

## Food Packages

- I. All WIC food items issued to participants are organized in food packages specific to the WIC category and individual participant nutritional risk(s) and needs. The Utah WIC Program utilizes computerized food instruments that are generated and issued at the clinic site. A food instrument is a food voucher or a check that is issued to a WIC participant by the local clinic to purchase the WIC supplemental foods prescribed for that participant.
- II. Partially breastfeeding includes the descriptor of “mostly” which means receiving an “in range” amount of WIC formula.
- III. The Utah WIC Food Packages are based on the Federal WIC Regulations which stipulate seven categories of food packages as listed below:
  - a. Food Packages I, II and III (for infants)
    - i. Fully Formula Fed (FF)
    - ii. Partially Breastfed (BF/FF)
    - iii. Fully Breastfed (BF)
  - b. Food Packages III, IV, V, VI and VII
    - i. Children – IV (1 through 4 years of age and including the month that the child turns 5 years of age)
    - ii. Pregnant and Partially Breastfeeding (up to 1 year postpartum)– V
    - iii. Postpartum (up to 6 months) – VI
    - iv. Fully Breastfeeding - VII
- IV. The participant is “prescribed” a food package(s) at the time of certification. The food package is entered into the computer so the participant can have the appropriate food items printed on their checks. See tables below.
- V. Infants who are 11 months of age must receive an infant food package for that calendar month when the participant reaches one year of age. Infants shall not receive a child food package during this month prior to the 12<sup>th</sup> month birthday. Beginning with the following month or the day after the 12<sup>th</sup> month birthday, the category must change from infant to child and the child food package issued. A child package shall not be issued to an infant who is 11 months of age. Or, a child package may be issued in the 11<sup>th</sup> month the day after the participant’s 12 month birthday.

## VI. Standard Food Packages

Full nutrition benefit and maximum monthly allowances, options and substitution rates of supplemental foods for infants in Food Packages I, II and III are stated in Table 1 as follows:

<b>TABLE 1. Full Nutrition Benefit (FNB) and Maximum Monthly Allowances (MMA) of Supplemental Foods For Infants In Food Packages I, II and III</b>						
	<b>Fully Formula Fed (FF)</b>		<b>Partially (Mostly) Breastfed (BF/FF)</b>		<b>Fully Breastfed (BF)</b>	
<b>Foods<sup>1</sup></b>	<b>Food Packages I-FF &amp; III-FF</b> A: 0 through 3 months B: 4 through 5 months	<b>Food Packages II-FF &amp; III-FF</b> 6 through 11 months	<b>Food Packages I-BF/FF &amp; III BF/FF (A:</b> 0 to 1 month <sup>2, 3)</sup> B: 1 through 3 months C: 4 through 5 months	<b>Food Packages II- BF/FF &amp; III BF/FF</b> 6 through 11 months	<b>Food Package I-BF</b> 0 through 5 months	<b>Food Package II-BF</b> 6 through 11 months
WIC Formula <sup>4,5,6,7,8</sup>	A: FNB=806 fl oz MMA= 823 fl oz reconstituted liquid concentrate or 832 fl. oz. RTF or 870 fl oz reconstituted powder  B: FNB=884 fl oz MMA = 896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder	FNB=624 fl oz MMA = 630 fl oz reconstituted liquid concentrate or 643 fl. oz RTF or 696 fl oz reconstituted powder	A: 104 fl oz reconstituted powder  B: FNB=364 fl oz MMA = 388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder  C: FNB=442 fl oz MMA = 460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	FNB=312 fl oz MMA = 315 fl oz reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder		
Infant Cereal <sup>9,11</sup>		24 oz		24 oz		24 oz

Infant food fruits and vegetables 9,10,11,12,13		128 oz		128 oz		256 oz
Infant food meat 9						77.5 oz

**Notes:**

Low iron formula is not allowed in Food Package I and II, however, it can be allowed in Food Package III.

(Abbreviations in order of appearance in table): FF = fully formula fed; BF/FF = partially (mostly) breastfed; BF = fully breastfed; RTF = Ready-to-feed; N/A = the supplemental food is not authorized in the corresponding food package

<sup>1</sup> Table 4 of paragraph (e)(12) of this section describes the minimum requirements and specifications for the supplemental foods. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods as established by State agency policy in Food Packages I and II. In Food Package III, the CPA, as established by State agency policy, is authorized to determine nutritional risk and prescribe supplemental foods per medical documentation.

<sup>2</sup> State agencies have the option to issue not more than one can of powder infant formula in the container size that provides closest to 104 reconstituted fluid ounces to breastfed infants on a case-by-case basis.

<sup>3</sup> Liquid concentrate and ready-to-feed (RTF) may be substituted at rates that provide comparable nutritive value.

<sup>4</sup> WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals. Infant formula may be issued for infants in Food Packages I, II and III. Medical documentation is required for issuance of infant formula, exempt infant formula, WIC-eligible nutritionals, and other supplemental foods in Food Package III. Only infant formula may be issued for infants in Food Packages I and II.

<sup>5</sup> The full nutrition benefit is defined as the minimum amount of reconstituted fluid ounces of liquid concentrate infant formula as specified for each infant food package category and feeding variation (e.g., Food Package IA-fully formula fed).

<sup>6</sup> The maximum monthly allowance is specified in reconstituted fluid ounces for liquid concentrate, RTF liquid, and powder forms of infant formula and exempt infant formula. Reconstituted fluid ounce is the form prepared for consumption as directed on the container.

<sup>7</sup> State agencies must provide at least the full nutrition benefit authorized to non-breastfed infants up to the maximum monthly allowance for the physical form of the product specified for each food package category. State agencies must issue whole containers that are all the same size of the same physical form. Infant formula amounts for breastfed infants, even those in the fully formula fed category should be individually tailored to the amounts that meet their nutritional needs.

<sup>8</sup> State agencies may round up and disperse whole containers of infant formula over the food package timeframe to allow participants to receive the full nutrition benefit. State agencies must use the methodology described in accordance with paragraph (h)(1) of this section.

<sup>9</sup> State agencies may round up and disperse whole containers of infant foods (infant cereal, fruits and vegetables, and meat) over the Food Package timeframe. State agencies must use the methodology described in accordance with paragraph (h)(2) of this section.

<sup>10</sup> At State agency option, for infants 6-12 months of age, fresh banana may replace up to 16 ounces of infant food fruit at a rate of 1 pound of bananas per 8 ounces of infant food fruit. State agencies may also substitute fresh bananas at a rate of 1 banana per 4 ounces of jarred infant food fruit, up to a maximum of 16 ounces.

**11** In lieu of infant foods (cereal, fruit and vegetables), infants greater than 6 months of age in Food Package III may receive infant formula, exempt infant formula or WIC-eligible nutritionals at the same maximum monthly allowance as infants ages 4 through 5 months of age of the same feeding option.

