

ISSUE DATE: October 13, 2016

TO: WIC Coordinators
Other WIC Policy and Procedure Manual owners

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

SUBJECT: **WIC Policy Update 2016-07**



EXPLANATION:

- ◆ **720 – General Information on Formula Use**
 - Removes outdated formula references.
 - Updates information on lead contamination resources.
- ◆ **730 – Bid Formula – Use and Description**
 - Removes outdated formula references.
- ◆ **735 – Exchange and Handling of Returned Formula**
 - Wording changes to match benefit issuance
 - Clarification on donations; no formulas other than bid formulas are to be donated to food banks.
- ◆ **760 – Medical Formulas and Nutritionals**
 - Wording changes to match benefit issuance
 - Replaces formula warehouse procedures with a reference to formula warehouse policy that is currently being developed.
- ◆ **765 – Medical Documentation**
 - Medical documentation required for children and women to receive infant foods in place of cash value benefit

NOTE:

- WIC policies can be viewed online at <http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/wicpolicy.aspx>.
- See the next page for all WIC policy updates for the current year.
- Call the state WIC office at **971-673-0040** if you have any questions about this release.

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

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

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

Manual Update Number	Policy Number	Policy Title	Manual Page Number(s)	Issue Date
2016-04	511	Food Benefit Issuance	511.0 – 511.4	June 1, 2016
2016-04	610	Required Proofs-Identity, Residency, Income	610.0 – 610.8	June 1, 2016
2016-04	611	Income Eligibility: Determining Income Eligibility	611.0 – 611.12	June 1, 2016
2016-04	613	Income Eligibility: What Counts as Income	613.0 – 613.12	June 1, 2016
2016-04	615	Income Eligibility: Change in Income	615.0 – 615.4	June 1, 2016
2016-04	616	Unavailable Proofs	616.0 – 616.5	June 1, 2016
2016-04	621	Providing WIC Services During Home Visits	621.0 – 621.3	June 1, 2016
2016-04	652	WIC Transfer Card and WIC Overseas Program	652.0 – 652.7	June 1, 2016
2016-04	823	Nutrition Education: Second Nutrition Education Using Online Lessons	823.0 – 823.2	June 1, 2016
2016-04	835	Nutrition Education: Attendance or Refusal	835.0 – 835.1	June 1, 2016
2016-05	645	Certification Periods	645.0 – 645.3	June 29, 2016
2016-05	646	Mid-Certification Health Assessment	646.0 – 646.2	June 29, 2016
2016-05	661	Competent Professional Authority: Appropriate Counseling for Risk Levels	661.0 – 661.6	June 29, 2016
2016-05	675	Risk Criteria Codes and Descriptions	670.0 – 670.2	June 29, 2016
2016-05	769	Assigning WIC Food Packages	769.0 – 769.20	June 29, 2016
2016-05	485	DELETED - WIC ID Number and ID Card	---	June 29, 2016
2016-05	500	DELETED - Ordering and Securing of FI Stock and MICR Toner	---	June 29, 2016
2016-05	505	DELETED - FI Issuance and Local Printing	---	June 29, 2016
2016-05	506	DELETED - Exceptions for Mailing Food Instruments	---	June 29, 2016
2016-05	530	DELETED - Food Instrument Register and FI Stub	---	June 29, 2016
2016-05	540	DELETED - Proxy System	---	June 29, 2016
2016-05	560	DELETED - Replacing Food Instruments	---	June 29, 2016
2016-06	440	Staff Training Requirements	440.0 – 440.21	September 15, 2016
2016-06	655	Homeless Applicants	655.0 – 655.5	September 15, 2016
2016-06	769	Assigning WIC Food Packages	769.0 – 769.22	September 15, 2016
2016-06	770	Authorized Foods	770.0 – 770.24	September 15, 2016
2016-06	1100	Farm Direct Nutrition Program: Local Program Responsibilities	1100.0 – 1100.7	September 15, 2016

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

Manual Update Number	Policy Number	Policy Title	Manual Page Number(s)	Issue Date
2016-07	720	General Information on Formula Use	720.0 – 720.3	October 13, 2016
2016-07	730	Bid Formula – Use and Description	730.0 – 730.5	October 13, 2016
2016-07	735	Exchange and Handling of Returned Formula	735.0 – 735.2	October 13, 2016
2016-07	760	Medical Formulas and Nutritionals	760.0 – 760.6	October 13, 2016
2016-07	765	Medical Documentation	765.0 – 765.3	October 13, 2016



SECTION: Nutrition Services
SUBJECT: **GENERAL INFORMATION ON FORMULA USE**
DATE: October 13, 2016 (*Revised*)

720

POLICY: Formulas shall be provided to meet the nutritional and medical needs of infants who are not fully breastfed. Children and women enrolled in the WIC program may also receive formula when medically necessary.

PURPOSE: To provide the formula that most closely suits the nutritional and medical needs of the participant and is the most cost effective formulation for doing so.

RELEVANT REGULATIONS: 7 CFR §246.10(c)(1)—Amount and type of eligible infant formulas
7 CFR §246.10(c)(3)—Amount and type of eligible formulas and foods for children and adults

OREGON WIC PPM REFERENCES: ♦713—Breastfeeding: Use of Supplemental Formula
♦730—Bid Formula: Use and Description
♦760—Medical Formulas and Nutritionals
♦769—WIC Food Packages

PROCEDURE:

Basic requirements

- 1.0 Federal regulations state that infant formulas used in the WIC program must meet the following basic requirements:
 - a. be a complete formula, one that does not require adding any ingredient other than water before it is served;
 - b. contain at least 10 milligrams of iron per liter at standard dilution;
 - c. supply 67 calories per 100 millimeters, or approximately 20 calories per fluid ounce, at standard dilution.
- 1.1 Formulas that do not meet the requirements listed above can be authorized at State discretion with medical documentation (e.g. Similac Spit Up 19 kcal/oz formula).

