

# Chapter 7 Food Package

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The WIC Food Package is a major benefit of the WIC Program. The purpose of this chapter is to provide policy on what the allowable foods are and how to determine the most appropriate food package prescription to meet the participant's needs. The chapter also provides information on infant formulas and other products allowed through WIC medical documentation requirements.

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## Maximum Monthly Allowances of Supplemental Foods

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There are seven federally defined WIC food packages, each with maximum quantities of supplemental foods allowed each month. (7CFR 246.10)

### ■ Food Packages I - VII

- ▶ **I:** Available supplemental foods for infants receiving contract infant formula (IF) ages 0 through 5 months. NC contract formulas are Gerber Good Start Gentle, Gerber Good Start SoothePro and Gerber Good Start Soy.
- ▶ **II:** Available supplemental foods for infants receiving contract infant formula (IF) ages 6 through 11 months.
- ▶ **III:** Available supplemental foods for infants, women or children who have medical documentation (qualifying condition) to receive an IF, exempt infant formula (EXF) or WIC-eligible nutritionals (WEN).
- ▶ **IV:** Available supplemental foods for children 1 through 4 years.
- ▶ **V:** Available supplemental foods for a pregnant woman, a pregnant woman fully formula feeding, a pregnant (single or multiple fetuses) woman partially breastfeeding > MMA or a partially breastfeeding woman  $\leq$  MMA.
- ▶ **VI:** Available supplemental foods for a postpartum non-breastfeeding woman, or a partially breastfeeding woman > MMA (single or multiple infants) up to 6 months postpartum.
- ▶ **VII:** Available supplemental foods for a fully breastfeeding woman, a pregnant woman with two or more fetuses, a pregnant woman partially (mostly) breastfeeding a singleton infant who receives  $\leq$  MMA, a woman who is partially ( $\leq$  MMA) breastfeeding multiple infants from the same pregnancy or a pregnant woman fully breastfeeding a singleton infant. *Note: a woman who is fully breastfeeding multiple infants is eligible for 1.5 times the foods available in Food Package VII.*

For Food Packages I, II and III, only one infant formula, exempt infant formula or WIC-eligible nutritional at a time can be issued.

■ **Crossroads Descriptions Of Food Packages.** Crossroads describes food packages using WIC category, age category and breastfeeding status. The following terms are used throughout this section:

- ▶ **Monthly Maximum Allowance (MMA)** indicates a specific amount of formula that may be provided to an infant in an age category with a particular breastfeeding status. This is not the same as the Category Max Quantity listed on the Prescribe Food Screen.

- ▶ **WIC Category:**
  - Pregnant woman: means a woman who has one or more fetuses in utero.
  - Breastfeeding woman: means a woman up to one year postpartum who is feeding her breastmilk to her infant on the average of at least once a day.
  - Postpartum woman: means a woman up to six months after the end of a pregnancy who is not breastfeeding.
  - Infant: means an individual under one year of age.
  - Child: means an individual one year of age up to their fifth birthday.
  
- ▶ **Age Category:**
  - Infant 0 months
  - Infant 1 to 3 months
  - Infant 4 to 5 months
  - Infant 6 to 11 months
  - Child 12 to 23 months
  - Child 2 yr. to 5 yr.
  
- ▶ **Breastfeeding Status** – applies to both women and infants
  - Fully Breastfeeding – means the dyad is breastfeeding and receiving no formula from WIC
  - Partially Breastfeeding  $\leq$  MMA – means the dyad is breastfeeding and is receiving some formula from WIC up to the maximum amount allowed for the partially breastfed infant in an age range
  - Partially Breastfeeding  $>$  MMA – means the dyad is breastfeeding and is receiving formula from WIC in a range above the maximum for partially breastfed infants in an age range
  - Fully Formula Feeding- means the dyad is not breastfeeding and receives the maximum amount of formula allowed for fully formula fed infants in an age range
  
- ▶ **Additional Options** – applies to women only
  - Multiple Fetuses – means a woman reports more than one fetus in a pregnancy
  - Multiple Infants – means a woman is fully breastfeeding more than one infant
  
- ▶ **Reconstituted Fluid Ounces (RFO)** – means the amount of formula that a product will produce when prepared at standard dilution.
  
- ▶ **Full Authorized Nutrition Benefit (FNB):** the minimum amount of formula for a fully formula fed infant. The amount is established at the level for reconstituted liquid concentrate. This is the Category Max Quantity listed on the Prescribe Food page. Note that the Category Max Quantity in Crossroads is not always the MMA. Crossroads will allow any form of IF to be prescribed on the Prescribe Food screen.

*NOTE: The food package with maximum quantities of supplemental foods allowed each month to WIC participants are described in Attachment 5 based on a participant's WIC category, age and breastfeeding status.*

- **Exempt Infant Formulas (EXF) And WIC-Eligible Nutritionals (WEN)** can be prescribed only after appropriate medical documentation is completed in the system.

The competent professional authority (CPA) can prescribe any amount of formula up to the MMA for that feeding option depending on the form of product (powder, concentrate or ready-to-feed).

- ▶ Example:
  - Category Max Quantity for Gerber Good Start Gentle is listed at 806 oz.
  - CPA prescribes maximum amount of 806 oz. for a fully formula fed 2-month-old infant.
    - 9 total cans of formula will be issued.
    - Each can reconstitutes to 92 ounces.
    - Total RFO =  $9 \times 92 = 828$ .
    - Crossroads will issue at least the FNB up to the MMA.
- ▶ Ready-to-feed (RTF) formula may only be prescribed under certain circumstances. See Chapter 7, Section 3 for specific information.

*NOTE: There is no range in the amount of formula available in Food Package III to women and children. There is only one value of 910 RFO; this is the MMA. Issued is the greatest RFO of a product without going over the MMA.*

- ▶ Example:
  - A 2-year-old has Medical Documentation of a qualifying condition and is prescribed to have Pediasure 4 cans per day.
    - Each can is 8 oz.
    - $4 \text{ cans/day} \times 8 \text{ oz.} = 32 \text{ oz./day}$
    - $32 \text{ oz. /day} \times 30 \text{ days per month} = 960 \text{ oz.}$
    - WIC maximum = 910 oz.
    - CPA prescribes 910 oz.
    - 113 cans will be issued.
    - $113 \text{ cans} \times 8 \text{ oz. /can} = 904 \text{ oz.}$
    - 904 oz. is the maximum that can be provided for that product
    - One more can would put the issuance at 912 oz. which would be over the maximum allowed.

- **Maximum Monthly Quantities Of Supplemental Foods**

In most instances the default amounts initially displayed on the Prescribe Food screen is the maximum quantity allowed per food category. The exception is the partially breastfed infant. The quantity of formula must be prescribed with intention.

- **Infants ages 6 – 11 Months On Food III**

Infants ages 6 – 11 months on Food Package III on IF, EXF or WEN may receive formula at the amounts of an infant age 4 – 5 months if no infant foods (infant cereal and infant fruits and vegetables) are provided.

**■ Fully Breastfeeding Woman With Multiples – Food Package VII+**

The food package for the woman fully breastfeeding multiple infants is equal to 1.5 times the food items in Food Package VII. The provision of some of the foods is not possible on a monthly basis due to approved foods sizes; therefore, food amounts are alternated every other month. For example, only 16-ounce size is approved for Bread/Whole Grains, but 24 ounces is allowed monthly in the standard (default) food package. Bread/Whole Grains will be issued as 1 pound one month and 2 pounds the following month. This distribution allows for the maximum provision in purchasable sizes. Food package III for a fully breastfeeding woman of multiple infants includes all the foods listed above plus up to 1365 RFO of a prescribed WIC-eligible nutritional.

**■ Participants Who Need Formula And Other Products In Excess Of Amounts Allowed Through WIC**

The amounts outlined earlier in this section are the maximum amounts available for distribution through the WIC Program. Alternative options may be available for participants on Medicaid requiring excess amounts of formula not provided by WIC. Staff is encouraged to assist participant families in obtaining the approval for additional product through Medicaid. Additional information is available at [www.nutritionnc.com](http://www.nutritionnc.com) under Local Agency Resources.

Information about assistance provided to the family should be documented in the participant care plan in Crossroads.

## WIC Supplemental Foods

Federal regulations define the minimum criteria for determining WIC supplemental foods with each State Agency having the ability to further define the selection criteria. The table below outlines the criteria that North Carolina uses to determine approved foods and not approved foods. Specific food choices in some food categories are outlined at [www.nutritionnc.com](http://www.nutritionnc.com). Also refer to the most current “NC WIC Program Shopping Guide” used by participants and the “North Carolina WIC Vendor Transaction Guide” used by vendors. These guides may be ordered from the Nutrition Services Branch. The most current NC WIC Authorized Product List (APL) is available at [www.nutritionnc.com](http://www.nutritionnc.com).

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<b>Cow’s Milk: Size and type as indicated on shopping list</b>	
<b>Approved</b> <ul style="list-style-type: none"> <li>▪ 1 gallon, ½ gallon and 1-quart fresh fluid milk</li> <li>▪ ½ gallon lactose-reduced or lactose-free milk</li> <li>▪ 1 quart Ultra High Temperature (UHT) milk</li> <li>▪ 12 oz. canned evaporated milk</li> <li>▪ Skim, 1%, 2% and whole pasteurized milk</li> <li>▪ Organic milk</li> </ul>	<b>Not Approved</b> <ul style="list-style-type: none"> <li>▪ Buttermilk</li> <li>▪ Chocolate or other flavored milk</li> <li>▪ Goat’s milk</li> <li>▪ Milk drinks</li> <li>▪ Powdered milk</li> </ul>

<b>Cheese: Size and type as indicated on shopping list</b>	
<b>Approved</b> <ul style="list-style-type: none"> <li>▪ 8 oz. or 16 oz. prepackaged block or sliced (wrapped or unwrapped), snack, cubed, shaped, crumbled, strips, sticks, diced, grated, string or shredded cheese</li> <li>▪ Any of the following types of cheese or blends of any of these cheeses:               <ul style="list-style-type: none"> <li>○ Brick</li> <li>○ Cheddar</li> <li>○ Colby</li> <li>○ Monterey Jack</li> <li>○ Mozzarella</li> <li>○ Muenster</li> <li>○ Pasteurized processed American</li> <li>○ Provolone</li> <li>○ Swiss</li> </ul> </li> <li>▪ Lower-sodium varieties</li> <li>▪ Reduced-fat and reduced-cholesterol varieties</li> <li>▪ Organic cheese</li> </ul>	<b>Not Approved</b> <ul style="list-style-type: none"> <li>▪ Cheese foods</li> <li>▪ Cheese products</li> <li>▪ Cheese spreads</li> <li>▪ Cheese with additions such as wine, nuts, seeds, jalapenos, pimentos, herbs, spices, seasonings or flavorings (wine or smoked)</li> <li>▪ Deli or hoop cheese</li> </ul>

<b>Soy-based Beverage:</b> Must be an approved brand. Refer to <a href="http://www.nutritionnc.com">www.nutritionnc.com</a> for specific list of foods.	
<b>Approved</b> <ul style="list-style-type: none"> <li>▪ 64 oz. container</li> <li>▪ Organic soy-based beverage</li> </ul>	<b>Not Approved</b> <ul style="list-style-type: none"> <li>▪ Flavored soy-based beverage</li> <li>▪ Soy-based beverages with artificial sweeteners</li> </ul>

