentation in WIC includes requirements from USDA that make sure the

participant's health care provider has determined which medical formulas, nutritionals and supplemental foods are appropriate for the participant's medical condition.

When does WIC need medical documentation?

Medical documentation is required to issue food packages containing the following foods or formulas:

- ◆ Medical infant formulas (e.g. Nutramigen, Pregestimil, Alimentum, Neosure, Enfacare)
- ◆ Medical formulas for children and women; also known as Nutritionals (e.g. PediaSure, Nutren Junior, Peptamen Junior, Boost, Duocal)
- ◆ Regular foods and/or milk for participants who are getting medical formula or nutritional.
- ◆ Whole milk for children (2 years and older) and women who are also receiving a medical formula as a means of increasing calories needed for their qualifying medical condition.

NOTE

A current list of the formulas is available on the WIC website: www.healthoregon.org/wic > WIC Clinic Forms > Medical documentation > [Oregon WIC Formulary](#).

Additional formulas to meet specific needs may be available upon approval by the State WIC office.

Who can provide the medical documentation needed by WIC?

Any health care provider licensed by the state of Oregon to write prescriptions can provide medical documentation. These include:

- ◆ Medical doctors/physicians (MD)
- ◆ Physician assistants (PA)

- ◆ Nurse practitioners (NP)
- ◆ Certified Nurse Specialists (CNS)
- ◆ Doctors of Osteopathy (DO)
- ◆ Naturopathic Physicians (ND)

Registered Dietitian Nutritionists (RD/RDN), Registered Nurses (RN), or medical office staff cannot fully complete the *Medical Documentation Form* as the health care provider must determine the qualifying condition and sign the form.

The WIC Nutritionist or health care professional in the clinic must review and sign the completed *Medical Documentation Form* to ensure the formula, nutritional being requested is appropriate for the participant.

How does WIC get the medical documentation from the health care provider?

The Oregon WIC *Medical Documentation Form* is the standard form health care providers must use to provide us with the information necessary to provide special formulas. Completion of this form is required in order for us to provide special food/formula packages. Some participants may need the form explained. They may need you to explain what the form is and why it is necessary.

Health care providers can send the form with the participant or WIC staff can send it to the HCP for completion. If your WIC agency receives medical documentation on a prescription form, it will require follow-up with the health care provider to get the *Medical Documentation Form* completed.

The form is titled "Women, Infants and Children (WIC) Medical Documentation Request for Medical Formula and Supplemental Foods". It includes a WIC logo and a disclaimer: "This request is subject to WIC approval and provision based on program policy and procedure. Please fax or return the completed form to your local WIC clinic." There are fields for "Local WIC Clinic" (Phone #, Fax #, Contact Name). Section A, "Patient Information", includes fields for Patient's name (Last, First, MI), DOB, Parent/Caregiver's name (Last, First, MI), and Phone number. A checkbox asks if the requester is requesting a nutrition assessment and consult. Section B, "Medical Formula and WIC supplemental foods", includes fields for Name of formula, Medical diagnosis or qualifying condition, Requesting formula for (3, 6, or 12 months), Prescribed amount, and WIC supplemental foods. Section C, "Health care provider information", includes fields for Signature of health care provider, Provider's name (please print), Medical office/clinic, Phone #, Fax #, and Date. A table at the bottom has columns for WIC ONLY, Date form received, Exp. date, HCP signature, Date received, and HCP ID.



Steps in the process

Option 1: Health care provider initiates the medical documentation

- Step 1** The health care provider diagnoses a qualifying medical condition which requires medical formula or nutritional.
- Step 2** The health care provider determines which medical formula or nutritional the participant needs.
- Step 3** The health care provider completes the *WIC Medical Documentation Form*, providing the qualifying condition, the medical formula or nutritional needed, and any modifications needed to the WIC food package for the participant.
- Step 4** The *Medical Documentation Form* is returned to the WIC clinic.
- Step 5** A CPA reviews the *Medical Documentation Form* for completeness and assigns the appropriate food package.
- Step 6** The medical documentation information is documented in TWIST.
- Step 7** Benefits with the appropriate foods and/or formulas are issued for the participant.
- Step 8** If not completed in step 5, the WIC Nutritionist signs the form after reviewing the requested food package for appropriateness and making any necessary updates to the care plan in TWIST. The form is then filed.

Option 2: WIC agency—or the participant—initiates the medical documentation



- Step 1** The health care provider diagnoses a medical condition which requires medical formula or nutritional.
- Step 2** The health care provider determines which medical formula or nutritional the participant needs.
- Step 3** The participant tells their WIC program about the special formula or nutritional they need.
- Step 4** A CPA from the clinic assigns the appropriate food package.
- Step 5** One month of benefits with the appropriate foods and formula/nutritional are issued for the participant.
- Step 6** The *Medical Documentation Form* is sent to the health care provider (faxed or sent with the participant). WIC staff may partially complete the form to facilitate the process.
- Step 7** The health care provider completes the *Medical Documentation Form*, providing the qualifying condition, the medical formula or nutritional needed, and any modifications needed to the WIC food package for the participant.
- Step 8** The *Medical Documentation Form* is returned to the WIC clinic.
- Step 9** The CPA reviews the *Medical Documentation Form* for completeness and checks to make sure the appropriate food package is assigned.
- Step 10** The medical documentation information is documented in TWIST.
- Step 11** Benefits are issued as needed.
- Step 12** If not completed in Step 9, the WIC Nutritionist signs the form after reviewing the requested food package for appropriateness and making any necessary updates to the care plan in TWIST. The form is then filed.

Practice activity

Answer the following questions.

1. List 3 types of food packages that require medical documentation.



2. What 6 types of health care providers can provide the medical documentation needed by the WIC program to provide special food packages?



3. What is the difference between the processes identified in Option 1 and Option 2 (on previous pages) for getting medical documentation from the health care provider?



Completing the Medical Documentation Form

While the health care provider is responsible for completing the *Medical Documentation Form*, WIC staff are responsible for reviewing the form for completeness and for interpreting the information on the form so the correct food package can be assigned. Let's take a look at the different sections of the form.

WIC Clinic Information

This section provides the health care provider with information about contacting your WIC clinic.

Local WIC Clinic:
Phone#:
Fax#:
Contact Name:

- ◆ The contact name would be the CPA or WIC Nutritionist the HCP would contact if they had questions.
- ◆ This section can be completed by WIC staff prior to sending the form to the HCP.
- ◆ Completion of this section is not required for food package assignment.

Section A. Patient information

A. Patient information	
Patient's name (Last, First, MI):	DOB:
Parent/Caregiver's name (Last, First, MI):	Phone number:
<input type="checkbox"/> I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.	

- ◆ This section provides information about the participant and their parent or caregiver.
- ◆ Patient's name, date of birth, and parent/caregiver's name can be completed by WIC staff prior to sending the form to the HCP.
- ◆ The HCP has the option to request a nutrition assessment from the WIC Nutritionist by marking the check box in this section.

Section B. Medical formula or nutritional and WIC supplemental foods

B. Medical Formula and WIC supplemental foods		Complete sections 1 - 5
1	Name of formula:	<input type="checkbox"/> some or all of the formula is to be provided via tube feeding (Refer to Medicaid)
2	Medical diagnosis or qualifying condition:	
See the back of this form for qualifying conditions.		
3	Requesting formula for:	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> until 12 months of age <input type="checkbox"/> other: _____ (not to exceed 12 months)
Formula needs and amounts will be evaluated on a periodic basis and communicated to the health care provider.		
4	Prescribed amount:	<input type="checkbox"/> _____ per day OR <input type="checkbox"/> maximum allowable (maximum amounts are listed on back)
5 WIC supplemental foods: Check the issuance appropriate for your patient. If left blank, the food package appropriate to age and category of the participant will be provided.		
<input type="checkbox"/> WIC Dietitian/Nutritionist to determine amount, type and length of issuance of supplemental foods		
<input type="checkbox"/> None: Do not provide any supplemental foods at this time; issue formula only, based on a medical condition that contraindicates intake of solid foods.		
<input type="checkbox"/> Omit: Based on the patient's medical condition, check the foods you want omitted from the WIC food package		
➤ For infants 7-12 months omit: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables		
➤ For children older than 12 months or women omit: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter		
<input type="checkbox"/> Substitute whole milk: For women and children older than 23 months, whole milk is ONLY available if they are receiving a medical formula and have a medical need for whole milk. Children 13-23 months of age receive whole milk.		
Additional instructions:		

This section allows the health care provider to indicate the medical formula or nutritional needed and any modifications needed in the WIC supplemental foods.

- ◆ If the health care provider has checked the tube feeding box, assign Risk 362 *Developmental, Sensory or Motor Delays Interfering with Eating* in TWIST and document the risk and details in Progress Notes. Refer to the WIC Nutritionist to coordinate supplemental foods and to verify that the medical formula will be provided by the enteral company.
- ◆ The health care provider can designate that the WIC Nutritionist is to determine the appropriate supplemental foods for the WIC participant's medical condition.
- ◆ If the section regarding WIC supplemental foods is left blank, provide the food package appropriate to age and category.

- ◆ Any change to the formula or nutritional to be provided requires follow-up with the health care provider.

Medical formula or nutritional

- ◆ The medical formula or nutritional identified on the form is the only one that can be provided. If you have questions regarding the formula/nutritional selected, contact the health care provider. Clarification regarding flavor, fiber information can be addressed with the WIC participant or caregiver.

Medical diagnosis/qualifying condition

- ◆ Only the HCP can provide the medical diagnosis/qualifying condition.
- ◆ Medical diagnosis/qualifying condition must be reviewed by the WIC Nutritionist or health care professional to ensure it qualifies the participant to be assigned the food package requested.
- ◆ ICD-9 and 10 codes are used by insurance companies to identify diagnosis. These codes are optional but may be used by the HCP to justify the underlying medical condition. See the Job Aid – *Qualifying conditions, ICD-9/10 codes and WIC risks* to identify which diagnosis and WIC risk is associated with selected ICD-9/10 codes.

Medical documentation validity

- ◆ The HCP will identify the length of time the medical formulas or foods are necessary.
 - This time period cannot exceed 12 months.
 - This is the length of time the special food packages may be assigned.
 - This information must be documented in TWIST in order to issue more than the first month of benefits.
 - The time period may overlap between two certification periods
- ◆ If the HCP does not identify a prescribed amount or check maximum allowable, assign the maximum allowable or check with your WIC Nutritionist. The quantity can be confirmed by the WIC Nutritionist when they complete their review.

- ◆ If the HCP lists an amount per day, multiply that number of ounces by 31 and determine the closest number of cans of the requested formula.

WIC Supplemental foods

- ◆ If **WIC Nutritionist/Dietitian to determine supplemental foods** is checked, the Nutritionist can complete a full dietary and nutrition assessment and select the supplemental foods, the amount and the length of issuance appropriate to the participant's medical condition.
- ◆ If the WIC Nutritionist is not available for the assessment, assign the formula or nutritional indicated by the HCP and assign the food package appropriate to age and category of participant until the HCP or the WIC Nutritionist can be consulted for the assignment of supplemental foods. When necessary, your assigned state Nutrition Consultant can be consulted to assist with the food package assignment.
- ◆ If None is checked, do not assign any milk or food templates.
- ◆ If "Omit" is checked, review the information provided and assign the closest allowable milk and food template. If there is no template that meets the participant's needs, change the foods assigned in the modify pop-up.
- ◆ If no supplemental food check box is selected, assign the standard food package appropriate to age and category of the WIC participant.

Substitute whole milk

- ◆ This is only available for children and women who are also receiving a medical formula or nutritional and their medical condition warrants use of whole milk.

Additional instructions

- ◆ This section provides the HCP an opportunity to provide additional instructions, information for the WIC participant.

Section C. Health care provider information

C. Health care provider information			
Signature of health care provider:			
Provider's name (please print):		<input type="checkbox"/> MD	<input type="checkbox"/> DO
		<input type="checkbox"/> NP	<input type="checkbox"/> PA
		<input type="checkbox"/> ND	
Medical office/clinic:			
Phone #:	Fax #:	Date:	

This section documents that a health care provider who can sign prescriptions in Oregon submits this information.

At a minimum, this section must include the health care provider’s signature and some contact information. Contact information may include a phone or FAX number or information about their clinic. Not all contact fields need to be filled in to consider the form complete. If the date is left blank, the CPA can write in the date the form was received at the WIC office.

WIC Use Only section

WIC USE ONLY	Date form received:	Exp. date:	RD signature:	Date reviewed:	WIC ID:
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This section is for WIC staff use only. The staff person receiving the *Medical Documentation Form* enters the date the form is received by the WIC office. Expiration date would be the last day of the last month the medical documentation is good for based on the date received and the information in Section B-3.

