

WIC Medical Documentation Training Guide



Developed by
Program Evaluation and Policy Branch
California Women, Infants and Children Program
2010



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Introduction

The *WIC Medical Documentation Training Guide* was developed by the California WIC Program to address questions related to USDA's new medical documentation requirements for the new WIC food packages. These new requirements were necessary, because a greater variety of foods were issued to all WIC participants effective October 1, 2009, including medically fragile participants. Previously, participants diagnosed with medical conditions only received cereal, juice and formula or milk.

New WIC Foods

The WIC food package revisions are the first comprehensive revision since 1980 to reflect current nutrition science and dietary recommendations for mothers, infants, and children (up to age 5 years). The new WIC foods are based on recommendations from the Institute of Medicine and better align WIC foods with the U. S. Dietary Guidelines for Americans and the American Academy of Pediatrics infant feeding guidelines. Fruits and vegetables, whole grains, soy milk, tofu, and infant fruits and vegetables are just a few of the new WIC foods that are now available in addition to the current foods.

Current and New WIC Foods

Current WIC Foods	New Foods (effective October 1, 2009)
Carrots* Cereal Cheese Dry beans Eggs Juice Milk Peanut Butter Tuna*	All of the current foods <u>plus</u> : Fruits and vegetables Infant foods: cereal, fruits, vegetables, meats* Soy-based beverages Tofu Wheat or corn tortillas Whole grains: brown rice, bulgur, barley, Whole wheat bread Salmon* or sardines *

* These foods are only offered when a mother exclusively breastfeeds.

A complete description of the new WIC food packages is available at www.wicworks.ca.gov (go to WIC Authorized Foods and click Authorized Foods and Shopping Guide).

The following key nutrition messages will accompany the introduction of the new WIC foods to promote life long habits for health among WIC families:

- Healthy habits begin at birth
- Eat a rainbow of colors (fruits and vegetables every day)
- Sometime and anytime foods (limit fats, sugars, sodium)
- Lose the fat, keep the vitamins --- drink lowfat milk
- Make half your grains whole
- Get healthy now: healthy eating and active living

New Medical Documentation and Supervision Requirements

To accommodate the special dietary needs of WIC participants with medical conditions, a new WIC pediatric referral form (CDPH 247A) was developed and streamlined by the CA WIC Program in partnership with the health care and academic communities. The new form allows physicians and other clinicians to indicate which WIC foods are contraindicated for patients with medical conditions. WIC participants who do not have special dietary needs will not require instructions for types and amounts of WIC foods to issue to WIC eligible patients. The new WIC pediatric referral form (CDPH 247A) with instructions and the PowerPoint tutorial can be downloaded from www.wicworks.ca.gov (go to Professional Resources and click Health Professionals) or obtained from your local WIC program.

Frequently Asked Questions (FAQs)

Frequently asked questions from local WIC agencies are listed in this guide. In addition, federal regulations and/or the California WIC Program policy references related to medical documentation are included. These regulations and policies may be viewed in their entirety at www.wicworks.ca.gov (go to Professional Resources, click on Health Professionals).

For additional information, please contact Karla Magie, MPH, RD of the CA WIC Program Evaluation and Policy Branch, 916-928-8652 or karla.magie@cdph.ca.gov. Thank you.

Acknowledgements

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Background Information

New Pediatric Forms

In January 2010, the Pediatric Referral Special Dietary Requests Form (CDPH 247A) was revised and renamed as the Pediatric Referral Form (PM 247A). The revisions reflect recommendations from both local WIC agencies and the health care community. The 2010 revision of the CDPH 247A form can be downloaded from the CA WIC website (www.wicworks.ca.gov; click Health Professionals) or ordered from the CA WIC Warehouse.

Frequently Asked Questions:

- | | |
|-----------------------------|--|
| Complete every 3 months | Q: Will the new form be the same one we fill out every 3 months for therapeutic formulas?
Answer: Yes; the CDPH 4150 was merged with the Pediatric Referral Form. Fax this form to State Agency (fax: 916-440-5581) when requesting therapeutic formulas not printed on a WIC food instrument. |
| Use for therapeutic formula | Q: Will the WIC pediatric form be used for therapeutic formulas? Or is it only for soy milk requests?
Answer: Yes; the CDPH 247A is for requesting both soy products and therapeutic formulas. Note: Request therapeutic formulas for participants who do not have health insurance. |
| Modify new form | Q: Is the CDPH 247A form in a modifiable version (Word document)?
Answer: Yes; however all changes to the CDPH 247A form require prior approval by the State WIC Program. For more information, please contact Karla Magie at karla.magie@cdph.ca.gov or 916-928-8652. |
| Women | Q: Should Section II of the new pediatric form be used for therapeutic requests for women?
Answer: No; local agencies shall refer all therapeutic formula requests for women to State WIC Agency. |
| Training for doctors | Q: Will WIC provide training for doctor's offices on how to complete Section II?
Answer: Yes; the following WIC medical documentation training resources can be downloaded from www.wicworks@ca.gov <ul style="list-style-type: none">• 3-minute video, New WIC Requirements (click <u>Health Professionals</u>)• one-page instruction sheet, and• FAQs' manual on (click <u>Local Agency Resources</u>; click <u>Formula</u>). |