<b>Tofu:</b> Must be an approved brand. Refer to <a href="http://www.nutritionnc.com">www.nutritionnc.com</a> for specified list of foods.	
<b>Approved</b> <ul style="list-style-type: none"> <li>▪ 14 oz. - 16 oz. prepackaged</li> <li>▪ Calcium-set tofu prepared with calcium salts</li> <li>▪ Organic tofu</li> </ul>	<b>Not Approved</b> <ul style="list-style-type: none"> <li>▪ Tofu with added fats, sugars, oils or sodium</li> <li>▪ Tofu with artificial sweeteners</li> </ul>

<b>Yogurt:</b> Must be an approved brand. Refer to <a href="http://www.nutritionnc.com">www.nutritionnc.com</a> for specified list of foods.	
<b>Approved</b> <ul style="list-style-type: none"> <li>▪ 1 quart (32 oz.)</li> <li>▪ Pasteurized</li> <li>▪ Organic yogurt</li> </ul>	<b>Not Approved</b> <ul style="list-style-type: none"> <li>▪ Yogurts sold with accompanying mix-in ingredients such as granola, candy pieces, honey, nuts and similar ingredients</li> <li>▪ Drinkable yogurts</li> </ul>

<b>Concentrate Juice:</b> Must be an approved brand. Refer to <a href="http://www.nutritionnc.com">www.nutritionnc.com</a> for specified list of foods.	
<b>Approved</b> <ul style="list-style-type: none"> <li>▪ 11.5 oz. – 12 oz. containers</li> <li>▪ 100% juice, unsweetened, pasteurized</li> <li>▪ Frozen or shelf stable concentrate</li> <li>▪ Juices fortified with calcium, vitamin D or vitamin C</li> <li>▪ Organic juice</li> </ul>	<b>Not Approved</b> <ul style="list-style-type: none"> <li>▪ Concentrate products with guidance for diluting to less than single strength</li> <li>▪ Juice drinks or cocktails</li> <li>▪ Juices promoted for use by infants</li> <li>▪ Juices with added nutrients/additives other than calcium, vitamin D or vitamin C</li> <li>▪ Sports drinks</li> </ul>

<b>Single Strength Juice:</b> Must be an approved brand and size as indicated on shopping list. Refer to <a href="http://www.nutritionnc.com">www.nutritionnc.com</a> for specific list of foods.	
<b>Approved</b> <ul style="list-style-type: none"> <li>▪ 48 oz. and 64 oz. containers</li> <li>▪ 100% juice, unsweetened, pasteurized</li> <li>▪ Juices fortified with calcium, vitamin D or vitamin C</li> <li>▪ Vegetable juice may be regular or low sodium</li> <li>▪ Packaged in plastic, glass, cans or refrigerated paper cartons</li> <li>▪ Organic Juice</li> </ul>	<b>Not Approved</b> <ul style="list-style-type: none"> <li>▪ Freshly squeezed juices</li> <li>▪ Juice drinks or cocktails</li> <li>▪ Juices promoted for use by infants</li> <li>▪ Juices with added nutrients/additives other than calcium, vitamin D or vitamin C</li> <li>▪ Sports drinks</li> </ul>



**Cereal:** Must be an approved brand. Refer to [www.nutritionnc.com](http://www.nutritionnc.com) for specific list of foods.

<p><b>Approved</b></p> <ul style="list-style-type: none"> <li>▪ 12 oz. or larger size box or bag</li> <li>▪ At least 28 mg iron per 100 g dry cereal</li> <li>▪ Less than or equal to 6 gm. Sugar per dry oz. cereal</li> <li>▪ Includes whole grain as the primary ingredient by weight AND meets labeling requirements for making a health claim as a “whole-grain food with moderate fat content”</li> <li>▪ Organic cereals</li> </ul>	<p><b>Not Approved</b></p> <ul style="list-style-type: none"> <li>▪ Single serving packets</li> <li>▪ Cereals with artificial sweeteners</li> </ul>
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**Bread:** Must be an approved brand. Refer to [www.nutritionnc.com](http://www.nutritionnc.com) for specific list of foods.

<p><b>Approved</b></p> <ul style="list-style-type: none"> <li>▪ 16 oz. loaf</li> <li>▪ 100% whole-grain and/or whole-wheat bread</li> <li>▪ Organic bread</li> </ul>	<p><b>Not Approved</b></p> <ul style="list-style-type: none"> <li>▪ Bagels, buns or rolls</li> <li>▪ Bread with artificial sweeteners</li> </ul>
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**Brown Rice:** Must be an approved brand. Refer to [www.nutritionnc.com](http://www.nutritionnc.com) for specific list of foods.

<p><b>Approved</b></p> <ul style="list-style-type: none"> <li>▪ 14 oz. -16 oz. bag or box</li> <li>▪ Plain, whole-grain brown rice</li> <li>▪ Instant, quick or regular cooking</li> <li>▪ Organic brown rice</li> </ul>	<p><b>Not Approved</b></p> <ul style="list-style-type: none"> <li>▪ Mixtures of rice</li> <li>▪ Seasoned or flavored rice</li> <li>▪ Brown rice with added sugar, fats, oils or salt (sodium)</li> <li>▪ Brown rice with artificial sweeteners</li> </ul>
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**Tortillas:** Must be an approved brand. Refer to [www.nutritionnc.com](http://www.nutritionnc.com) for specific list of foods.

<p><b>Approved</b></p> <ul style="list-style-type: none"> <li>▪ 16 oz. package</li> <li>▪ Soft corn (yellow or white) tortillas</li> <li>▪ Whole wheat tortillas</li> <li>▪ Organic tortillas</li> </ul>	<p><b>Not Approved</b></p> <ul style="list-style-type: none"> <li>▪ Hard-shelled corn tortillas</li> <li>▪ Tortillas with artificial sweeteners</li> </ul>
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**Whole Wheat Pasta:** Must be an approved brand. Refer to [www.nutritionnc.com](http://www.nutritionnc.com) for specified list of foods.

<p><b>Approved</b></p> <ul style="list-style-type: none"> <li>▪ 16 oz. package</li> <li>▪ 100% whole-grain and/or whole-wheat pasta</li> <li>▪ All shapes</li> <li>▪ Organic pasta</li> </ul>	<p><b>Not Approved</b></p> <ul style="list-style-type: none"> <li>▪ Added sugars, fats, oils or salt (i.e., sodium)</li> </ul>
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<p><b>Peanut Butter:</b> Must be an approved brand. Refer to <a href="http://www.nutritionnc.com">www.nutritionnc.com</a> for specific list of foods.</p>	
<p><b>Approved</b></p> <ul style="list-style-type: none"> <li>▪ 16 oz. – 18 oz. containers</li> <li>▪ Less-sugar varieties</li> <li>▪ Lower-sodium, sodium-free or salt-free varieties</li> <li>▪ Plain, creamy, crunchy or chunky</li> <li>▪ Reduced-fat varieties</li> <li>▪ Natural varieties</li> <li>▪ Organic peanut butter</li> </ul>	<p><b>Not Approved</b></p> <ul style="list-style-type: none"> <li>▪ Freshly ground peanut butter</li> <li>▪ Peanut butter combinations (such as jelly, chocolate, marshmallow)</li> <li>▪ Peanut butter spread</li> <li>▪ Peanut butter with artificial sweeteners</li> </ul>

<p><b>Mature Legumes (Beans, Peas, Lentils):</b> Size and type as indicated on shopping list</p>	
<p><b>Approved</b></p> <ul style="list-style-type: none"> <li>▪ 16 oz. bag or box</li> <li>▪ 15 oz. - 16 oz. cans</li> <li>▪ Organic variety</li> </ul> <p><b>DRY BEANS, PEAS, LENTILS</b></p> <ul style="list-style-type: none"> <li>▪ Any type of plain, unseasoned mature dry beans, peas or lentils</li> </ul> <p><b>CANNED BEANS, PEAS, LENTILS</b></p> <ul style="list-style-type: none"> <li>▪ Any type of plain, unseasoned mature canned beans, peas or lentils</li> <li>▪ Low-sodium mature canned beans, peas or lentils</li> </ul>	<p><b>Not Approved</b></p> <ul style="list-style-type: none"> <li>▪ Canned beans with meat or added sugars, fat or oils</li> <li>▪ Frozen mature legumes (beans, peas or lentils)                             <ul style="list-style-type: none"> <li>○ <b>May obtain with cash-value benefit—only</b></li> </ul> </li> <li>▪ Green beans or green peas (canned, fresh or frozen)                             <ul style="list-style-type: none"> <li>○ <b>May obtain with cash-value benefit only</b></li> </ul> </li> <li>▪ Soup mixes</li> </ul>

<p><b>Eggs:</b> Size and type as indicated on shopping list</p>	
<p><b>Approved</b></p> <ul style="list-style-type: none"> <li>▪ One dozen container, chicken eggs only</li> <li>▪ All sizes</li> <li>▪ All grades</li> <li>▪ White or Brown eggs</li> <li>▪ Specialty eggs such as low-cholesterol, cage-free, stress-free, free-range, vitamin-enriched, antibiotic-free, vegetarian-fed-hen, no-growth-hormones, fertile or organic eggs</li> </ul>	<p><b>Not Approved</b></p> <ul style="list-style-type: none"> <li>▪ Powdered, liquid or hard boiled eggs</li> </ul>

<p><b>Fish:</b> Size and type as indicated on shopping list</p>	
<p><b>Approved</b></p> <ul style="list-style-type: none"> <li>▪ 5 oz.- 6 oz. cans or foil packs</li> <li>▪ Organic Fish</li> <li>▪ <b>Pink Salmon:</b> Any brand, plain unseasoned packed in water and with or without bones</li> <li>▪ <b>Chunk-Light Tuna:</b> Any brand, plain unseasoned packed in water</li> </ul>	<p><b>Not Approved</b></p> <ul style="list-style-type: none"> <li>▪ Fish with added ingredients</li> <li>▪ Lunch packs or kits</li> </ul>

### Formulas or Nutritional Products

#### Approved

- Only the brand, size, type and quantity as indicated on shopping list

### Infant Cereal: Must be an approved brand. Refer to [www.nutritionnc.com](http://www.nutritionnc.com) for specified list of foods

#### Approved

- 8 oz. box
- Plain, dry infant cereal
- Organic infant cereal

#### Not Approved

- Infant cereal with added fruit or formula
- Infant cereal with artificial sweeteners

### Infant Meats: Must be an approved brand. Refer to [www.nutritionnc.com](http://www.nutritionnc.com) for specific list of foods.

#### Approved

- 2.5 oz. containers (single or multi-packs)
- Plain meat with gravy or with broth
- Organic infant meats

#### Not Approved

- Meat and pasta mixtures
- Meat and vegetable mixtures
- Infant meats with added sugars or salt (sodium)

### Infant Fruits and Vegetables: Must be an approved brand. Refer to [www.nutritionnc.com](http://www.nutritionnc.com) for specific list of foods.

