

Nutrition/Health Volume
Food Package Section

Guidelines for Issuance of Formulas, WIC-Eligible **Medical Foods Nutritionals**, and Other Supplemental Foods under Food Package III (2.07000);

ER# 2.07000

Authority 2007 7CFR 246.10 Missouri; Senate Bill 1026; **Federal Register/Vol. 79, No. 42/Tuesday, March 4, 2014**

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POLICY: Food package III is reserved for woman, infant, and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula, or WIC-eligible **medical food nutritional**) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. **Infants ≥ 6 months of age with a qualifying condition who do not require an exempt formula and who would benefit from additional formula in lieu of infant foods shall receive infant formula under Food Package III.** Children and women who receive formula under Food Package III shall be issued milk if prescribed by the health care provider with prescriptive authority.

When exempt infant formulas and WIC-eligible **medical foods nutritionals** are prescribed, the primary payer source shall be identified before being issued by the local WIC agency. Private insurance and the Metabolic Formula Program must be the primary payers for individuals with metabolic conditions.

Medical documentation completed by a healthcare provider shall be approved for a maximum of up to but not greater than seven (7) months.

See Chart below for maximum allowances of supplemental food for Food Package III.

Foods	Infants	Children	Women		
	0-11 Months	1 - 4 years	Pregnant/Partially BF (up to 1 year postpartum)	Non-Breastfeeding (up to 6 months postpartum)	Fully breastfeeding (up to 1 year postpartum)
Juice, single strength	Refer to policy ER# 2.07600 for guidelines for food and formula issuance to infants.	128 fl. oz. (2-64 oz. container)	144 fl. oz. (3-46oz. can/ 12oz. frozen)	96 fl. oz. (2-46oz. can/ 12oz. frozen)	144 fl. oz. (3-46oz. can/ 12oz. frozen)
WIC Formula		455 fl. oz. liquid conc.	455 fl. oz. liquid conc.	455 fl. oz. liquid conc.	455 fl. oz. liquid conc.
Milk, fluid		16 qt.	22 qt.	16 qt.	24 qt.
Breakfast cereal		36 oz.	36 oz.	36 oz.	36 oz.
Cheese		N/A	N/A	N/A	1 lb.
Eggs		1 dozen	1 dozen	1 dozen	2 dozen.
Fruits and vegetables		\$68.00 in CVV*	\$10.00 in CVV*	\$10.00 in CVV*	\$10.00 in CVV*
Whole wheat bread or Other Whole Grains		2 lb.	1 lb.	N/A	1 lb.
Fish (canned)		N/A	N/A	N/A	30 oz.
Legumes, dry/canned		1 lb.	1 lb.	1 lb.	1 lb.

And/or Peanut Butter		Or 18 oz.	And 18 oz.	Or 18 oz.	And 18 oz.
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*Cash Value Voucher

PROCEDURES:

- A. To determine WIC staff authorized to approve the issuance of a formula refer to the Food and Formula Reference Guide Formula Listing.
- B. The CPA will determine if formula will be purchased by private medical insurance company or the DHSS Metabolic Formula Program.
 - 1. Private medical insurance should be the payer of formula needed for metabolic conditions. If private insurance is to cover the metabolic formula the CPA will:
 - a. Notify the participant or the parent or guardian of the participant with a metabolic condition that the medical insurance is the primary payer for the prescribed formula. Inform the participant, parent or guardian that WIC cannot issue WIC checks for the formula but may issue checks for other foods in the food package as prescribed.
 - b. Locate a local vendor, durable medical equipment company, or pharmacy that will provide the prescribed formula.
 - c. Determine if the participant has any of the prescribed formula for immediate use. If the WIC participant is without the prescribed formula, continue with the approval procedures and check issuance to assure the participant receives a short-term supply (2 months) of the formula.
 - d. Assure the participant, parent, or guardian that all other WIC services will be provided.
 - e. Document the payment source identified and the vendor that will be supplying the formula
 - 2. If a metabolic formula is needed and the individual does not have private medical insurance, then the DHSS Metabolic Formula Program is the primary payer.
 - a. Notify the participant or the parent or guardian of the participant with a metabolic condition that the DHSS Metabolic Formula Program is the primary payer for the prescribed formula. Inform the participant, or the parent or guardian that WIC cannot issue WIC checks for the formula, but may issue checks for other foods in the food package as prescribed.
 - b. Follow the procedures B 1.c-e of this policy.
 - c. Refer participant or guardian to the DHSS Metabolic Formula Program.
 - 3. If there is no other payment source, the CPA shall proceed with the issuance of the WIC food package.
 - 4. Follow-up must be done to assure the nutritional needs of the participant are being met.
- C. Issuance of Food Package III:
 - 1. For all formulas requested for a qualifying condition, the local WIC provider shall obtain

a completed state medical documentation form (WIC 27) from the licensed health care provider with prescriptive authority (physician, physician's assistant, or advanced practical nurse). The following information is required:

- a. The name of the formula prescribed, including amount needed per day.
 - b. The authorized supplemental food(s) appropriate for the qualifying condition(s) and their prescribed amounts.
 - c. The qualifying condition(s) for issuance of the authorized supplemental food(s) and formula requiring medical documentation. The qualifying conditions include but are not limited to premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status.
 - d. The length of time the formula and other supplemental foods are medically required up to but not greater than seven (7) months and not beyond the participant's category.
 - i. The approval length is determined by adding the number of months requested to the month that the WIC 27 was signed by the health care provider as long as the participant category does not change during that period. The approval period will always end on the last day of the final month. For example, a WIC 27 signed on August 5th for 3 months will be approved through November 30th.
 - e. The signature, date, and contact information of the health care provider with prescriptive authority.
2. When absolutely necessary, the initial medical request may be provided by telephone to the CPA.
- a. Document all required information on a WIC 27 and write "verbal order" in the space for the physician signature. Scan the WIC 27 in MOWINS.
 - b. A signed, completed medical documentation form must be received from the health care provider before additional formula is issued. Maximum issuance is 30 days without the signed medical documentation form.
3. When a WIC 27 is incomplete or requires clarification, the CPA may accept verbal orders from the healthcare provider.
- a. The CPA must document the missing information or clarifications on the WIC 27, initial and date each change, and record the name and credential of the health care provider. If the form has been scanned and the original WIC 27 is not available, print the scanned WIC 27, make and initial the required changes, and rescan the completed form. A new WIC 27 is not required and formula may be issued according to the participant's food instrument cycle.
 - b. If the health care provider signature or date is missing, issue one month of

formula and obtain a new WIC 27 within 30 days.

4. Complete the medical documentation form, WIC Use Only in its entirety.
5. Scan the completed medical documentation form in MOWINS.
6. To assist the health care provider, the CPA is allowed to complete the medical documentation form for supplemental food (not formula) prior to the health care provider's approval. Refer to C.1 for procedure.
7. Food package III is not authorized for:
 - a. Infants whose only condition is:
 - i. a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula.
 - ii. a non-specific formula or food intolerance.
 - b. 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 food packages.
 - c. Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.
8. The CPA will issue the amount of formula and supplemental food based upon the request written by the health care provider.
 - a. Infants
 - i. Refer to Food and Formula Reference Guide Formula Listing for maximum formula issuance for infants.
 - a) Maximum formula issuance in Food Package III is the same as Food Packages I and II. (Refer to [ER #2.07600](#).)
 - b) Infants 6 months of age or greater whose medical condition prevents them from consuming complementary infant foods (cereal, fruit and vegetables, and meat) may receive **infant formula or exempt formula** at the same maximum monthly allowance as infants ages 4 through 5 months of the same feeding option. **A WIC 27 must be completed to issue extra infant formula.**
 - ii. Other supplemental foods (cereals, fruits and vegetables, and meats) shall be issued only as prescribed by the licensed health care provider up to the maximum amount authorized under Food Packages I and II. (Refer to [ER 2.07600](#).)
 - b. Women and Children
 - i. Refer to [Food and Formula Reference Guide](#) Formula Listing for maximum formula issuance for women and children.
 - a) The maximum monthly allowance is 455 fluid ounces concentrate.
 - ii. Other supplemental foods shall be issued only as prescribed by the health

care provider up to the maximum amount authorized under Food Packages IV through VII. (Refer to [ER #2.07900](#) and [ER #2.07800](#).)

- a) 32 ounces infant cereal may be substituted for 36 ounces adult cereal.
- b) Milk shall be issued in addition to formula if the health care provider writes a medical prescription for milk.

~~1) Children < 2 years shall receive whole milk.~~

21) Children \geq 2 years and women shall may receive reduced-fat milk unless whole milk if it is prescribed by the health care provider.

9. For a participant transferring from out-of-state and who has been receiving an exempt formula or WIC-eligible nutritional from that state WIC program, refer to ER# 3.02900.

910. The local WIC provider shall ensure that the formula is available through a contracted vendor by having local WIC provider staff contact the stores and/or pharmacies.

- a. If no formula can be provided at a local contracted vendor the local WIC provider must contact the State agency to arrange for shipment of the formula.

1011. Re-evaluate the participant's condition at the last month of approved formula issuance. If the participant still requires Food Package III, obtain medical documentation (WIC 27) from the health care provider.

D. Issuance of Ready-to-use (feed) formulas:

1. In addition to the requirements for issuing ready-to-use (feed) formula listed in [ER # 2.07600](#), the following conditions may be used to issue ready-to-use (feed) in Food Package III:

- a. The ready-to-use (feed) form better accommodates the participant's condition (Food Package III only).
- b. The ready-to-use (feed) form improves the participant's compliance in consuming the prescribed WIC formula (Food Package III only).
- c. Document in MOWINS the reason ready-to-use (feed) formula was issued.

E. In instances where the request cannot be approved the CPA shall:

1. Contact the health care provider who requested the formula to explain the following as appropriate:
 - a. The WIC participant has private medical insurance which is the primary payment source for the prescribed formula.
 - b. The DHSS Metabolic Formula Program is the primary payment source.
 - c. The prescribed formula is not Missouri WIC approved.
 - d. The prescribed supplemental food is not Missouri WIC approved for the participant's category.
 - e. The Missouri WIC Program can provide other exempt formulas, medical foods, or

- standard contract formulas.
2. Request permission from the health care provider to issue an alternate formula or supplemental food.
 - a. Follow the procedures in C.2. regarding WIC 27s requiring clarification.
 - b. If the physician refuses to consider an alternate formula or food, contact the State agency nutritionist to discuss options.
- F. Tailoring of the special food package is not recommended. However, if all of the food is not being consumed, tailoring is necessary and must be performed by CPA. The CPA shall tailor the food package under the Food Prescription tab in MOWINS and document nutrition education provided by selecting the appropriate topic(s) under the Nutrition Education tab.