**12** At State agency option, infants 9 months through 11 months in Food Packages II and III may receive a cash-value voucher to purchase fresh (only) fruits and vegetables in lieu of a portion of the infant food fruits and vegetables. Partially (mostly) breastfed infants and fully formula fed infants may receive a \$4 cash-value voucher plus 64 ounces of infant food fruits and vegetables; fully breastfeeding infants may receive a \$8 cash-value voucher plus 128 ounces of infant food fruit and vegetables.

**13** State agencies may not categorically issue cash-value vouchers for infants 9 months through 11 months. The cash-value voucher is to be provided to the participant only after an individual nutrition assessment, as established by State agency policy, and is optional for the participant, i.e., the mother may choose to receive either the maximum allowance of jarred foods or a combination of jarred foods and a fruit and vegetable cash-value voucher for her infant. State agencies must ensure that appropriate nutrition education is provided to the caregiver addressing safe food preparation, storage techniques, and feeding practices to make certain participants are meeting their nutritional needs in a safe and effective manner.

Maximum monthly allowances of supplemental foods in Food Packages IV through VII. The maximum monthly allowances, options and substitution rates of supplemental foods for children and women in Food Package IV through VII are stated in Table 2 as follows:

<b>TABLE 2. Maximum Monthly Allowances of Supplemental Foods for Children and Women in Food Packages IV, V, VI and VII</b>				
<b>Foods <sup>1</sup></b>	<b>Children</b>	<b>Women</b>		
	<b>Food Package IV</b> 1 through 4 years	<b>Food Package V: Pregnant and Partially (Mostly) Breastfeeding (up to 1 year postpartum) <sup>2</sup></b>	<b>Food Package VI: Postpartum (up to 6 months postpartum) <sup>3</sup></b>	<b>Food Package VII: Fully Breast-feeding (up to 1 year post-partum) <sup>4, 5</sup></b>
Juice, single strength <sup>6</sup>	128 fl oz	144 fl oz	96 fl oz	144 fl oz
Milk, fluid	16 qt <sup>7, 8, 9, 10, 11</sup>	22 qt <sup>7, 8, 9, 10, 12</sup>	16 qt <sup>7, 8, 9, 10, 12</sup>	24 qt <sup>7, 8, 9, 10, 12</sup>
Breakfast cereal <sup>13</sup>	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 fruits and vegetables <sup>14, 15</sup>	\$8.00 in cash-value vouchers	\$11.00 in cash-value vouchers	\$11.00 in cash-value vouchers	\$11.00 in cash-value vouchers
Whole wheat or whole grain bread <sup>16</sup>	2 lb	1 lb	N/A	1 lb
Fish (canned)	N/A	N/A	N/A	30 oz
Legumes, dry <sup>17</sup> and/or Peanut butter	1 lb Or 18 oz	1 lb And 18 oz	1 lb Or 18 oz	1 lb And 18 oz

**Table 2 Footnotes:** N/A = the supplemental food is not authorized in the corresponding food package.

<sup>1</sup> Table 4 of paragraph (e)(12) of this section describes the minimum requirements and specifications for the supplemental foods. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods as established by State agency policy.

<sup>2</sup> Food Package V is issued to two categories of WIC participants: Women participants with singleton pregnancies; breastfeeding women whose partially (mostly) breastfed infants receive formula from the WIC Program in amounts that do not exceed the maximum formula allowances, as appropriate for the age of the infant as described in Table 1 of paragraph (e)(9) of this section.

<sup>3</sup> Food Package VI is issued to two categories of WIC participants: Non-breastfeeding postpartum women and breastfeeding postpartum women whose infants receive more than the maximum infant formula allowances, as appropriate for the age of the infant as described in Table 1 of paragraph (e)(9) of this section.

<sup>4</sup> Food Package VII is issued to four categories of WIC participants: Fully breastfeeding women whose infants do not receive formula from the WIC Program; women pregnant with two or more fetuses; women partially (mostly) breastfeeding multiple infants from the same pregnancy; and pregnant women who are also fully or partially (mostly) breastfeeding singleton infants.

<sup>5</sup> Women fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the maximum allowances.

<sup>6</sup> Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the maximum monthly allowance for single-strength juice.

<sup>7</sup> Whole milk is the standard milk for issuance to 1-year-old children (12 through 23 months). At State agency option, fat-reduced milks may be issued to 1-year-old children for whom overweight or obesity is a concern. The need for fat-reduced milks for 1-year-old children must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary, as established by State agency policy. Lowfat (1%) or nonfat milks are the standard milk for issuance to children  $\geq 24$  months of age and women. Reduced fat (2%) milk is authorized only for participants with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy. The need for reduced fat (2%) milk for children  $\geq 24$  months of age (Food Package IV) and women (Food Packages V-VII) must be based on an individual nutritional assessment as established by State agency policy.

<sup>8</sup> Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk or a 1:2 fluid ounce substitution ratio. Dry milk may be substituted at an equal reconstituted rate to fluid milk.

<sup>9</sup> For children and women, cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. For children and women in Food Packages IV-VI, no more than 1 pound of cheese may be substituted. For fully breastfeeding women in Food Package VII, no more than 2 pounds of cheese may be substituted for milk. State agencies do not have the option to issue additional amounts of cheese beyond these maximums even with medical documentation. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in Food Packages IV-VI. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in Food Package VII.)

<sup>10</sup> For children and women, yogurt may be substituted for fluid milk at the rate of 1 quart of yogurt per 1 quart of milk; a maximum of 1 quart of milk can be substituted. Additional amounts of yogurt are not authorized. Whole yogurt is the standard yogurt for issuance to 1-year-old children (12 through 23 months). At State agency option, lowfat or nonfat yogurt may be issued to 1-year-old children for whom overweight and obesity is a concern. The need for lowfat or nonfat yogurt for 1-year-old children must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary, as established by State agency policy. Lowfat or nonfat yogurts are the only types of yogurt authorized for children  $\geq 24$  months of age and women. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in Food Packages IV-VI. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in Food Package VII.) Yogurt effective April 1, 2015

<sup>11</sup> For children, issuance of tofu and soy-based beverage as substitutes for milk must be based on an individual nutritional assessment and consultation with the participant's health care provider if necessary, as established by State agency policy. Such determination can be made for situations that include, but are not limited to, milk allergy, lactose intolerance, and vegan diets. Soy-based beverage may be substituted for milk for children on a quart for quart basis up to the total maximum allowance of milk. Tofu may be substituted for milk for children at the rate of 1 pound of tofu per 1 quart of milk. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children in Food Package IV.) Additional amounts of tofu may be substituted, up to the maximum allowance for fluid milk for lactose intolerance or other reasons, as established by State agency policy.

<sup>12</sup> For 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 of tofu per 1 quart of milk. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in Food Packages V and VI. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in Food Package VII.). Additional amounts of tofu may be substituted, up to the maximum allowances for fluid milk, for lactose intolerance or other reasons, as established by State agency policy.

<sup>13</sup> At least one-half of the total number of breakfast cereals on the State agency's authorized food list must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content" as defined in Table 4 of paragraph (e)(12) of this section.