#### Approved

- 3.5 oz, 4 oz. containers (single)
- 2 oz, 3.5 oz, 4 oz containers (single or multi-packs)
- Single fruit or blend of fruits
- Single Vegetable or blend of vegetables
- Combination of fruit and vegetable
- Organic infant fruits and vegetables

#### Not Approved

- Infant fruits and vegetables with added sugar, starches or salt (sodium)
- Infant fruits and vegetables with artificial sweeteners

**Cash-Value Benefit: Fruits and Vegetables**

Approved	Not Approved
<p><b>FRUITS with no added sugar, fats, oils or salt</b></p> <ul style="list-style-type: none"> <li>▪ Fresh fruit</li> <li>▪ Frozen fruit</li> <li>▪ Fruit, juice-packed or water-packed in cans, glass or plastic containers</li> <li>▪ Organic fruit</li> <li>▪ Pre-cut, diced or sliced fruit</li> <li>▪ Single serving packets</li> </ul> <p><b>VEGETABLES with no added sugar, fats or oils</b></p> <ul style="list-style-type: none"> <li>▪ Fresh vegetables</li> <li>▪ Frozen mature legumes (beans, peas or lentils)</li> <li>▪ Frozen vegetables</li> <li>▪ Low-sodium vegetables</li> <li>▪ Organic vegetables</li> <li>▪ Pre-cut, diced, sliced or shredded vegetables</li> <li>▪ Canned tomato sauce or canned tomato paste</li> <li>▪ Single serving packets</li> <li>▪ Vegetables in cans, glass or plastic containers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breaded vegetables</li> <li>▪ Catsup or other condiments</li> <li>▪ Dried fruits</li> <li>▪ Dried vegetables</li> <li>▪ Dry or canned mature legumes (beans, peas or lentils)               <ul style="list-style-type: none"> <li>○ <b>May obtain when listed under the legume category</b></li> </ul> </li> <li>▪ Fruit and/or vegetable juices               <ul style="list-style-type: none"> <li>○ <b>May obtain when listed under the juice category</b></li> </ul> </li> <li>▪ Fruit baskets</li> <li>▪ Fruit leathers and fruit roll-ups</li> <li>▪ Fruit or vegetable items on party trays</li> <li>▪ Fruit or vegetable items on salad bars</li> <li>▪ Fruits or vegetables mixed with sauces or foods other than other fruits and vegetables</li> <li>▪ Fruits or vegetables with added corn syrup, high-fructose corn syrup, maltose, dextrose, sucrose, honey, and/or maple syrup</li> <li>▪ Fruit packed in cans, glass or plastic containers with artificial sweeteners</li> <li>▪ Herbs used for flavoring</li> <li>▪ Infant fruits and vegetables</li> <li>▪ Ornamental and decorative fruits and vegetables</li> <li>▪ Pickled vegetables, olives</li> <li>▪ Soups</li> <li>▪ Salsa</li> </ul>

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## WIC Formulas

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The WIC Program promotes breastfeeding as the best way to feed infants. When a mother cannot or chooses not to fully breastfeed her infant, the WIC Program can provide a wide variety of formulas and other products. When medically necessary, formula and other products are also available for women and children. For any participant, only one formula/WIC-Eligible nutritional can be issued at a time.

### ■ Participants Eligible To Receive Formulas

The following groups of participants may receive formulas and other products through WIC:

- ▶ Infants (birth up to 12 months of age)
- ▶ Children and women when a physician, physician extender (physician assistant or nurse practitioner) or certified nurse midwife determines that the use of formula or other product is medically necessary
- ▶ Participants who are not hospitalized or living in an institution

### ■ Types (Forms) Of Formulas

Formulas may come in three types (or forms): powder, concentrate, and ready-to-feed. Often, the same product is available in more than one type/form but only one form of formula may be included in current food benefit issuance.

- ▶ **Powder.** These products must be mixed with water or added to another fluid product according to manufacturer's instructions or to instructions of the prescribing health care provider.
- ▶ **Concentrate.** These products must be mixed with water according to manufacturer's instructions or to instructions of the prescribing health care provider.
- ▶ **Ready-to-Feed (RTF).** These products do not require mixing with water. They may be used only when the CPA confirms and documents one or more of the following:
  - **Multi-serving containers (e.g., 32 oz.)**
    - The product is available only in ready-to-feed.
    - The participant's household has an unsanitary or restricted water supply.
    - The caretaker may have difficulty in correctly diluting the concentrate and powder products.
  - **Single-serving containers (e.g., 2 oz., 8 oz.)**
    - The product is available only in single-serving RTF sizes.
    - No other size may be appropriate (i.e., participant is homeless and without adequate refrigeration and/or a way to prepare product in a sanitary manner).
    - There is an emergency or catastrophic situation such as a hurricane or major flood. In these instances, additional guidance would be distributed by the State WIC Program.

- **Participants on Food Package III.** There are two allowances for the issuance of a ready-to-feed product for participants with a documented medical condition on Food Package III:
  - If a ready-to-feed form better accommodates the participant’s condition; or
  - If it improves the participant’s compliance in consuming the prescribed product.

*NOTE: Single-serving nursette bottles (i.e., 2 oz.) should not be used simply to provide a higher caloric density formula. If a health care provider provides medical documentation for a higher caloric density formula (i.e., 22 or 24 calories per ounce), the CPA should contact the prescribing individual to discuss if an alternative method of providing additional calories is appropriate.*

### ■ Formulas And Other Products

- ▶ **Infant Formulas (Contract Standard Milk- and Soy-Based).** Most infants who are not fully breastfed consume standard milk- or soy-based infant formulas (IF) for the first year of life. Contract standard milk- or soy-based IF are products for which the North Carolina WIC Program receives a reimbursement per unit of formula transacted (i.e., a rebate). The contract formulas allowed by the North Carolina WIC Program are Gerber Good Start Gentle, Gerber Good Start SoothePro and Gerber Good Start Soy.

*NOTE: Standard milk- and soy-based IF which are nutritionally comparable to the contract IF but for which the North Carolina WIC Program does not have under contract are NOT allowed.*

- ▶ **Exempt Infant Formulas. (EXF)** WIC allows EXF to meet the nutritional needs of infants with a medical condition for which a standard milk-or soy-based infant formula is contraindicated.
- ▶ **WIC-Eligible Nutritionals. (WEN)** WIC also allows other formulas and products to meet the nutritional needs of participants with a documented medical condition.

Medical documentation is required for a participant to receive an (EXF) or a WEN through WIC. Refer to Section 5 for information about medical documentation requirements and to Attachment 1 for a listing of the more frequently used (EXF) and WEN.

If medical documentation is received for an EXF or WEN and it is not listed on Attachment 1, the CPA should contact the Nutrition Services Branch.

### ■ Donated And Promotional Formula

A local agency is prohibited from the acceptance of donated and/or promotional formulas, bottles, pacifiers, or nipple/teats for distribution to WIC Program participants and/or staff.

■ **Metabolic Formulas**

Most products used by individuals with a metabolic disorder are ordered by the Nutrition Services Branch (NSB) or AccessCare and shipped to the Local Agency WIC Program (Refer to Section 8 for information on receipt of products from the NSB). Staff should receive a memo from the ordering agency in advance of any shipment of metabolic products. This correspondence includes the contact information for staff at the tertiary medical center that follows the participant. It also includes instructions regarding nutrition care and nutrition education for the participant, and other products and/or WIC-allowable foods which may be provided.

■ **Non-Approved WIC Costs**

All apparatus or devices (e.g., enteral feeding tubes, bags, and pumps) designed to administer WIC formulas are not allowable WIC costs. Refer to Chapter 12, Section 1 for further information on WIC costs.

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## Prescribing Food Packages

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Staff must offer but not exceed the monthly maximum allowances of supplemental foods in each food package category. A Competent Professional Authority (CPA) must prescribe a specific food package at each certification and when modifications are requested or required. There are several considerations in prescribing an appropriate food package.

### ■ Default (Standard) Food Package

When the CPA navigates to the Prescribe Food screen the default (standard) food package appropriate for the WIC category, age category and breastfeeding status of the participant will display. This package offers the maximum monthly allowances (MMA) of supplemental foods.

### ■ Adjusted Food Package

- ▶ The CPA may adjust the food package when presented with medical documentation which indicates one of the following modifications to a default food package:
  - Exempt infant formula (EXF) for an infant
  - Contract infant formula (IF), EXF or WIC-Eligible nutritionals (WEN) for a woman or child
  - Whole milk for a child over 2 years of age or a woman participant
- ▶ The CPA may adjust the food package by participant request if:
  - Adjustments that are allowed within the subcategory can be completed on the Prescribe Food screen.
  - Elimination of a specific category can be completed on the Prescribe Food screen.
- ▶ Participants may make choices within subcategories or decline one or more specific food categories:
  - Infant formula
  - Infant cereal (no subcategories)
  - Infant meats (no subcategories)
  - Milk
  - Juice (no subcategories)
  - Cereal (no subcategories)
  - Eggs (no subcategories)
  - Legumes (dry beans, canned beans or peanut butter)
  - Breads/Whole Grains
  - Canned fish (tuna or salmon) (no subcategories)
  - Fruits and Vegetables (Cash value benefit) (no subcategories)
- ▶ Low-fat (1%) milk or non-fat (skim) milk is the standard milk for issuance to children 24 months of age and older, and to women.
  - Reduced fat (2%) milk may be issued to children age 24 months of age and older or to women when a CPA determines there is a medical need based on an individual nutrition assessment. 2% milk may not be based on a personal preference.

- Examples of medical need include underweight, weight loss and weight loss during pregnancy. When 2% milk is provided to children 24 months of age and older, or to women, the justification of providing it must be clearly documented in the child's or woman's care plan.
- Whole milk is the standard milk for issuance to children 12 to 23 months of age.
  - Reduced-fat (2%) milk may be issued to a child 12 – 23 months of age when a CPA determines there is a medical need based on an individual nutrition assessment, not a preference.
  - Examples of medical need include children for whom overweight or obesity is a concern. The CPA should consult with the child's health care provider, if necessary. Reduced-fat milk may also be issued to children 12 to 23 months of age when the child's health care provider has instructed that the child have it in place of whole milk. When 2% milk is provided for children 12 to 23 months of age, the justification of providing it must be clearly documented in the child's care plan.
- Participants may choose one or more milk of the following subcategories (no medical documentation by participant's health care provider is required):
  - Evaporated milk
  - UHT milk (only if participant has limited refrigeration)
  - Lactose-free or lactose-reduced milk
  - Soy-based beverage
- Participants may choose one or more of the following milk substitutions (no medical documentation by participant's health care provider is required);
  - Cheese (maximum of one pound of cheese may be substituted for 3 quarts of milk)
  - Tofu (see table on page 17)
  - Yogurt (maximum of 1 quart of yogurt may be substituted for 1 quart of fluid milk)

*NOTE: The same guidance in the preceding section on whole milk and reduced fat milk options to children (12-23 months of age) apply to yogurt issuance. Low fat or nonfat yogurts are the only types of yogurt authorized for children age 24 months of age and older and women.*

#### ■ Situations Prompting Food Package Adjustment

- **Participants with Specific Food Intolerances/Vegan Diet.**
  - **Lactose Intolerance.** When the condition is reported by the participant, parent/guardian/caretaker of an infant or child, or by the health care provider, it must be documented in the participant's health record.
    - Adaptation may include:
      - Lactose-reduced milk as a substitute for fresh fluid milk.
      - Soy-based beverage as a substitute for fresh fluid milk (Refer to the additional information below for restrictions).
      - Tofu as a substitute for fresh fluid milk (Refer to the additional information below for restrictions).

