FOOD DELIVERY SYSTEM

Subject: Authorization of Foods

Item: Food Prescriptions

PURPOSE:
To establish procedures for the issuance of authorized foods provided by the California Department of Public Health/Women, Infants and Children Division (CDPH/WIC).

POLICY:
I. Local agency (LA) staff prescribe and distribute food packages to program participants in accordance with each participant’s category, preferences, and nutrition needs.

PROCEDURE(S):
I. Food Packages
   A. CDPH/WIC provides seven federal food packages for participants. Authorized foods are prescribed in food packages according to participant category and nutritional needs. These food packages are as follows:
      1. Food Package I — Infants, birth through 5 months.
      2. Food Package II — Infants, 6 through 11 months.
      3. Food Package III — Participants with qualifying conditions.
      4. Food Package IV — Children, 1 through 4 years.
      5. Food Package V — Pregnant or partially breastfeeding women.
      6. Food Package VI — Postpartum women.
      7. Food Package VII — Fully breastfeeding or pregnant women who are fully or mostly breastfeeding.

II. Food Prescription
   A. A food prescription consists of one or more food items. Although the WIC management information system (MIS) automatically defaults to specific food items in a standard food prescription, LA staff have the option to select another available food prescription for a participant’s nutritional needs and/or preference, based on a complete nutritional assessment.

III. Food Package Substitutions
   A. In addition to the standard food packages, substitution food packages have been designed to accommodate for medical need and preference, including, but not limited to cultural, religious, and/or lifestyle preference. Instructions for substitution food packages are as follows:
1. Lactose-Reduced Milk Packages
   a. LA staff inform participants or the parent/guardian of a participant with lactose intolerance of the option to receive lactose-reduced milk in the low-lactose food package from WIC.
   b. The low lactose food package will be issued to women and children identified by the registered dietitian (RD), degreed nutritionist (DN), or WIC nutrition assistant (WNA) as lactose intolerant. A health care professional’s prescription is not required.

2. No Cheese, All Milk Packages
   a. The no cheese, all milk food packages will be issued to women and children who indicate a preference for all milk and no cheese during the nutrition assessment. A health care professional’s prescription is not required.

3. Soy Beverage and Tofu Packages
   a. A soy beverage and tofu food package will be issued to women and children who:
      i. Are identified by the RD, DN, or WNA as lactose intolerant or positive for cow’s milk allergy. A health care professional’s prescription is not required.
      ii. State a preference for the soy beverage and tofu package based on choice, including but not limited to cultural, religious, and/or lifestyle. A health care professional’s prescription is not required.
   b. Need or desire for a soy beverage and tofu package should be based on a thorough nutritional assessment, and the participant should be educated on potential nutritional gaps which could occur when consuming soy products versus dairy products. The reason for issuance of the soy and tofu package, as well as confirmation of participant education on soy and tofu, should be documented in WIC MIS. A reminder to document is displayed on the Prescribe Food Package screen.
   c. If a child requires a therapeutic formula for milk allergy, see WPPM 390-10 and 390-20.
   d. Infants diagnosed by a health care professional with lactose intolerance or milk allergy should receive the authorized contract soy formula or prescribed therapeutic formula. The lactose intolerance or milk allergy...
diagnosis should be documented in WIC MIS. If an infant requires a therapeutic formula, see WPPM 390-10 and 390-20.

4. Milk and Tofu Packages
   a. A milk and tofu food package will be issued to women who indicate a preference for milk and tofu during the nutrition assessment. A health care professional’s prescription is not required.

5. Evaporated Milk Packages
   a. Evaporated milk packages will be issued to women and children who indicate during the nutrition assessment a preference for receiving evaporated milk as a portion of their milk benefit. A health care professional’s prescription is not required.

6. Powdered Milk Packages
   a. A powdered milk package will be issued to women who indicate during the nutrition assessment a preference for receiving powdered milk as a portion of their milk benefit. A health care professional’s prescription is not required.

7. 2% (Reduced Fat) Milk for Children Package
   a. The 2% (reduced fat) milk package may be issued to children 12–23 months for whom obesity is a risk. Risk is identified by a WIC MIS A30 risk code calculation based on height-to-weight measurements. WIC MIS will include the 2% (reduced fat) milk package in the list of package options only when the infant’s height to weight measurement generates an A30 risk code.

   b. The 2% (reduced fat) milk package will be available for selection only when the A30 risk code is generated by WIC MIS calculation of the child’s height and weight.

   c. The child’s parent/caregiver may choose to receive the standard whole milk option for the child; issuance of the 2% milk package is not mandatory.