<sup>14</sup> Both fresh fruits and fresh vegetables must be authorized by State agencies. Processed fruits and vegetables, i.e., canned (shelf-stable), frozen, and/or dried fruits and vegetables may also be authorized to offer a wider variety and choice for participants. State agencies may choose to authorize one or more of the following processed fruits and vegetables: canned fruit, canned vegetables, frozen fruit, frozen vegetables, dried fruit, and/or dried vegetables. The cash-value voucher may be redeemed for any eligible fruit and vegetable (refer to Table 4 of paragraph (e)(12) of this section and its footnotes). Except as authorized in paragraph (b)(1)(i) of this section, State agencies may not selectively choose which fruits and vegetables are available to participants. For example, if a State agency chooses to offer dried fruits, it must authorize all WIC-eligible dried fruits.

<sup>15</sup> The monthly value of the fruit/vegetable cash-value vouchers will be adjusted annually for inflation as described in § 246.16(j).

<sup>16</sup> Whole wheat and/or whole grain bread must be authorized. State agencies have the option to also authorize brown rice, bulgur, oatmeal, whole-grain barley, whole wheat macaroni products, or soft corn or whole wheat tortillas on an equal weight basis.

<sup>17</sup> Canned legumes may be substituted for dry legumes at the rate of 64 oz. (e.g., four 16-oz cans) of canned beans for 1 pound dry beans. In Food Packages V and VII, both beans and peanut butter must be provided. However, when individually tailoring Food Packages V or VII for nutritional reasons (e.g., food allergy, underweight, participant preference), State agencies have the option to authorize the following substitutions: 1 pound dry and 64 oz. canned beans/peas (and no peanut butter); or 2 pounds dry or 128 oz. canned beans/peas (and no peanut butter); or 36 oz. peanut butter (and no beans)

## VII. Food Package III

Maximum monthly allowances of supplemental foods for children and women with qualifying conditions in Food Package III. The maximum monthly allowances, options and substitution rates of supplemental foods for participants with qualifying conditions in Food Package III are stated in

Table 3 as follows:

<b>TABLE 3. Maximum Monthly Allowances (MMA) of Supplemental Foods for Children and Women with Qualifying Conditions in Food Package III</b>				
<b>Foods <sup>1</sup></b>	<b>Children</b>	<b>Women</b>		
	1 through 4 years	Pregnant and Partially Breast-feeding (up to 1 year postpartum) <sup>2</sup>	Postpartum (up to 6 months postpartum) <sup>3</sup>	Fully Breastfeeding, (up to 1 year post-partum) <sup>4, 5</sup>
Juice, single strength <sup>6</sup>	128 fl oz	144 fl oz	96 fl oz	144 fl oz
WIC Formula <sup>7, 8</sup>	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate
Milk	16 qt <sup>9, 10, 11, 12, 13</sup>	22 qt <sup>9, 10, 11, 12, 14</sup>	16 qt <sup>9, 10, 11, 12, 14</sup>	24 qt <sup>9, 10, 11, 12, 14</sup>
Breakfast cereal <sup>15, 16</sup>	36 oz	36 oz	36 oz	36 oz
Cheese	N/A	N/A	N/A	1 lb
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables <sup>17, 18, 19</sup>	\$8.00 in cash-value vouchers	\$11.00 in cash-value vouchers	\$11.00 in cash- value vouchers	\$11.00 in cash- value vouchers
Whole wheat or whole grain bread <sup>20</sup>	2 lb	1 lb	N/A	1 lb
Fish (canned)	N/A	N/A	N/A	30 oz
Legumes, dry <sup>21</sup> and/or Peanut butter	1 lb Or 18 oz	1 lb And 18 oz	1 lb Or 18 oz	1 lb And 18 oz

**Table 3 Footnotes:** N/A=the supplemental food is not authorized in the corresponding food package.



<sup>1</sup> Table 4 of paragraph (e)(12) of this section describes the minimum requirements and specifications for the supplemental foods. The competent professional authority (CPA), as established by State agency policy, is authorized to determine nutritional risk and prescribe supplemental foods per medical documentation.

<sup>2</sup> This food package is issued to two categories of WIC participants: Women participants with singleton pregnancies and breastfeeding women whose partially (mostly) breastfed infants receive formula from the WIC Program in amounts that do not exceed the maximum formula allowances as appropriate for the age of the infant as described in Table 1 of paragraph (e)(9) of this section.

<sup>3</sup> This food package is issued to two categories of WIC participants: Non-breastfeeding postpartum women and breastfeeding postpartum women whose breastfed infants receive more than the maximum infant formula allowances as appropriate for the age of the infant as described in Table 1 of paragraph (e)(9) of this section.

<sup>4</sup> This food package is issued to four categories of WIC participants: Fully breastfeeding women whose infants do not receive formula from the WIC Program; women pregnant with two or more fetuses; women partially (mostly) breastfeeding multiple infants from the same pregnancy, and pregnant women who are also partially (mostly) breastfeeding singleton infants.

<sup>5</sup> Women fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the maximum allowances.

<sup>6</sup> Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the maximum monthly allowance for single-strength juice.

<sup>7</sup> WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals.

<sup>8</sup> Powder and ready-to-feed may be substituted at rates that provide comparable nutritive value.

<sup>9</sup> Whole milk is the standard milk for issuance to 1-year-old children (12 through 23 months). Fat-reduced milks may be issued to 1-year old children as determined appropriate by the health care provider per medical documentation. Lowfat (1%) or nonfat milks are the standard milks for issuance for children  $\geq 24$  months of age and women. Whole milk or reduced fat (2%) milk may be substituted for lowfat (1%) or nonfat milk for children  $\geq 24$  months of age and women as determined appropriate by the health care provider per medical documentation.

<sup>10</sup> Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk or a 1:2 fluid ounce substitution ratio. Dry milk may be substituted at an equal reconstituted rate to fluid milk.

<sup>11</sup> For children and women, cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. For children and women in the pregnant, partially breastfeeding and postpartum food packages, no more than 1 pound of cheese may be substituted. For women in the fully breastfeeding food package, no more than 2 pounds of cheese may be substituted for milk. State agencies do not have the option to issue additional amounts of cheese beyond these maximums even with medical documentation. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in the pregnant, partially breastfeeding and postpartum food packages. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the fully breastfeeding food package.)

<sup>12</sup> For children and women, yogurt may be substituted for fluid milk at the rate of 1 quart of yogurt per 1 quart of milk; a maximum of 1 quart of milk can be substituted. Additional amounts of yogurt are not authorized. Whole yogurt is the standard yogurt for issuance to 1-year-old children (12 through 23 months). Lowfat or nonfat yogurt may be issued to 1-year-old children (12 months to 23 months) as determined appropriate by the health care provider per medical documentation. Lowfat or nonfat yogurts are the standard yogurt for issuance to children  $\geq 24$  months of age and women. Whole yogurt may be substituted for lowfat or nonfat yogurt for children  $\geq 24$  months of age and women as determined appropriate by the health care provider per medical documentation. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in the pregnant, partially breastfeeding and postpartum food packages. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the fully breastfeeding food package.)