The WIC Nutritionist reviews the form for correct assignment of the appropriate food package, makes any necessary updates to the care plan in TWIST, enters the date reviewed, signs the form.

The timing of this review may vary in the WIC clinics and does not interfere with the food package assignment by the CPA. If the WIC Nutritionist is not available to review the form in a timely fashion, the review and entering of the care plan in TWIST can be completed by the WIC health professional in the clinic. Check with your Training Supervisor to identify the person responsible for the review of the *Medical Documentation Forms* and documentation of the care in TWIST for your clinic.

Back of Medical Documentation Form

This section provides information for the health care provider including:

- ◆ The bid contract formulas that Oregon WIC offers;
- ◆ Foods, formulas, and beverages that Oregon WIC does not provide;
- ◆ Listing of qualifying and non-qualifying conditions; and,
- ◆ The maximum formula and food available to each category and age of participant.

Practice activity

Answer the following questions.

1. What is the maximum length of time medical documentation can be written for?



2. Which parts of the form can be completed by WIC staff prior to sending it to the HCP?



3. Which parts of the *Medical Documentation Form* must be completed by the health care provider before the WIC staff can consider it complete?



Clinic issues with special food packages and the Medical Documentation Form

- ◆ Although you can issue the first month of benefits for the special food package (formula, milk, and/or food) while you wait for the participant to get the *Medical Documentation Form* completed by the health care provider, it is strongly recommended to contact the health care provider to obtain verbal approval for the formula.
- ◆ A completed *Medical Documentation Form* must be received by the WIC clinic before the future months benefits can be issued.
- ◆ When the *Medical Documentation Form* is received, the pertinent information must be documented in TWIST. See the TWIST Training Manual Chapter 3, Lesson 503 “*Special*” *Formula and Medical Documentation* for instructions on how to do this.
- ◆ If the *Medical Documentation Form* is unclear, incomplete, or needs more information, a CPA or WIC Nutritionist can make changes to the form based on verbal clarifications from the health care provider made over the phone. The changes must be documented, dated, and initialed on the existing *Medical Documentation Form*, by the CPA or WIC Nutritionist receiving the information. The form can then be re-filed.
- ◆ The CPA or WIC Nutritionist cannot make a diagnosis or sign the form for the health care provider.
- ◆ A new *Medical Documentation Form* is needed when the length of issuance has expired or if the type of medical formula changes.

Medical Documentation Practice Activity

1. Find out where *Medical Documentation Forms* are kept on file in your clinic and who oversees this process. Write here what you find out.



2. Observe a colleague enter the medical documentation information from a health care provider into TWIST. What information from the *Medical Documentation Form* is entered into the medical documentation pop-up in TWIST?



3. Talk to your Training Supervisor about your agency's procedure for having the WIC Nutritionist review special food package assignments and how this happens in your clinic.



Working with health care providers

Health care providers are as busy as WIC certifiers. While they have the best interest of our participant/their patient at heart, WIC's medical documentation requirements are an extra step they have to take. Anything we can do to make the process easier for them will go a long way toward improving the collaboration between WIC and the HCP. Ideas to help:

- ◆ Complete all parts of the *Medical Documentation Form* you can before you send it to the health care provider.
- ◆ The sections of the form that WIC staff cannot complete are the medical diagnosis section and signing the *Medical Documentation Form*. No exceptions!

- ◆ Highlight the portions of the form that the HCP needs to complete for the particular participant.
- ◆ Partially completed *Medical Documentation Forms* can be faxed to HCP's and WIC can accept faxed completed forms.
- ◆ You can refer HCPs to resources available on the Oregon WIC website, which include an electronic version of the *Medical Documentation Form*, fax numbers and contact information for the local WIC agency in their area and the current listing of formulas Oregon WIC offers. Visit: www.healthoregon.org/wic > [For medical providers](#).
- ◆ If the HCP sends food package requests on a standard prescription pad, a CPA or the WIC Nutritionist can follow-up with the health care provider to assure that complete medical documentation is received.

Role of the WIC Nutritionist

As the nutrition expert in your agency, the WIC Nutritionist will understand what the health care provider wants to have happen by recommending medical formulas or nutritionals. They can communicate with the health care provider—medical professional to medical professional.

- ◆ The WIC Nutritionist will review the *Medical Documentation Form* submitted by the health care provider to determine if it is appropriate. If the WIC Nutritionist determines the requested formula or nutritional is inappropriate for the participant, or one that Oregon WIC does not provide, they will contact the HCP and document the reason.
- ◆ Staff should discuss any questions or concerns about a medical formula or nutritional indicated in a *Medical Documentation Form* with their agency's WIC Nutritionist, who can work with the HCP to coordinate care and assure the correct food package is assigned.

Helping participants locate formulas

Medical formulas and nutritionals may be hard to find. Some are not commonly stocked by local WIC vendors. Once benefits have been issued for the special formula, participants might need your help to locate the formula. Options for ordering the medical formula or nutritional include:

Local grocery store or pharmacy:

- ◆ The only formula that has a minimum stocking requirement for Oregon WIC vendors is the milk-based bid formula.
- ◆ If the formula is not found in the grocery section of their local WIC vendor, participants could ask to order the formula from customer service or from their local pharmacy. WIC pharmacies are required to obtain formulas within 72 hours of the request. If the family would prefer home delivery of the formula from the formula warehouse, refer to chapter 2-6 Formula Warehouse for more information.

Practice Activity

Medical documentation case studies

For each of the case studies A-E, use the corresponding *Medical Documentation Form* to answer the questions.



Case Study A

Maria received a *Medical Documentation Form* from your WIC clinic when she came in last month for her postpartum recert appointment with her baby, Maribel. She took it to her pediatrician and brought it back to the clinic today. Maribel is 3 months old today.

1. What qualifying condition is listed on the form?



2. Is it a qualifying condition for Maribel's age and the food package requested?



3. If you are a certifier, what risk might you assign for this participant?



4. How long is the medical documentation valid for?



5. Is the form complete?



6. If not, what information is missing?



7. What follow up, if any, is needed with the HCP?



8. What food, milk, or formula templates would you assign for Maribel?



Case Study A

	<ul style="list-style-type: none"> This request is subject to WIC approval and provision based on program policy and procedure. Please fax or return the completed form to your local WIC clinic. 	Phone #: Fax #: Contact Name:	
	A. Patient information		
	Patient's name (Last, First, MI): <i>Maribel Torres</i>		DOB: <i>3 months ago</i>
Parent/Caregiver's name (Last, First, MI): <i>Maria Torres</i>		Phone number: <i>541-XXX-XXXX</i>	
<input type="checkbox"/> I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.			
B. Medical Formula and WIC supplemental foods <small>Complete sections 1-5</small>			
1 Name of formula: <i>Nutramigen</i> <input type="checkbox"/> some or all of the formula is to be provided via tube feeding (Refer to Medicaid)			
2 Medical diagnosis or qualifying condition: <i>Milk protein allergy</i> See the back of this form for qualifying conditions.			
3 Requesting formula for: <input checked="" type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> until 12 months of age <input type="checkbox"/> other: _____ (not to exceed 12 months) Formula needs and amounts will be evaluated on a periodic basis and communicated to the health care provider.			
4 Prescribed amount: <input type="checkbox"/> _____ per day OR <input checked="" type="checkbox"/> maximum allowable (maximum amounts are listed on back)			
5 WIC supplemental foods: Check the issuance appropriate for your patient. If left blank, the food package appropriate to age and category of the participant will be provided.			
<input checked="" type="checkbox"/> WIC Dietitian/Nutritionist to determine amount, type and length of issuance of supplemental foods <input checked="" type="checkbox"/> None: Do not provide any supplemental foods at this time; issue formula only, based on a medical condition that contraindicates intake of solid foods. <input type="checkbox"/> Omit: Based on the patient's medical condition, check the foods you want omitted from the WIC food package			
> For infants 7-12 months omit: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables > For children older than 12 months or women omit: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Substitute whole milk: For women and children older than 23 months, whole milk is ONLY available if they are receiving a medical formula and have a medical need for whole milk. Children 13-23 months of age receive whole milk.			
Additional instructions: <i>Please have WIC RD call me</i>			
C. Health care provider information			
Signature of health care provider: <i>[Signature]</i>			
Provider's name (please print): <i>Michelle Doolittle</i> <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> ND			
Medical office/clinic:			
Phone #: <i>503-XXX-XXXX</i>		Fax #: <i>503-XXX-XXXX</i>	
Date form received:		Date reviewed:	
Exp. date:		WIC ID:	
RD signature:		Date reviewed:	
WIC USE ONLY		WIC ID:	

Case Study B

Johnny Willamette is six weeks old today and his mom Jill has brought in the *Medical Documentation Form* from the health care provider.

1. What qualifying condition is listed on the form?



2. Is it a qualifying condition for Johnny's age and the food package requested?



3. If you are a certifier, what risk might you assign for this participant?



4. How long is the medical documentation valid for?



5. Is the form complete?



6. If not, what information is missing?



7. What follow up, if any, is needed with the HCP?



8. What food, milk, or formula templates would you assign for Johnny?



Case Study B

Women, Infants and Children (WIC) Medical Documentation Request for Medical Formula and Supplemental Foods



- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.

Local WIC Clinic:
Phone #:
Fax #:
Contact Name:

A. Patient Information

Patient's name (Last, First, MI): <u>Johnny Willamette</u>	DOB: <u>6 weeks ago</u>
Parent/Caregiver's name (Last, First, MI):	Phone number:

I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.

B. Medical Formula and WIC supplemental foods Complete sections 1-5

1 Name of formula: Nutrigen some or all of the formula is to be provided via tube feeding (Refer to Medicaid)

2 Medical diagnosis or qualifying condition: eczema
See the back of this form for qualifying conditions.

3 Requesting formula for: 3 months 6 months until 12 months of age other: _____ (not to exceed 12 months)
Formula needs and amounts will be evaluated on a periodic basis and communicated to the health care provider.

4 Prescribed amount: _____ prn per day OR maximum allowable (maximum amounts are listed on back)

5 WIC supplemental foods: Check the issuance appropriate for your patient. If left blank, the food package appropriate to age and category of the participant will be provided.

WIC Dietitian/Nutritionist to determine amount, type and length of issuance of supplemental foods

None: Do not provide any supplemental foods at this time; issue formula only, based on a medical condition that contraindicates intake of solid foods.

Omit: Based on the patient's medical condition, check the foods you want omitted from the WIC food package

> For infants 7-12 months omit: infant cereal infant fruits/vegetables

> For children older than 12 months or women omit: Milk Cheese Eggs Peanut butter

Substitute whole milk: For women and children older than 23 months, whole milk is ONLY available if they are receiving a medical formula and have a medical need for whole milk. Children 13-23 months of age receive whole milk.

Additional instructions:

C. Health care provider information

Signature of health care provider: D. Pepp

Provider's name (please print): Dr. Pepp MD DO NP PA ND

Medical office/clinic: Rockwood Area

Phone #: _____ Fax #: _____ Date: 1 week ago

WIC USE ONLY	Date form received:	Exp. date:	RD signature:	Date reviewed:	WIC ID:

Case Study C

Quinton is a fourteen month old little boy who has been on WIC since birth. He has always been a tiny little thing. He was in last month for his recertification. Today Quinton's mom brought in a *Medical Documentation Form* from his doctor.

1. What qualifying condition is listed on the form?



2. Is it a qualifying condition for Quinton's age and the food package requested?



3. If you are a certifier, what risk might you assign for this participant?



4. How long is the medical documentation valid for?



5. Is the form complete?



6. If not, what information is missing?



7. What follow up, if any, is needed with the HCP?



8. What food, milk, or formula templates would you assign for Quinton?



Case Study C

Women, Infants and Children (WIC) Medical Documentation Request for Medical Formula and Supplemental Foods



- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.

Local WIC Clinic:
Phone #:
Fax #:
Contact Name:

A. Patient information

Patient's name (Last, First, MI): <i>Jovino, Quentin</i>	DOB: <i>14 mo ago</i>
Parent/Caregiver's name (Last, First, MI): <i>Jovino, Gene</i>	Phone number:

I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.

B. Medical Formula and WIC supplemental foods *Complete sections 1-5*

1 Name of formula: *Adiasone* some or all of the formula is to be provided via tube feeding (Refer to Medicaid)

2 Medical diagnosis or qualifying condition: *Failure to thrive*
See the back of this form for qualifying conditions.

3 Requesting formula for: 3 months 6 months until 12 months of age other: _____ (not to exceed 12 months)

Formula needs and amounts will be evaluated on a periodic basis and communicated to the health care provider.