Old Pediatric Forms

Therapeutic Formula Request Form (CDPH 4150):

This form was merged with the WIC Pediatric Referral Form to create a new form, Pediatric Referral and Special Dietary Requests form (CDPH 247A).

Screening and Medical Justification Form (MJF), CDPH 4143 and CDPH 4144):

This form was developed to enhance communication between WIC dietitians and physicians about important dietary information and formula tolerance and will be revised after USDA finalizes the Interim Rule on WIC medical documentation and supervision requirements.

Frequently Asked Questions:

- Does new form replace MJF **Q: The new Pediatric Referral form (CDPH 247A) does not have questions for the WIC RD/Nutritionist to ask participants similar to the CDPH 4143 and 4144 forms; however, it is our understanding that it completely replaces those forms. Are we correct?**
Answer: No; the new form replaces the old Pediatric Referral Form and the Therapeutic Formula Request Form (CDPH 4150). The CDPH 4143/4144 forms were removed from the CA WIC webpage and will be re-evaluated and revised after the Interim Rule is finalized.
- Change in procedures **Q: If the new form (CDPH 247A) does not replace the CDPH 4143/4144 screening and medical justification forms, is there any change in procedures?**
Answer: No; health professionals should use the new form to prescribe WIC food restrictions and to indicate health plan coverage.
- Still use MJF **Q: Are local WIC agencies still required to use the Screening and Medical Justification Forms (CDPH 4143/4144)?**
Answer: No; these forms are optional and may be useful to screen and follow-up at risk participants. Health professionals should not be given this form to renew prescriptions, because WIC food restrictions must be indicated whenever a therapeutic formula or medically necessary food, such as PediaSure, is prescribed.
- MJF needed for soy **Q: Do we need to complete a medical justification form (MJF) for soy requests?**
Answer: No
- Replaces current forms **Q: Does this new form replace ALL of the white, half-sheet, pediatric referral forms used for ALL infant and child re-certifications, 6-month contacts, etc.?**
Answer: Yes; the new form is available in a half page format from the WIC warehouse (WIC Pediatric Referral, CDPH 247A). Also, it can be downloaded from www.wicworks.ca.gov, click Health Professionals or Local Agency Resources.
- Child form **Q: Is there a distinction between infant and child?**
Answer: The new pediatric form (CDPH 247A) is designed to be used for either an infant or a child.

Food Packages Requiring Medical Documentation

According to the new WIC Food Package Interim Rule 7 C.F.R. 246.10(d), medical documentation is required for California's new WIC food packages III, and IV as follows:

- Food Package III: participants who receive infant formula, therapeutic infant formula, authorized WIC eligible medical food, supplemental foods
- Food Package IV: children who receive soy beverage and tofu for cow's milk and cheese

Frequently Asked Questions:

Packages III & IV **Q: What are Food Packages III and IV?**

Answer: These food packages were modified and were issued beginning October 1, 2009.

Package III is given to all participants prescribed a therapeutic formula or medical food because the use of conventional foods is precluded, restricted, or inadequate to address his/her special nutritional needs.

Food Package IV is for children 1-4 yrs. All of the WIC supplemental foods are issued to participants receiving Package IV, and soy milk and tofu may be substituted for cow milk and cheese when a health care professional indicates a qualifying condition for soy products.

More food for medically fragile infants **Q: What do you mean by “medically fragile infants and children will have more food choices and not just cereal and juice?” Is that referring to the new food package for all infants, including jarred fruits and vegetables?**

Answer: No; WIC participants who are prescribed a therapeutic formula or medical food will be offered all of the WIC foods effective October 1, 2009. Currently, medically fragile participants only receive cereal and juice when issued therapeutic formulas or a medical food (i.e., PediaSure or Boost).

Additional formula **Q: If a baby needs more formula and is unable to eat food, can Food Package 3 be issued?**

Answer: Staff cannot decide to substitute Package III for Package II without MD instructions. The MD does not have to specifically write to give extra formula, but staff can give Package III when the MD has indicated that no solid foods are to be given.