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GENERAL INFORMATION ON FORMULA USE, cont.

Maximum amount of formula 2.0 Infants up to 12 months of age may receive a maximum monthly allowance of:

Age	Formula Maximum Quantity Allowable
Birth through 3 months	<ul style="list-style-type: none"> • 870 fluid ounces reconstituted powder ^(a) • 823 fluid ounces reconstituted liquid concentrate • 832 fluid ounces ready-to-feed
4 through 5 months	<ul style="list-style-type: none"> • 960 fluid ounces reconstituted powder • 896 fluid ounces reconstituted liquid concentrate • 913 fluid ounces ready-to-feed
6 through 11 months	<ul style="list-style-type: none"> • 696 fluid ounces reconstituted powder • 630 reconstituted liquid concentrate • 643 fluid ounces ready-to-feed
6 through 11 months, standard infant formula, and medical formulas ^(b) , no infant foods:	<ul style="list-style-type: none"> • 960 fluid ounces reconstituted powder • 896 fluid ounces reconstituted liquid concentrate • 913 fluid ounces ready-to-feed

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

(b) This option applies to standard infant formula and medical formulas

2.1 See ♦769—WIC Food Packages, Appendix B, for complete listing of the maximum amount of formula and food allowed for infants’ age and amount of breastfeeding.

Formula for women and children 3.0 In certain circumstances, women and children may receive formula. Refer to ♦760—Medical Formula and Nutritionals, for further information and issuance guidelines.

Bid formulas 4.0 All pregnant participants shall be encouraged to choose breastfeeding as the preferred method of infant feeding unless contraindicated for health reasons. For women who choose not to exclusively breastfeed and to use infant formula, local WIC programs shall use the bid formulas as described in ♦730—Bid Formula: Use and Description.

Forms of formula 5.0 Formulas are available in three basic forms: powder, concentrate, and ready-to-feed. All three are equal in nutritional value, but each has advantages and disadvantages in use. See the Oregon WIC Program training manual “Infant Formula Module” for complete information on formula types, preparation, storage, and feeding guidelines.

Powder 5.1 Powder is recommended for most participants as it is the most cost effective per fluid ounce, there is no need to refrigerate opened cans, and it is safe and convenient for travel.

GENERAL INFORMATION ON FORMULA USE, cont.

<i>(Powder)</i>	5.1.1	Recommend powder formula for infants who are some (mostly) breastfed. See ♦713—Breastfeeding: Use of Supplemental Formula for guidelines on formula issuance for a partially breastfed infant.
<i>Concentrate</i>	5.2	Concentrate is easy to prepare. It is less cost-effective than powder and must be refrigerated after opening.
<i>Ready-to-feed</i>	5.3	<p>Ready-to-feed needs no preparation but must be refrigerated after opening. It is the most expensive of the three forms and is available to participants only under the following special circumstances:</p> <ul style="list-style-type: none">• unsanitary, tainted or restricted water supply or poor refrigeration;• caretaker’s inability to correctly reconstitute the concentrated liquid or powdered formula;• the WIC infant formula is only available in ready-to-feed;• the participant has a qualifying medical condition that justifies the need for ready-to-feed for the following conditions:<ul style="list-style-type: none">○ The ready-to-feed form better accommodates the participant’s condition○ The ready-to-feed form improves the participant’s compliance in consuming the formula <p>See ♦760—Medical Formulas and Nutritionals, for guidelines on formula issuance for participants with qualifying medical conditions.</p> <p>5.3.1 Document the reason for issuance of ready-to-feed formula in the participant’s TWIST progress note record.</p>
<i>Combining forms of formula</i>	6.0	More than one form of formula may be issued to a participant. The total amount issued may not exceed a combined total of the maximum allowable reconstituted fluid ounces for that category. If necessary, contact your nutrition consultant for assistance.
<i>Food safety</i>	7.0	All formulas are to be handled the same once they are reconstituted. Strict adherence to food safety precautions is essential for the safe use of formula.

GENERAL INFORMATION ON FORMULA USE, cont.

***Lead
contamination***

- 8.0 Public health officials recommend **not** using hot tap water in formula preparation because of possible lead leaching from pipes. Only cold water from the tap should be used, running tap water for 15-30 seconds until it feels noticeably colder. For more information, contact the toll-free Lead Line at 1-800-368-5060 or visit the State of Oregon Lead Poisoning Prevention Program's web site at <https://public.health.oregon.gov/HealthyEnvironments/HealthyNeighborhoods/LeadPoisoning/Pages/lead.aspx>

**SPECIAL
CONSIDERATIONS:**

- 9.0 WIC formulas are not intended for participants while they are hospitalized. Hospitals are responsible for providing formula during a WIC participant's hospitalization. ★

REFERENCES:

1. *Infant Nutrition & Feeding: A reference handbook for Nutrition and Health counselors in the WIC & CSF Programs.* USDA, FNS. FNS-288.
2. Story, Mary et. al., eds. *Bright Futures in Practice: Nutrition.* Arlington, VA: National Center for Education in Maternal and Child Health, 2000.
3. *Infant Feeding and Nutrition Module,* Oregon WIC Program, 2014 (Order #-6624).
4. *Revisions in the WIC Food Packages Final Rule* USDA, FNS, 2014

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SECTION: Nutrition Services 730
SUBJECT: **BID FORMULA: Use and Description**
DATE: October 13, 2016 (*revised*)

POLICY: Local WIC programs shall issue bid formulas to full-term non-breastfeeding and partially breastfeeding infants as a breast milk substitute.

PURPOSE: To meet the nutritional needs of full term infants while maximizing the number of participants served in the WIC program.