<sup>13</sup> For children, soy-based beverage and tofu may be substituted for milk as determined appropriate by the health care provider per medical documentation. 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 for children at the rate of 1 pound of tofu per 1 quart of milk. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children.) Additional amounts of tofu may be substituted, up to the maximum allowance for fluid milk for children, as determined appropriate by the health care provider per medical documentation.

<sup>14</sup> For women, soy-based beverage may be substituted for milk on a quart for quart basis up to the total maximum monthly allowance of milk. Tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the pregnant, partially breastfeeding and postpartum

food packages. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the fully breastfeeding food package.) Additional amounts of tofu may be substituted, up to the maximum allowances for fluid milk, as determined appropriate by the health care provider per medical documentation.

<sup>15</sup> 32 dry ounces of infant cereal may be substituted for 36 ounces of breakfast cereal as determined appropriate by the health care provider per medical documentation..

<sup>16</sup> At least one half of the total number of breakfast cereals on the State agency's authorized food list must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content" as defined in Table 4 of paragraph (e)(12) of this section.

<sup>17</sup> Both fresh fruits and fresh vegetables must be authorized by State agencies. Processed fruits and vegetables, i.e., canned (shelf-stable), frozen, and/or dried fruits and vegetables may also be authorized to offer a wider variety and choice for participants. State agencies may choose to authorize one or more of the following processed fruits and vegetables: canned fruit, canned vegetables, frozen fruit, frozen vegetables, dried fruit, and/or dried vegetables. The cash-value voucher may be redeemed for any eligible fruit and vegetable (refer to Table 4 of paragraph (e)(12) of this section and its footnotes). Except as authorized in paragraph (b)(1)(i) of this section, State agencies may not selectively choose which fruits and vegetables are available to participants. For example, if a State agency chooses to offer dried fruits, it must authorize all WIC-eligible dried fruits.

<sup>18</sup> Children and women whose special dietary needs require the use of pureed foods may receive commercial jarred infant food fruits and vegetables in lieu of the cash-value voucher. Children may receive 128 oz of commercial jarred infant food fruits and vegetables and women may receive 160 oz of commercial jarred infant food fruits and vegetables in lieu of the cash-value voucher. Infant food fruits and vegetables may be substituted for the cash-value voucher as determined appropriate by the health care provider per medical documentation.

<sup>19</sup> The monthly value of the fruit/vegetable cash-value vouchers will be adjusted annually for inflation as described in § 246.16(j).

<sup>20</sup> Whole wheat and/or whole grain bread must be authorized. State agencies have the option to also authorize brown rice, bulgur, oatmeal, whole-grain barley, whole wheat macaroni products, or soft corn or whole wheat tortillas on an equal weight basis.

<sup>21</sup> Canned legumes may be substituted for dry legumes at the rate of 64 oz. (e.g., four 16-oz cans) of canned beans for 1 pound dry beans. In Food Packages V and VII, both beans and peanut butter must be provided. However, when individually tailoring Food Packages V or VII for nutritional reasons (e.g., food allergy, underweight, participant preference), State agencies have the option to authorize the following substitutions: 1 pound dry and 64 oz. canned beans/peas (and no peanut butter); or 2 pounds dry or 128 oz. canned beans/peas (and no peanut butter); or 36 oz. peanut butter (and no beans).

See Appendix A at the end of this section for additional formula tables.

VIII. Issuance Criteria for Food Packages.

- a. Powdered formula is the standard form of formula to be issued to WIC participants. Documentation is required when using ready-to-feed and concentrate forms of formula.
- b. In VISION, the CPA will assign or tailor a food package for each WIC participant. This food package will continue to be issued by VISION until a new food package is created or until a milestone is reached. If an infant or child does not reach a milestone by the first of the month, then they will continue to receive the same benefits until the next month.
- c. Issuing at the 4-5 month milestone:
  - i. In VISION, unless the "Do Not Auto-Update" option is manually checked, the system will automatically change the most recently issued 0-3 month formula food package to a 4-5 month package which includes an increased amount of formula per USDA regulations.
  - ii. If the "Do Not Auto-Update" option is manually selected, the CPA will need to create a new food package with an effective date beginning the month the infant will be 4 months by the 1st of that month.
  - iii. For example, an infant turns 4 months on March 3rd. Because the infant did not turn 4 months by March 1st, they will continue to have only the 0-3 month infant food package options until April.
- d. Issuing for the < 6 month old infant who is changing to "out of range"; the mother is still in the breastfeeding category but will receive the post-partum food package.
  - i. Go to the Infant interview. Select "yes" when it asks if they are still breastfeeding. Update and complete all breastfeeding interview questions.
  - ii. Void future months' checks for mom.
  - iii. In the food package panel, tailor formula to "out of range". Select mom's food package which will now be postpartum. Print checks for infant and mom.
  - iv. Provide verbal notice that if she continues out of range breastfeeding, she will only be receiving food benefits through 6 months post-partum.
  - v. At future appointments, reassess and if mom is still out of range and infant > 6 months, then print the Notice of Termination for her.
- e. Issuing at the 6 month milestone:
  - i. In VISION, unless the "Do Not Auto-Update" option is manually checked, the system will automatically change the most recently

- issued 4-5 month formula food package to a 6 month package which includes baby foods and a decreased amount of formula per USDA regulations. The auto-update change will place all 32 jars of baby food on one FI. If the client does not have trouble purchasing this amount of baby food jars in one transaction, the voucher with 32 jars of baby food may be issued.\*
- ii. If a client requests the baby food jars be split across several FIs, the CPA must create a new food package for the month the infant is to receive a 6 month package.
  - iii. \*Please note that this information does not apply to exclusively breastfeeding infants.
- f. Issuing at the 6 month milestone for exclusively breastfeeding or primarily exclusive/no food package breastfeeding infants:
- i. The VISION system will allow issuance of complementary foods with a description of Exclusive Breastfeeding when the infant will be transitioning to complementary foods in future months. Subsequently, it will be necessary to change the breastfeeding description from Exclusive to Primarily Exclusive/Comp.
- g. Issuing when going from Fully Breastfeeding to Not Breastfeeding for a > 6 month old infant (7 months of age or older).
- i. When a breastfeeding woman is no longer breastfeeding and her infant is > 6 months of age, the woman is to receive the same breastfeeding food package until her termination date (i.e. she is authorized to receive 15 days of food benefits).
  - ii. If the mother doesn't have current months' checks printed, follow the steps below:
    - 1. Update the infant interview to no longer Breastfeeding. VISION will automatically terminate mom 15 days out.
    - 2. Go to the infant's food package and add the new formula food package. **Do not add a new package for mom.**
    - 3. Print checks for mom and infant.
  - iii. If the mother has current or future months' checks, it will depend on the date of the month she comes in, as to how to handle issuance of her 15 days benefits. If the date is:
    - 1. Before the 10<sup>th</sup>, void any current and future months' checks as "in hand". Make sure you select the same breastfeeding food package for the current month, update the infant interview to no longer breastfeeding; this will automatically terminate her (15 days out). Add the infant package and then print and issue both infant and mom's checks. Print Notice of Termination for mom.
    - 2. After the 10<sup>th</sup>, allow her to keep the current month's checks. Void any future months' checks as "in hand". Go to the Certification panel and terminate her.