4 Prescribed amount: *3 cans* per day OR maximum allowable (maximum amounts are listed on back)

5 WIC supplemental foods: Check the issuance appropriate for your patient. If left blank, the food package appropriate to age and category of the participant will be provided.

- WIC Dietitian/Nutritionist to determine amount, type and length of issuance of supplemental foods
- None: Do not provide any supplemental foods at this time; issue formula only, based on a medical condition that contraindicates intake of solid foods.
- Omit: Based on the patient's medical condition, check the foods you want omitted from the WIC food package
 - > For infants 7-12 months omit: Infant cereal Infant fruits/vegetables
 - > For children older than 12 months or women omit: Milk Cheese Eggs Peanut butter
- Substitute whole milk: For women and children older than 23 months, whole milk is ONLY available if they are receiving a medical formula and have a medical need for whole milk. Children 13-23 months of age receive whole milk.

Additional instructions:

C. Health care provider information

Signature of health care provider: *Karla Zimmerman*

Provider's name (please print): *Karla Zimmerman* MD DO NP PA ND

Medical office/clinic: *Cam Wholier*

Phone #: *503-555-1212* Fax #: Date: *2 days ago*

WIC USE ONLY	Date form received:	Exp. date:	RD signature:	Date reviewed:	WIC ID:
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Case Study D

Ruby has brought in her 17 month old son, Melvin, for his recertification. She brought a *Medical Documentation Form* from Melvin's health care provider with her.

1. What qualifying condition is listed on the form?



2. Is it a qualifying condition for Melvin's age and the food package requested?



3. If you are a certifier, what risk might you assign for this participant?



4. How long is the medical documentation valid for?



5. Is the form complete?



6. If not, what information is missing?



7. What follow up, if any, is needed with the HCP?



8. What food, milk, or formula templates would you assign for Melvin?



Case Study D

Women, Infants and Children (WIC) Medical Documentation Request for Medical Formula and Supplemental Foods			
 <ul style="list-style-type: none"> This request is subject to WIC approval and provision based on program policy and procedure. Please fax or return the completed form to your local WIC clinic. 		Local WIC Clinic:	
		Phone #:	
		Fax #:	
		Contact Name:	
A. Patient information			
Patient's name (Last, First, MI):		DOB:	
Parent/Caregiver's name (Last, First, MI):		Phone number:	
<input type="checkbox"/> I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.			
B. Medical Formula and WIC supplemental foods <i>Complete sections 1 - 5</i>			
1 Name of formula:		<input type="checkbox"/> some or all of the formula is to be provided via tube feeding (Refer to Medicaid)	
2 Medical diagnosis or qualifying condition:			
3 Requesting formula for: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> until 12 months of age <input checked="" type="checkbox"/> other: <u>12mo</u> (not to exceed 12 months)			
4 Prescribed amount: <input type="checkbox"/> <u>3</u> per day OR <input type="checkbox"/> maximum allowable (maximum amounts are listed on back)			
5 WIC supplemental foods: Check the issuance appropriate for your patient. If left blank, the food package appropriate to age and category of the participant will be provided.			
<input checked="" type="checkbox"/> WIC Dietitian/Nutritionist to determine amount, type and length of issuance of supplemental foods <input type="checkbox"/> None: Do not provide any supplemental foods at this time; issue formula only, based on a medical condition that contraindicates intake of solid foods. <input type="checkbox"/> Omit: Based on the patient's medical condition, check the foods you want omitted from the WIC food package > For infants 7-12 months omit: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables > For children older than 12 months or women omit: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Substitute whole milk: For women and children older than 23 months, whole milk is ONLY available if they are receiving a medical formula and have a medical need for whole milk. Children 13-23 months of age receive whole milk.			
Additional instructions: <u>Family needs help with meal planning - Pedmasua @ snacktime and bedtime</u>			
C. Health care provider information			
Signature of health care provider:		Date:	
Provider's name (please print):		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input checked="" type="checkbox"/> ND	
Medical office/clinic:			
Phone #:		Fax #:	Date:
WIC USE ONLY	Date form received:	Exp. date:	RD signature:
			Date reviewed:
			WIC ID:

Case Study E

Sommer Tyme is a pregnant woman carrying twins with a history of an eating disorder. At her last visit she shared this information with you and stated she had tried the supplemental formula, Boost, in the past and tolerated it well. You provided Sommer with a *Medical Documentation Form* to take to her health care provider at her next prenatal visit. She returns today with the form completed.

1. What qualifying condition is listed on the form?



2. Is it a qualifying condition for Sommer's age and the food package requested?



3. If you are a certifier, what risk might you assign for this participant?



4. How long is the medical documentation valid for?



5. Is the form complete?



6. If not, what information is missing?



7. What follow up, if any, is needed with the HCP?



8. What food, milk, or formula templates would you assign for Sommer?



Case Study E

Women, Infants and Children (WIC) Medical Documentation Request for Medical Formula and Supplemental Foods



- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.

Local WIC Clinic:	Central Clinic
Phone #:	503-222-3333
Fax #:	503-222-3334
Contact Name:	

A. Patient information

Patient's name (Last, First, MI):	Sommer Tyme	DOB:	21 yrs old
Parent/Caregiver's name (Last, First, MI):	- Same -	Phone number:	

I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.

B. Medical Formula and WIC supplemental foods *Complete sections 1-5*

1 Name of formula: Boost High Protein some or all of the formula is to be provided via tube feeding (Refer to Medicaid)

2 Medical diagnosis or qualifying condition:
See the back of this form for qualifying conditions. low maternal weight gain, hx of eating disorder

3 Requesting formula for: 3 months 6 months until 12 months of age other: _____ (not to exceed 12 months)

Formula needs and amounts will be evaluated on a periodic basis and communicated to the health care provider.

4 Prescribed amount: 2 cans per day OR maximum allowable (maximum amounts are listed on back)

5 WIC supplemental foods: Check the issuance appropriate for your patient. If left blank, the food package appropriate to age and category of the participant will be provided.

- WIC Dietitian/Nutritionist to determine amount, type and length of issuance of supplemental foods
- None: Do not provide any supplemental foods at this time; issue formula only, based on a medical condition that contraindicates intake of solid foods.
- Omit: Based on the patient's medical condition, check the foods you want omitted from the WIC food package
 - > For infants 7-12 months omit: Infant cereal Infant fruits/vegetables
 - > For children older than 12 months or women omit: Milk Cheese Eggs Peanut butter
- Substitute whole milk: For women and children older than 23 months, whole milk is ONLY available if they are receiving a medical formula and have a medical need for whole milk. Children 13-23 months of age receive whole milk.

Additional instructions:

C. Health care provider information

Signature of health care provider: [Signature]

Provider's name (please print): Belle Health MD DO NP PA ND

Medical office/clinic: Danforth family medicine

Phone #: 503 444-6668 Fax #: _____ Date: today

WIC USE ONLY	Date form received:	Exp. date:	RD signature:	Date reviewed:	WIC ID:
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Skill check – self evaluation

- ◆ Work with your Training Supervisor to review some *Medical Documentation Forms* that are on file for your clinic. Look up the TWIST record for each participant to see what information was entered on the medical documentation screen and what food, milk or formula modules were assigned to the participant.
- ◆ Talk to your Training Supervisor about what happens when the HCP checks the box marked “I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient,” in Section A. of the *Medical Documentation Form*.

NOTE

When you are finished, file the Job Aids in your WIC Notebook.

2-6 Formula Warehouse

Items needed

- ◆ Job Aid – *Medical Documentation Definitions*
- ◆ Job Aid – *Medical Formulas and Nutritionals*
- ◆ Form: 57-636 – *Medical Documentation Form*

WIC Policy

- ◆ WIC Policy 760 – *Medical Formulas and Nutritionals*
- ◆ WIC Policy 765 – *Medical Documentation*
- ◆ WIC Policy 735 – *Exchange and Handling of Returned Formula*

Objectives

After completing this lesson, you will:

- ◆ Identify when to use the Formula Warehouse option in TWIST.
- ◆ Describe the process for using the Formula Warehouse function in TWIST to order medical formulas and nutritionals.

Overview

Sometimes it is difficult for families to find the special medical formulas and nutritionals they need at their local stores. To help with that issue, Oregon WIC has a special vendor which can deliver certain medical formulas and nutritionals directly to families across the state. This vendor is called the Formula Warehouse (FW). Currently, Providence Home Medical Equipment (Providence HME) provides this special service for Oregon WIC across the state.

After placing a Formula Warehouse order in TWIST, special medical formulas issued by WIC are delivered to participants at their home, their local WIC agency or another address (e.g. a relative, a neighbor's house, etc).

This option may work well if:

- ◆ The medical formula is difficult to locate (e.g. Neocate Infant);
- ◆ Going to the pharmacy is a hardship on the family. For example, the nearest pharmacy is too far for the family; or the ability to travel with a medically fragile child is difficult.

Who can complete Formula Warehouse orders?



Formula Warehouse orders are completed by the CPA. Once the formula package assignment and Medical Documentation information have been entered by the CPA, the Formula Warehouse order is completed on the Family Summary screen.

To avoid errors and delays, it is recommended that one person in your clinic be designated as the Formula Warehouse point of contact to assure the accuracy of FW orders.

Completing the Formula Warehouse order

The Formula Warehouse order is completed with input from the participant or participant's parent/guardian. Formula Warehouse orders can only be placed once the medical formula or nutritional has been assigned on the Food Package Assignment screen and a eWIC card is active for the participant. The Formula Warehouse order will not be shipped unless the benefits have been issued for the month.

Information to enter on the FW order form includes: phone and address; selecting the specific flavor, fiber or form of the formula; and a place to type in order-specific notes.

Selecting the address and phone number

The participant will need to decide the best address to receive the formula. Most deliveries will go to the home address. It may also be delivered to the WIC clinic or an "other" address that can be entered into TWIST. Reasons for choosing an address other than family's home address might include:

- ◆ Concerns that no one will be home to receive the formula or no safe place to leave the formula;
- ◆ The parents or guardians have shared custody and the address needs to change month to month;

- ◆ The participant is homeless and does not have a home address;
- ◆ The family plans to be out of town when the formula will be delivered and needs another family member or friend to keep the package safe until the family returns.

Selecting the specific formula or nutritional

On the Formula Warehouse pop-up, TWIST will show you all the varieties of the formula or nutritional available from the Formula Warehouse. It is important that the specific flavor and fiber of the formula is selected to ensure that the correct product is sent to the participant. You can order more than one formula per month as well as more than one flavor, fiber or form. Refer to Job Aid: *Medical Formulas and Nutritionals* to assist you with ordering.

In most cases the HCP will provide the information of what type of formula, including the form (e.g. powder, ready to feed, etc.) is needed for infants. In some cases, the formula only comes in one form (e.g. Neocate Infant powder). If the information is missing from the *Medical Documentation Form*, it is recommended to have the family confirm specifics such as fiber/no fiber with the health care providers, or the clinic may call to find out this information.

TWIST also gives an option to select specific flavors or varieties for some formulas and nutritionals that may be personal preference and not specified by the health care provider (e.g. flavors of PediaSure). When ordering from the FW, these choices need to be discussed and decided with the family in the clinic. It is important that the specific flavor and fiber of the formula is selected to ensure that the correct product is sent to the participant. If the family is trying out a new flavor, you might suggest ordering less of that flavor in case they do not like it.