- Yogurt as a substitute for fresh fluid milk (Refer to the additional information below for restrictions).
- **Food Allergies.** When a food allergy is reported by the participant/caretaker or by the health care provider, it must be documented. Participants who have a food allergy should receive a food package adapted to their needs. The CPA must remove one or more categories of foods when requested by the participant/caretaker or indicated on the medical documentation.
- **Vegan Diet.** When adherence to a vegan diet is reported by the participant or parent/guardian/caretaker of an infant or child, it must be documented and the food package adapted to their needs.

### Issuance of Soy-Based Beverage and Tofu

#### Children:

Issuance of tofu and soy-based beverage as substitutes for milk must be based on an individual assessment and consultation with the child's health care provider if necessary.

- Soy-based beverage may be substituted for milk on a quart-for-quart basis up to the total maximum allowance of milk.
- Tofu may be substituted for milk at the rate of 1 pound per quart of milk up to the 4-quart substitution of cheese, tofu, or yogurt threshold for children (Food Package IV). *Additional amounts may be substituted up to the maximum allowance for fluid milk for lactose intolerance or other reasons assessed and documented by the CPA.*

#### Women:

- Soy-based beverage may be substituted for milk on a quart-for-quart basis up to the total maximum allowance of milk.
- Tofu may be substituted for milk at the rate of 1 pound per quart of milk up to the 4-quart substitution of cheese, tofu or yogurt threshold for pregnant, postpartum and partially breastfeeding women (Food Packages V and VI). No more than a total of 6 quarts of milk may be substituted for a combination of cheese, tofu or yogurt for fully breastfeeding women (Food Package VII). *Additional amounts may be substituted up to the maximum allowances for fluid milk for lactose intolerance or other reasons assessed and documented by the CPA.*

- **Participants Who Are Homeless.** If an individual is homeless, it should be indicated in the Participant Demographics in Crossroads. Depending on her living situation, a homeless participant may need certain foods and/or alternative packaging to accommodate her available food storage and preparation facilities.
- **Participants Who Have Limited Or No Refrigeration.** Changes that can be made in the food package to adapt for any participant with limited or no refrigeration include:
  - Ordering single-serving ready-to-feed infant formula from the state office
  - Substituting UHT milk or evaporated milk for fresh fluid milk
  - Not issuing cheese or eggs

■ **Breastfeeding Status**

- ▶ The default breastfeeding status for all postpartum women and infants is fully breastfeeding. During a full nutrition assessment by the CPA, the selections made on the Health Information screen to reflect the actual feeding information drive the assigned breastfeeding status of the postpartum woman and infant.
- ▶ The food package for an infant is determined by the breastfeeding status. There are four breastfeeding status classifications in Crossroads: fully breastfeeding, partially breastfeeding  $\leq$  Maximum Monthly Allowance (MMA), partially breastfeeding  $>$  MMA and fully formula feeding. See Section 1 of this chapter for more information on MMA.
- ▶ There are four corresponding food packages/feeding options for breastfeeding and postpartum women: fully breastfeeding, partially breastfeeding  $\leq$  MMA, partially breastfeeding  $>$  MMA, and non-breastfeeding.

Infant Breastfeeding Status	Woman Category and Breastfeeding Status	
Fully breastfed (receives no formula from WIC)	Breastfeeding Woman	Fully breastfeeding
Partially breastfed $\leq$ MMA	Breastfeeding Woman	Partially breastfeeding $\leq$ MMA
Partially breastfed $>$ MMA	Breastfeeding Woman	*Partially breastfeeding $>$ MMA
Fully formula fed	Postpartum Woman	* Non-breastfeeding

*\*Note: After six months of age, this woman is not eligible for food benefits.*

- ▶ The certified breastfeeding and postpartum woman and her infant(s) is considered a dyad. The amount of formula the infant is prescribed in Crossroads will drive the mother’s food package prescription. After a food prescription has been saved, adjustments may be initiated on the Prescribe Foods screen.
- ▶ If the food packages within the dyad contradict, Crossroads will provide an error message alerting the user that corrections must be made to prevent over issuance or must be made to provide both dyad members the maximum allowable supplemental foods.
- ▶ Women who are partially breastfeeding an infant six months of age or older receiving the partially breastfeeding  $>$  MMA or the non-breastfeeding package are not eligible for food benefits. The partially breastfeeding  $>$  MMA woman continues to be certified as a breastfeeding woman and is eligible for breastfeeding education, support and supply issuance.

*NOTE: The breastfeeding status on the Prescribe Food page may not correspond with the dyad’s actual feeding practice.*

### ■ Infant Food Packages

- ▶ **Partially Breastfeeding.** For breastfeeding dyads who do not receive the fully breastfeeding food package:
  - The CPA is expected to tailor the amount of formula prescribed based on the assessed needs of the breastfed infant. The MMA for the fully formula feeding food package should not be issued as the standard, rather the minimum amount of formula that meets but does not exceed the infant's nutritional needs.
    - Care must be exercised to ensure that the provision of formula does not interfere with or undermine the breastfeeding relationship.
  - On a case by case basis, the maximum quantity of formula that may be issued to an infant in Age Category 0 months with a food package status of partially breastfed < MMA is one (1) can of powdered infant formula.
    - When the CPA issues the one (1) can of powdered formula during the Age Category 0 Months, the CPA must document the justification of issuance and appropriate provision of counseling and breastfeeding support.
- ▶ Automatic changes occur in formula amount for fully formula fed (standard or exempt infant formula).
- ▶ **Complementary Foods.** When infant turns six months of age, s/he may begin to receive complementary foods. The Crossroads system automatically notes this date in the carousel to take effect the first issue date after reaching six months of age.
- ▶ Fully breastfeeding infants receive:
  - Infant fruits and vegetables
  - Infant meats
  - Infant cereal
- ▶ Partially breastfeeding <= MMA; partially breastfeeding > MMA and fully formula feeding infants receive:
  - Infant fruits and vegetables
  - Infant cereal
- ▶ If this change is not appropriate for the participant, staff must delete the inappropriate food categories.

### ■ Infants 6 – 11 Months Of Age On Food Package III

Federal regulations allow the issuance of exempt infant formula (EXF) at the same maximum monthly allowance as an infant 4 - 5 months of age of the same feeding option receives if no infant foods (infant cereal and infant fruits and vegetables) are provided. Medical documentation is required for the issuance of any exempt infant formula.

Federal regulations also allow the issuance of contract infant formula (IF) at the same maximum monthly allowance as an infant 4 – 5 months of age of the same feeding option receives if no infant foods (infant cereal and infant fruits and vegetables) are provided. Medical documentation

is required for this level of issuance for the contract infant formulas.

*NOTE: Every infant must have a verified food package prescription verified. Failure to do so will result in an error message.*

- ▶ *If the increased amount of formula is prescribed, the CPA must delete the infant foods before saving the prescription.*
- ▶ *If the standard amount of formula is prescribed, the CPA must change the amount of formula from the maximum displayed (884 RFO to 624 RFO).*

■ **Automatic Food Package Change When An Infant Turns One Year Of Age**

- ▶ The infant food package is provided throughout the first year.
- ▶ When an infant is added to the Program, a default food package for a 12 - 23-month-old child will be in the carousel.
- ▶ A child's food package will automatically be issued when the first date to spend is on or after the first birthday.

## Medical Documentation Requirements

Medical documentation is required for the prescription and issuance of many products allowed through the WIC Program. All medical documentation is subject to WIC approval and provision based on program policy and procedures.

### ■ Situations Requiring Medical Documentation

- ▶ An **infant** requires a formula other than the contract milk-or soy-based infant formulas (IF)
- ▶ A **child or woman** requires an exempt formula (EXF) or WIC-Eligible nutritional (WEN)
- ▶ A **child 24 months of age and older or a woman** requires whole milk
- ▶ Any IF, EXF, WEN or supplemental foods prescribed to an infant, child, or adult who receives Food Package III. Nutrition assessment by a Competent Professional Authority (CPA) is required when:
  - New medical documentation changes the IF, EXF or WEN, or supplemental foods.
  - The medical documentation form expires and the participant will be no longer receive Food Package III.
  - The participant requests a different formula or supplemental foods that is not prescribed by their health care provider.

### ■ Medical Conditions Indicating Need For Prescribed Product

- ▶ **Formulas and other products.** The prescribing individual must document a medical condition that indicates a need for the prescribed formula or WEN in the treatment or management of the condition. The responsibility for this treatment or management of the condition remains with the prescribing individual. The qualifying conditions include but are not limited to those listed on the table below as well as other medical conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect a participant’s nutrition status. The table below lists *examples* of medical conditions that may indicate a need for the use of some formulas or products.

Formula or Product	Medical Conditions Which May Indicate Need For Use Of Formula or Product
<b>Preterm Infant Formulas</b> <ul style="list-style-type: none"> <li>▪ Enfamil Premature Formulas</li> <li>▪ Similac Special Care Formulas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preterm or Early Term Delivery*</li> </ul> <p><i>Note: Generally used with premature infants weighing less than 2500 grams (5.5 pounds).</i></p>

Formula or Product	Medical Conditions Which May Indicate Need For Use Of Formula or Product		
<p><b>Preterm Discharge Infant Formulas**</b></p> <ul style="list-style-type: none"> <li>▪ Enfamil NeuroPro EnfaCare</li> <li>▪ Similac NeoSure</li> </ul>	<ul style="list-style-type: none"> <li>▪ prematurity*</li> </ul> <p><i>Note: Generally used with premature infants weighing more than 2500 grams (5.5 pounds) and for a period of up to 12 months corrected gestational age depending on the infant's birth weight.</i></p>		
<p><b>Human Milk Fortifiers</b></p> <ul style="list-style-type: none"> <li>▪ Enfamil Human Milk Fortifier</li> <li>▪ Similac Human Milk Fortifier</li> </ul>	<ul style="list-style-type: none"> <li>▪ prematurity* or low birth weight (LBW)</li> </ul> <p><i>Note: Generally used with premature or LBW infants who are receiving breast milk &amp; who weigh less than 3.6 kg (8 pounds).</i></p>		
<p>* Preterm: Delivery of an infant born less than or equal to 36 6/7 weeks gestation. Early Term: Delivery of an infant born greater than or equal to 37 0/7 and less than or equal to 38 6/7 weeks gestation.                  ** Preterm discharge infant formulas provide a nutrient intake that is between a preterm and term infant formula.</p>			
<p><b>Other exempt formulas or products</b></p>	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>▪ cancer</li> <li>▪ cardiac disorder</li> <li>▪ eating disorder (anorexia or bulimia)</li> <li>▪ endocrine disorders</li> <li>▪ failure to thrive</li> <li>▪ gastrointestinal disorder</li> <li>▪ feeding disorder</li> <li>▪ hyperemesis gravidarum</li> <li>▪ immune system disorder</li> <li>▪ inborn errors of metabolism</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>▪ liver disease</li> <li>▪ low birth weight</li> <li>▪ lung disease</li> <li>▪ malabsorption syndrome</li> <li>▪ metabolic disorder</li> <li>▪ neuromuscular or neurological disorder</li> <li>▪ premature birth</li> <li>▪ renal disease</li> <li>▪ severe food allergies that require an elemental formula</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>▪ cancer</li> <li>▪ cardiac disorder</li> <li>▪ eating disorder (anorexia or bulimia)</li> <li>▪ endocrine disorders</li> <li>▪ failure to thrive</li> <li>▪ gastrointestinal disorder</li> <li>▪ feeding disorder</li> <li>▪ hyperemesis gravidarum</li> <li>▪ immune system disorder</li> <li>▪ inborn errors of metabolism</li> </ul>	<ul style="list-style-type: none"> <li>▪ liver disease</li> <li>▪ low birth weight</li> <li>▪ lung disease</li> <li>▪ malabsorption syndrome</li> <li>▪ metabolic disorder</li> <li>▪ neuromuscular or neurological disorder</li> <li>▪ premature birth</li> <li>▪ renal disease</li> <li>▪ severe food allergies that require an elemental formula</li> </ul>
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<p><b>NOTE:</b> These products are <b>not</b> allowed for the following:</p> <ul style="list-style-type: none"> <li>▪ Infants with 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.</li> <li>▪ Infants with a non-specific formula or food intolerance.</li> <li>▪ Women and children who have food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages.</li> <li>▪ Solely for the purpose of enhancing nutrient intake or managing body weight.</li> </ul>			

- **Whole milk for children 24 months of age and older and for women.** The prescribing individual must document a medical condition that indicates a need for whole milk in the treatment or management of the condition.