3. In the last week of the month, allow her to keep the current month's checks. Void future months' checks as "in hand". Select the same breastfeeding food package, update the infant interview to no longer breastfeeding; this will automatically terminate her (15 days out). Add the infant package, and then print and issue both infant's and mom's checks.
      - iv. Reminder: once the infant's interview is changed, it affects the mom's food package.
- h. For a fully breastfeeding infant > 6 months of age who is changing to a breastfeeding "out of range" formula amount, the mom is no longer eligible for food benefits. However, the mom needs to receive the same breastfeeding food package for 15 days.
  - i. Void current and future month's checks.
  - ii. If checks were voided, add a new FBF food package for the mother for the month you are printing for.
  - iii. Terminate the mom in the certification panel for the reason "part BF out of range > 6 months". (Effective date will populate to 15 days out.)
  - iv. Print mom's checks and her Notice of Termination.
  - v. Update the infant interview and complete all breastfeeding questions.
  - vi. Select the appropriate infant food package and add the appropriate amount of formula as "out of range". Print the infant's checks.
- i. Issuing a food package at the 24 month milestone:
  - i. In VISION, unless the "Do Not Auto-Update" option is manually checked, the system will automatically change the most recently issued 1-2 year food package to a 2-5 year package which includes reduced fat milk per USDA regulations.
  - ii. If a food package for a 1-2 year old is selected containing cheese or a milk other than cow's milk (lactose-free, goat's milk, etc) during the issuance period the child turns two years of age, the system does not have the capability to automatically update the package to a 2-5 year package correctly. If a food package containing cheese or a milk type other than cow's milk is needed during this milestone change, the CPA will need to create a new food package with a future effective date for the month the child is to receive a 2-5 year food package.
- j. Issuance criteria for concentrated formula. Refer to page 14 in the Food Packages Section.
  - i. The CPA must determine there is a need for the concentrated formula; or
  - ii. The product is only available in concentrate form.

- k. Issuance criteria for ready-to-feed formula. Refer to page 14 in the Food Packages Section.
  - i. The CPA must determine an unsanitary or restricted water supply.
  - ii. The CPA must determine there is poor refrigeration.
  - iii. There is a caretaker who has difficulty correctly diluting concentrated or powdered formula.
  - iv. The product is only available in RTF form.
  - v. A FAFAF states RTF is necessary or intolerance to formula other than RTF is diagnosed by the medical provider as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's order.
- l. Issuance criteria for premature infants up to one year of age.
  - i. For all premature infants up to one year of age, the default formula issued shall be a sterile liquid if produced by the manufacturer. If the supervising health care provider specifically prescribes powder, the WIC Clinic may provide powder. If the supervising health care provider has not prescribed a sterile liquid and the parent/endorser requests powder, then powder may be provided after obtaining signed parental agreement. If the supervising health care provider has prescribed a sterile liquid, then powder may not be provided when requested by the parent/endorser without documented approval from the health care provider.
  - ii. Prematurity is defined as < 37 weeks gestation.
  - iii. Sterile liquid is either concentrate or RTF.
  - iv. Concentrate should be the first choice liquid to issue.
- m. Issuance criteria for 1 can of powder formula from birth to 1 month of age.
  - i. In the first month of life, it is recommended that partially breastfed infants not receive 1 can of powder infant formula, or the sterile liquid equivalent. Not providing formula in the first 4 – 6 weeks will ensure that breast milk production is established.
  - ii. After a thorough and documented breastfeeding assessment, if one can of formula is determined to be necessary, then one can may be issued. The harms of formula, especially the interference of breast milk production needs to be explained to the participant. Document counseling under Education and Care in the Nutrition Education screen.

0 through 1 Month:
<ul style="list-style-type: none"> <li>• <u>Fully Breastfeeding Dyad</u> - no artificial baby milk provided by WIC</li> <li>• <u>Partially Breastfeeding In-Range Dyad</u> The amount of artificial baby milk provided by WIC, <b>Up to</b> <ul style="list-style-type: none"> <li>- <b>104</b> fl oz reconstituted powder (up to 1 can)</li> </ul> </li> </ul> <p>* Powder form is the recommended form</p>
<ul style="list-style-type: none"> <li>• <u>Partially Breastfeeding Out-of-Range Dyad</u> The amount of artificial baby milk provided by WIC, <b>Over</b> <ul style="list-style-type: none"> <li>- <b>104</b> fl oz reconstituted powder</li> </ul> </li> </ul> <p>* Powder form is the recommended form</p>
1 through 3 Months:
<ul style="list-style-type: none"> <li>• <u>Fully Breastfeeding Dyad</u> - no artificial baby milk provided by WIC</li> <li>• <u>Partially Breastfeeding In-Range Dyad</u> of  The amount of artificial baby milk provided by WIC, <b>Up to</b> <ul style="list-style-type: none"> <li>- <b>435</b> fl oz reconstituted powder (up to approximately 4 cans), or</li> <li>- 384 fl oz RTF, or</li> <li>- 364 fl oz reconstituted liquid concentrate</li> </ul> </li> </ul> <p>* Powder form is the recommended form</p>
<ul style="list-style-type: none"> <li>• <u>Partially Breastfeeding Out-of-Range Dyad</u> <b>The amount</b> of artificial baby milk provided by WIC <b>Over</b> <ul style="list-style-type: none"> <li>- <b>435</b> fl oz reconstituted powder, or</li> <li>- 384 fl oz RTF, or</li> <li>- 364 fl oz reconstituted liquid concentrate</li> </ul> </li> </ul> <p>* Powder form is the recommended form</p>
<ul style="list-style-type: none"> <li>• <u>Fully Formula Dyad</u> - No breastfeeding</li> </ul>