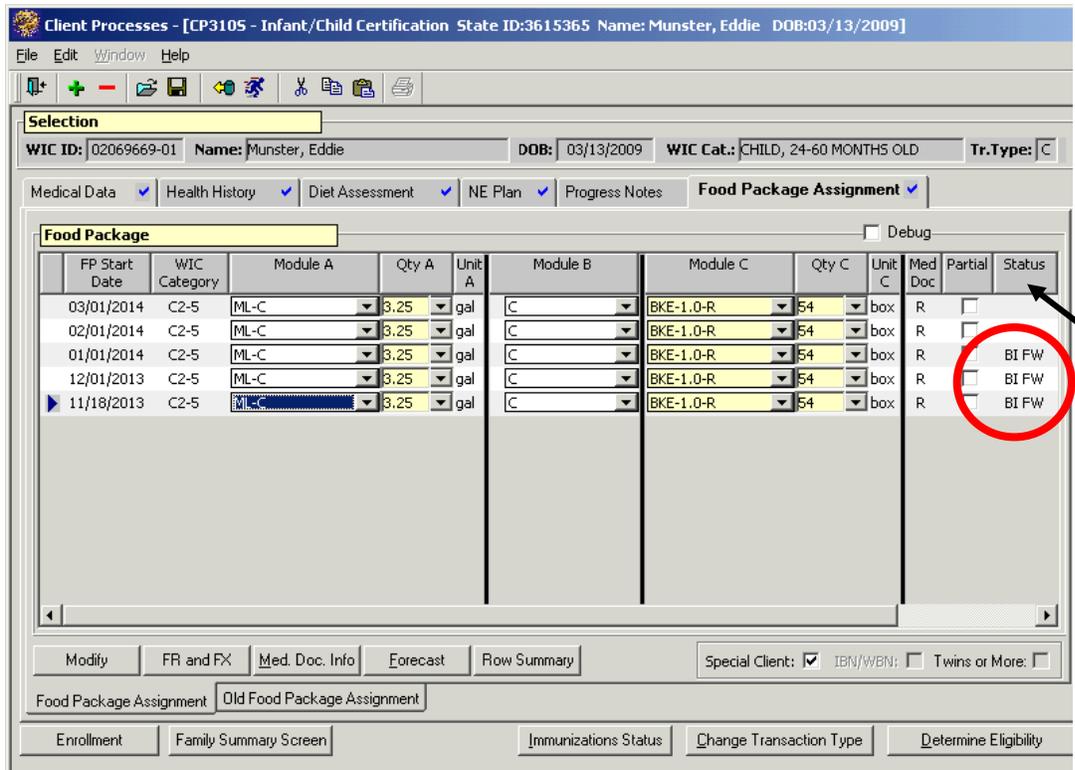
It is important that the FW orders are correct each month (type, variety, flavor) to avoid having formulas returned due to error. Although FW formulas and nutritionals may be returned or exchanged to the local agency clinic, they are expensive, not easy to reuse and returned formula could go to waste. If a FW formula or nutritional is returned to the local agency clinic, contact your assigned state Nutrition Consultant to identify other WIC participants around the state that might be able to use the formula



How will I know if a Formula Warehouse order has been placed in TWIST?

Orders for Formula Warehouse are sent electronically to Providence at the end of each day for the current month and on the first day of each month for future orders. You can check the status of Formula Warehouse orders on the Food Package Assignment and Family Summary screens.

On the food package assignment screen, you will be able to identify which months have Formula Warehouse orders placed. In the status column, you will be able to see both BI for Benefits Issued and FW for Formula Warehouse. TWIST automatically sends future month orders to Providence HME for each month indicated on the Food Package Assignment screen.



On the Family Summary Screen, you will see a red exclamation point (!) indicator on the FW button, indicating a FW order has been entered.

The screenshot displays the Formula Warehouse software interface. At the top, there is a menu bar with 'File', 'Edit', 'Window', and 'Help'. Below the menu bar is a toolbar with various icons. The main window is divided into several sections:

- Family Information:** This section contains fields for 'First Cardholder' (Day, Winter) and 'Second Cardholder' (No Second Cardholder). Below these are fields for 'Family ID' (1096453), 'Current Certification', and 'Issuance Last Month'. A table below this section lists family members with columns for ID, Name, DOB, Clinic, Cat, Status, Start Date, End Date, Risk Wait, Benefit Reason, and Select. The first row shows ID '01', Name 'Sunny Day', DOB '07/26/2013', Clinic '01', Cat 'C2-5', Status 'EN', Start Date '10/02/2015', End Date '03/31/2016', Risk Wait 'H', Benefit Reason 'N', and a checked 'Select' box.
- Appointment/Food Benefit Schedule:** This section features a table with columns for months from Oct-2015 to Feb-2016. Each month has sub-columns for 'Appt', 'Fd Pkg', and 'FB'. The data shows 'ML-C' and 'BKE-1.0-R' for 'Fd Pkg' and 'BI' for 'FB' across all months.
- Buttons:** On the right side, there is a vertical menu with buttons: 'Find Appointment', 'Create Request', 'Modify Request', 'Put on Wait List', 'Farmer's Market', 'Set Issue Months', and 'Formula Warehouse'. A red arrow points to the 'Formula Warehouse' button. At the bottom of the window, there are buttons for 'Issue Benefits', 'Remove Benefits', 'Benefit List', and 'Old FSS'.

What if I need to make changes to a Formula Warehouse order?

What you will need to do to make changes to a FW order depends on the status of the order and if it is for the current month or future months.

Current month order:

- ◆ Changes to the FW order can be made on the **same day** you entered the order. Like other food package changes, this change is made on the Food Package Assignment screen. Once you save the changes, reissue the benefits on the Family Summary Screen, you will need to re-enter the address information and formula specifications on the Formula Warehouse order screen.
- ◆ If an order for the current month has been placed and the participant calls the **following day(s)** to change or cancel the order, you will need to contact Providence HME directly to see if the order has already shipped. Once the order has shipped, changes cannot be made until the formula is brought to the clinic for a formula exchange. Contact your assigned state Nutrition Consultant for assistance, if needed.

Future month orders:

- ◆ Changes can be made to future month orders until the last day of the month.

Helping participants understand their Formula Warehouse order on their Benefits List:

Formula Warehouse orders will appear on the *Benefits List*, even though the participant will not purchase the formula at the store. There will be an indicator “FW” on the list that will let the participant know that the medical formula will be sent by the Formula Warehouse.

It is recommended to highlight the order on the *Benefits List* and remind them to notify the clinic if their address changes or they need changes made to the formula (e.g. flavor, fiber or type of formula).

WIC Benefits List		
Benefits Available as of 10/02/2016 12:54		
WIC Family ID: 1096453		
FirstCardholder: Day, Winter		SecondCardholder:
Benefits for: 10/22016 through 10/31/2016		
Family Member/s: Day, Sunny – C2-5		
Quantity	Unit	Food Item Description
1	LB	Cheese
1	DOZ	Eggs – large
36	OZ	Cereal – hot / cold
1	CTR	Peanut butter/dry or canned beans
32	OZ	100% Whole grains
8	\$	Fruit and vegetables – fresh / frozen
54	BOX	Boost Kid Essentials 1.0 cal 8 oz FW
128	OZ	Baby food – fruit / vegetables
3.25	GAL	Fat free or 1% milk
2	CTR	64 oz bottle
1	CTR	Lowfat or nonfat yogurt



Practice Activity

Answer the questions for the following case study.

Case Study

Maribel Torres had been receiving 10 cans per month of Nutramigen from the Formula Warehouse sent to their home address. At her last doctor's appointment, her formula was changed to Neocate Infant, the maximum amount allowed for 3 months. Using the Job Aids: *Medical Formulas and Nutritionals* and *Medical Documentation Definitions*, complete the following questions:

1. Is Neocate Infant a formula that can be ordered from the Formula Warehouse?



2. What is the maximum allowed for this 5 month old baby?



3. What is the information that you will need to have in order to place the FW order?



4. Who is your point person in your clinic that could help you with this FW order?

**Skill Check – Self Evaluation**

Discuss any questions you have with your Training Supervisor.
When you are finished, file the Job Aids in your WIC Notebook.

Review Activity

With your Training Supervisor

1. Discuss your questions about Chapter 2.
2. Check your answers to the written *Practice Activities* and *Skill Checks*.
3. Review your notes and Job Aids from your WIC Notebook. Your WIC Notebook should now include:
 - ◆ Job Aid: *Category Assignments for Breastfeeding Multiple Babies (Twins or more)*
 - ◆ Job Aid – *Standard Infant Formulas*
 - ◆ Job Aid: *Determining Supplemental Formula Amounts for the Partially (IB or IBN) Breastfed Infant*
 - ◆ Job Aid: *Breastfeeding Special Situations*
 - ◆ Job Aid: *Assigning Dry and Evaporated Cow and Goat Milk*
 - ◆ Job Aid: *Medical Documentation Definitions*
 - ◆ Job Aid: *Qualifying Conditions, ICD-9 Codes, and WIC Risks*
 - ◆ Job Aid: *Medical Formulas and Nutritionals*
 - ◆ Form 57-636: *Medical Documentation Form*
4. Role-play with your Training Supervisor how you would work with a participant to select the food package that is most appropriate for a given situation.

5. Review with your Training Supervisor a recently received *Medical Documentation Form*. Identify if it is complete and what food package should be assigned the participant from the form.



Job Aids

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Food Packages and Template Codes

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Determining Supplemental Formula Amounts for the Partially (IB or IBN) Breastfed Infant

Standard Infant Formulas

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Medical Documentation Definitions

Qualifying Conditions, ICD-9 Codes, and WIC Risks

Medical Formulas and Nutritionals

Job Aid

Standard Food Packages

Category/ Designation	Template Codes	Description	Full	Partial
Woman Pregnant, Woman Mostly Breastfeeding	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	4.5 gal 1 lb 1 ctr	2.25 gal 1 lb 1 ctr
	WPB	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread or whole grains Beans, dry or canned Peanut butter/ dry or canned beans Fruit and vegetables - fresh/frozen	1 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 11.00 \$	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 11.00 \$
Woman Pregnant with Multiples, Woman Partially Breastfeeding Multiples, Woman Mostly Breastfeeding and Pregnant	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	5.0 gal 2 lb 1 ctr	2.5 gal 1 lb 1 ctr
	WPB-M	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread or whole grains Beans, dry or canned Peanut butter/ dry or canned beans Fish - canned tuna/salmon/sardines Fruit and vegetables - fresh/frozen	2 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 30 oz 11.00 \$	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 15 oz 11.00 \$

Category/ Designation	Template Codes	Description	Full	Partial
Woman Fully Breastfeeding	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	5.0 gal 2 lb 1 ctr	2.5 gal 1 lb 1 ctr
	WE	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread or whole grains Beans, dry or canned Peanut butter/ dry or canned beans Fish - canned tuna/salmon/sardines Fruit and vegetables - fresh/frozen	2 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 30 oz 11.00 \$	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 15 oz 11.00 \$
Woman Postpartum Non-Breastfeeding, Woman Some Breastfeeding	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	3.0 gal 1 lb 1 ctr	1.5 gal 1 lb 1 ctr
	WN	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice Peanut butter/ dry or canned beans Fruits and vegetables - fresh/frozen	1 doz 36 oz 2 ctr 1 ctr 11.00 \$	1 doz 18 oz 1 ctr 1 ctr 11.00 \$

Job Aid

Standard Food Packages

Category/ Designation	Template Codes	Description	Full	Partial
Child 13-23 months	MW-C	Whole milk Cheese	3.25 gal 1 lb	1.75 gal 1 lb
	C	Eggs - large Cereal - hot/cold Peanut butter/ dry or canned beans 100% Whole wheat bread/ or whole grains 64 oz bottle juice Fruits and vegetables - fresh/frozen	1 doz 36 oz 1 ctr 32 oz 2 ctr 8.00 \$	1 doz 18 oz 1 ctr 16 oz 1 ctr 8.00 \$
Child 24-60 months	ML-C-Y	Lowfat or fat free milk Cheese Lowfat or nonfat yogurt	3.0 gal 1 lb 1 ctr	1.5 gal 1 lb 1 ctr
	C	Eggs - large Cereal - hot/cold Peanut butter/ dry or canned beans 100% Whole wheat bread/ or whole grains 64 oz bottle juice Fruits and vegetables - fresh/frozen	1 doz 36 oz 1 ctr 32 oz 2 ctr 8.00 \$	1 lb 18 oz 1 ctr 16 oz 1 ctr 8.00 \$
Infant Non-BF 0-3 months	SIA-P	Similac Advance powder	9 can	5 can
Infant Non-BF 4-6 months	SIA-P	Similac Advance powder	10 can	5 can

Category/ Designation	Template Codes	Description	Full	Partial
Infant Non-BF 7-12 months	SIA-P	Similac Advance powder	7 can	4 can
	I-FVC or	Baby food - fruit/ vegetables Baby cereal	128 oz 24 oz	64 oz 12 oz
	I-FVC-\$4	Baby food - fruit/ vegetables Baby cereal Fresh fruits and vegetables	64 oz 24 oz 4 \$	32 oz 12 oz 4 \$
Infant Mostly or Some BF 7-12 months *There are no standard food template amounts for partially (Mostly or Some) breastfed infants. The amount of formula each infant receives will vary and must be assigned by the CPA.	SIA-P	Similac Advance powder	CPA assigned *	CPA assigned *
	I-FVC or	Baby food - fruit/ vegetables Baby cereal	128 oz 24 oz	12 oz 64 oz
	I-FVC-\$4	Baby food - fruit/ vegetables Baby cereal Fresh fruits and vegetables	64 oz 24 oz 4 \$	32 oz 12 oz 4 \$
Infant Fully BF 0-6 months	Z	No WIC foods		
Infant Fully BF 7-12 months	I-FVCM or	Baby food - fruit/ vegetables Baby food - meat Baby cereal	256 oz 77.5 oz 24 oz	128 oz 39 oz 12 oz
	I-FVCM-\$8	Baby food - fruit/ vegetables Baby food - meat Baby cereal Fresh fruits and vegetables	128 oz 77.5 oz 24 oz 8 \$	64 oz 39 oz 12 oz 8 \$

Category/ Designation	Template Codes	Description	Full		Partial
			Month 1	Month 2	
Woman Fully Breastfeeding Multiples See Job Aid: Food Package for Fully BF Twins for special instructions when assigning. † These foods are manually modified every other month.	ML-C-Y	Low fat milk	8.0 gal	8.0 gal	4.0 gal
		Cheese	3 lb	2 lb †	2 lb
		Lowfat or nonfat yogurt	1 ctr	1 ctr †	1 ctr
	WE-M	Eggs - large	3 doz	3 doz	2 doz
		Cereal - hot/cold	54 oz	54 oz	36 oz
		11.5-12 ounce frozen juice	5 ctr	4 ctr †	2 ctr
		100% Whole wheat bread or whole grains	32 oz	16 oz †	16 oz
		Beans, dry or canned	2 ctr	2 ctr †	1 ctr
		Peanut butter/ dry or canned beans	1 ctr	1 ctr	1 ctr
		Fish - canned tuna/salmon/sardines	45 oz	45 oz	25 oz
Fruit and vegetables - fresh/frozen	16.50 \$	16.50 \$	16.50 \$		

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Types of Food Packages

Every participant is assigned a food package made up of a combination of milk, foods, and formula that is appropriate for their age, category, and designation.