8. Infant Cash Value Voucher (CVV) Packages
   a. Infants 9–11 months old may be issued a package that includes a fresh fruits and vegetables CVV, which they will receive in lieu of a portion of their jarred infant fruits and vegetables. The infant CVV packages can only be issued on or after the infant’s 9th month birthdate. The parent/caregiver
or a designated alternate must be present on or after the infant’s 9th month birthdate to pick up the infant CVV package food instruments. A pink message will pop up in WIC MIS from 5–11 months of age of the infant to remind LA staff to offer a CVV for fresh fruit and vegetables. Additionally, an automatic hold will be placed on the infant’s record to remind staff to ensure the following conditions are met prior to issuance of the infant CVV packages in the 9th month:

A nutrition assessment must be completed to determine readiness, per 7 CFR §246.10.

i. For infants 5–7 months of age, the mid-certification (SM) appointment may be used to fulfill the nutrition assessment requirement. Specifically, questions 14–16 of the Infant Nutrition Questionnaire (4–11 months) can be used to assess readiness of the infant.

ii. For infants 8–11 months of age who did not complete the mid-certification (SM) appointment, the assessment requirement can be met by providing a modified nutrition assessment using the Infant Nutrition Questionnaire, questions 14–16 only.

b. Note the parent’s/caregiver’s choice in comments:

i. If the participant answers “no” or the infant is not ready for more solid foods based on the assessment, note the choice in the comments, remove the hold, and continue to issue the current food package.

ii. If the participant answers “I don’t know” or “maybe,” note in the comments to ask again at an upcoming appointment.

iii. If the participant answers “yes” and the infant is ready for more solid foods based on the assessment, note the choice in the comments, and provide the participant with education.

c. When the infant CVV option is chosen, authorized LA staff (RD, DN, or WNA) must provide the following education to ensure participants are meeting their nutritional needs in a safe and effective manner, per 7 CFR §246.10.

i. Safe food preparation.

ii. Safe food storage.

iii. Feeding practices.
d. The federally mandated education requirement may be met by reviewing with the infant’s parent/caretaker the existing CDPH/WIC materials:
  i. *Baby Food for Me.*
  ii. *Feed Me! 6-12 Months.*
  iii. *Let’s Eat! magazine.*

e. Once the education has been provided, LA staff must document that the infant CVV nutrition education was provided
  i. in the INEP per normal procedure as part of the mid-certification for infants 5-7 months.
  ii. Using GI05 for infants 8-11 months who did not complete a mid-certification and were assessed using the modified assessment,

f. Remove the hold at the infant’s 9th month birth date or afterwards, and

g. Issue the appropriate food package that includes the infant CVV.

IV. Food Package Substitutions Requiring a Prescription

A. No Infant Food Increased Formula (NF) Packages

  1. An NF package will be issued to infants identified by the RD or DN as diagnosed with a medical condition necessitating extension of formula with no infant foods past 6 months of age. Qualifying conditions include, but are not limited to: prematurity and failure to thrive. A prescription is required, and the diagnosis and issuance of the NF package should be documented in WIC MIS.

  2. The NF packages are issued in WIC MIS through the change/reissue pathway.

V. Jarred Infant Fruits and Vegetables for Children Packages

A. A jarred infant fruits and vegetables for children food package must be issued to children one to five years of age when their parent/caretaker provides a prescription (Rx) with a qualified medical diagnosis, such as, but not limited to: prematurity, dysphagia (swallowing disorder), or developmental delays.

B. The jarred infant fruits and vegetables for children packages are provided in lieu of the CVV for fresh fruits and vegetables. Appropriateness of these packages must be reassessed every 3 months by the child’s health care professional, as appropriate.
C. An updated Rx, including all required information listed below, is required every 3 months. For well-documented cases as determined by the WIC authorized LA staff (RD, DN or WNA) or the health care provider, an updated Rx is required every 6 months as appropriate.

D. The following information is required on WIC Pediatric Referral Form (CDPH 247A):
   1. Participant’s name.
   2. Date of Rx.
   3. Qualifying medical diagnosis.
   4. Product name.
   5. Length of issuance.
   6. Signature (or signature stamp) and contact information of the health care provider who wrote the Rx.

E. The RD, DN, or WNA at the LA will document the qualified medical diagnosis in the INEP of the child’s WIC MIS record.

F. All medical documentation must be kept on file (electronic or hard copy) at the local clinic.

VI. Category/Status Change and Food Prescription Issuance

A. When a participant’s category/status changes, WIC MIS will automatically change the food prescription to the “standard” food package that is appropriate for the participant’s new category/status. Participants’ prescription records within a family are not linked, so when a postpartum woman stops breastfeeding, and her food prescription is changed to the standard package for non-breastfeeding women, her infant’s food prescription is not automatically changed in WIC MIS. Therefore, LA staff must go to the infant’s record and change the food package prescribed to the infant. The mother’s package must match the feeding choice/infant’s package. Please see the Matching the Infant and Mom’s Food Packages job aid for assistance.

AUTHORITY:

7 CFR §246.10

CROSS REFERENCE:

WPPM Section 320-40 Food Package Tailoring
Subject: Authorization of Foods

Item: Food Prescriptions

WPPM Section 390-10 Therapeutic Formulas and WIC-Eligible Nutritionals
WPPM Section 390-20 Coordinating with Healthcare
Job Aid Basic Food Package Description
WIC Authorized Food List Shopping Guide
Job Aid - Matching the Infant and Mom's Food Packages
Infant Nutrition Questionnaire 4 – 11 months (CDPH 4160)