

## II. Nutrition Services

### 3. Food Package

#### 2.3.030 Issuance of Food Package III

Authority 2019 7 CFR 246.10; Letter to WIC State Agency Directors-FY19 Increase in the CVV for Children 8-27-18

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**POLICY:** Food package III is for issuance to women, infant and child participants who have a documented qualifying condition that requires the use of a WIC formula (i.e., infant formula, exempt infant formula, or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. The local agency (LA) shall issue food benefits on the same day a participant is declared eligible for program benefits.

The qualifying conditions include, but are not limited to, premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status.

Medical documentation by a licensed health care professional with prescriptive authority is required and approval may be given for a maximum of, but not greater than, seven (7) months.

This food package is not authorized for participants whose only condition is a diagnosed food or formula intolerance, food allergy (e.g., lactose, sucrose, milk protein, soy protein) that does not require the use of an exempt infant formula, or solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.

Infants six (6) through 11 months of age, children, and women who receive WIC formula under Food Package III shall be issued other supplemental foods as prescribed by the health care provider with prescriptive authority. See the following chart for maximum allowances of supplemental food for Food Package III.

Foods	Infants	Children	Women		
	0-11 Months of Age	1-4 Years of Age	Pregnant/Partially BF (up to 1 year postpartum)	Nonbreastfeeding (up to 6 months postpartum)	Fully breastfeeding (up to 1 year postpartum)
Juice, single strength	Refer to policy <a href="#">2.3.020</a> for guidelines for food and formula issuance to infants.	2 x [64 fl oz containers]  (128 fluid ounces)	3 x [ 11.5 -12 oz cans]  (144 fluid ounces)	2 x [11.5 x 12 oz]  (96 fluid ounces)	3 x [ 11.5 -12 oz cans]  (144 fluid ounces)
WIC formula		455 fl oz liquid conc  (910 oz reconstituted/RTF*)	455 fl oz liquid conc  (910 oz reconstituted/RTF*)	455 fl oz liquid conc  (910 oz reconstituted/RTF*)	455 fl oz liquid conc  (910 oz reconstituted/RTF*)
Milk, fluid		16 qt	22 qt	16 qt	24 qt
Breakfast cereal		36 oz	36 oz	36 oz	36 oz
Cheese		N/A	N/A	N/A	1 lb
Eggs		1 dozen	1 dozen	1 dozen	2 dozen
Fresh and frozen fruits and vegetables		\$9.00 in CVB**	\$11.00 in CVB**	\$11.00 in CVB**	\$11.00 in CVB**
Whole wheat bread or other whole grains		32 oz	16 oz	N/A	16 oz
Fish (canned)		N/A	N/A	N/A	30 oz
Legumes, dry/canned and/or peanut butter		1 container:  1 lb dry legumes, or 4 cans (15-16 oz ea.), or 16-18 oz peanut butter	2 containers:  [1 lb dry legumes/4 cans (15-16 oz ea.) and/or 16-18 oz peanut butter]	1 container:  1 lb dry legumes, or 4 cans (15-16 oz ea.), or 16-18 oz peanut butter	2 containers:  [1 lb dry legumes/4 cans (15-16 oz ea.) and/or 16-18 oz peanut butter]

\*Ready-To-Feed

\*\*Cash Value Benefit

## PROCEDURES:

- A. To determine WIC staff authorized to approve the issuance of a formula, refer to the Food and Formula Reference Guide Formula Listing.
- B. The competent professional authority (CPA) must determine who the primary payer will be and coordinate services when needed.
  1. MO HealthNet is the primary payer for exempt infant formulas and WIC-eligible nutritionals that are authorized or could be authorized under MO HealthNet for reimbursement.
  2. The state agency (SA) is responsible for providing up to the maximum amount of WIC formula under Food Package III in situations where reimbursement is not provided by another entity.
  3. Private insurance, MO HealthNet, or the Department of Health and Senior Services (DHSS) Metabolic Formula Program must be the primary payer for individuals with metabolic conditions. If the participant does not have private medical insurance, the DHSS Metabolic Formula Program is the primary payer. While waiting for approval from the DHSS Metabolic Formula program, the CPA shall proceed with issuance of metabolic formula up to two months.
- C. The LA shall obtain a completed state [medical documentation form \(WIC-27\)](#) from a licensed health care provider with prescriptive authority for all formulas requested with a qualifying condition. Providers with prescriptive authority include physicians, physician assistants, or advanced practice nurses (including nurse practitioner or certified nurse specialist).
  1. The healthcare provider shall provide the following:
    - a. The qualifying condition(s).
    - b. The name of the authorized WIC formula prescribed, including the amount needed per day. If the amount prescribed is greater than the maximum allowed, the maximum amount shall be issued. (Refer to the WIC website link [Missouri WIC Approved Formulas and WIC Eligible Nutritionals](#)).
    - c. Mixing instructions if the calorie per fluid ounce concentration is different from the label instructions.
    - d. The authorized supplemental food(s) appropriate for the qualifying condition(s) and their prescribed amounts. To assist the health care provider, the CPA is allowed to complete the medical documentation form for supplemental food (not formula) prior to the health care provider's approval.