■ **Individuals Authorized To Prescribe**

Formula/products or foods requiring medical documentation may be authorized only when prescribed by a physician, a physician extender (physician assistant or nurse practitioner) or a certified nurse midwife.



■ **Required Medical Documentation**

The medical documentation must include the following information as applicable:

- ▶ Participant's name and date of birth
- ▶ Specific name of the formula, product or whole milk prescribed, including amount of formula/product needed per day
- ▶ Specific medical condition(s) requiring use of the prescribed formula/product or whole milk
- ▶ Duration of medical documentation (not to exceed 12 months of age for infants; not to exceed 12 months in duration for children and women)
- ▶ Specific WIC foods not allowed due to the qualifying condition
- ▶ Signature of the prescribing individual
- ▶ Prescribing individual's printed name
- ▶ Contact information (address, phone, fax) for the healthcare provider
- ▶ Date of signature (This will be considered the date of medical determination.)

If a CPA has questions about the medical documentation, including the appropriateness of the product prescribed, the CPA should contact the prescribing individual. Staff unfamiliar with the product prescribed should refer to the manufacturer's website for up-to-date information.

■ **Types Of Medical Documentation**

- ▶ **Written Medical Documentation.** The medical documentation must be on the WIC Program Medical Documentation Form (Attachment 2), a physician's prescription pad, or documented in the health record if the participant receives health care within the local agency. All required information must be included. Prescription forms developed by product manufacturers are not acceptable. Staff may accept written medical documentation that is faxed, emailed, or mailed by the prescribing individual, or is brought to the agency by the participant. Medical documentation must be scanned into the participant record in Crossroads.
- ▶ **Verbal Medical Documentation.** One month's issuance may be provided with Verbal Medical Documentation. A CPA may accept medical documentation information verbally from the prescribing individual. Documentation of verbal medical documentation must be made in the participant record in Crossroads and include the date, name and contact information of prescribing individual and required data elements. Staff must obtain written confirmation of the medical documentation within 2 weeks after accepting the medical documentation verbally. Upon receipt of the medical documentation, the timeframe for the approval should be adjusted by re-entering the medical documentation in Crossroads.

■ **Medical Documentation Changes For Formulas And Other Products**

Refer to Chapter 8 for information about procedures when medical documentation changes after issuance has occurred.

■ **Participant Transfers**

Transferring participants who are eligible to receive WIC formula (IF EXF, or WEN) in Food Package III must have one or more qualifying conditions, and who can be verified as having received the product via verification of certification (VOC), can be issued the product for the duration of the certification period with no further documentation. However, the transferring participant should be encouraged to establish a medical home in the new area as soon as possible for continuity of care.

<b>Product Used By Transferring Participant</b>	<b>Actions That Staff Must Take</b>
<b>Contract milk- or soy-based infant formula</b>	<ul style="list-style-type: none"> <li>▪ An infant should be issued the same product.</li> <li>▪ A child should be issued the same product if s/he has VOC documentation of the product issuance.</li> </ul>
<b>Non-contract milk-or soy-based infant formula</b>	<ul style="list-style-type: none"> <li>▪ Participant must be switched to a corresponding contract product.</li> </ul>
<b>Exempt formula/product or WIC-eligible nutritionals offered by NC WIC</b>	<ul style="list-style-type: none"> <li>▪ Verify VOC documentation of issuance of the exempt formula or WIC-Eligible nutritional</li> <li>▪ Complete Medical Documentation in Crossroads prior to issuing the product:               <ul style="list-style-type: none"> <li>• Prescription Date:                   <ul style="list-style-type: none"> <li>○ Effective Date = Date VOC was prepared</li> <li>○ Expiration Date = End of Certification Period per VOC</li> <li>○ Prescription Date = Transfer Date</li> </ul> </li> <li>• Diagnosis Information:                   <ul style="list-style-type: none"> <li>○ Medical Reason = Diagnosed Condition</li> </ul> </li> <li>• Physician Information:                   <ul style="list-style-type: none"> <li>○ Physician’s Name = VOC</li> <li>○ Physician’s Phone = Phone number listed on VOC</li> </ul> </li> </ul> </li> <li>▪ Document circumstances and issuance of the transferring participant in the Nutrition Assessment section of the Care Plan Summary screen.</li> </ul>
<b>Whole milk</b>	<ul style="list-style-type: none"> <li>▪ Children who are 24 months of age or older and women may only be issued whole milk if they have medical documentation for its use.</li> </ul>

## **Ordering Formula And Other Products From the Nutrition Services Branch**

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Certain products must be ordered from the Nutrition Services Branch (NSB) because they are not available in the retail system. Generally, only human milk fortifier and nursettes are ordered through NSB.

Attachment 1 indicates which products **must** be ordered from NSB. Retail availability in certain geographic areas may necessitate the ordering of some products not designated on Attachment 1 and should be addressed on a case by case basis.

### ■ **Crossroads Operations**

- ▶ Participant must be deaggregated from family issuance
- ▶ Place family on a monthly issuance frequency
- ▶ Prescribe food package and save
- ▶ **DO NOT ISSUE**
- ▶ Place order with NSB per guidelines below
- ▶ Upon receipt of requested product follow guidelines below to add product to local agency inventory
- ▶ Contact family to alert them to product availability
- ▶ When family presents for issuance navigate to the Issue Benefits page, verify the current month's issuance dot is green and select **Issue**
- ▶ The Formula Wizard will appear
- ▶ Select the full amount of current months issuance from inventory displayed
- ▶ If foods are also being issued to the participant proceed with issuance

### ■ **Ordering Products**

To order products from NSB, Local Agency staff must complete a 'Formula and WIC-Eligible Nutritionals Order Form' (Attachment 3) and submit it to NSB. The 'Formula and WIC-Eligible Nutritionals Order Form' contains instructions for completing and submitting the order to the NSB. A cover sheet is not necessary when faxing orders nor is it necessary to provide the actual prescription with the order.

- ▶ The original order form must be scanned into the participant's medical record in Crossroads.

Unless otherwise notified, orders will be processed by the NSB within two working days of receipt. Products should arrive at the local agency within five working days from the date the NSB processes the order. Local Agency staff should inform the WIC participant/parent/guardian/caretaker of the anticipated delivery date (e.g. up to 7 working days from the time the order is submitted by the Local Agency).

- ▶ **Submitting Orders.**

Order no more than a one (1) month supply of formula or other product.

- Local Agency staff is responsible for reordering products when needed.

- ▶ **Confirmation of Orders by the NSB.** Once an order has been processed, NSB will fax the original order form to the originating Local Agency with information noted at the bottom related to the order, including the expected delivery date of the product.

## ■ Receiving Products

Staff should verify that the correct product and product amount is received and that the shipment is not damaged.

- ▶ **Correct Shipment.** If the shipment is correct and undamaged, staff should:

- Document receipt of the shipment. Refer to Section 7 for guidance on inventory of formula and other products.
- Contact the participant/parent/guardian/caretaker and arrange pick-up of the product from the agency.
- Within 24 hours of product receipt, send the dated and initialed packing slip to the NSB via fax at 919-870-4898 or email it to [NSB.PHNURceipts@dhhs.nc.gov](mailto:NSB.PHNURceipts@dhhs.nc.gov).
  - Some address labels serve as packing slips.
  - Do not fax freight/trucking slips as these do not contain complete information.
  - If the packing slip is lost, misplaced, or was never received: fax/email a short memo to NSB which includes your agency name, the name of the formula(s) or product(s), quantity, date product(s) was received and an explanation of why there is no packing slip for the product(s) received.

*Note: A packing slip is required for NSB to pay the invoice. The email address [NSB.PHNURceipts@dhhs.nc.gov](mailto:NSB.PHNURceipts@dhhs.nc.gov) is only for sending **packaging slips** and no other communication.*

- ▶ **Problem Shipment.** If the shipment arrives damaged, is the incorrect amount ordered, or is the wrong product, local agency staff must call NSB immediately and speak directly with NSB staff responsible for ordering formula and other products.

## ■ Issuing Products

Refer to Section 7 for guidance on documentation of issuance of formula and other products received from the NSB.

## **Inventory And Issuance Of Formula And Other Products**

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Local Agencies may have formula or other products on hand that were ordered from the Nutrition Services Branch (NSB) for a program participant, returned to the Local Agency by a program participant, or received from another Local Agency. In each of these situations, staff is accountable for the management of the products including receipt, storage, inventory, issuance, and disposal.

### ■ **Receipt Of Formulas And Other Products**

- **Received from the NSB** Products received from the NSB are intended for issuance to a specific individual. Upon receipt, these products must be immediately checked for signs of damage, tampering, and expiration date.
  - Local agency staff must add the complete shipment into the local agency formula inventory in Crossroads.
- **Received from a Participant/Parent/Guardian/Caretaker.** Any formula returned by a participant or not received directly from the NSB, another local agency, or authorized vendor or wholesaler, must be properly disposed of in a safe manner. Returned formula must not be donated to food banks, shelters, or animal shelters.
  - Products containing formula must be opened and emptied.
    - Liquid formula must be opened and poured down the drain.
    - Powder formula must be opened and emptied into the trash or reconstituted and poured down the drain.
  - Two staff members must be present for disposing formula and documenting it on the NC Formula Disposal Log. (WPM Chapter 7, Attachment 6)
  - Staff must document the disposal of products in the Crossroads inventory system.
- **Received from Another Local WIC Program.** Sometimes, a Local Agency may have a supply in inventory of a specialized formula or other product that could be used by a participant in another Local Agency. The transfer of product from one agency to another must be documented by both agencies (issuance from one agency and receipt by the other). Any product received must be checked immediately for signs of tampering, damage (e.g., bulging can), or being out-of-date and should not be used if problems are identified. Do not issue the damaged product to participant.