Instructions for Completing the New WIC Pediatric Form

All portions of the WIC Pediatric Referral Form (CDPH 247A), except the WIC agency and WIC ID information, must be completed by the health care professional to prevent delays in issuing WIC foods and to resolve inappropriate denial of therapeutic formulas or medical foods by health plans or Medi-Cal.

Frequently Asked Questions:

Mandatory vs. optional **Q: Please go over and clarify USDA's new medical documentation requirements? What is mandatory and optional?**

Answer: USDA requires completion of all sections of the new form except for the breastfeeding assessment information. The USDA Interim Rule requires that WIC coordinate with other agencies for the provision of therapeutic formulas.

SECTION I:

Pediatric Referral

Only Section I is completed for infants and children (≤ 5 yrs.) who do not have a documented medical condition requiring a therapeutic formula or medical food. For medically fragile infants and children who are unable to use conventional food due to special dietary needs, both Section I and Section II of the WIC pediatric form must be completed.

Note: It is considered a routine referral when the only condition is lactose intolerance or milk protein allergy that can be successfully managed with the use of soy formula or soy milk. If there are other complications, such as poor weight gain, a WIC dietitian or Degreed Nutritionist shall assess and monitor.

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) _____ (Last) _____		DATE OF BIRTH: _____					
CURRENT (within 60 days) HEIGHT/LENGTH inches	CURRENT (within 60 days) WEIGHT lb oz	MEASUREMENT DATE	BIRTH WEIGHT/LENGTH: lb oz / inches				
HEMOGLOBIN OR HEMATOCRIT TEST is required <u>every 12 months</u> when normal <u>and every 6 months</u> when abnormal.		BREASTFEEDING ASSESSMENT (birth to 12 months):					
<table border="1"> <tr> <td>Hemoglobin (gm/dl) or Hematocrit (%)</td> <td>Lab Result Date</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date			<input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Never breastfed <input type="checkbox"/> Feeding breastmilk & formula <input type="checkbox"/> Discontinued breastfeeding Date: _____	
Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date						
LEAD TEST (recommended at 1-2 years of age): _____ mcg/dL		SOY REQUEST FOR CHILD: To substitute soy milk and tofu for cow's milk and cheese, check or write a condition below:					
IMMUNIZATIONS are up-to-date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available		<input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____					
COMMENTS:							
HEALTH PROFESSIONAL NAME		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP					
HEALTH PROFESSIONAL SIGNATURE							
PHONE NUMBER	TODAY'S DATE						

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Breastfeeding Assessment

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) _____ (Last) _____		DATE OF BIRTH: _____					
CURRENT (within 60 days) HEIGHT/LENGTH inches	CURRENT (within 60 days) WEIGHT lb oz	MEASUREMENT DATE	BIRTH WEIGHT/LENGTH: lb oz / inches				
HEMOGLOBIN OR HEMATOCRIT TEST is required <u>every 12 months</u> when normal <u>and every 6 months</u> when abnormal.		BREASTFEEDING ASSESSMENT (birth to 12 months):					
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IMMUNIZATIONS are up-to-date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available		<input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____					
COMMENTS:							
HEALTH PROFESSIONAL NAME		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP					
HEALTH PROFESSIONAL SIGNATURE							
PHONE NUMBER	TODAY'S DATE						

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Physicians and other clinicians are encouraged to discuss breastfeeding, impart accurate breastfeeding information, recommend an appropriate breastfeeding plan, and provide support and reassurance to mothers should any problems arise while breastfeeding. Therefore, the breastfeeding assessment information was designed to:

1. reinforce the American College of Obstetricians and Gynecologists and the American Academy of Pediatricians' breastfeeding protocols for physicians;
2. establish communication about WIC's breastfeeding promotion efforts with local health care providers; and/or
3. establish breastfeeding and continued breastfeeding during the first year of life.

Frequently Asked Questions:

- Purpose** **Q: What is the purpose of the breastfeeding portion of the new pediatric form?**
Answer: The assessment is designed to reinforce physician standards of practice for breastfeeding screening, promotion, coordination and to promote consistent breastfeeding messaging among WIC and the participant's doctor.
- Inconsistencies** **Q: What type of documentation do we need if the breastfeeding portion completed by the doctor is inconsistent with the participant's response?**
Answer: Issue FIs for one month; obtain clarification from the doctor, and refer participant to the CLE or IBCLC for assessment.
- Using the info** **Q: How will we use the breastfeeding information on the new form?**
Answer: Use the information to determine the appropriate food package to issue and to promote accurate and consistent breastfeeding messages between doctors and WIC. Investigate educational opportunities with doctors and their staff about breastfeeding if his/her recommendations are inappropriate and applaud those who promote and support breastfeeding.
- MD recommendations** **Q: Is the breastfeeding portion of the form supposed to be what the doctor recommends for the participant or the doctor's communication on how the participant is feeding her infant?**
Answer: This section documents the doctor's recommendation for a plan to continue successful breastfeeding based on the results of the medical examination and evaluation.