Standard Food Packages

Standard food packages are the food packages automatically assigned by TWIST for each participant. They contain the maximum amount of foods allowed by federal regulations.

Non-Standard Food Packages

Non-standard food packages are food packages that are slightly changed by the CPA. For example, the CPA might select a template with no eggs or reduce the quantity of milk in a package.

Modified Food Packages

If the CPA cannot find a non-standard template to meet the participant's needs, a "modified" food package can be created by using the "Modify" pop-up on the *Food Package Assignment* screen.

Partial Food Packages

Partial food packages are issued starting on the 20th of the month. They have reduced quantities of food to reflect the partial month of issuance.

Modules on the “Food Package Assignment” Screen

The foods in each food package are grouped together in smaller units called modules. Each module contains a different group of foods.

	FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
	11/01/2016	C2-5	ML-C-Y	3.00	gal	C						
	10/01/2016	C2-5	ML-C-Y	3.00	gal	C						
	09/01/2016	C2-5	ML-C-Y	3.00	gal	C						
	08/01/2016	C2-5	ML-C-Y	3.00	gal	C						

Module A → milk or infant formula module

Module B → food module

Module C → medical formula for women and children module

Foods in each module are selected by using the drop down arrow to select a template. **Templates** are combinations of commonly assigned foods that can be selected from the drop down in each module. Only templates appropriate for the participant are available to choose. During certification, TWIST defaults to the standard templates or to templates previously used by the participant.

A **food package** refers to all of the participant’s foods and formula together. Most participants will receive foods from two different modules. Women and children with special dietary needs may receive foods from all three.

Module A - Milk Templates – Women and Children

Standard Milk Templates

ML-C-Y = Woman or Child 24-60 mo: liquid cow’s milk (non-fat, 1%); cheese; 1 qt. lowfat yogurt.

MW-C = Child 13-23 mo: liquid cow’s milk (whole); cheese.

Non-Standard Milk Templates

The non-standard milk templates offer different choices for types of milk. You can also choose templates with less cheese and more milk.

Module A - Milk Template Codes		
First Letter	Second Letter	Extra Letters
M - Liquid Cow’s Milk	L - Non-fat, 1%	C - Cheese is included
G - Liquid Goat’s Milk	W - Whole milk only	0 - No Cheese included
S - Soy Milk Beverage	2 - 2% only	T - Tofu included
L - Lactose-free Milk		Y - Yogurt included
A - Acidophilus Milk		YW - Whole yogurt assigned to soy beverage

Examples:

S-0 = Soy milk beverage; no cheese.

GL-C = Goat’s milk (non-fat or 1%); cheese included.

NOTE: Evaporated or dry powdered versions of milk do not have templates. They are assigned from the “Modify” screen.

Module B - Food Templates – Women and Children

Standard Food Templates

Standard Food Templates include eggs, cereal, peanut butter, beans, 100% whole wheat bread or whole grains, juice, fish, fruit and vegetables. The templates have the foods and quantities appropriate for each category.

C = Children

WE = Fully breastfeeding women

WPB = Pregnant women or mostly breastfeeding women

WN = Non-breastfeeding women or women doing some breastfeeding and infant receives formula exceeding the IB maximum

WPB-M = Woman (pregnant or mostly breastfeeding, with multiples)

WE-M = Woman fully breastfeeding multiples

Non-Standard Food Templates

The non-standard food templates offer different choices for changing or removing some foods. The second part of the template tells what food has been changed.

Module B - Food Template Codes	
First Part (standard)	Second Part (what is different)
C	w/o PB – Without peanut butter
WE	w/o E – Without eggs
WPB	w/o F – without fish (tuna, salmon, sardines)
WN	J48 – Contains frozen juice which reconstitutes to 48 oz. juice, rather than bottled juice
WPB-M	J64 – Contains 64 oz. bottled juice
WE-M	

Examples:

C w/o E = The standard child foods without eggs.

WPB-M-w/o F = The standard foods for a pregnant woman with multiples, without fish.

Module A – Formula Templates - Infant

Standard Infant Formula Template

The Standard Formula Template for infants is for the bid formula.

SIA-P = Similac Advance Powder

Non-Standard Infant Formula Templates

All formulas have a three letter abbreviation.

- One word formulas will use the first three letters.
Example: Nutramigen=NUT
- Two word formulas use the first two letters of the first word and the first letter of the second word.
Example: Similac Advance=SIA
- Three word formulas use the first letter of each word.
Example: Bright Beginnings Soy=BBS

Module A – Infant Formula Template Codes	
First Part (abbreviation of name of formula)	Second Part (type of formula)
<i>Examples:</i> SIA NUT GSO	C – Concentrate
	P – Powder
	R- Ready to Feed

Examples:

SIA-C = Similac Advance, concentrate or

NEI-P = Neocate Infant, powder

NOTE: Some formulas will include additional letters or numbers to differentiate similar items. *Example: PEP 1.0 or PEP 1.5 indicates two kinds of Pediasure Peptide.*

Module B - Food Templates - Infants

Standard Food Templates for Infants

I-FVC – Foods for non-breastfeeding and some or mostly breastfeeding infants include baby food fruits, baby food vegetables, baby cereal

I-FVCM – Foods for exclusively breastfeeding infants include baby food fruits, baby food vegetables, baby cereal, baby food meat

Non-Standard Food Template for Infants

Module B – Infant Food Template Codes	
First Part	Second Part
I - Infant	FVC-\$4 – replaces 64 ounces of the baby food fruits and vegetables with cash value of \$4 for fresh fruits and vegetables
	FVCM-\$8 - replaces 128 ounces of the baby food fruits and vegetables with cash value of \$8 for fresh fruits and vegetables

Example:

I-FVCM-\$8 = Cash benefit for fresh fruits and vegetables, baby food fruit, baby food vegetables, baby food meat and baby cereal.

Module C – Formula Templates – Special Women and Special Children

Standard Formula Template – Women and Children

There is not a Standard Formula Template for women and children. Formula selected in Module C must be prescribed by a Health Care Provider and requires Medical Documentation.

Non-Standard Formula Templates – Women and Children

NOTE: Formulas not available as a template can be added using the “Modify” screen.

All formulas have a three letter abbreviation.

- One word formulas will use the first three letters.
Example: Nutramigen=NUT
- Two word formulas use the first two letters of the first word and the first letter of the second word.
Example: Similac Advance=SIA
- Three word formulas use the first letter of each word.
Example: Bright Beginnings Soy=BBS

Module A – Infant Formula Template Codes	
First Part (abbreviation of name of formula)	Second Part (type of formula)
Examples: SIA NUT GSO	C – Concentrate
	P – Powder
	R- Ready to Feed

Examples:
SIA-C = Similac Advance, concentrate or
NEI-P = Neocate Infant, powder

NOTE: Some formulas will include additional letters or numbers to differentiate similar items. *Example: PEP 1.0 or PEP 1.5 indicates two kinds of Pediasure Peptide.*

Any Module – “Z” or “No Food” Templates

Template codes which begin with **Z** indicate the participant is not receiving milk, formula or foods in that module.

“No Food” Templates**Z –**

The “Z” package defaults in Module A for fully breastfed infants who do not receive any formula.

ZN –

The “ZN” package defaults for WBN women after 6 months postpartum. You may also select the “ZN” package for any participant who is not receiving foods in a module.

Examples:

- *Participant is unable to eat or tolerate a particular group of foods, such as dairy products.*
- *Participant declines foods offered.*

Postpartum Women Categories

Fully Breastfeeding: A breastfeeding mother who is up to one year postpartum, whose infant does not receive infant formula from WIC.
TWIST Code – **WE**

Mostly Breastfeeding: A breastfeeding mother who is up to one year postpartum, whose infant receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant.
TWIST Code – **WB**

Some Breastfeeding: A breastfeeding mother 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.
TWIST Code – **WBN**

Non-Breastfeeding: A mother who is not breastfeeding and is less than 6 months postpartum.
TWIST Code – **WN**

Infant Categories

Fully Breastfeeding: A breastfeeding infant who is up to one year of age and does not receive infant formula from WIC.
TWIST Code – **IE**

Mostly Breastfeeding: A breastfeeding infant who is one month to one year of age and receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant for the infant's age.
TWIST Code – **IB**

Some Breastfeeding: 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 for the infant's age.
TWIST Code – **IBN**

Non-Breastfeeding: An infant who is not breastfeeding and is up to one year of age and receives infant formula from WIC.
TWIST Code – **IN**



Postpartum Woman and Infant Categories and Age Ranges in TWIST														
Month No.	Jan	Feb	Mar	Apr	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb
TWIST calculates month based on calendar month, rounded to the end of the month. Categories are based on calendar month, except birth to one month and changing from an infant to a child.														
	0-1 month, Birth month	After 1st month through 3 months												
	4 months through 6 months											7 months to 1 year of age		
Example: Jan 15	Turns 1 mo. 2/15	Turns 2 mo. 3/15	Turns 3 mo. 4/15	Turns 4 mo. 5/15	Turns 5 mo. 6/15	Turns 6 mo. 7/15	Turns 7 mo. 8/15	Turns 8 mo. 9/15	Turns 9 mo. 10/15	Turns 10 mo. 11/15	Turns 11 mo. 12/15	Turns 12 mo. 1/15	Infant turns 1 year on Jan 15	
WE	Eligible until month baby turns 1 year old - Gets normal food package													
IE	0 through 6 months gets breast milk only													
WB	Eligible until month baby turns 1 year old - Gets reduced food package													
IB	Breast milk only	1-3 month - breast milk + 1-4 cans powder												
WBN	Eligible to 1 year - Gets package equal to WN thru month baby turns 6 months													
IBN	Breast milk only	1-3 months - breast milk + 5-8 cans powder												
WN	Eligible until baby completes their 6th month of age - Gets WN food package													
IN	0-3 months - 9 cans powder											4-6 months - 10 cans powder		
C												7 months to 1 year - 7 cans of powder + baby cereal and fruits/veggies	Child	
<p>TWIST will not allow IE, IB, or IBN infants to receive formula during birth month.</p> <p>Policy will instruct to not give formula to IE, IB or IBN infants until after the date they turn 1 month old. Example: IB and IBN infants eligible for supplemental formula after 2/14</p> <p>Mom and baby category must match:</p> <p>WE/IE = Fully breastfeeding</p> <p>WB/IB = Mostly breastfeeding</p> <p>WBN/IBN = Some breastfeeding</p> <p>WN/IN = Non-breastfeeding</p>														

The amount of breastfeeding determines mom's and baby's food packages.