<p>The amount of artificial baby milk provided by WIC, <b>Up to</b></p> <ul style="list-style-type: none"> <li>- <b>870</b> fl oz reconstituted powder, or</li> <li>- 832 fl oz RTF, or</li> <li>- 806 fl oz reconstituted liquid concentrate</li> </ul> <p>* Powder form is the recommended form</p>
4 through 5 Months:
<ul style="list-style-type: none"> <li>• <u>Fully Breastfeeding Dyad</u> - no artificial baby milk provided by WIC</li> </ul>
<ul style="list-style-type: none"> <li>• <u>Partially Breastfeeding In-Range Dyad</u> The amount of artificial baby milk provided by WIC, <b>Up to</b></li> <li>- <b>522</b> fl oz reconstituted powder (up to approximately <b>5</b> cans), or</li> <li>- 474 fl oz RTF, or</li> <li>- 442 fl oz reconstituted liquid concentrate</li> </ul>
<ul style="list-style-type: none"> <li>• <u>Partially Breastfeeding Out-of-Range Dyad</u> - The amount of artificial baby milk provided by WIC <b>Over</b></li> <li>- <b>522</b> fl oz reconstituted powder, or</li> <li>- 474 fl oz RTF, or</li> <li>- 442 fl oz reconstituted liquid concentrate</li> </ul>
<ul style="list-style-type: none"> <li>• <u>Fully Formula Dyad</u> - No breastfeeding The amount of artificial baby milk provided by WIC, <b>Up to</b></li> <li>- <b>960</b> fl oz reconstituted powder, or</li> <li>- 913 fl oz RTF, or</li> <li>- 884 fl oz reconstituted liquid concentrate</li> </ul>
6 through 11 Months:
<ul style="list-style-type: none"> <li>• <u>Fully Breastfeeding Dyad</u> - no artificial baby milk provided by WIC</li> </ul>
<ul style="list-style-type: none"> <li>• <u>Partially Breastfeeding In-Range Dyad</u> - The amount of artificial baby milk provided by WIC, <b>Up to</b></li> </ul>



<ul style="list-style-type: none"><li>- <b>384</b> fl oz reconstituted powder (up to approximately <b>4</b> cans), or</li><li>- 338 fl oz RTF, or</li><li>- 312 fl oz reconstituted liquid concentrate</li></ul>
<ul style="list-style-type: none"><li>• <u>Partially Breastfeeding Out-of-Range</u> The amount of artificial baby milk provided by WIC <b>Over</b><ul style="list-style-type: none"><li>- <b>384</b> fl oz reconstituted powder, or</li><li>- 338 fl oz RTF, or</li><li>- 312 fl oz reconstituted liquid concentrate</li></ul></li></ul>
<ul style="list-style-type: none"><li>• <u>Fully Formula Dyad</u> - No breastfeeding The amount of artificial baby milk provided by WIC, <b>Up to</b><ul style="list-style-type: none"><li>- <b>696</b> fl oz reconstituted powder, or</li><li>- 643 fl oz RTF, or</li><li>- 624 fl oz reconstituted liquid concentrate</li></ul></li></ul>

IX. Religious eating pattern exception

- a. Local agencies may issue a non-contract formula that meets the definition of infant formula without medical documentation in order to meet religious eating patterns. However, if the non-contract brand infant formula does not meet the definition of infant formula, medical documentation must be provided. Documentation of the basis of the substitution must be kept in the participant's record.

X. See Table below for procedures related to formula changes.

IF...	THEN...
A healthy, full-term infant demonstrates symptoms of intolerance to the primary contract formula.	Refer to the primary care provider. The participant must obtain a complete FAFAF if a non-contract formula is warranted.
A healthy, full term infant received a FAFAF for a non-contract formula because of symptoms of intolerance and the <b>FAFAF has expired.</b>	Issue the primary contract formula. If a non-contract formula is still needed, refer the participant to the primary care provider for a complete FAFAF.
An infant/child is <u>high risk</u> and has been on a special formula (such as a premature, metabolic or hydrolysate formula) or any non-contract formula and the parent/caretaker states the MD gave permission to transition to a primary contract formula and the <b>current FAFAF for the non-contract formula has not expired.</b>	Refer to the primary care provider. Explain to the participant that the FAFAF must be honored for the specified time frame. The participant must contact the primary care provider and obtain written approval for the primary contract formula before it is issued.
An infant/child is <u>high risk</u> and has been on a special formula (such as premature, metabolic or hydrolysate formula) and the parent/caretaker states the MD gave permission to transition to a primary contract formula and the <b>current FAFAF for the non-contract formula has expired.</b>	The CPA or RD must document in the computer that the parent/caretaker states the MD gave permission to transition to a primary contract formula. Issue primary contract formula.
An infant/child is <u>not high risk</u> and the parent/caretaker states the MD gave permission to transition to a primary contract formula and the <b>current FAFAF for the non-contract has not expired.</b>	The CPA or RD must document in the computer that the parent/caretaker states the MD gave permission to transition to a primary contract formula. Issue primary contract formula.
An infant/child is <u>not high risk</u> and the parent/caretaker states the MD gave permission to transition to a primary contract formula and the <b>current FAFAF</b>	Issue primary contract formula

for the non-contract formula  
has expired.

## Formula and Food Authorization Form and Documentation Requirements

Most commonly issued formula products

Formulas	FAFAF/ Documentation (Formula and Food Authorization Form)	Issuance Procedure
<b>Similac Advance</b> (Standard primary contract infant formula)	<p>No FAFAF needed for infants</p> <p><b>Food Pkg III:</b></p> <p>FAFAF and care plan required for children &gt; 1 year</p> <p>FAFAF valid for a maximum of 6 months</p>	<p><u>Procedure:</u></p> <p>All infants currently on a non-contract, milk-based formula must first try Similac Advance if there is no FAFAF for a non-contract formula and no indication of formula intolerance to Similac Advance.</p> <p>Contact primary care provider to determine the length of time Similac Advance is medically required after 1 year of age. Discuss other formula options and obtain a FAFAF if necessary.</p> <p><u>Indications for use:</u></p> <p>If an infant on primary contract formula shows symptoms of intolerance resulting from improper preparation, safety, sanitation or feeding practices, provide appropriate counseling and referral. Keep on Similac Advance if not at medical/nutritional risk and follow-up.</p>

<u><b>Formulas</b></u>	<u><b>FAFAP/Documentation</b></u>	<u><b>Issuance Procedure</b></u>
<p><b>Gerber Good Start Soy</b> (Standard primary contract infant formula)</p>	<p>No FAFAP needed for infants</p> <p><b>Food Pkg III:</b> FAFAP and care plan required for children &gt; 1 year</p> <p>FAFAP valid for a maximum of 6 months</p>	<p><u>Indications for use:</u></p> <ul style="list-style-type: none"> <li>-For vegetarian families where animal protein formula is not desired</li> <li>-For management of cow's milk allergy, galactosemia, primary lactase deficiency, or recovery phase of secondary lactose intolerance</li> <li>-Where sensitivity to lactose may be suspected due to GI symptoms including: moderate to severe spitting up, diarrhea, abdominal cramping, bloating, excessive gas and/or fussiness</li> <li>-For a potentially allergic infant who has not yet shown manifestations of allergy (infants with family history of atopy)</li> <li>-These infants should be closely watched for allergy to soy proteins and/or corn</li> <li>-Not recommended for dietary management of documented clinical allergic reactions to soy protein formula</li> <li>-Contact primary care provider to determine the length of time Gerber Good Start Soy is medically required after 1 year of age. Discuss other formula options and obtain a FAFAP if medically warranted.</li> </ul>
<p><b>Similac for Spit Up</b></p>	<p>FAFAP required</p> <p>Food Pkg III: FAFAP and care plan required for children &gt; 1 year</p> <p>FAFAP valid for a maximum of 6 months.</p>	<p><u>Indications for use:</u></p> <ul style="list-style-type: none"> <li>-This product is categorized as a routine infant formula.</li> <li>-Contains rice starch as one of the carbohydrate sources</li> <li>-May be beneficial for infants who are spitting up frequently</li> </ul>