### ■ **Storage Of Formulas And Other Products**

- Staff must store all formula and other products in a secure area which is not visible to participants.
- Store formula received from NSB, another local agency, authorized vendor or wholesaler separate from formula received from a Participant/Parent/Guardian/Caretaker until it is able to be disposed of in safe manner.

**■ Quarterly Reconciliation Of Physical Inventory**

Best practice is to complete inventory quarterly by reconciling the issuance/inventory log with the physical inventory of containers on hand.

**■ Issuance Of Formulas And Other Products From Inventory**

- Documentation of issuance of infant formula, exempt infant formula, or WIC-eligible nutritionals must be done in the Crossroads system and can be found in the Journal of Transactions.
  
- Inventory must be deducted when product is sent to another Local Agency for use by one of their program participants.

**■ Disposal Of Damaged Or Expired Product**

Whenever a product in inventory is damaged, found to be tampered with, or is past its expiration date, the product must be opened, disposed of in a safe manner and removed from the clinic inventory.

- **Product Received from the NSB.** Prior to disposing of product received from the NSB, (i.e., a product ordered by the local agency), call the NSB for instructions.
  
- **Documentation of Disposal.** Staff must document the disposal of products in the Crossroads inventory system and on the NC Formula Disposal Log.

## Inventory And Issuance Of Metabolic Formulas

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Local agencies serve as metabolic formula pick-up locations for individuals receiving care in NC metabolic clinics. Orders for metabolic formulas are placed by the Nutrition Services Branch (NSB) and AccessCare regardless of WIC status (e.g., many individuals receiving metabolic products are not categorically or income eligible for WIC).

Local agency staff is responsible for the accountability of metabolic products including receipt, storage, inventory, issuance, and documentation of issuance regardless of the recipient's WIC participation status. Issuance is a paper system separate from Crossroads.

### ■ Receipt Of Metabolic Formulas

- ▶ **Received From Metabolic Formula Manufacturer.** Metabolic formulas ordered by the NSB or AccessCare are intended for issuance to a specific individual. Upon receipt of a shipment, products must be immediately checked for signs of damage (e.g., bulging can), tampering, or past expiration date.
- Products must not be issued if problems are identified. If the product is damaged, tampered with, or past its expiration date, this status must be immediately communicated to the NSB. *NOTE: Metabolic products must not be accepted for return at the local WIC agency. Metabolic clients should be advised to contact the metabolic clinic that manages their prescription.*
- ▶ **Received From Another Local WIC Program.** Sometimes, a Local Agency has metabolic formula that is not picked up by the client for whom the product was ordered and which could be used by a metabolic client in another county. In such cases, the NSB will coordinate the transfer of the product from one agency to the other. This transfer between agencies must be documented by both agencies (issuance from one agency and receipt by the other). Upon delivery, the products must again be checked for signs of damage, tampering, or past expiration date and must not be issued if problems are identified.

### ■ Storage Of Metabolic Formulas

Staff must store all metabolic formula in a secured area which is not visible to program participants.

### ■ Documentation Of Issuance Of Metabolic Formula

Documentation of receipt and issuance of metabolic products is kept on a paper log regardless of WIC participation status. Refer to Attachment 4 which offers a description and examples of inventory/issuance logs that can be used to document receipt and issuance of metabolic formula.

- ▶ **Receipt** must be documented using the paper system outlined above for all metabolic formulas received directly from the manufacturer or from another local WIC Program.
- ▶ **Issuance** must be documented using the paper system outlined above for a metabolic product issued to a WIC participant, to an individual not on WIC but receiving a

metabolic formula, or to another local WIC Program for use by one of their program participants.

■ **Confidentiality Of Information**

Inventory and issuance logs do not directly disclose medical information; however, recipient and specialized nutritional product names are shown. To protect participant privacy staff are encouraged to:

- ▶ Not document any medical information on inventory and issuance logs
- ▶ Cover any participant identifiers or use a separate page when the participant/parent/caretaker signs for receipt of the product

■ **Disposal Of Damaged Or Expired Product**

Products must not be issued if problems are identified. Whenever a product is damaged, found to be tampered with, or is past its expiration date the product must be opened and disposed of in a safe manner. Prior to disposing of product received from orders placed by the NSB, (i.e., a metabolic product sent to the agency), call the NSB for instructions.

- ▶ **Documentation of Disposal.** Staff must document the disposal of products on the paper log.



**Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals****Allowed Through WIC***Contact the Nutrition Services Branch (NSB)**to inquire about a product not listed*

<b>Product Manufacturer</b>	<b>Must Order from NSB</b>	<b>Category in Crossroads</b>	<b>Size</b>	<b>Type</b>	<b>Reconstituted Fluid Ounces (RFO)</b>
<b>Alfamino infant with Iron</b> <i>Nestle</i>		EXF	14.1 oz.	PWDR	96
<b>Alfamino Jr.</b> <i>Nestle</i>		WEN	14.1 oz.	PWDR	62
<b>Boost</b> <i>Nestle</i>		WEN	8 oz.	RTF	8
<b>Boost Breeze</b> <i>Nestle</i>		WEN	8 oz.	RTF	8
<b>Boost High Protein</b> <i>Nestle</i>		WEN	8 oz.	RTF	8
<b>Boost Kid Essentials</b> <i>Nestle</i>		WEN	8 oz.	RTF	8
<b>Boost Kid Essentials 1.5</b> <i>Nestle</i>		WEN	8 oz.	RTF	8
<b>Boost Kid Essentials 1.5 w/fiber</b> <i>Nestle</i>		WEN	8 oz.	RTF	8
<b>Boost Plus</b> <i>Nestle</i>		WEN	8 oz.	RTF	8
<b>Compleat Pediatric</b> <i>Nestle</i>		WEN	250 ml	RTF	8.45
<b>Compleat Pediatric Reduced Calorie</b> <i>Nestle</i>		WEN	250 ml	RTF	8.45
<b>EleCare For Infant</b> <i>Abbott</i>		EXF	14.1 oz.	PWDR	95
<b>EleCare Jr Vanilla</b> <i>Abbott</i>		WEN	14.1 oz.	PWDR	62
<b>EleCare Jr Unflavored</b> <i>Abbott</i>		WEN	14.1 oz.	PWDR	62
<b>Enfamil NeuroPro EnfaCare</b> <i>Mead Johnson</i>		EXF	13.6 oz.	PWDR	87
<b>Enfamil NeuroPro EnfaCare</b> <i>Mead Johnson</i>	X	EXF	2 oz.	RTF	2
			6 - 6oz		36 oz
<b>Enfamil Human Milk Fortifier</b> <i>Mead Johnson</i>	X	EXF	5 ml	CONC	1
			0.71 gm.	PWDR	1
<b>Enfamil 24</b> <i>Mead Johnson</i>	X	EXF	2 oz.	RTF	2
<b>Enfamil Premature 20 (Iron Fortified)</b> <i>Mead Johnson</i>	X	EXF	2 oz.	RTF	2
<b>Enfamil Premature 24 (Iron Fortified)</b> <i>Mead Johnson</i>	X	EXF	2 oz.	RTF	2
<b>Enfamil Premature High Protein 24</b> <i>Mead Johnson</i>	X	EXF	2 oz.	RTF	2

**Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals****Allowed Through WIC***Contact the Nutrition Services Branch (NSB)**to inquire about a product not listed*

<b>Product Manufacturer</b>	<b>Must Order from NSB</b>	<b>Category in Crossroads</b>	<b>Size</b>	<b>Type</b>	<b>Reconstituted Fluid Ounces (RFO)</b>
<b>Enfamil Premature 30</b> <i>Mead Johnson</i>	X	EXF	2 oz.	RTF	2
<b>Enfaport</b> <i>Mead Johnson</i>		EXF	6 oz.	RTF	6
<b>Ensure</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>Ensure Clear Nutritional Beverage</b> <i>Abbott</i>		WEN	10 oz.	RTF	10
<b>Ensure Plus</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>Gerber Good Start Gentle</b> <i>Nestle</i>		IF	12.7 oz.	PWDR	92
<b>Gerber Good Start GentlePro</b> <i>Nestle</i>			8.1oz	CONC	16.2
<b>Gerber Good Start GentlePro</b> <i>Nestle</i>			33.8 oz	RTF	33.8
<b>Gerber Good Start SoothePro</b> <i>Nestle</i>		IF	12.4 oz.	PWDR	90
<b>Gerber Good Start Soy</b> <i>Nestle</i>		IF	12.9 oz.	PWDR	91
			8.1oz.	CONC	16.2
			33.8 oz.	RTF	33.8
<b>Gerber Extensive HA</b> <i>Nestle</i>		EXF	14.1 oz.	PWDR	96
<b>Glucerna</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>KetoCal 4:1</b> <i>Nutricia</i>		WEN	11 oz.	PWDR	70
			8 oz.	RTF	8
<b>KetoCal 3:1</b> <i>Nutricia</i>		WEN	11 oz.	PWDR	69.9
<b>Neocate Infant DHA/ARA</b> <i>Nutricia</i>		EXF	14.1 oz.	PWDR	97
<b>Neocate Junior (unflavored)</b> <i>Nutricia</i>		WEN	14.1 oz.	PWDR	64
<b>Neocate Junior (flavored)</b> <i>Nutricia</i>		WEN	14.1 oz.	PWDR	60
<b>Neocate Junior with Prebiotics</b> <i>Nutricia</i>		WEN	14.1 oz.	PWDR	64
<b>Neocate Splash (unflavored)</b> <i>Nutricia</i>		WEN	8 oz.	RTF	8
<b>Neocate Splash (flavored)</b> <i>Nutricia</i>		WEN	8 oz.	RTF	8
<b>Neocate Syneo Infant</b> <i>Nutricia</i>		EXF	14.1	PWDR	95
<b>Nepro</b> <i>Abbott</i>		WEN	8 oz.	RTF	8

**Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals****Allowed Through WIC***Contact the Nutrition Services Branch (NSB)**to inquire about a product not listed*

<b>Product Manufacturer</b>	<b>Must Order from NSB</b>	<b>Category in Crossroads</b>	<b>Size</b>	<b>Type</b>	<b>Reconstituted Fluid Ounces (RFO)</b>
<b>Nutramigen</b> <i>Mead Johnson</i>		EXF	13 oz.	CONC	26
			32 oz.	RTF	32
<b>Nutramigen with Enflora LGG</b> <i>Mead Johnson</i>		EXF	12.6 oz.	PWDR	87
<b>Nutren Junior</b> <i>Nestle</i>		WEN	8.45 oz.	RTF	8.45
<b>Nutren Junior Fiber</b> <i>Nestle</i>		WEN	8.45 oz.	RTF	8.45
<b>PediaSure</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>PediaSure with Fiber</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>PediaSure 1.5 Cal</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>PediaSure 1.5 Cal with Fiber</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>PediaSure Enteral 1.0</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>PediaSure Enteral 1.0 Fiber</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>PediaSure Peptide 1.0 Cal (flavored)</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>PediaSure Peptide 1.0 Cal (unflavored)</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>PediaSure Peptide 1.5 Cal (flavored)</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>Peptamen Junior</b> <i>Nestle</i>		WEN	8.45 oz.	RTF	8.45
<b>Peptamen Junior High Protein</b> <i>Nestle</i>		WEN	8.5 oz.	RTF	8.5
<b>Peptamen Junior with Fiber</b> <i>Nestle</i>		WEN	8.45 oz.	RTF	8.45
<b>Peptamen Junior 1.5</b> <i>Nestle</i>		WEN	8.45 oz.	RTF	8.45
<b>Peptamen Junior with Prebio</b> <i>Nestle</i>		WEN	8.45 oz.	RTF	8.45
<b>Portagen</b> <i>Mead Johnson</i>	Contact NSB if prescribed for an infant	WEN	14.4 oz.	PWDR	64
<b>Pregestimil DHA &amp; ARA</b> <i>Mead Johnson</i>		EXF	16 oz.	PWDR	112

**Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals****Allowed Through WIC***Contact the Nutrition Services Branch (NSB)**to inquire about a product not listed*

<b>Product Manufacturer</b>	<b>Must Order from NSB</b>	<b>Category in Crossroads</b>	<b>Size</b>	<b>Type</b>	<b>Reconstituted Fluid Ounces (RFO)</b>
<b>Pregestimil DHA &amp; ARA 20 Cal</b> <i>Mead Johnson</i>	X	EXF	2 oz.	RTF	2
<b>Pregestimil DHA &amp; ARA 24 Cal</b> <i>Mead Johnson</i>	X	EXF	2 oz.	RTF	2
<b>ProPhree</b> <i>Abbott</i>		EXF	14.1 oz.	PWDR	102
<b>PurAmino DHA &amp; ARA</b> <i>Mead Johnson</i>		EXF	14.1 oz.	PWDR	98
<b>PurAmino Junior</b> <i>Mead Johnson</i>		WEN	14.1 oz.	PWDR	66
<b>Renastart</b> <i>Vitaflo (Nestle)</i>	X	WEN	14.1	PWDR	57
<b>Resource 2.0</b> <i>Nestle</i>		WEN	32 oz.	RTF	32
<b>Ross Carbohydrate Free (RCF)</b> <i>Abbott</i>		EXF	13 oz.	CONC	25.6
<b>Similac Alimentum</b> <i>Abbott</i>		EXF	12.1 oz.	PWDR	87
			32 oz.	RTF	32
	X		2 oz.	RTF	2
<b>Similac for Diarrhea</b> <i>Abbott</i>		EXF	32 oz.	RTF	32
<b>Similac NeoSure</b> <i>Abbott</i>		EXF	13.1 oz.	PWDR	87
			32 oz.	RTF	32
<b>Similac NeoSure</b> <i>Abbott</i>	X	EXF	2 oz.	RTF	2
<b>Similac Human Milk Fortifier</b> <i>Abbott</i>	X	EXF	.90 gm.	PWDR	1
			5 ml.	CONC	1
<b>Similac PM 60/40</b> <i>Abbott</i>		EXF	14.1 oz.	PWDR	102
<b>Similac Special Care 20 w/Iron</b> <i>Abbott</i>	X	EXF	2 oz.	RTF	2
<b>Similac Special Care 24 w/Iron</b> <i>Abbott</i>	X	EXF	2 oz.	RTF	2
<b>Similac Special Care 24 High Protein</b> <i>Abbott</i>	X	EXF	2 oz.	RTF	2
<b>Similac Special Care 30 w/Iron</b> <i>Abbott</i>	X	EXF	2 oz.	RTF	2
<b>Suplena with Carb Steady</b> <i>Abbott</i>		WEN	8 oz.	RTF	8
<b>Vivonex Pediatric</b> <i>Nestle</i>	X	WEN	1.7 oz.	PWDR	8.45

Infant Formula = IF Exempt Infant Formula = EXF

WIC-eligible Nutritionals = WEN

## WIC Program Medical Documentation

**PURPOSE:** To facilitate the collection of required medical documentation necessary for the issuance of specific products through the WIC Program.

### GENERAL

**INSTRUCTIONS:** WIC Program staff should provide the WIC Program Medical Documentation form to any participant needing the issuance of a specific exempt infant formula (EXF) or WIC-eligible nutritional (WEN), or whole milk for children 24 months of age or older and women. The WIC Program Medical Documentation form may be faxed, mailed, or given to the individual to take to the health care provider.

The health care provider should complete the relevant sections of the form, including the qualifying condition, the name of the authorized WIC formula (infant formula, exempt infant formula, WIC-eligible nutritional prescribed, including the amount needed per day); or whole milk, any WIC supplemental food(s) not allowed, the duration of the prescription for the participant, provider's name, the signature of the health care provider and date. The form must be returned to the Local WIC Program.

**DISTRIBUTION:** Maintain a scanned copy of the WIC Program Medical Documentation form in Crossroads.

**DISPOSITION:** The WIC Program Medical Documentation form should be scanned into Crossroads and saved. The physical form should be destroyed upon confirmation that the scan is legible and retrievable from Crossroads.

### REORDER

**INFORMATION:** Additional copies of this form may be ordered on the Nutrition Services Branch Requisition Form, DHHS 2507, from:

Nutrition Services Branch  
5601 Six Forks Road  
1914 Mail Services Section  
Raleigh, NC 27699-1914

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## WIC Program Medical Documentation Infant (Birth to 12 Months of Age)

The WIC Program promotes breastfeeding for infants the first year of life and beyond and actively supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk.

A written prescription is required for an infant who uses a formula/product other than a North Carolina WIC contract milk- or soy-based infant formula. Prescription is subject to WIC approval and provision based on program policy and procedures.

Please complete all sections (A-D) for all prescriptions.

### A. PARTICIPANT INFORMATION

Participant's name:	DOB:
Medical condition(s) indicating need for prescribed product:	

### B. FORMULA/PRODUCT

Formula/product prescribed:
Amount prescribed per day:
Special instructions for preparation or dilution:
Duration of prescription (limited to 12 months of age):

### C. SUPPLEMENTAL FOODS

Beginning at six months of age through the 11th month of age, WIC supplemental foods are available in addition to the prescribed formula. Please indicate which foods this infant should <u>not</u> receive for the duration of this prescription. <input type="checkbox"/> No Infant Cereal <input type="checkbox"/> No Infant Fruits or Vegetables
---

### D. HEALTH CARE PROVIDER INFORMATION

Signature of health care provider:		
Provider's name (please print):		
Medical office/clinic (include address):		
Phone #:	Fax #:	Date:

Contact your local WIC program for information on formulas allowed.

## WIC Program Medical Documentation Child (12 Months of Age and Older) or Woman

Complete sections A and D for all prescriptions.

- ▶ To prescribe a **formula or product** for a child (12 months of age or older) or a woman, also complete **section B**.
- ▶ To prescribe **whole milk** for a child (24 months of age or older) or a woman, also complete **section C**.

Prescription is subject to WIC approval and provision based on program policy and procedures.

### A. PARTICIPANT INFORMATION

Participant's name:	DOB:
Medical condition(s) indicating need for prescribed product:	
Duration of prescription (limited to 12 months):	

### B. FORMULA/PRODUCT AND WIC SUPPLEMENTAL FOODS

Formula/product prescribed:
Amount prescribed per day:
Special instructions for preparation or dilution:
<b>Supplemental foods:</b> <input type="checkbox"/> <u>No</u> Supplemental foods are allowed for this participant. Offering these foods is contraindicated at this time. — or — Identify <u>any</u> WIC supplemental foods <u>not</u> allowed for this participant, otherwise some or all of the following foods may be provided depending on the participant category. <input type="checkbox"/> No Milk <input type="checkbox"/> No Breakfast Cereal <input type="checkbox"/> No Juice <input type="checkbox"/> No Whole-wheat Bread or Other Whole Grains <input type="checkbox"/> No Fruits and Vegetables <input type="checkbox"/> No Peanut Butter <input type="checkbox"/> No Cheese <input type="checkbox"/> No Tofu <input type="checkbox"/> No Legumes <input type="checkbox"/> No Canned Fish (fully-breastfeeding women only) <input type="checkbox"/> No Yogurt <input type="checkbox"/> No Eggs <input type="checkbox"/> No Soy-Based Beverages

### C. WHOLE MILK — CHILD (24 MONTHS OF AGE OR OLDER) OR WOMAN

<input type="checkbox"/> Whole milk prescribed. Otherwise, these individuals receive skim/1%.
---

### D. HEALTH CARE PROVIDER INFORMATION

Signature of health care provider:		
Provider's name (please print):		
Medical office/clinic (include address):		
Phone #:	Fax #:	Date:

Contact your local WIC program with any questions about current policy or for more information.



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**Ordering WIC Infant Formulas and WIC-Eligible Nutritionals**

**Purpose:** To order formulas or WIC-eligible nutritionals through the Nutrition Services Branch (NSB).

**Preparation:** The Local Agency Staff will:

1. Review WIC Program Medical Documentation Form (Attachment 2).
2. Ensure accuracy, appropriateness, and scan in Crossroads.
3. CPA complete assessment and care plan summary of the participants medical status.
4. Update Nutrition Risk Codes based on diagnosis (if needed).
5. Prescribe Food Package and prorate benefits (if needed).
6. Complete Formula and WIC Eligible Order Form.
7. PRINT legibly and accurately complete Sections I- IV.
8. CPA Sign and date the form.
9. Fax the completed order form to the Nutrition Services Branch (No cover sheet is required.)

The State Agency Staff will:

1. Receive the Formula and WIC-Eligible Nutritional Order Form.
2. Review for accuracy of required information needed to approve request.
3. Complete the bottom part of the form.
4. Approve Formula request and complete processing of the order.
5. Send confirmation of the processed order to the local agency.

**Receiving:** Product from NSB or Another local WIC Program

1. Receive product and collect packing slip.
2. Check packages and containers for damage, tampering, and accuracy.
3. Add shipment to formula inventory in Crossroads.
4. Complete inventory log on paper if formula received is not listed in Crossroads.

Any product not received from NSB another local agency or authorized vendor or wholesaler must be properly disposed of in a safe manner. (see Chapter 7 Attachment 6 instructions for disposal and Log)

**Storage:** The Local Agency Staff must store all formula and other products in a safe and secure area which is clean, well-organized, and not visible to Program participants.

**Distribution:** The Local and State Agency must retain and file all documents in secure manner.

**Disposition:** This form may be destroyed in accordance with the Records Retention and Disposition Schedule for Grants, North Carolina Department of Health and Human Services.

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**FORMULAS AND WIC-ELIGIBLE NUTRITIONALS  
ORDER FORM**

 Department of Health and Human Services  
 Nutrition Services Branch (NSB)

**Instructions: Complete Sections I – IV then fax the form to NSB at (919) 870-4898.**
**I. Contact Information for Competent Professional Authority (CPA) authorizing order**

Order date \_\_\_\_\_ Name and title of CPA: \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Fax # \_\_\_\_\_

**II. Participant Information**

First name \_\_\_\_\_ Last name \_\_\_\_\_ DOB \_\_\_\_\_

 Participant ID # \_\_\_\_\_ Medicaid  Yes  No

**List all specific participant medical condition(s) indicating the need for the product**

\_\_\_\_\_

**III. Product Information**  Initial Order  Reorder

Product Name \_\_\_\_\_

Flavor (if applicable) \_\_\_\_\_

**Product Type**
 Ready-to-Feed

 Concentrate

 Powder

**Product manufacturer**
 Abbott  Mead Johnson

 Nestle  Nutricia

 Vitaflo

Requested # Reconstituted Fluid Ounces (RFO's) \_\_\_\_\_

 If the amount requested is less than the maximum monthly amount *and* differs from the amount indicated by the health care provider, indicate if:

 Agency has a partial supply of \_\_\_\_\_ containers or \_\_\_\_\_ RFO's

 Client declines or does not use the maximum monthly amount

 Other \_\_\_\_\_

**IV. Shipping Information**

Local WIC Agency Name \_\_\_\_\_

Main Site Shipping Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_

CPA signature \_\_\_\_\_

Name

Date

**State Office Use Only**

Product \_\_\_\_\_ # cases \_\_\_\_\_ Order approved by/ date \_\_\_\_\_

Account # \_\_\_\_\_ PO # \_\_\_\_\_ Confirmation Order # \_\_\_\_\_

Ordered by/ date \_\_\_\_\_ Estimated delivery date \_\_\_\_\_

Order is for \_\_\_\_\_ containers. Issue \_\_\_\_\_ containers. Place remaining \_\_\_\_\_ containers in inventory.