Overview of the “standard” food packages for postpartum women

Foods	Fully Breastfeeding (WE)	Mostly Breastfeeding (WB)	Some Breastfeeding (WBN)	Non-breastfeeding (WN)
Fruits & veggies	\$11	\$11	\$11	\$11
Cereal	36 ounces	36 ounces	36 ounces	36 ounces
Whole grains	1 pound	1 pound	n/a	n/a
Milk & yogurt	5 gallons + 32 ounces	4 ½ gallons + 32 ounces	3 gallons + 32 ounces	3 gallons + 32 ounces
Cheese	2 pounds	1 pound	1 pound	1 pound
Eggs	2 dozen	1 dozen	1 dozen	1 dozen
Juice	3 cans frozen	3 cans frozen	2 cans frozen	2 cans frozen
Beans / Peanut butter	1 pound dry beans OR (4) 15-16 ounce canned beans, AND 18 ounces peanut butter	1 pound dry beans OR (4) 15-16 ounce canned beans, AND 18 ounces peanut butter	1 pound dry beans OR (4) 15-16 ounce canned beans, OR 18 ounces peanut butter	1 pound dry beans OR (4) 15-16 oz. canned beans, OR 18 oz. peanut butter
Canned fish	30 ounces	n/a	n/a	n/a

Details

- Women who receive both beans and peanut butter can replace the peanut butter with either 1 pound of dry beans, or 4 cans of canned beans.
- A mom who was on WIC during pregnancy will get WP vouchers until the 2nd month postpartum. Between the time her baby is born and the end of her WP certification, her choices are: A) Put the baby on WIC as an exclusively breastfed baby and get the additional foods she is eligible for as a WE; B) Wait until the baby is over one month old and put the baby on as being “mostly” or “some” breastfed; C) Put the baby on as a non-breastfeeding baby and receive the WN foods; or, D) Wait to do anything until her postpartum recertification appointment.
- Mom and baby category must match. TWIST will not allow benefits to be issued if the mom and baby categories don't match.
- For a WBN mom, because of the amount of formula the breastfed baby is receiving after six months, mom does not receive a food package, but still participates in WIC as a breastfeeding woman and continues to receive breastfeeding support, nutrition education, Farm Direct checks, and other WIC services until 1 year postpartum.
- TWIST calculates food packages by calendar month and rounds ages to the end of the month.

Overview of food packages for infants

		Age of Infant			
Category	Each month	Birth – date turns 1 month	1 - 3 months	4 - 6 months	7 - 12 months
Fully Breastfeeding WE/IE	Mom gets:	Fully breastfeeding food package			
	Baby gets:	Mom's breast milk			Breast milk plus up to: 24 oz. infant cereal 256 oz. baby food fruits and vegetables 77.5 oz. baby food meat
Mostly Breastfeeding WB/IB	Mom gets:	WP food package	Mostly Breastfeeding food package		
	Baby gets:	Mom's breast milk	Breast milk and up to 4 cans powdered bid formula	Breast milk and up to 5 cans powdered bid formula	Breast milk and up to 4 cans powdered bid formula 24 oz. infant cereal 128 oz. baby food fruits and vegetables
Some Breastfeeding WBN/IBN	Mom gets:	WP food package	Some Breastfeeding food package		No food package
	Baby gets:	Mom's breast milk	Breast milk and 5 to 8 cans powdered bid formula	Breast milk and 6 to 9 cans powdered bid formula	Breast milk and 5 to 6 cans powdered bid formula 24 oz. infant cereal 128 oz. baby food fruits and vegetables
Non-Breastfeeding WN/IN	Mom gets:	Non-breastfeeding food package			Categorically ineligible – no food package
	Baby gets:	9 cans powdered bid formula	9 cans powdered bid formula	10 cans powdered bid formula	7 cans powdered bid formula 24 oz. infant cereal 128 oz. baby food fruits and vegetables.

NOTE: Infants 9 months of age or older may opt to replace 64 ounces of baby food fruits and vegetables with \$4 fresh fruit and veggies.

As the certifier, you will want to think of the mom and her babies as a breastfeeding unit and assign food packages and categories to the babies in a way that maximizes the food package available for mom. You will notice that the formula can be divided in a variety of ways between the babies. You can assign mom as **mostly breastfeeding (WB)** as long as she has at least one baby that is **fully (IE)** or **mostly (IB) breastfed**. (Note: “Twins or more” must be marked in TWIST)

Baby 1 category	Baby 2 category	Baby 3 category	Total amount of powdered bid formula assigned to all babies 0-3 months.	Mom category	Assign these milk and food templates to mother
Twins					
Fully BF (IE)	Fully BF (IE)		None	Fully BF (WE)	ML-C, WE-M
Fully BF (IE)	Mostly BF (IB)		1-4 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Some BF (IBN)		5-8 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Non-BF (IN)		9 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Mostly BF (IB)		2-8 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Some BF (IBN)		6-12 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Non-BF (IN)		10-13 cans	Mostly BF (WB)	ML-C, WPB-M
Some BF (IBN)	Some BF (IBN)		10-16 cans	*Some BF (WBN)	ML-C, WN to 6 mo. postpartum
Some BF (IBN)	Non-BF (IN)		14-17 cans	Some BF (WBN)	ML-C, WN to 6 mo. postpartum
Non-BF (IN)	Non-BF (IN)		18 cans	Non-BF (WN)	ML-C, WN to 6 mo. postpartum

* Assigning the infant categories in this combination limits mom’s food package. Consider assigning the infants category and food packages in such a way that mom receives the larger food package until 1 year postpartum.

Category Assignments for Breastfeeding Multiple Babies (Twins or more)

Baby 1 category	Baby 2 category	Baby 3 category	Total amount of powdered bid formula assigned to all babies 0-3 months.	Mom category	Assign these milk and food templates to mother
Triplets					
Fully BF (IE)	Fully BF (IE)	Fully BF (IE)	None	Fully BF (WE)	ML-C, WE-M
Fully BF (IE)	Fully BF (IE)	Mostly BF (IB)	1-4 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Fully BF (IE)	Some BF (IBN)	5-8 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Fully BF (IE)	Non-BF (IN)	9 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Mostly BF (IB)	Mostly BF (IB)	2-8 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Mostly BF (IB)	Some BF (IBN)	6-12 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Mostly BF (IB)	Non-BF (IN)	10-13 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Some BF (IBN)	Some BF (IBN)	10-16 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Some BF (IBN)	Non-BF (IN)	14-17 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Non-BF (IN)	Non-BF (IN)	18 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Mostly BF (IB)	Mostly BF (IB)	3-12 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Mostly BF (IB)	Some BF (IBN)	7-16 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Mostly BF (IB)	Non-BF (IN)	11-17 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Some BF (IBN)	Some BF (IBN)	11-20 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Some BF (IBN)	Non-BF (IN)	15- 21 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Non-BF (IN)	Non-BF (IN)	19-22 cans	Mostly BF (WB)	ML-C, WPB-M

For Similac Advance (SIA-P) or Gerber Good Start Soy (GSO-P) Powder		
If the infant is getting this much supplemental formula each day:		Assign this amount of Similac Advance (SIA-P) or Gerber Good Start Soy (GSO-P) powdered formula:
0 - 3 oz. per day	→	1 can powder per month
4 - 6 oz. per day	→	2 cans powder per month
7 - 9 oz. per day	→	3 cans powder per month
10 - 12 oz. per day	→	4 cans powder per month
13 - 15 oz. per day	→	* 5 cans powder per month
16 - 18 oz. per day	→	* 6 cans powder per month
19 - 21 oz. per day	→	* 7 cans powder per month
22 - 24 oz. per day	→	* 8 cans powder per month
25 - 27 oz. per day	→	* 9 cans powder per month

* This quantity may exceed the maximum allowed as determined by infant age and category.

NOTES:

- One can of Similac Advance powder (SIA-P) yields 90 ounces of reconstituted infant formula and Gerber Good Start Soy powder (GSO-P) yields 91 ounces.
- Use the formula job aids to find the reconstitution for other types of formula and calculate the number of cans per month a participant would need.

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Number of cans allowed by age and category

Key:

Maximum formula ounces allowed for age and category listed

Reconstitution = Number of fluid ounces of formula that can be made from one can using standard dilution (20 kcal/oz).

Formula codes:

Similac Advance = SIA

Gerber Good Start Soy = GSO

Example: SIA-P = Similac Advance powder

Please note:

Standard infant formulas are not available from Formula Warehouse.

Mostly breastfed (IB)

Formula	Can Size	Sub-category	Reconstitution	<1mo	1-3 mo	4-6 mo	7-12 mo
Powder					435 oz	522 oz	384 oz
Similac Advance	12.4	21-082	90	0	1-4	1-5	1-4
Gerber Soy	12.9	21-060	91	0			
Concentrate					388 oz	460 oz	315 oz
Similac Advance	13	21-083	26	0	1-14	1-17	1-12
Gerber Soy	12.1	21-061	24.2		1-16	1-19	1-13
Ready to Feed					384 oz	474 oz	338 oz
Similac Advance	32	21-084	32	0	1-12	1-14	1-10
Gerber Soy	33.8*	21-062	33.8		1-11	1-14	1-10

**Gerber Good Start Soy Ready to Feed (4-packs = four 8.45 oz tetrapaks = 33.8 oz)*

Some breastfeeding (IBN)

Formula	Can Size	Sub-category	Reconstitution	<1mo	1-3 mo	4-6 mo	7-12 mo
Powder					776 oz	866 oz	603 oz
Similac Advance	12.4	21-082	90	0	5-8	6-9	5-6
Gerber Soy	12.9	21-060	91				
Concentrate					751oz	823 oz	557oz
Similac Advance	13	21-083	26	0	15-28	18-31	13-21
Gerber Soy	12.1	21-061	24.2		17-31	20-34	14-23
Ready to Feed					736 oz	812oz	544 oz
Similac Advance	32	21-084	32	0	13-23	15-25	11-17
Gerber Soy	33.8*	21-062	33.8		12-21	15-24	11-16

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-breastfeeding infant (or less 3 cans concentrate or less 3 cans ready to feed)

Non-breastfeeding infants (IN) and Children receiving infant formula (C-1)

Formula	Can Size	Sub-category	Reconstitution	0-3 mo	4-6 mo & 7-12 mo “special” (no infant foods)	7-12 mo	13-24 mo (C1)
Powder				870 oz	960 oz	696 oz	910
Similac Advance	12.4	21-082	90	9	10	7	10
Gerber Soy	12.9	21-060	91				
Concentrate				823 oz	896 oz	630 oz	910
Similac Advance	13	21-083	26	31	34	24	35
Gerber Soy**	12.1	21-061	24.2	34	37	26	37
Ready to Feed				832 oz	913 oz	643 oz	910
Similac Advance	32	21-084	32	26	28	20	28
Gerber Soy**	33.8*	21-062	33.8	24	27	19	26

*Gerber Good Start Soy Ready to Feed (4-packs = four 8.45 oz tetrapaks = 33.8 oz)

When a breastfeeding woman presents with a special breastfeeding situation, this Job Aid may help with determining whether she is eligible for WIC, her category, and the benefits she is eligible to receive. If a special situation arises that is not listed below, contact your WIC Coordinator.

Birth mother and infant are living apart (adoption, foster care)

- ◆ A birth mother who is providing breast milk for the infant, even though separated from the infant, may qualify for WIC as a breastfeeding woman if the following criteria are met:
 - The infant is enrolled on WIC
 - The infant’s adopted or foster mother is not on WIC as a breastfeeding woman
 - The birth mother meets the eligibility requirements of income, residency, and nutritional risk
 - The birth mother is not receiving compensation for her breast milk
- ◆ If the birth mother *is not* breastfeeding, she may still qualify for WIC as a non-breastfeeding postpartum woman if the eligibility requirements of income, residency, and nutritional risk are met.

TWIST Documentation	Food Package Assignment
<ul style="list-style-type: none"> ● Link birth mother to the breastfeeding infant ● Make note in record that mother is living apart from infant 	<ul style="list-style-type: none"> ● Assign the WBN food package if the mother is providing some breast milk for the infant ● Assign the WN food package if the mother is not breastfeeding

Birth mother and non-birth mother are both breastfeeding the infant and are living apart (adoption, foster care)

- ◆ The non-birth mother must be breastfeeding and meet the eligibility requirements of income, residency, and nutritional risk in order to qualify for WIC.
- ◆ If *both* the non-birth mother and the birth mother are breastfeeding, and the birth mother is providing some breast milk for the infant (even though separated from the infant), the birth mother may still be considered for eligibility as a ***non-breastfeeding*** postpartum woman. Although she is technically breastfeeding, only *one* woman can be certified on WIC as a breastfeeding woman.

- ◆ If *both* the non-birth mother and the birth mother are certified on WIC, the infant may be claimed in only one woman’s household for determining family size and income eligibility.
- ◆ The infant is not required to live with the non-birth breastfeeding woman.

TWIST Documentation	Food Package Assignment
<ul style="list-style-type: none"> ● Link breastfeeding infant to the woman categorized as the WIC breastfeeding mother ● Document the other mother’s ID number in the WIC Notes of each record to link them 	<ul style="list-style-type: none"> ● Assign the WE food package to the non-birth breastfeeding woman ● Assign the ZN food package to the breastfeeding baby ● Assign the WN food package to the non-breastfeeding woman (birth mother)

Birth mother and non-birth mother are both breastfeeding the infant and live in the same household

Only *one* woman in the household may be certified as a breastfeeding woman.