RELEVANT REGULATIONS: 7 CFR §246.16 ¶(k)—Requirements for Infant Formula Procurement
7 CFR §246.10 ¶(c)(1)&(2)—Food packages

OREGON WIC PPM REFERENCES: ♦760—Medical Formulas and Nutritionals
♦765—Medical Documentation

DEFINITIONS: *Bid formula* Standard infant formula provided by the Oregon WIC program through a competitive bid process. The bid formula currently in use in Oregon WIC may change based on contract renewals.

Medical (exempt) formula A formula in which the composition meets the special nutrient requirements of infants, children or adults diagnosed with various medical diseases and conditions. For infants, the medical formula may not meet the complete nutrient specifications defined by the FDA in the Infant Formula Act.

WIC eligible nutritionals Enteral products that are specifically formulated to provide nutrition support for children over 1 year of age and women with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Nutritionals may be nutritionally complete or incomplete (e.g. Duocal).

WIC Nutritionist A professional who meets one of the following qualifications: a Master’s degree in nutrition or its equivalent; a registered dietitian (RD) with the Academy of Nutrition and Dietetics (AND) or eligible for AND registration.

WIC medical documentation Documentation which includes the federal technical requirements to ensure a licensed health care professional authorized to write medical prescriptions under Oregon law has determined a medical condition/diagnosis which requires the use of a medical formula, nutritionals and changes to the participant’s supplemental food package. This form is a request for provision, not a prescription and it replaces prescriptions from health care providers.

APPENDIX: Appendix A 730.5 Bid Infant Formula: Contact Summary

BACKGROUND: The WIC program is federally required to use a competitive bid process to contract with formula companies to obtain significant rebates on cow’s milk-based and soy-based infant formulas. The majority of infants can thrive on any brand of formula.

To maximize the number of eligible women, infants and children served, the Oregon WIC program has a policy of “**no exception**” to the standard bid formulas. Other than the current standard infant bid formulas, no other standard infant formulas are allowed.

PROCEDURE:

- | | | |
|--|-----|---|
| <i>Information for pregnant participants</i> | 1.0 | Inform pregnant participants who choose not to breastfeed their infants that the bid cow’s milk-based formula is available through WIC. |
| | 1.1 | Provide anticipatory guidance to pregnant participants on feeding their full term baby. See the “ <i>Oregon WIC Training: Breastfeeding Module</i> ” for more information. |
| <i>Bid cow’s milk-based formula</i> | 2.0 | For full-term formula fed infants, provide the bid cow’s milk-based formula as the first choice. |
| <i>Bid soy-based formula</i> | 3.0 | Assign the bid soy-based formula as a first choice for the few specific purposes identified below. |
| | 3.1 | Full term infants in vegetarian families in which animal protein formulas are not desired (vegan). |
| | 3.2 | Infants with galactosemia and hereditary lactase deficiency (an extremely rare condition). |
| | 3.3 | According to the American Academy of Pediatrics (AAP), soy-based formulas: <ul style="list-style-type: none">• Are not for feeding of premature infants who weigh less than 1800 grams.• Have no proven value in the prevention or management of infantile colic.• Have no proven value in the prevention of atopic disease in healthy or high-risk infants. |
| | 3.4 | Soy-based formulas should not be given to infants with documented cow’s milk allergy or enterocolitis, since these infants may be sensitive to soy-based formula as well. The AAP’s current recommendation is to use hydrolyzed protein formulas or elemental amino-acid based formulas in these instances rather than soy formula. |

BID FORMULA: USE AND DESCRIPTIONS, *cont.*

<i>Bid medical formula</i>	4.0	The bid medical formula requires medical documentation for issuance. This formula is indicated for infants with mild reflux where a thickened formula product is indicated. This formula should not be given to preterm infants.
<i>Medical formulas and WIC eligible nutritionals</i>	5.0	Medical formulas and nutritionals which are approved by USDA for use by WIC participants and are included in the Oregon WIC formulary can be issued with medical documentation. See ♦760—Medical Formulas and Nutritionals for more information on medical formula issuance.
<i>Infant formulas issued to children</i>	6.0	Bid infant formulas and medical formulas may be issued to children over the age of 12 months for certain medical conditions such as prematurity or continued intolerance to cow’s milk protein. Contact your nutrition consultant for assignment of an infant formula to a child, 24 months or older.
	6.1	All formulas issued to a child over the age of 12 months must have a valid medical documentation form from a medical provider. See ♦760—Medical Formulas and Nutritionals and ♦765—Medical Documentation for required medical documentation and documentation in TWIST.
<i>Coordination with hospitals</i>	7.0	State and local WIC staff shall work with local hospitals to promote and support breastfeeding. For those infants who are not breastfed, WIC can work with hospitals to use the WIC bid formulas to avoid infants having to change formulas in the early postpartum period.
<i>Transition to bid formula</i>	8.0	If a full-term infant enters the WIC program using a non-bid formula, counsel the parent or caretaker on how to transition the infant to a bid formula.
	8.1	Take a formula history and decide whether the bid cow’s milk-based formula is appropriate. See ¶2.0 and ¶3.0 of this policy.
	8.2	Provide instructions on blending new and old formulas to ease the infant through the transition. Refer to Oregon WIC Infant Formula module for more information.
	8.3	Inform the parent or caretaker of the possible results of switching formulas. For example, there may be a change in feeding frequency or stool type.
	8.4	Enroll the infant in the WIC program and issue benefits for the appropriate bid formula.

BID FORMULA: USE AND DESCRIPTIONS, cont.