<u>Formulas</u>	<u>FAFAP/Documentation</u>	<u>Issuance Procedure</u>
<b>Similac Total Comfort</b>	<p>FAFAP required</p> <p>Food Pkg III: FAFAP and care plan required for children &gt;1 year</p> <p>FAFAP valid for a maximum of 6 months.</p>	<p><u>Indications for use:</u></p> <ul style="list-style-type: none"> <li>-This product is categorized as</li> <li>-a routine infant formula.</li> <li>-Partially hydrolyzed and low lactose</li> <li>-May be beneficial for infants with persistent feeding issues.</li> </ul>
<b>Similac Go &amp; Grow - Milk Based</b>	FAFAP required	<p><u>Indications for use:</u></p> <ul style="list-style-type: none"> <li>- This product is for an older baby (9 months) and toddler (up to 24 months) having a hard time in the transition phase to table foods.</li> <li>- The following must be documented prior to issuance for the 9 month old up to 12 months:                             <ol style="list-style-type: none"> <li>1. infant refusing most or all of table foods</li> <li>2. no weight gain or weight loss</li> </ol> </li> </ul>
<b>Enfagrow Toddler Transitions Soy</b>	FAFAP required	Same as for milk based with the indication of a soy protein
<b>Similac for Supplementati on</b>	FAFAP required	<p><u>Indications for use:</u></p> <ul style="list-style-type: none"> <li>- This product is for infants with no special nutritional requirements to support a breastfeeding infant.</li> </ul>

<u>Standard Infant Formulas</u>	<u>FAFAP/Documentation</u>	<u>Issuance Procedure</u>
<p>Milk-Based:  Enfamil  Premium    Good Start  Gentle    Store  Brands</p> <p>Soy-Based:  Similac Soy  Isomil    Enfamil  Prosobee    Store  Brands</p>	<p>FAFAP required</p> <p>CPA or RD to initial and date FAFAP upon receipt acknowledging diagnosis &amp; formula/product prescribed.</p> <p>A care plan must be completed in high risk cases.</p> <p>FAFAP is valid for maximum of 6 months.</p> <p><b>*Note:</b>  Non-contract formulas will be allowed when medically indicated with a FAFAP. Each participant receiving non-contract formula must be closely monitored.</p>	<p><u>Procedure:</u></p> <ul style="list-style-type: none"> <li>-Provide participant with appropriate counseling (identify the non-contract item) to the participant for use with store purchase</li> <li>-RD to consult with primary care provider to address the length of time non-contract formula is medically required</li> <li>-Discuss other formula options with the primary care provider and obtain a FAFAP for non-contract formula, as medically warranted</li> </ul> <p><u>Indications for use:</u></p> <ul style="list-style-type: none"> <li>-Terminology of Medical diagnoses with ICD-10 codes (ICD- 10 code numbers do not have to be written on the FAFAP).</li> </ul>

Exempt Infant Formulas	FAFAF/ Documentation (Formula and Food Authorization Form)	Issuance Procedure
<p><b>Hydrolysates</b></p> <p>Nutramigen</p> <p>Pregestimil</p> <p>Alimentum</p> <p><i>(See the “Product Guide” for more information)</i></p>	<p>FAFAF required</p> <p>CPA or RD to initial and date FAFAF upon receipt acknowledging diagnosis &amp; formula/product prescribed</p> <p>A care plan must be completed in high risk cases.</p> <p>FAFAF is valid for maximum of 6 months</p>	<p><u>Procedure:</u></p> <ul style="list-style-type: none"> <li>-Provide participant with counseling</li> <li>-RD to consult with primary care provider to address the length of time non-contract formula is medically required</li> <li>-Discuss other formula options with the primary care provider and obtain a FAFAF for non-contract formula, as medically warranted</li> </ul> <p><u>Indications for use:</u></p> <ul style="list-style-type: none"> <li>-When a hypoallergenic formula is indicated (e.g. multiple allergies, sensitivity to intact milk protein, or to soy protein)</li> <li>-With persistent diarrhea, GI disturbances, etc</li> </ul>

<b><u>Exempt Infant Formulas</u></b>	<b><u>FAFAP/Documentation</u></b>	<b><u>Issuance Procedure</u></b>
	<p><b>FAFAP required</b></p> <p>CPA or RD to initial and date FAFAP upon receipt acknowledging diagnosis and formula/product prescribed.</p> <p>RD is responsible to review and approve all documentation.</p> <p>FAFAP valid for a maximum of 6 months</p> <p><u>Exception:</u> Some premature formulas can be issued for one, two or three months. (e.g., Enficare, NeoSure).</p> <p>All Enfamil Premature Formula (EPF), Similac Special Care 30 Kcal and Human Milk Fortifier must be prescribed and issued monthly</p>	<p><b>Procedure:</b></p> <ul style="list-style-type: none"> <li>-issue food instruments for the special formula/product if there is a food package available (if it is available at the grocery store) OR Order the product through the state office by entering the following information into the WIC SharePoint site.</li> <li>-Clinic</li> <li>- Participant ID</li> <li>- Participant first/last name</li> <li>- Participant DOB</li> <li>- Clinic RD submitting order form</li> <li>- Issuance period (First and Last Day of Vouchering Period)</li> <li>- Product name (specify flavor, size if applicable)</li> <li>- Amount indicated on FAFAP (MD RX)</li> <li>- Date needed by (for non-premature formulas allow 7 business days and indicate any week day the clinic is closed; for premature formulas, allow 3 business days)</li> <li>- Medicaid default to No; change if necessary</li> <li>- Tube fed default to No; change if necessary</li> <li>- Plan/comments. Calorie amount per ounce (20 kcal/oz, 24 kcal/oz or 30 kcal/oz)</li> </ul> <p>Document:</p> <ul style="list-style-type: none"> <li>*all of the information listed above</li> <li>*when product was ordered and when it is expected in the clinic</li> <li>*when participant is expected to pick up the product</li> <li>*participant must sign for product</li> </ul> <p>Indications for use:</p> <p>Issuance is acceptable for medical conditions including: failure to thrive, organic heart disease, severe GI disorders, malabsorption syndromes, metabolic disorders, inborn errors of metabolism, and/or medical conditions resulting from prematurity, etc.</p> <p>Note: Metabolic clinic patients are followed by RD at University of Utah. However, this RD is not a licensed, prescriptive authority and cannot prescribe special formulas.</p>