- ◆ Since the non-birth mother cannot be on WIC as a postpartum woman (she was never pregnant), she must be certified as the breastfeeding woman and the birth mother will be certified as the non-breastfeeding postpartum woman (even though she is breastfeeding).
- ◆ The length of the certifications will be determined by the age of the infant. As with birth mothers, a non-birth mother’s status as a breastfeeding woman ends when she stops nursing the infant at least one time per day or at the infant’s first birthday, whichever comes first.
- ◆ Both women are to be offered second nutrition education, breastfeeding support, the correct food package for her category and referral to a lactation specialist, if appropriate.
- ◆ The two mothers will be enrolled and certified in *separate* families in TWIST and the infant will be in the family with the breastfeeding woman, in order to match their categories.
- ◆ Since the two mothers actually do live in the same household, document the same household size and same income in both records.
- ◆ Complete the certification for the non-birth breastfeeding woman just as you would for the birth mother with these exceptions:

- On the Medical Data screen, enter **999** for “Total Weight Gain, Pregnancy Just Completed”.
 - On the Health History questionnaire, enter **one** for the question “For the pregnancy just completed, how many babies were delivered?” even though she did not give birth.
 - Document the other mother’s ID number in the WIC Notes of each record to link them.
- ◆ Assign the WE food package to the non-birth breastfeeding woman, and the Z food package to the breastfeeding baby. Assign the non-breastfeeding woman (birth mother) the WN food package. See ◆710—Breastfeeding: Definition, Promotion and Support Standards, and ◆769—Assigning WIC Food Packages for further information.

TWIST Documentation	Food Package Assignment
<ul style="list-style-type: none"> • Link breastfeeding infant to WIC breastfeeding woman (non-birth mother) • Enroll and certify the two mothers in separate families in TWIST • Enroll infant in the family with the WIC breastfeeding woman • Document the same household size and same income in both records • Certification of the non-birth breastfeeding woman: Medical Data Screen Enter 999 for “Total Weight Gain, Pregnancy Just Completed” Health History Questionnaire Enter one for the question “For the pregnancy just completed, how many babies were delivered?” even though she did not give birth • Document the other mother’s ID number in the WIC Notes of each record to link them 	<ul style="list-style-type: none"> • Assign the WE food package to the non-birth breastfeeding woman • Assign the Z food package to the breastfeeding baby • Assign the non-breastfeeding woman (birth mother) the WN food package. <p>See ◆769—Assigning WIC Food Packages for further information</p>

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For both cow and goat, dry and evaporated milk, the size of the container is **not** printed on the receipt or the Food List or when Customer Service is contacted.

In addition, only one size of container can be used when purchasing these products. For dry cow milk, it is the 25.6 oz. pouch or box. For evaporated cow milk, it is the 12 oz. can. Meyenberg goat milk is the only authorized brand, and both evaporated and powdered goat milk are packaged in a 12 oz. can.

The WIC Benefits List does have the container size, so it will be important to give the participant their WIC Benefits List and point out the container size they must use to purchase these products with WIC.

When a participant prefers dry or evaporated milk, consider the reconstitution amounts of the box or can when issuing.

Dry Milk

For cow milk, the only dry milk option available is a 25.6 oz. pouch or box of nonfat dry milk. The powdered goat milk option is a 12 oz. can. When mixed with water as directed on the container, each will make:

- 25.6 oz. container of dry cow milk = 2 gallons milk
- 12 oz. can of powdered goat milk = .75 gallons milk

In order to assign the maximum milk benefit, most participants would be assigned a few quarts of liquid milk in addition to the dry milk.

Example Receipt

Benefits Expire on XX-XX-20XX

01 CTR NONFAT DRY MILK
24 CAN EVAP FAT FREE MILK
16 CAN EVAPORATED WHOLE MILK
28 CAN EVAP WHOLE GOAT MILK
04 CAN PWD WHOLE GOAT MILK
07 CAN PWD NONFAT GOAT MILK

WIC Benefits List

<u>Quantity</u>	<u>Unit</u>	<u>Food Item Description</u>
01	CTR	Non fat dry milk 25.6 oz. ←
24	CAN	Evaporated fat free milk 12 oz. ←
16	CAN	Evaporated whole milk 12 oz.
28	CAN	Evap whole goat milk 12 oz.
04	CAN	Powdered whole goat milk 12 oz.
07	CAN	Powdered nonfat goat milk 12 oz.

Evaporated milk

Evaporated goat or cow milk is only available in a 12 oz. can.

One 12 oz. can of evaporated milk mixed with 12 oz. of water reconstitutes to 24 oz. or 3 cups of milk (.75 quart). We cannot assign in increments that are smaller than a quart, so when determining how many cans of evaporated milk to assign, consider issuing in increments of 4 cans. Every 4 cans of evaporated milk provides 3 quarts of milk.

4 cans evaporated milk	=	.75 gallon milk	(3 qts)
8 cans evaporated milk	=	1.5 gallons milk	(6 qts)
12 cans evaporated milk	=	2.25 gallons milk	(9 qts)
16 cans evaporated milk	=	3 gallons milk	(12 qts)
20 cans evaporated milk	=	3.75 gallons milk	(15 qts)
24 cans evaporated milk	=	4.5 gallons milk	(18 qts)
28 cans evaporated milk	=	5.25 gallons milk	(21 qts)
32 cans evaporated milk	=	6 gallons milk	(24 qts)
36 cans evaporated milk	=	6.75 gallons milk	(27 qts)
40 cans evaporated milk	=	7.75 gallons milk	(31 qts)

To reach the maximum milk benefit for the participant, it may be necessary to assign quarts of liquid milk, along with the evaporated milk.

Contraindicated foods: Foods which the health care provider determines are not appropriate for the participant's medical condition (e.g. peanut allergy).

Medical formulas: Term used by Oregon WIC to describe:

- exempt infant formula: any infant formula other than the current bid formula that is for use by infants who have diagnosed medical or dietary problems, such as milk protein allergy or low birth weight (i.e. Neocate Infant)
- medical formula/nutritional for children and women (i.e. Boost Kid Essentials)

Milk allergy: Adverse response of the immune system to the protein in milk. Symptoms can include: skin rashes, digestive disturbances or respiratory distress.

Non-qualifying condition: Conditions which do not meet USDA requirements for issuance of medical formula/nutritional. These conditions include:

- Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food/formula packages;
- Non-specific formula or food intolerance;
- Women and children 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; or,
- Any participant whose need for the food package is solely for the purpose of improving nutrient intake or managing body weight without any underlying qualifying condition.

Prescriptive authority: A health care provider licensed by the state to write prescriptions. Health care professionals with prescriptive authority in Oregon include: Medical Doctors/Physicians (MD); Physician Assistants (PA); Nurse Practitioners (NP); Certified Nurse Specialists (CNS); Doctors of Osteopathy (DO); Naturopathic Physicians (ND).

Qualifying condition: A medical condition determined by a health care provider with prescriptive authority. Qualifying conditions include premature birth, low birth weight, failure to thrive, malabsorption syndromes, immune system disorders, severe food allergies (Refer to qualifying conditions handout).

Severe lactose intolerance: Medical condition caused by a lack of the enzyme lactase, needed to digest lactose, the carbohydrate in milk. Symptoms, which occur relatively quickly after consuming milk products (less than 2 hours), can include bloating, gassiness, abdominal cramps and diarrhea. Participants with low lactase levels may be able to digest small amounts of milk and other dairy products.

“Special /Special Client”: TWIST designation used to indicate women and children receiving medical formulas or foods.

Qualifying Conditions for Issuance of WIC-approved Medical Formula or Medical Food

Participant category	Qualifying conditions	Non-qualifying conditions
Infants (birth-12 months)	<ul style="list-style-type: none"> • Premature birth • Low birth weight • Failure to thrive • Gastrointestinal disorders • Malabsorption syndromes • Immune system disorders • Severe food allergies requiring an elemental formula • Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant’s nutritional status 	<ul style="list-style-type: none"> • Non-specific formula or food intolerance • Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food/formula packages
Children (13-60 months)	<ul style="list-style-type: none"> • Premature birth • Failure to thrive • Gastrointestinal disorders • Malabsorption syndromes • Immune system disorders • Severe food allergies requiring an elemental formula • Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant’s nutritional status 	<ul style="list-style-type: none"> • Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages • Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition (e.g. PediaSure for “picky eater”) • Parental preference or request
Women	<ul style="list-style-type: none"> • Gastrointestinal disorders • Malabsorption syndromes • Immune system disorders • Severe food allergies requiring an elemental formula • Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant’s nutritional status 	<ul style="list-style-type: none"> • Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages • Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition • Personal preference

ICD-10 Codes and associated WIC Nutrition Risks

This job aid is intended for general comparison only

ICD-10 code	Code Name	Risk Number	Nutrition Risk Names
R63.6	Underweight	103	Underweight or at-Risk of (Infants and Children)
R63.8	Other symptoms and signs concerning food and fluid intake	131	Low Maternal Weight Gain
R63.4	Abnormal weight loss	132	Maternal Weight Loss during Pregnancy
P92.6	Failure to thrive in newborn	134	Failure to Thrive (FTT)
E40-46	Malnutrition		
R62.51	Failure to thrive, child		
P05	Disorders of newborn related to slow fetal growth and fetal malnutrition	135	Slow Weight Gain
R62	Lack of expected normal physiological development in childhood		
P07	Low birth weight	141	Low Birth Weight (LBW)
P07	Prematurity	142	Prematurity
K59	Intestinal malabsorption	342	Gastro-Intestinal Disorders
R19.7	Diarrhea		
P78.83	Newborn esophageal reflux		
K21	Gastro esophageal reflux (GERD)		
E08-13	Diabetes Mellitus	343	Diabetes Mellitus
E50-64	Other Nutritional deficiencies	341	Nutrient Deficiency Diseases
Q00-99	Genetic and Congenital Disorders	349	Genetic and Congenital Disorders
E70-88	Metabolic disorders	351	Inborn Errors of Metabolism
L27.2	Dermatitis due to ingested food	353	Food Allergies
T78.0-8	Anaphylactic reaction due to food		
K52.2	Gastroenteritis, colitis, milk protein allergy		
D89.0	Disorder involving the immune mechanism, unspecified		
K90.0	Intestinal malabsorption	354	Celiac Disease
P92	Feeding problems of newborn	362	Developmental, Sensory or Motor Delays Interfering with Eating (includes tube feeding)
R63.3	Feeding difficulties		
R13.1	Dysphagia		

ICD = International Classification of Diseases. ICD codes are the most widely used classification system for diseases.

ICD-10data.com = <http://www.icd10data.com/>

Number of containers allowed by age and/or category

Key: Medical Formulas in WIC refer to any formula other than the current milk-based or soy-based bid formula

IB = Infant who is **mostly** breastfeeding

IBN = Infant who is breastfeeding **some**

IN = Infant who is **non**-breastfeeding

Maximum ounces allowed for age and category listed

Formula = Name of medical formula.

Cont Size = the size of the container, in ounces unless noted, the formula comes in.

Reconstitution = Number of fluid ounces of formula that can be made from this can size using manufacturer's guidelines for dilution. For formulas with varying caloric density values (e.g. Ketocal) maximum issuance is based on a dilution value of 20 Kcal/oz.

<1 mo, etc. = the number of containers that can be provided for that age range.

FW? = Indicates if this formula is available for ordering from the Formula Warehouse.

Subcategory = Number assigned to the formula in TWIST; used for running reports on participant use of subcategory.

