Ordering Formula from the State

I. Issuing state ordered formula only:

   a. Select the "Special Diet" check box. Enter medical documentation information from the Formula and Food Authorization Form (FAFAF) under Documentation.

   b. Select "State Ordered Formula-Infant-Part BF," "State Ordered Formula-Infant-Full Formula," or "State Ordered Formula-Children and Women" from the Model Food Package drop down list according to the participant's category and breastfeeding description.

   c. If an infant is partially breastfeeding out-of-range and receiving state ordered formula, select "State Ordered Formula-Infant-Part BF" and change the quantity from "1" to "2." This will move the infant out-of-range and allow the mom to receive a postpartum package if the infant is less than 6 months of age.

   d. The "Direct Ship" check box must be selected in the food package grid. This allows the VISION system to recognize that the participant is receiving a state ordered formula benefit without actually receiving checks. Once the package has been verified, the package must be printed. Actual checks will not print for this package because the "Direct Ship" check box was selected and will be registered into the system that benefits were issued.

II. Issuing state ordered formula and complementary foods:

   a. Select the "Special Diet" check box. Enter medical documentation information from the Formula and Food Authorization Form (FAFAF) under Documentation.

   b. Select an appropriate model food package with the desired complementary foods.

   c. State ordered formula does not need to be added to the food package grid because the system recognizes benefits are being issued through the printed food instruments.

   d. If Medicaid is providing all of the specialty medical formula, then after checking the "Special Diet" check box, open the Model Food Package drop down list. Select "Medicaid Provided Formula-Infant-Part BF," "Medicaid Provided Formula-Infant-Full Formula," or "Medicaid Provided Formula-Children and Women" according to the participant's category and breastfeeding description. Then, select the check box for "Direct Ship". This allows the VISION system to recognize that the participant is

receiving medical formula benefit covered by Medicaid without actually receiving checks. Once the package has been verified, the package must be printed. Actual checks will not print for this package because the "Direct Ship" check box was selected and will be registered into the system that benefits were issued.

III.   Steps for Ordering Special Formula

a. When ordering exempt formulas or medical products, enter the following information into the WIC SharePoint site. Proration will be done only in the local WIC clinic and based on the number of days remaining in the month, rather than the 10 or 20 day computer based proration. Or, staff may provide the entire month's allowance adjusting the beginning issuance date to the date that the participant comes into the clinic to pick up the formula, while the ending date would be the same date the following month. These adjustments should all be documented on the paper formula logs in the clinic, and in the computer if desired.
   i.   Participant ID
   ii.   Participant DOB
   iii.   Participant first/last name
   iv.   Clinic RD/CPA
   v.   Clinic Name
   vi.   Vouchering period (First and Last Day of Vouchering Period)
   vii.   Amount indicated on FAFAF (MD RX Amount)
   viii.   Formula Product name (specify flavor, size if applicable)
   ix.   Medicaid default to No (change if necessary)
   x.   Tube fed default to No (change if necessary)
   xi.   Plan/comments. Calorie amount per ounce (20 kcal/oz, 24 kcal/oz or 30 kcal/oz), flavor, extra in clinic etc.

IV.   Steps for Receiving

a. Upon receipt of state ordered formula document the following:
   i.   Date/amount formula was received
   ii.   Client first name
   iii.   Client last name
   iv.   Participant ID
   v.   Product name
   vi.   Product amount
   vii.   Issuance Period
   viii.   Expiration dates on all packaging
   ix.   Signature of WIC staff receiving the product

b. Do not accept formula that expires within the issuance period.

    c. Formula can only be issued within the issuance period. Formula distributed late in the issuance period should be prorated.

    d. The pharmacy will accept returned formula if it is expired, damaged or mistakenly issued by the pharmacy. The pharmacy will also accept returned formula that is no longer needed as long as it has not left the clinic.

V. Steps for Issuing
    a. Upon issuing state ordered formula document the following:
        i. Date formula was issued to client
        ii. Signature of WIC staff issuing formula to client
        iii. Signature of client
        iv. Product name
        v. Product amount
        vi. Product expiration date
        vii. Issuance Period