Non-Contract Formulas	FAFAP/ Documentation (Formula and Food Authorization Form)	Issuance Procedure
<b>Medical Foods</b>  Boost  Ensure  Pediasure  (See the "Product Guide" for more information)	FAFAP required  CPA or RD to initial and date FAFAP upon receipt acknowledging diagnosis & formula/product prescribed  A care plan must be completed in high risk cases.	Issuance procedure the same as outlined for exempt infant formulas.
<b>Low-Iron Formulas</b>	FAFAP is valid for maximum of 6 months Approved with a FAFAP for specific, approved diagnosis (hemolytic anemia) (see this section for definition) Care plan, including at least an assessment and plan, must be completed. RD is responsible to review and approve all documentation. (See Section I) CPA/RD to initial FAFAP upon receipt acknowledging diagnosis and formula/product prescribed  Monthly issuance only	<u>Procedure:</u> -Approval from the State WIC RD is required prior to issuing any low-iron formula to a participant -Document: *diagnosis (reason for low iron formula) *name of state RD issuing approval and date received approval *food package issued -A letter describing the Utah WIC Program policy on low iron formulas is available for local agencies to reproduce and distribute to any physicians in local areas who request low-iron formula for WIC participants using reasons that are not WIC approved -RD to consult with primary care provider to address the length of time low-iron formula is medically required, as well as any formula transition issues -Provide instructions to participants as needed.  <u>Indications for use:</u> Low-iron formula will be authorized <i>on an individual basis</i> by the State WIC office for participants with specific approved diagnosis <i>The number of participants requiring low-iron formula is expected to be minimal</i>

XI. Exceptions for use of low iron formula.

- a. USDA recognizes that a small number of infants have medical conditions which necessitate restricting iron intake. These rare conditions include: Hemolytic anemia. Hemolytic anemia is associated with shortened red blood cell survival. Hemolytic anemia of the premature infant is usually resolved by the time the infant is discharged from the hospital. Use of low iron formulas is not a prescribed method of treatment for most infants/conditions. It is not authorized for diagnosis of vomiting, constipation and diarrhea of the healthy infant. Classifications of hemolytic anemia include:
  - i. Congenital hemolytic anemia.
  - ii. Membrane defects - spherocytosis, stomatocytosis, pyropoikilocytosis, alliptocytosis.
  - iii. Hemoglobinopathies - sickle cell anemia, sickle syndromes, thalassemias, unstable hemoglobins.
  - iv. Enzyme defects.
  - v. Acquired Hemolytic Anemias:
    1. Autoimmune process.
    2. Infections.
    3. Toxins and drugs.
    4. Thermal injury.
    5. Disseminated intravascular coagulation.
    6. Hemolytic anemia syndrome.
    7. Transfusion reactions

XII. Utah Formula and Food Authorization Form

- a. Medical order or prescriptive requirements to be filled out on the State Formula & Food Authorization Form (FAFAF).
  - i. Name of client/Date of Birth.
  - ii. The brand name of the formula prescribed.
  - iii. Medical diagnosis warranting the issuance of formula.
  - iv. Form of formula: Powder, Concentrate, Ready to Feed.
  - v. Specific amount of formula prescribed (ie. 3 cans per day) a range is not appropriate.
  - vi. Length of time the prescribed formula is medically required (1- 6 months).
  - vii. Signature and name of the requesting state licensed prescriptive authority (physician-MD, nurse practitioner-NP, physician assistant-PA, certified nurse midwife-CNM, licensed direct entry midwife-LDEM, doctor of Osteopath-DO).
  - viii. Address of State Licensed Prescriptive Authority & Phone Number.
  - ix. Date. Cannot be older than 60 days from the date written when brought into the WIC clinic. A FAFAF older than 60 days from the

date the prescriptive authority has written it when brought into the WIC clinic is invalid. It is necessary to have the specific length of time the prescribed formula is medically required documented on the FAFAF. A valid FAFAF may be written for 1 month, 2 months, 3 months, etc. up to 6 months, but no longer than 6 months.

- b. If a written medical order (Utah Formula and Food Authorization Form) is provided for a high risk infant (FTT, prematurity and/or low birth weight) by the physician or prescriptive authority for the issuance of an electric breast pump, that order must be honored within two working days. Clinics need to have sufficient electric breast pumps to serve their population, especially high risk participants.
- c. Formula and Food Authorization Form may be provided as an original written document or facsimile.
- d. Formula and Food Authorization Forms must be completed according to the specifications of the current form before accepting and scanning into VISION.
- e. Formula and Food Authorization Form not available at the clinic visit:
  - i. CPA may receive the information prior to issuance by telephoning the prescriptive authority's office.
  - ii. Document all information obtained from the doctor's staff who reads directly from the medical chart the notes that have been written by the prescriptive authority regarding the participant's nutritional status/intake. The information does not need to be taken verbally from the prescriptive authority.
  - iii. Written confirmation of the Formula and Food Authorization Form signed by the licensed prescriptive authority must be obtained within two weeks.
  - iv. Written documentation must be kept on file with initial telephone conversation documentation.
  - v. Medical documentation over the telephone must only be used when absolutely necessary, on an individual basis, to prevent undue hardship to a participant or to prevent a delay in the provision of formula which would place the participant at increased nutritional risk.
- f. Additional FAFAF requirements.
  - i. If the Formula and Food Authorization Form is missing a required element, that doesn't have a default, such as name of formula/product or diagnosis, the CPA may obtain complete prescriptive information via fax.

- ii. If the Formula and Food Authorization Form is complete, then the CPA must initial and date indicating that the Formula and Food Authorization Form has met all of the requirements.
- iii. Formula and Food Authorization Form must be scanned into the participant's record.
- iv. Issuing contract/non-contract infant formulas for children over one year of age requires a new Formula and Food Authorization Form at the child's one year birthday.

XIII. Out of State Prescription.

- a. If a WIC client transfers from another state and has a prescription on a WIC clinic form from that state, the prescription may be honored for the specified period of time. However if the prescription is expired, the client will need to obtain a new FAFAF before a non-contract formula or WIC-eligible nutritional is issued.

Appendix A

No artificial baby milk is provided by WIC to fully breastfeeding mothers

Any breastfeeding mother who receives more than the “in range” amounts listed are considered “out of range.”

	<b>Powdered Formula Amounts (in reconstituted fluid ounces)</b>	
Age of infant	Mostly Breastfeeding (in range)	Fully Formula Fed
	Less than or equal to:	Maximum amount:
0 – 1 month	104	870
1 – 3 months	435	870
4 – 5 months	522	960
6 – 11 months	384	696

	<b>Liquid Concentrate Formula Amounts (in reconstituted fluid ounces)</b>	
Age of infant	Mostly Breastfeeding (in range)	Fully Formula Fed
	Less than or equal to:	Maximum amount:
0 – 1 month	Only powdered is recommended	806
1 – 3 months	364	806
4 – 5 months	442	884
6 – 11 months	312	624

No artificial baby milk is provided by WIC to fully breastfeeding mothers

Any breastfeeding mother who receives more than the “in range” amounts listed are considered “out of range.”

	<b>Ready to Feed (RTF) Formula Amounts</b>	
Age of infant	Mostly Breastfeeding (in range)	Fully Formula Fed
	Less than or equal to:	Maximum amount:
0 – 1 month	Only powdered is recommended	832
1 – 3 months	384	832
4 – 5 months	474	913
6 – 11 months	338	643