Description of bid formulas

9.0 The table below lists the current bid cow’s milk-based and soy-based standard infant formulas.

BID FORMULAS	DESCRIPTIONS
Similac® Advance® Infant Formula (Abbott)	Iron fortified cow’s milk-based, whey, and casein CARBOHYDRATE: 100% Lactose Contains prebiotic Galactooligosaccharide (GOS)* FAT: High oleic safflower, soy, and coconut oils, DHA/ARA
Gerber Good Start Soy (Gerber/Nestle)	Iron-fortified, milk-free, lactose free, soy-based formula. Soy Protein Isolate, L- Methionine CARBOHYDRATE: corn syrup solids FAT: Palm Olein, soy, coconut, high oleic sunflower, DHA/ARA
BID MEDICAL FORMULAS	
Similac® For Spit- Up (Abbott)	Iron fortified, cow’s milk-based, thickened formula for mild reflux, , Milk protein isolate CARBOHYDRATE: corn syrup, rice starch, sucrose FAT: high oleic safflower oil, soy oil, coconut oils, DHA/ARA <u>Not</u> for the premature infant. <u>Requires medical documentation.</u>

Formula intolerance

10.0 If an infant is unable to tolerate the cow’s milk-based or soy-based bid formulas, consult your local program’s WIC nutritionist and coordinate care with the infant’s medical provider to determine an appropriate WIC-approved formula. ★

REFERENCES:

1. American Academy of Pediatrics, Committee on Nutrition. “Use of Soy Protein-Based Formulas in Infant Feeding” PEDIATRICS Vol. 121 No. 5 May 2008, pp. 1062-1068.
2. American Academy of Pediatrics, Committee on Nutrition. “Effects of Early Nutritional Interventions on the Development of Atopic Disease in Infants and Children: The Role of Maternal Dietary Restriction, Breastfeeding, Timing of Introduction of Complementary Foods, and Hydrolyzed Formulas.” PEDIATRICS Vol. 121 No. 1 January 2008, pp. 183-191.
3. American Academy of Pediatrics, Committee on Nutrition. “Lactose Intolerance in Infants, Children, and Adolescents” PEDIATRICS Vol. 118 No. 3 September 2006, pp. 1279-1286.

BID FORMULA: USE AND DESCRIPTIONS, *cont.*

4. American Academy of Pediatrics, Committee on Nutrition. "Iron Fortification of Infant Formulas" *PEDIATRICS* Vol. 104 No. 1 July 1999, pp. 119-123.
5. Tatum Hattner, J. "Human Milk and Pediatric Formula Update" *Nutrition Focus for Children with Special Health Care Needs*. May/June 2011. Vol 26, No.3.
6. "Human Milk and Formulas." *Nutrition Practice Care Guidelines for Preterm Infants in the Community*. Oregon Pediatric Nutrition Practice Group. 2013 revision.
7. *Oregon WIC Training: Breastfeeding Module*. Oregon Health Authority. 2013.

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Bid Infant Formula: Contact Summary Oregon WIC Program (10/2015)		
Type of Contact	Contact Information: Abbott Laboratories	Contact Information: Gerber
Company Name	Abbott Nutrition, Abbott Laboratories Columbus, OH http://www.abbottnutrition.com	Gerber/Nestle Infant Nutrition Florham Park, NJ https://www.gerber.com/contact-us
For general product and formula nutrient information	1-800-227-5767 Hours: Monday through Friday, 8:30 a.m. to 5 p.m. EST	1-800-284-9488 Available 24 hours, 7 days per week.
Product finder	Go to website to find location of a store that carries a particular Abbott product: http://abbottnutrition.com/StoreLocator.aspx	Go to website to find location of a store that carries Gerber Good Start Soy: https://www.gerber.com/store-locator



SECTION: Nutrition Services 735
SUBJECT: **EXCHANGE AND HANDLING OF RETURNED FORMULA**
DATE: October 13, 2016 (*revised*)

POLICY: Local programs shall exchange and track formula that has been issued through TWIST and subsequently returned as unopened cans to the local program.

PURPOSE: To ensure program accountability, product safety and consistency in handling returned formula.

RELEVANT REGULATIONS: 7 CFR §246.16(a)—Infant formula cost containment
 7 CFR §246.10(c)(1)(2)—Food Packages

OREGON WIC PPM REFERENCES: ♦561—Program Integrity: Replacement of Food Benefits
 ♦588—Program Integrity: Complaints
 ♦590—Program Integrity: Participant Violations
 ♦713—Breastfeeding: Use of Supplemental Formula
 ♦720—General Information on Formula Use
 ♦733—Formula Warehouse
 ♦760—Medical Formulas and Nutritionals

TWIST TRAINING MANUAL REFERENCES: Chapter 3: Client Processes Lesson: Formula Replacement (FR) and Formula Exchange (FX)

DEFINITIONS:

<i>Formula exchange</i>	The return of unopened cans of formula purchased with Oregon WIC benefits for issuance of new benefits with a different formula. Opened cans of formula cannot be exchanged. Previous months’ benefits cannot be replaced.
<i>Formula replacement</i>	Benefits issued and redeemed for formula may be replaced under limited circumstances. See ♦561 – Program Integrity: Replacement of Food Benefits for additional information.

PROCEDURE:

When to allow formula exchange 1.0 Staff may use the formula exchange process in TWIST to issue benefits for a different formula than originally issued. Listed below are guidelines for when it is appropriate to use this process. See ♦720—General Information on Formula Use for additional information on formula issuance.