- e. The length of time the prescribed WIC formula and/or supplemental food is required by the participant up to, but not greater than, seven (7) months.
    - i. The approval length is determined by adding the number of months requested to the month that the WIC-27 was signed by the health care provider as long as the participant category does not change during that period.
    - ii. The approval period will always end on the last day of the final month. For example, a WIC-27 signed on August 5<sup>th</sup> for three (3) months will be approved through November 30<sup>th</sup>.
  - f. Documentation of one of the following reasons on the WIC-27 and in MOWINS is required if a ready-to-feed (RTF) formula is prescribed. Refer to policy [2.3.020](#) section B.2.c for additional circumstances when RTF may be authorized.
    - i. The RTF formula better accommodates the participant's condition.
    - ii. The RTF formula improves the participant's compliance in consuming the prescribed WIC formula.
  - g. The signature, date, and contact information of the health care provider with prescriptive authority.
2. The CPA shall complete Section E. WIC Use Only in its entirety and scan the WIC-27 into the Missouri WIC Information Network System (MOWINS).
  3. When a WIC-27 is received incomplete or requires clarification, the CPA may accept verbal orders from the health care provider as long as a prescribed formula is listed and the health care provider has signed and dated the form.
    - a. The CPA must document the missing information or clarification on the WIC-27, initial and date each change, and record the name and credentials of the health care provider. If the original form is not available, print the scanned WIC-27 and rescan after form is completed. A new WIC-27 is not required. Formula shall be issued according to the participant's food instrument cycle.
    - b. If the health care provider's signature or the date is missing, issue one (1) month of formula and obtain a new WIC-27 within 1-2 weeks.
  4. The initial medical request may be provided by telephone to the CPA when absolutely necessary. A signed, completed WIC-27 must be received from the health care provider within 1-2 weeks. A CPA shall complete the following:
    - a. Document all required information on a WIC-27 and write "verbal order" in the space for the physician signature.

- b. Scan the WIC-27 in MOWINS.
  - c. Issue only one (1) month of benefits.
5. In instances where the request cannot be approved, the CPA shall:
- a. Contact the health care provider and explain the following as applicable:
    - i. The WIC participant's primary payment source is a private medical insurance, state Metabolic Formula Program or MO HealthNet.
    - ii. The prescribed supplemental food, formula, or WIC-eligible nutritional is not approved for the Missouri WIC program or not approved for the participant's category.
  - b. Request the health care provider to prescribe an alternate WIC-approved formula or supplemental food.
    - i. Follow the procedures in C.3. regarding a WIC-27 that requires clarification.
    - ii. If the health care provider refuses to consider an alternate formula or food, contact SA nutritionist to discuss options.
6. The following substitutions to Food Package III are allowable with medical documentation (WIC-27) from the health care provider.
- a. Infants, six (6) through 11 months of age, whose medical condition prevents them from consuming supplemental infant foods (i.e., cereal, fruits, vegetables, and meat) may receive infant formula or exempt formula at the same maximum monthly allowance as infants four (4) through five (5) months of age.
  - b. Children may substitute:
    - i. 32 ounces of infant cereal for 36 ounces of adult cereal.
    - ii. 144 ounces of infant fruits and vegetables for \$9 cash value benefit (CVB).
  - c. Women may substitute:
    - i. 32 ounces of infant cereal for 36 ounces of adult cereal.
    - ii. 160 ounces of infant fruit and vegetables for \$11 CVB.
  - d. Whole milk may be issued to children 24 through 59 months of age and women with a formula or WIC-eligible nutritional also prescribed.

- D. For a participant transferring from another state who has been receiving an exempt formula or WIC-eligible nutritional from that state's WIC program, refer to policy [8.1.160](#) Transfer In (Receiving Agency) section A.1.
- E. The LA shall ensure that the formula is available through a contracted retailer by having the CPA staff contact the stores and/or pharmacies. If no formula can be provided at a local contracted retailer, the LA must contact the SA to arrange for direct distribution. Refer to policy [2.3.130](#) for information on the direct distribution procedure.
- F. Tailoring of food packages to provide less than the maximum monthly allowances shall be accompanied with a complete assessment and nutrition education documentation in MOWINS. The provision of less than the maximum monthly allowances of supplemental foods in all food packages is appropriate only when:
  - 1. Medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy);
  - 2. Participant refuses or cannot use the maximum monthly allowances; or
  - 3. The quantities necessary to supplement another programs' contribution to fill a medical prescription would be less than the maximum monthly allowances.
- G. Re-evaluate the participant's condition during the last month of the approval period. If the participant still requires Food Package III, obtain a new WIC-27 from the health care provider.