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**FORMULAS AND WIC-ELIGIBLE NUTRITIONALS  
ORDER FORM**

 Department of Health and Human Services  
 Nutrition Services Branch (NSB)

**Instructions: Complete Sections I – IV then fax the form to NSB at (919) 870-4898.**
**I. Contact Information for Competent Professional Authority (CPA) authorizing order**

Order date \_\_\_\_\_ Name and title of CPA: \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Fax # \_\_\_\_\_

**II. Participant Information**

First name \_\_\_\_\_ Last name \_\_\_\_\_ DOB \_\_\_\_\_

 Participant ID # \_\_\_\_\_ Medicaid  Yes  No

**List all specific participant medical condition(s) indicating the need for the product**

\_\_\_\_\_

**III. Product Information**  Initial Order  Reorder

Product Name \_\_\_\_\_

Flavor (if applicable) \_\_\_\_\_

<u>Product Type</u>	<u>Product manufacturer</u>	
<input type="checkbox"/> Ready-to-Feed	<input type="checkbox"/> Abbott	<input type="checkbox"/> Mead Johnson
<input type="checkbox"/> Concentrate	<input type="checkbox"/> Nestle	<input type="checkbox"/> Nutricia
<input type="checkbox"/> Powder	<input type="checkbox"/> Vitaflo	

Requested # Reconstituted Fluid Ounces (RFO's) \_\_\_\_\_

 If the amount requested is less than the maximum monthly amount *and* differs from the amount indicated by the health care provider, indicate if:

 Agency has a partial supply of \_\_\_\_\_ containers or \_\_\_\_\_ RFO's

 Client declines or does not use the maximum monthly amount

 Other \_\_\_\_\_

**IV. Shipping Information**

Local WIC Agency Name \_\_\_\_\_

Main Site Shipping Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_

CPA signature \_\_\_\_\_ Date \_\_\_\_\_

Name

Date

**State Office Use Only**

Product \_\_\_\_\_ # cases \_\_\_\_\_ Order approved by/ date \_\_\_\_\_

Account # \_\_\_\_\_ PO # \_\_\_\_\_ Confirmation Order # \_\_\_\_\_

Ordered by/ date \_\_\_\_\_ Estimated delivery date \_\_\_\_\_

Order is for \_\_\_\_\_ containers. Issue \_\_\_\_\_ containers. Place remaining \_\_\_\_\_ containers in inventory.

## **Examples of Metabolic Product Inventory and Issuance Logs**

The purpose of a metabolic products inventory log is to track receipt and issuance of metabolic products received by the Local Agency from the Nutrition Services Branch, from AccessCare, or from another local WIC Program. The minimum requirements for these logs are outlined in Chapter 7 Section 7.

There are a variety of ways to maintain inventory logs. This attachment includes two examples of logs that Local Agency staff may use or modify as needed for metabolic products.

Example #1 documents receipt and issuance specific to a product type and size such as RTF, concentrate, powder. That is, each product/product type would have its own inventory log.

Example #2 documents receipt and issuance that is not specific to a product type and size. Every product/product type would be on one inventory log.

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INVENTORY INFORMATION	ISSUANCE INFORMATION
<p><b>PRODUCT NAME:</b> _____</p> <p>Date Received: _____</p> <p>Amount Received: _____ Received by: _____</p> <p>Date client contacted: _____</p> <p>Notes: _____</p>	<p>Date Issued: _____ Amount Issued: _____ Staff Initials: _____</p> <p>Client's Name: _____ **WIC ID _____</p> <p>Client's Signature: _____</p> <p><b>-OR-</b></p> <p>Other (e.g., destroyed/shipped elsewhere) Reason _____ Date: _____</p> <p>Notes: _____</p>
<p><b>PRODUCT NAME:</b> _____</p> <p>Date Received: _____</p> <p>Amount Received: _____ Received by: _____</p> <p>Date client contacted: _____</p> <p>Notes: _____</p>	<p>Date Issued: _____ Amount Issued: _____ Staff Initials: _____</p> <p>Client's Name: _____ **WIC ID _____</p> <p>Client's Signature: _____</p> <p><b>-OR-</b></p> <p>Other (e.g., destroyed/shipped elsewhere) Reason _____ Date: _____</p> <p>Notes: _____</p>

\*\* Complete only if issued to WIC participant

**MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS  
FOR FOOD PACKAGES I - VII**

■ **Food Package I, II, III**

▸ **Fully Breastfed Infants**

<b>0 through 5 months (Food Package I)</b>	
<b>Foods</b>	<b>Maximum Monthly Allowances</b>
None	
<b>6 through 11 months (Food Package II)</b>	
<b>Foods</b>	
Infant cereal	24 ounces
Infant fruits and vegetables	256 ounces
Infant meats	77.5 ounces

▸ **Partially Breastfed Infants**

<b>0 months (Food Package I &amp; III)</b>	
<b>Foods</b>	<b>Maximum Monthly Allowances</b>
Gerber Good Start Gentle Powder	No more than 1 Can
<b>1 through 3 months (Food Package I &amp; III)</b>	
<b>Foods</b>	
Gerber Good Start Gentle Powder	4 Cans
<b>4 through 5 months (Food Package I &amp; III)</b>	
<b>Foods</b>	
Gerber Good Start Gentle Powder	5 Cans
<b>6 through 11 months (Food Package II &amp; III)</b>	
<b>Foods</b>	
Gerber Good Start Gentle Powder	4 Cans
Infant cereal	24 ounces
Infant fruits and vegetables	128 ounces

**MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS  
FOR FOOD PACKAGES I - VII**

▶ **Fully Formula Fed Infants**

<b>0 through 3 months (Food Package I &amp; III)</b>	
<b>Foods</b>	<b>Maximum Monthly Allowances</b>
Gerber Good Start Gentle Powder	9 Cans
<b>4 through 5 months (Food Package I &amp; III)</b>	
<b>Foods</b>	
Gerber Good Start Gentle Powder	10 Cans
<b>6 through 11 months (Food Package II &amp; III)</b>	
<b>Foods</b>	
Gerber Good Start Gentle Powder	7 Cans
Infant cereal	24 ounces
Infant fruits and vegetables	128 ounces

■ **Food Package IV**

▶ **Children**

<b>1 through 4 years</b>	
<b>Foods</b>	<b>Maximum Monthly Allowances</b>
Juice	128 fluid ounces
Milk	4 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fruits and vegetables	\$9.00 in cash value benefits
Whole wheat bread or whole grains	32 ounces
Dry or canned beans, peas or lentils OR peanut butter	1 container beans/peas: 16-ounce bag dry or (4) 15-16-ounce cans or peanut butter 16-18 ounces

**MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS  
FOR FOOD PACKAGES I - VII**

■ **Food Package V**

- **Pregnant women**
- **Pregnant women who are fully formula feeding an infant**
- **Pregnant women who are breastfeeding (single or multiple infants) > MMA**
- **Partially breastfeeding women ≤ MMA**

<b>Up to 1 year postpartum</b>	
<b>Foods</b>	<b>Maximum Monthly Allowances</b>
Juice	144 fluid ounces
Milk	5.5 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fruits and vegetables	\$11.00 in cash value benefits
Whole wheat bread or whole grains	16 ounces
Peanut butter	(1) 16-18-ounce container
Dry or canned beans, peas or lentils	1 container beans/peas:16-ounce bag dry <b>or</b> (4) 15-16-ounce cans

■ **Food Package VI**

- **Non-breastfeeding postpartum women**
- **Partially breastfeeding women (single or multiple infants) >MMA**

<b>Up to 6 months post-partum</b>	
<b>Foods</b>	<b>Maximum Monthly Allowances</b>
Juice	96 fluid ounces
Milk	4 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fruits and vegetables	\$11.00 in cash value benefits
Dry or canned beans, peas or lentils or peanut butter	1 container beans/peas:16-ounce bag dry <b>or</b> (4) 15-16-ounce cans <b>or</b> peanut butter 16-18 ounces

## MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I - VII

### ■ Food Package VII

- Fully breastfeeding women whose infant does not receive formula from WIC
- Partially breastfeeding multiple infants (from the same pregnancy) who receive formula amounts  $\leq$  MMA;
- Pregnant and fully breastfeeding;
- Pregnant and partially breastfeeding  $\leq$  MMA
- Pregnant with multiples or Pregnant with multiples AND fully breastfeeding, or partially breastfeeding  $\leq$  MMA or  $>$  MMA, or fully formula feeding

Up to 1 year postpartum	Maximum Monthly Allowances
<b>Foods</b>	<b>Maximum Monthly Allowances</b>
Juice	144 fluid ounces
Milk	6 gallons
Breakfast cereal	36 ounces
Cheese	1 pound
Eggs	2 dozen
Fruits and vegetables	\$11.00 in cash value benefits
Whole wheat bread or whole grains	16 ounces
Fish	30 ounces
Peanut butter	(1) 16-18-ounce container
Dry or canned beans, peas or lentils	1 container beans/peas:16-ounce bag dry <b>or</b> (4) 15-16-ounce cans

### ■ Food Package VII x 1.5

- Fully breastfeeding multiple infants who do not receive formula from WIC

Up to 1 year post-partum	Maximum Monthly Allowances
<b>Foods</b>	<b>Maximum Monthly Allowances</b>
Juice	216 fluid ounces
Milk	9 gallons
Breakfast cereal	54 ounces
Cheese	1.5 pounds
Eggs	3 dozen
Fruits and vegetables	\$16.50 in cash value benefits
Whole wheat bread or whole grains	24 ounces
Fish	45 ounces
Peanut Butter	(1.5) 16-18-ounce container
Dry or canned beans, peas or lentils	1.5 container beans/peas:16-ounce bag dry <b>or</b> (4) 15-16-ounce cans



## Instructions for Formula Disposal & Completing Log

### Staff 1 & 2:

1. Disposal of formula requires two staff members to be present.
2. Formula must be disposed of in a safe manner. Containers must be opened, and contents disposed of in a safe manner.
3. Enter the date formula was received, date of disposal, formula name, type (powder, concentrate, RTF) and container size.
4. Staff 1 & 2 print name and sign in designated columns.
5. Document in Crossroads and remove product from Inventory.
6. WIC Director or designee must, print name, sign and date within 24 hours.

### WIC Director:

1. Create a regular schedule for formula disposal (at least weekly).
2. Designate two (2) staff positions responsible for disposal process.