HANDLING RETURNED FORMULA *cont.*

- (When to allow formula exchange)**
- 1.1 Participant was issued and purchased the incorrect formula.
- EXAMPLE:** Nutramigen Enflora was the correct formula to select but the staff member selected Neosure by mistake..
- 1.2 Participant changed formula due to an allergic response or other medical reason after the formula was purchased.
- EXAMPLE:** Participant was issued Similac Advance but is experiencing hives. After talking with their health care provider, they bring in medical documentation to switch to Alimentum.
- Exchanging formula**
- 2.0 Participants may receive up to the maximum allowable amount of reconstituted ounces of infant formula per age and category. Any opened cans that are not being returned will count against the maximum allowable issuance. When exchanging one formula for another, staff must keep in mind that formulas and nutritionals come in different container sizes and different forms, therefore the exchange may not be an even one to one ratio. See ♦561–Program Integrity: Replacement of Food Benefits
- Cannot exchange previous month formula**
- 2.1 Formula purchased with benefits from the previous month cannot be exchanged for new benefits, regardless of when in the month the participant received the benefits.
- Formula Warehouse**
- 3.0 The Oregon WIC program contracts with a home medical equipment (HME) vendor to provide special or hard-to-find medical formulas and nutritionals to WIC participants See ♦733—Formula Warehouse for guidelines on issuing formula via a formula warehouse.
- Issuing returned formula**
- 4.0 Returned formula cans may be re-issued to a participant for the following reasons:
- *Transition to a new formula:* One can of powder or three cans of concentrate may be issued to blend with the current formula to facilitate the change to the new formula.
 - *Formula trial:* The current formula is not well tolerated and the participant would like to try a new formula before changing food packages. Communication with the participant’s health care provider prior to issuance of a medical formula is recommended.
 - *Returned formula replacing benefit issuance:* Cans of formula may be re-issued to another WIC participant (e.g. recirculated medical formula replacing a formula warehouse order). Document the issuance of the number of cans and type of formula in the “progress notes” section of participant’s TWIST record with an explanation of why the formula benefits were not issued. Assure that the food package assignment in TWIST is adjusted accordingly to prevent over-issuance.

HANDLING RETURNED FORMULA *cont.*

- (Issuing returned formula)***
- 4.1 Document issuance of the number of cans and type of formula in the participant’s TWIST record, either in “Intake Notes” or “Progress Notes.”
 - 4.2 In order to assure program integrity and accountability, staff will write “WIC” or “Not for resale” in indelible marker on all formula cans before issuance to a participant to prevent exchange or resale of the formula.
 - 4.3 Notify participants that they are not to sell, attempt to sell, trade or give away formula purchased through WIC, including internet sales, and that doing so may result in disqualification from the program and/or payment of restitution. See ♦590–Program Integrity: Participant Violations.
- Using “Formula Exchange” in TWIST***
- 5.0 Use the “Formula Exchange” function in TWIST when a participant returns formula and needs to be reissued benefits for a different formula. See the TWIST Training Manual, Chapter 3, Section 5, Lesson 504 for instructions on handling formula returns in TWIST.
- Managing returned formula inventory***
- 6.0 Local program staff shall assure that returned formula is kept secure and clearly marked as indicated in ¶4.2. Formula inventory will be monitored for expiration dates to assure that formula is redistributed prior to expiration and not stockpiled. Staff will assure that formula is not on display in order to promote a breastfeeding friendly environment.
- Expired formula***
- 7.0 Dispose of all expired cans of formula. ***Do not*** give WIC participants formula cans that are past their expiration date. Do not donate formula cans that are past the expiration date to food banks or other agencies.
- Formula donations***
- 9.0 Local programs have the option of donating bid formulas to a food bank prior to the expiration date. Local agencies shall not donate any formulas or nutritionals other than bid formulas to food banks.
 - 9.1 Returned medical formulas may be redistributed to other WIC clinics before their expiration dates. Contact a State nutrition consultant for assistance with this process. ★

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SECTION: Nutrition Services 760
SUBJECT: MEDICAL FORMULAS AND NUTRITIONALS
DATE: October 13, 2016 (*Revised*)

POLICY: Local WIC programs are able to issue approved medical formulas and nutritionals to infants, children and women based upon qualifying medical conditions and receipt of medical documentation from a healthcare provider.

PURPOSE: To meet the nutritional needs of infants for whom breastfeeding is not appropriate or possible and whose medical condition contraindicates the use of a standard infant formula, or to meet the nutritional needs of children and women with a documented qualifying medical condition which requires the use of a WIC-eligible medical formula and nutritional because the use of conventional foods is precluded, restricted or inadequate to address their special nutritional needs.

RELEVANT REGULATIONS: 7 CFR §246.10 ¶(c)(1)—Amount and type of eligible infant formulas
7 CFR §246.10 ¶(c)(1)(iii)—WIC formulas requiring medical documentation
7 CFR §246.4—WIC-eligible Nutritionals

OREGON WIC PPM REFERENCES: ♦420—Approval Process for Local Program Policies and Procedures
♦511—Food Benefit Issuance
♦660—Competent Professional Authority: Requirements
♦661—Competent Professional Authority: High-Risk Counseling
♦720—General Information on Formula Use
♦730—Bid Formula: Use and Description
♦733—Formula Warehouse
♦765—Medical Documentation
♦769—WIC Food Packages

APPENDICES: Appendix A 760.6 Qualifying Conditions for Issuance of WIC-Approved Medical Formulas and Nutritionals

DEFINITIONS: *CPA* Competent Professional Authority. An individual on the staff of the local program authorized to determine nutritional risk and prescribe supplemental foods.

Medical formula A formula in which the composition meets the special nutrient requirements of infants, children or adults diagnosed with various medical diseases and conditions. For infants, the medical formula may not meet the complete nutrient specifications defined by the FDA in the Infant Formula Act. Also known by the regulatory term, “exempt infant formula.”

Enteral products that are specifically formulated to provide nutrition support for children over 1 year of age and women with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Also known as WIC-eligible medical foods. Nutritionals

MEDICAL FORMULAS AND NUTRITIONALS, *cont.*

may be nutritionally complete or incomplete (e.g. Duocal). They must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via oral or tube feeding.

Preterm

A birth occurring at less than 37 weeks gestation and is used synonymously with premature.

Premature infant formula

Infant formula containing more calories per fluid ounce and greater concentrations of protein; vitamins A, C, D, and K; folate; calcium; phosphorus; magnesium; and zinc than standard infant formulas, and that is appropriate to meet the needs of very low birth weight premature infants (birth weight <2000grams). Not indicated for use for full term infants due to risk of hypervitaminosis and/or hypercalcemia. Of the two classifications of premature formulas; in-hospital and post-discharge, only the post-discharge premature infant formulas are eligible for use in WIC.