Number of containers for mostly breastfed infants (IB)

Formula	Cont. Size	FW?	Sub category	Re-constitution	<1mo	1-3 mo	4-6 mo	7-12 mo
Powder						435 oz	522 oz	384 oz
Alimentum	12.1	Yes	31-033	87	0	1-3	1-4	1-3
Duocal	400g	Yes	41-074	98	0	4	5	3
Elecare for Infants	14.1	Yes	31-042	95	0	1-4	1-5	1-4
Enfacare	12.8	Yes	31-067	82	0	1-5	1-6	1-4
Enfamil AR	12.9	Yes	21-013	93	0	1-4	1-5	1-4
Neocate Infant	14	Yes	31-072	85	0	1-5	1-6	1-4
Neosure	13.1	Yes	31-030	87	0	1-5	1-6	1-4
Nutramigen with Enflora	12.6	Yes	31-004	87	0	1-5	1-6	1-4
PurAmino	14.1	Yes	31-069	98	0	1-4	1-5	1-3
Pregestimil	16	Yes	31-009	112	0	1-3	1-4	1-3
Similac PM 60/40	14.1	Yes	31-036	102	0	1-4	1-5	1-3
Similac for Spit-Up	12.0	No	21-085	90	0	1-4	1-5	1-4
Concentrate						388 oz	460 oz	315 oz
Nutramigen	13	No	31-005	26	0	1-14	1-17	1-12

Number of containers for mostly breastfed infants (IB) continued

Formula	Cont. Size	FW?	Sub category	Re-constitution	<1mo	1-3 mo	4-6 mo	7-12 mo
Ready to Feed						384 oz	474 oz	338 oz
Alimentum	32	No	31-032	32	0	1-12	1-14	1-10
Enfamil AR		No	21-014					
Neosure		No	31-031					
Similac for Spit-Up		No	21-071					
Enfamil Enfacare	Six pack of 8 oz bottles	Yes	31-067	48	0	1-8 6-packs	1-9 6-packs	1-7 6-packs

Number of containers for some breastfeeding infants (IBN)

Formula	Cont. Size	FW ?	Sub category	Re-constitution	<1 mo	1-3 mo	4-6 mo	7-12 mo
Powder						776 oz	866 oz	603 oz
Alimentum	12.1	Yes	31-033	115	0	4-6	5-7	4-5
Duocal	400g	Yes	41-074	98	0	7	8	6
Elecare for Infants	14.1	Yes	31-042	95	0	5-8	6-9	5-6
Enfacare	12.8	Yes	31-067	82	0	5-9	7-10	5-7
Enfamil AR	12.9	Yes	21-013	93	0	5-8	6-9	5-6
Neocate Infant	14	Yes	31-072	85	0	6-9	7-10	5-7
Neosure	13.1	Yes	31-030	87	0	6-8	7-9	5-6
Nutramigen Enflora	12.6	Yes	31-004	87	0	6-8	7-9	5-6
PurAmino	14.1	Yes	31-069	98	0	5-7	6-8	4-6
Pregestimil	16	Yes	31-009	112	0	4-6	5-7	4-5
Similac PM 60/40	14.1	Yes	31-036	102	0	5-7	6-8	4-5
Similac for Spit-Up	12.0	No	21-085	90	0	5-8	6-9	5-6
Concentrate						751 oz	823 oz	557 oz
Nutramigen	13	No	31-005	26	0	15-28	18-31	13-21
Ready to Feed						736 oz	812 oz	544 oz
Alimentum	32	No	31-032	32	0	13-23	15-25	11-17
Enfamil AR		No	21-014					
Neosure		No	31-031					
Similac for Spit-Up		No	21-071					
MCT Oil		Yes	41-194					
Enfamil Enfacare	Six pack of 8 oz bottles	Yes	31-067	48	0	9-15 6-packs	10-16 6-packs	7-11 6-packs

Number of Containers for Non-breastfeeding infants (IN) and Children up to 24 months (C-1)

Formula	Cont Size	FW ?	Sub category	Re-constitution	0-3 mo	4-6 mo and 7-12 mo "special" (no infant foods)	7-12 mo	13-24 mo (C-1)
Powder					870 oz	960 oz	696 oz	910
Alimentum	12.1	Yes	31-033	87	10	11	8	10
Duocal	14	Yes	41-074	98	8	9	7	9
Elecare for Infants	14.1	Yes	31-042	95	9	10	7	9
Enfacare	12.8	Yes	31-067	82	10	11	8	11
Enfamil AR	12.9	Yes	21-013	93	9	10	7	9
Neocate Infant	14	Yes	31-072	85	10	11	8	10
Neosure	13.1	Yes	31-030	87	10	11	8	10
Nutramigen Enflora	12.6	Yes	31-004	87	10	11	8	10
PurAmino	14.1	Yes	31-069	98	8	9	7	9
Pregestimil	16	Yes	31-009	112	7	8	6	8
Similac PM 60/40	14.1	Yes	31-036	102	8	9	6	8
Similac for Spit-Up	12.0	No	21-085	90	9	10	7	10
Concentrate					823 oz	896 oz	630 oz	910 oz
Nutramigen	13	No	31-005	26	31	34	24	35
Ready to Feed					832 oz	913 oz	643 oz	910
Alimentum	32	Yes	31-032	32	26	28	20	28
Enfamil AR		No	21-014					
Neosure		Yes	31-031					
Similac for Spit-Up		No	21-071					
Nutramigen		No	31-006					
MCT Oil		Yes	41-194					
Enfamil Enfacare	8	Yes	31-067	48	17 6-packs	19 6-packs	13 6-packs	18 6-packs
EnfaPort	6	Yes	31-075	6	138	152	107	N/A
KetoCal 4:1 vanilla	8	Yes	41-276	8	104	114	80	113

Medical Formulas for Children 12-60 months (C-1 and C-2)

Formula	Cont. Size	FW ?	Sub category	Case size	Re-constitution	Maximum containers allowed
Powder						910 oz
Duocal	400 g	Yes	41-074	4/case	98	9
Elecare Jr	14.1	Yes	31-073	6/case	95	9
Monogen	14	No	41-248	6/case	76	
Neocate Jr.	400g (14.1)	Yes	41-063	4/case	60	15
Ready to Feed						910 oz
Boost Kid Essentials 1.0	8	Yes	41-207	27/case	8	113
Boost Kid Essentials 1.5	8	Yes	41-208	27/case	8	113
Bright Beginnings Soy, 6-pack	8	Yes	41-092	Four 6-packs/case (24 bottles)	48	108 (eighteen 6-packs)
Compleat Pediatric	8.45	Yes	41-181	24/case	8.45	107
Neocate Splash Note: flavor needs to be specified in notes section of FW order form	8	Yes	41-066	27/case	8	113
MCT Oil	32	Yes	41-194	N/A	32	1
Nutren Jr	8.45	Yes	41-142	24/case	8.45	107
PediaSure 6-Pack Note: 6-pack retail version not available from FW	8	No	41-036	Four 6-packs/case	48	108 (eighteen 6-packs) <i>Note: maximum issuance is not possible with 6-packs</i>
PediaSure Institutional Note: Not available in retail stores. Order from FW	8	Yes	41-036	24/case	8	113

Formula	Cont. Size	FW ?	Sub category	Case size	Re-constitution	Maximum containers allowed
PediaSure Enteral Note: Not available in retail stores. Order from FW	8	Yes	41-037	24/case	8	113
PediaSure Peptide 1.0	8	Yes	41-228	24/case	8	113
PediaSure Peptide 1.5	8	Yes	41-234	24/case	8	113
Peptamen Jr 1.0	8.45	Yes	41-153	24/case	8.45	107
Peptamen Jr 1.5	8.45	Yes	41-234	24/case	8.45	107

Medical Formulas for Women

Formula	Cont Size	FW ?	Sub category	Case Size	Re-constitution	Maximum containers allowed
Powder						910 oz
Duocal	400 g	Yes	41-074	4/case	98	9
Ready to Feed						910 oz
Boost Plus, 6-pack Note: 6-pack retail version not available from FW	8	No	41-172	Four 6-packs/case	48	108 (eighteen 6-packs)
Boost High Protein, 6-pack Note: 6-pack retail version not available from FW		No	41-225			<i>Note:</i> maximum issuance is not possible with 6-packs
Boost Plus Institutional Note: Not available in retail stores; order from FW	8	Yes	41-172	24/case	8	113
Boost High Protein Institutional Note: Not available in retail stores; order from FW	8	Yes	41-225	24/case	8	113
Ensure with or w/o fiber, 6-pack Note: 6-pack retail version Not available from FW	8	No	41-005	Four 6-packs/case	48	108 (eighteen 6-packs) <i>Note:</i> maximum issuance is not possible with 6-packs
Ensure Plus, 6-pack Note: 6-pack retail version Not available from FW	8	No	41-012	Four 6-packs/case	48	108 (eighteen 6-packs) <i>Note:</i> maximum issuance is not possible with 6-packs
Ensure Institutional Note: Not available in retail stores	8	Yes	41-005	24/case	8	113

Formula	Cont Size	FW ?	Sub category	Case Size	Re-constitution	Maximum containers allowed
Ensure Plus Note: Institutional Not available in retail stores	8	Yes	41-012	24/case	8	113
Glucerna Shake	8	No	41-019	Four 6-packs/case (24 bottles)	8	108 (eighteen 6-packs) <i>Note: maximum issuance is not possible with 6-packs</i>
MCT Oil	32	Yes	41-194	n/a	32	1
Suplena CarbSteady	8	No	41-050	Four 6-packs/case (24 bottles)	8	108 (eighteen 6-packs) <i>Note: maximum issuance is not possible with 6-packs</i>

Retail vs. Institutional

Some nutritionals are packaged differently for stores-retail sales versus what is known as institutional sales (e.g. PediaSure, Boost, and Ensure). Containers sold in the stores in six containers per package do not allow for the maximum issuance (e.g. 113 containers vs. 108 containers). When the Medical documentation form requests the full issuance, ordering from the Formula Warehouse can fulfill this request. The product is the same, the packaging will look different.

Medical Formulas not provided by WIC

Oregon WIC does not provide medical formula in the following situations:

- Medical formula or nutritional provided by tube feeding (e.g. gastrostomy tube or nasogastric tube)
- Metabolic formulas for inborn errors of metabolism

Please contact your assigned Nutrition Consultant regarding the payment of these formulas by Medicaid.

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Post test

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1. Where does food package assignment fit in the certification process?
2. Which WIC staff members can assign a food package?
3. Define a standard food package.
4. List the type of modules that make up food packages.
5. What type of food package does a participant receive when they are enrolled after the 20th of the month?
6. What determines the amount of food that a breastfeeding woman will receive?
7. Describe the difference between mostly breastfeeding and some breastfeeding.
8. Where will a participant find information about the options of flavors or brands of food that they can choose from?

9. True or False. The best food package to assign to a participant is one that will meet the participant's needs based on their category, risk, personal preferences and cultural context.
10. List the steps in the process for assigning a food package.
11. When could a pregnant woman receive the same amount of food as a fully breastfeeding woman?
12. At what age can WIC begin providing supplemental formula to a breastfed infant?
13. In what situation could a fully breastfeeding woman receive 1.5 times the regular fully breastfeeding food package?
14. What are the two categories that are ineligible for milk, food or formula modules?
15. Which form of formula is included in the standard packages for non-breastfeeding infants?
16. Describe a scenario where ready-to-feed formula may be assigned.
17. At what age can WIC begin providing baby foods for infants and regular foods for children?

18. What are two suggestions a certifier might make to a participant who does not want to purchase a particular food, or won't use as much of a food as WIC provides?
19. When assigning a WIC food package, is it more important to take into consideration the needs of the participant, or the needs of the participant's family?
20. In what situation might evaporated or dry milk be a useful option?
21. What does the template code GL-0 stand for?
22. What food package can be provided to an adult participant who is living and eating meals in an institution, such as a hospital, jail or care facility?
23. Which of the following are alternatives for women or children on WIC who have a cow's milk allergy or intolerance? Circle all that apply.
 - a. Goat's milk
 - b. Acidophilus milk
 - c. Chocolate milk
 - d. Rice milk
 - e. Soy beverage
 - f. Lactose free milk
 - g. Soy formula
24. True or False. WIC food packages are vegetarian, but not vegan.

25. Who should a participant be referred to when health conditions require special food package considerations and counseling?

26. Fill in the blank: A _____ is a medical diagnosis made by a health care provider that requires use of a medical food or formula to maintain good health or improve health outcomes for a participant.

27. In 'TWIST', what identifier is used so that women and children can be assigned medical foods or formulas?

28. True or False. Health care providers do not need to approve the issuance of foods along with a medical formula.

29. At what age can an infant receive a fresh fruit and veggie benefit for half of their baby food?

30. Identify one situation where WIC would not provide a medical food or formula.

31. Circle any of the following that require medical documentation.
 - a. Standard food packages
 - b. Medical formulas
 - c. Soy beverages for women
 - d. Medical foods
 - e. Bid infant formulas
 - f. Regular foods provided with medical formulas
 - g. Whole milk for one year old children
 - h. Soy beverages for children
 - i. Non-bid infant formulas
 - j. Whole milk for women

32. Who can provide the medical documentation needed for WIC?
33. True or False? Formula Warehouse orders will appear on the Benefits List, even though the participant will not purchase the formula at the store.
34. What is the maximum length of time that medical documentation can be written for?
35. How many months of benefits for medical foods or formula can be provide without medical documentation?
36. What happens when a *Medical Documentation Form* is received at the WIC Office?

NOTE

Don't forget to fill-out a **Training Evaluation** for this module online at: <https://www.surveymonkey.com/r/W7GXFT2>

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