Standard infant formula

A formula for infants that meets the nutrient specifications defined in the Infant Formula Act. These formulas meet the nutritional needs of healthy, term infants from birth to one year of age. Standard formula is also called “term formula”, “regular infant formula” and “non-exempt” formulas.

WIC Medical Documentation Form

Documentation which includes the federal technical requirements to ensure a licensed health care professional authorized to write medical prescriptions under Oregon law has determined a medical condition/diagnosis which requires the use of a medical formula, nutritional and changes to the participant’s supplemental food package. This form is a request for provision, not a prescription and it replaces prescriptions from health care providers;

PROCEDURE:

Qualifying Condition

1.0 To receive a WIC approved medical formula or nutritional, participants must have one or more qualifying medical conditions as determined by a health care provider licensed to write medical prescriptions in the State of Oregon.

1.1 Refer to Appendix A for qualifying medical conditions warranting use of medical formulas or nutritionals.

Medical documentation

2.0 Medical documentation is required for all medical formulas, nutritionals and infant formula for children over the age of one year, and category-specific supplemental foods. See ♦765— Medical Documentation for the technical requirements for medical documentation.

MEDICAL FORMULAS AND NUTRITIONALS, cont.

- Medical formulas /nutritionals approved for local issuance** 3.0 The Oregon WIC program determines the state formulary of USDA eligible medical formulas and nutritionals to be issued at the local level.
- 3.1 Medical formulas or nutritionals not on the WIC formulary cannot be provided to WIC participants even with a completed medical documentation form. For information on eligible medical formulas/nutritionals for use in Oregon WIC, refer to http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/med_doc_WIC_formulary.pdf
- Forms of formula** 3.2 Medical formulas are available in three basic forms: powder, concentrate and ready-to-feed. See ♦720—General Information on Formula Use, for indications for use and cost considerations.
- In-hospital formula for premature infants** 3.3 The Oregon WIC program does not issue in-hospital premature infant formula or human milk fortifier.
- Concentrating standard infant formula above 20-calories per ounce** 3.4 Local WIC clinic nutritionists and nurses may provide instructions to caregivers for mixing standard formula to above the normal 20-calorie-per-fluid ounce concentration for infants with qualifying medical diagnoses/conditions when authorized by a health care provider.
- 3.4.1 For information on increasing the caloric density of infant formulas or expressed human milk, see *Breastmilk Fortification and Formula Selection and Modification; Specialized Infant Feeding Guidelines for Healthcare Professionals, 2014, Oregon Pediatric Nutrition Practice Group, Oregon Academy of Nutrition and Dietetics*, located in your local agency or contact your nutrition consultant.
- Nutritional Care** 4.0 The WIC nutritionist shall provide nutritional care for participants needing medical formulas or nutritionals and/or modifications to their WIC supplemental foods. In the absence of the WIC Nutritionist, the WIC health professional shall provide the nutritional care.
- 4.1 The nutritional care includes:
- 4.1.1 Assessment and counseling for the woman, or parent/caretaker of the infant or child,
- 4.1.2 Documenting the care plan in progress notes in TWIST including:
- date of counseling,
 - progress made in resolving nutrition risk,
 - nutrition education and counseling provided,
 - identification of participant behavior change
 - and signing all medical documentation forms.

MEDICAL FORMULAS AND NUTRITIONALS, cont.

(Nutritional Care)

4.1.3 Plan to transition off the medical formula or nutritional or return back to breastfeeding, standard infant formula, and/or WIC approved supplemental foods when applicable.

4.2 The WIC nutritionist or WIC health professional may need to contact the participant's health care provider at the beginning and the expiration of the medical documentation and at recertification. This may be necessary to coordinate nutrition care, to verify and update the medical formula or nutritional information, and to obtain a new authorization, if necessary.

4.3 More frequent contact with the participant and health care provider may be needed to monitor for changes in circumstances, facilitate coordination of care, and provide the most effective nutrition education.

Issuing medical formulas in TWIST

5.0 The TWIST data system will allow issuance of one month of benefits for a medical formula prior to entering the medical documentation. TWIST will not allow formula benefits for future months to be issued without receipt of medical documentation and entering a current authorization for the formula.

CPA assigns food package

5.1 Benefits for medical formula or nutritionals **must** be assigned by a CPA. See ♦660—Competent Professional Authority: Requirements

5.1.1 If a participant is in immediate need of a medical formula or nutritional and there is no CPA available in the local clinic, the clerical staff shall call a state nutrition consultant who will review the food package assignment in TWIST for accuracy and completeness. Clerical staff cannot assign food packages. They may, however, enter the medical documentation information received from the healthcare professional into TWIST.

Issuing fewer than 3 months of benefits

5.2 Local programs may consider issuing fewer than three months of benefits for medical formulas or nutritionals if this is a new authorization and/or the participant has not demonstrated tolerance of the new formula. This limits WIC costs for replacement of expensive medical formulas when a participant is repeatedly changing formulas.

Exceptions to full provision of supplemental foods

6.0 The provision of less than the maximum monthly allowances of supplemental foods to an individual WIC participant is appropriate only when:

6.1 The quantities necessary to supplement another program's contribution to fill a medical prescription would be less than the maximum monthly allowance established by federal regulations.

MEDICAL FORMULAS AND NUTRITIONALS, cont.

- 6.2 Medically or nutritionally warranted (e.g. to eliminate a food due to a food allergy).
- 6.3 A participant refuses the maximum monthly allowance.

Formula Warehouse

- 7.0 The Oregon WIC program contracts with a home health provider as a special formula warehouse vendor to provide special or hard-to-find medical formulas or nutritionals to WIC participants. See ♦733—Formula Warehouse.

Coordination of services

- 8.0 WIC local staff shall coordinate provision of medical formulas and nutritionals with health plans and other programs that prescribe and reimburse for such products to ensure coordination of care and to avoid over-issuance of a formula or nutritional.
 - 8.1 Local agencies are encouraged to coordinate provision of care with their local health providers, including coordination of nutrition services to improve access for participants needing medical formulas or nutritionals.
 - 8.2 Metabolic formulas for Inborn Errors of Metabolism are not issued by Oregon WIC. Participants with a medical diagnosis of Inborn Errors of Metabolism (AKA metabolic disorder) are to be referred to the OHSU metabolic specialty clinic, which will provide their metabolic formula. The WIC nutritionist or healthcare professional will coordinate care with the specialty clinic for provision of WIC supplemental foods appropriate to their diagnosis.
 - 8.3 Oregon WIC does not provide medical formulas for participants fed by tube feedings. Requests for medical formulas provided enterally (e.g. gastrostomy tube, nasogastric tube) are to be referred to the enteral company providing the enteral equipment. The WIC nutritionist or healthcare professional will coordinate care with the healthcare provider, specialty clinic for provision of WIC bid formulas and supplemental foods appropriate to the participant's diagnosis or medical needs.

Formula Assistance Programs

- 9.0 Participants needing a specialized medical formula (e.g. Neocate Infant) who do not qualify for Medicaid or other eligible programs may qualify for assistance from the formula manufacturer to meet their full formula needs. Local agency staff may assist the WIC participant in accessing the manufacturer's formula assistance programs. However, local WIC agencies shall not order formulas directly from a formula manufacturer on behalf of the WIC participant.

Medical equipment, unauthorized

- 10.0 All apparatus or devices (e.g. enteral feeding tubes, bags and pumps) designed to administer formulas are not allowable WIC costs. ★

REFERENCES:

- 1. Abbott Nutrition *Product Handbook*. Columbus, Ohio: Abbott Laboratories. April, 2014 <http://www.abbottnutrition.com>

MEDICAL FORMULAS AND NUTRITIONALS, *cont.*

2. Comprehensive Formula Listing, Texas WIC Program. For the most current listing, go to <https://www.dshs.texas.gov/wichd/nut/pdf/FormularyMedicalReasons2016.pdf>
3. Breastmilk Fortification and Formula Selection and Modification; Specialized Infant Feeding Guidelines for Healthcare Professionals. 2014. Oregon Pediatric Nutrition Practice Group, Oregon Academy of Nutrition and Dietetics: <http://www.eatrightoregon.org/pnpg/>
4. Medicaid Policy release: Providing enteral nutrition services for children with Oregon Health Plan benefits. October 1, 2014: <https://www.oregon.gov/oha/healthplan/Announcements/Providing%20Enteral%20nutrition%20services%20for%20children%20with%20Oregon%20Health%20Plan%20benefits.pdf>

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**Qualifying Conditions for Issuance of WIC-Approved
Medical Formulas and Nutritionals**

Participant category	Qualifying conditions including but not limited to the following:	Non-qualifying conditions:
Infants	<ul style="list-style-type: none"> • Premature birth • Low birth weight • Malnutrition • Inborn errors of metabolism/metabolic disorders • Gastrointestinal disorders • Malabsorption syndromes • Immune system disorders • Severe food allergies requiring an elemental formula • Life threatening disorders, disease and medical conditions that impair ingestion, digestions, 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 • Diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require use of an exempt infant formula
Children (1-4 years)	<ul style="list-style-type: none"> • Premature birth • Malnutrition • Inborn errors of metabolism/metabolic disorders • Gastrointestinal disorders • Malabsorption syndromes • Immune system disorders • Severe food allergies requiring an elemental formula • Life threatening disorders, disease and medical conditions that impair ingestion, digestions, 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
Women	<ul style="list-style-type: none"> • Inborn errors of metabolism/metabolic disorders • Gastrointestinal disorders • Malabsorption syndromes • Immune system disorders • Severe food allergies requiring an elemental formula • Life threatening disorders, disease and medical conditions that impair ingestion, digestions, 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

POLICY: Local agencies shall issue approved medical formulas and nutritionals and supplemental foods to women, infants and children with medical documentation from a health care provider.

PURPOSE: To comply with federal requirements for medical documentation for issuance of approved medical formula and nutritionals and any supplemental foods, and to facilitate coordination of care for all WIC participants with qualifying medical conditions.

RELEVANT REGULATIONS: 7 CFR §246.10 ¶(d)(1)—WIC Formulas and Supplemental foods requiring medical documentation

OREGON WIC PPM REFERENCES:

- ◆420—Approval Process for Local Program Policies and Procedures
- ◆720—General Information on Formula Use
- ◆730—Bid formula: Use and Description
- ◆760—Medical Formulas and Nutritionals
- ◆769—WIC Food Packages

DEFINITIONS:

<i>CPA</i>	Competent Professional Authority. An individual on the staff of the local program authorized to determine nutritional risk and prescribe supplemental foods.
<i>Medical Formula</i>	A formula in which the composition meets the special nutrient requirements of infants, children or adults diagnosed with various medical diseases and conditions. For infants, the medical formula may not meet the complete nutrient specifications defined by the FDA in the Infant Formula Act. The term, medical formula, is also known by the regulatory term, “exempt infant formula”.
<i>Standard infant formula</i>	A formula for infants that meets the nutrient specifications defined in the Infant Formula Act. These formulas meet the nutritional needs of healthy, term infants from birth to one year of age. Standard infant formulas are also known as “term formula” and “regular infant formula”, and “non-exempt” formulas.
<i>WIC-eligible Nutritionals</i>	Enteral products that are specifically formulated to provide nutrition support for children over 1 year of age and women with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Also known as WIC-eligible medical foods. Nutritionals may be nutritionally complete or incomplete (e.g. Duocal). They must serve the purpose of a food, provide a source of

MEDICAL DOCUMENTATION, cont.

calories and one or more nutrients, and be designed for enteral digestion via an oral or tube feeding.

WIC Medical Documentation Form

Documentation which includes the federal technical requirements to ensure a licensed health care professional authorized to write medical prescriptions under Oregon law has determined a medical condition/diagnosis which requires the use of a medical formula, nutritionals and changes to the participant's supplemental food package. This form is a request for provision, not a prescription and it replaces prescriptions from health care providers.

BACKGROUND:

The Oregon WIC Medical Documentation form is required for all participants receiving Food Package III. Food Package III provides participants a prescribed USDA-approved medical formula or nutritional when the use of conventional foods is precluded, restricted, or inadequate to address his/her special nutritional needs.

PROCEDURE:

Participants requiring medical documentation

- 1.0 Medical documentation is required for WIC participants with qualifying medical conditions to receive WIC approved formulas or nutritionals. In addition, medical documentation is required for the following:
 - 1.1 WIC supplemental foods for participants receiving medical formula or nutritional;
 - 1.2 Infants 6 – 12 months old who receive additional formula in lieu of foods when medically indicated.
 - 1.3 Children, after 23 months of age and women receiving formula or nutritional, to also receive whole milk.
 - 1.4 Children and women receiving formula or nutritionals and a diagnosed medical need to receive infant fruits and vegetables in place of the cash value benefit.

Qualifying conditions

- 2.0 Medical documentation is required for WIC participants who have a documented qualifying medical condition(s) which includes, but is not limited to, medical conditions listed in ♦760—Medical Formulas and Nutritionals, Appendix A in which the use of conventional foods is precluded, restricted or inadequate to address their special nutritional needs.

WIC Medical Documentation Form

- 3.0 The WIC Medical documentation form accessed at http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/636_medical_doc.pdf is the required form for health care providers to complete, sign and return to the local WIC agency.

MEDICAL DOCUMENTATION, cont.

*Technical requirements
for medical
documentation*

- 3.1 The medical documentation form must include the following technical requirements:
 - 3.1.1 Name of the authorized WIC formula or WIC-eligible nutritional and the amount needed per day.
 - 3.1.2 The authorized supplemental food(s) appropriate for the qualifying condition(s) and their prescribed amounts.
 - 3.1.3 Length of time the prescribed WIC formula, nutritional and supplemental food is required by the participant, up to but not exceeding one year.
 - 3.1.4 The qualifying condition(s) for issuance of the authorized formula, nutritional and supplemental food(s).
 - 3.1.5 Signature, date and contact information of the authorized health care provider completing the medical documentation.

*Adaptations to
medical
documentation
form*

- 3.2 Local agencies must use the medical documentation forms developed by the State. Local agencies may obtain approval from their nutrition consultant to modify the form as long as the federally required technical requirements in 3.1 are included. See ♦420—Approval Process for Local Program Policies and Procedures.

***WIC Nutritionist
role in assigning
supplemental
foods***

- 4.0 Due to the nature of the health conditions of participants who are issued medical formulas and nutritionals and supplemental foods, close medical supervision is essential for each participant’s dietary management. The health care provider is responsible for medical oversight. The WIC dietitian/nutritionist may identify appropriate supplemental foods (excluding WIC formula or nutritionals) and their prescribed amounts, as well as the length of time the supplemental foods are required by the participant when the referral to the WIC nutritionist from the health care provider is indicated on the medical documentation form.

***Documentation in
TWIST***

- 5.0 Document the required elements of medical documentation on the “Food Package Assignment” screen in TWIST. Retain the paper copy of the medical documentation for six years after last date of service. This copy can be kept in an alpha file, participant master file, or individual participant file.

***Nutritional care and
review of Medical
Documentation Forms***

- 6.0 The Local agency WIC nutritionist or health professional shall review medical documentation forms for participants needing medical formulas or nutritionals and/or modifications to their WIC supplemental foods. See ♦760-Medical Formulas and Nutritionals for information on nutritional care for WIC participants with qualifying conditions.

MEDICAL DOCUMENTATION, cont.

*Periodic review
of medical
documentation*

- 6.1 The review and oversight of the medical documentation form by the WIC nutritionist or health professional is intended to ensure the provision of nutritional care required for participants with medical conditions. It is not intended to impede the issuance of the formula or nutritional the participant needs for his/her medical condition. In cases where this provision of service is a hardship for the local agency, contact your assigned state Nutrition Consultant for additional guidance.
- 6.2 It is recommended that the food package assignment be reviewed during each certification period and/or every three months to assess for changes to health status and appropriateness of food/formula to the participant's medical diagnosis and to ensure current authorization.
- 6.3 The WIC nutritionist, or health professional may need to contact the participant's health care provider at the beginning and the expiration of the medical documentation and at recertification. This may be necessary to coordinate nutrition care, to verify and update the medical formula or nutritional information, and to obtain a new authorization, if necessary.

*Medical
documentation
provided by
telephone*

- 7.0 Medical documentation may be initiated by telephone to a competent professional authority who must promptly document the required technical information. The collection of the required information for medical documentation purposes may only be until written confirmation on the required form is received from a health care professional licensed to write medical prescriptions and used only when absolutely necessary on an individual participant basis. The local agency must obtain written documentation within two weeks of accepting the medical documentation by phone.

*Revisions to medical
documentation forms*

- 7.1 Revisions to existing medical documentation forms may be provided by an authorized health care provider by telephone to a competent professional authority during a current authorization period on a form signed by the provider. Evidence of the revision must be documented on the form and entered into TWIST progress notes.

*Medical
documentation from
another state*

- 8.0 When a participant transfers into Oregon with a WIC medical documentation form from another state, that form may be honored until its expiration date. It is recommended that the participant be encouraged to locate a health care provider in their community to ensure continuity of care and complete a new medical documentation form for Oregon WIC. ★

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