Confidentiality

WIC requires the participant's first and last name and date of birth in Section I, because forms with only a first or a last name are difficult to retrieve from the WIC files. To ensure compliance with federal regulations and state directives and to protect the right to privacy, the local WIC agency shall protect the confidentiality of WIC applicants and participants by preventing unauthorized disclosure of personal information (WIC Program Manual [WPM] Policy 120-10).

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals.
Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) _____ (Last) _____		DATE OF BIRTH: _____			
CURRENT (within 60 days) HEIGHT/LENGTH _____ inches	CURRENT (within 60 days) WEIGHT _____ lb _____ oz	MEASUREMENT DATE _____	BIRTH WEIGHT/LENGTH: _____ lb _____ oz / _____ inches		
HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal. <table border="1"> <tr> <td>Hemoglobin (gm/dl) or Hematocrit (%) _____</td> <td>Lab Result Date _____</td> </tr> </table>		Hemoglobin (gm/dl) or Hematocrit (%) _____	Lab Result Date _____	BREASTFEEDING ASSESSMENT (birth to 12 months): <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Never breastfed <input type="checkbox"/> Feeding breastmilk & formula <input type="checkbox"/> Discontinued breastfeeding Date: _____	
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COMMENTS:					
HEALTH PROFESSIONAL NAME _____		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP			
HEALTH PROFESSIONAL SIGNATURE _____					
PHONE NUMBER _____	TODAY'S DATE _____				

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Current Height/Length and Weight Measurements (WPM 210-10)

The health care professional (or WIC staff) shall accurately weigh and measure infants and children. The local agency shall make every effort to obtain accurate height/length and weight measurements for infants between six and eight months of age and monitor, interpret, and discuss growth percentiles with the caregiver. Height/length and weight measurements shall be assessed and monitored by the local WIC agency.

Hemoglobin or Hematocrit Values (WPM 210-11)

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) _____ (Last) _____		DATE OF BIRTH: _____					
CURRENT (within 60 days) HEIGHT/LENGTH _____ inches	CURRENT (within 60 days) WEIGHT _____ lb	MEASUREMENT DATE _____	BIRTH WEIGHT/LENGTH: _____ lb oz / inches				
HEMOGLOBIN OR HEMATOCRIT TEST is required <u>every 12 months</u> when normal <u>and every 6 months</u> when abnormal.		BREASTFEEDING ASSESSMENT (birth to 12 months): <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Never breastfed <input type="checkbox"/> Feeding breastmilk & formula <input type="checkbox"/> Discontinued breastfeeding Date: _____					
<table border="1"> <tr> <td>Hemoglobin (gm/dl) or Hematocrit (%)</td> <td>Lab Result Date</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date			SOY REQUEST FOR CHILD: To substitute soy milk and tofu for cow's milk and cheese, check or write a condition below: <input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____	
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LEAD TEST (recommended at 1-2 years of age): _____ mcg/dL IMMUNIZATIONS are up-to-date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available		COMMENTS: _____ _____ _____					
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Local agencies shall request a recent hemoglobin or hematocrit test from the health care professional in order to determine biochemical risk when certifying participants for WIC benefits and to indicate the priority level for each biochemical risk. Blood work results performed anytime under 12 months of age may be used by WIC to certify a child at the first birthday certification, but cannot be used to certify that child thereafter.

Frequently Asked Questions:

Q: What if more than one hemoglobin test is needed during the same age period, i.e., anemic and retested? Where is it written?

Answer: Physician or clinician may record additional blood test results on one of their forms or a blank WIC pediatric referral form can be used.

Immunizations (260-50.2)

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals.
Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) _____ (Last) _____		DATE OF BIRTH: _____					
CURRENT (within 60 days) HEIGHT/LENGTH inches	CURRENT (within 60 days) WEIGHT lb oz	MEASUREMENT DATE	BIRTH WEIGHT/LENGTH: lb oz / inches				
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WIC encourages up-to-date immunizations. Local agencies shall screen WIC infants and children up to two years of age and refer for immunizations using a documented immunization history. The presence or absence of immunization documentation shall not be used to deny eligibility for WIC services or nutrition assistance.

Frequently Asked Questions:

Q: If the MD checks immunizations as up-to-date, does that mean that the WIC Nutrition Assistant (WNA) no longer has to screen for immunizations for that child?

Answer: No; WIC staff must check the dates on the immunization card to confirm that all immunizations are up-to-date.

Lead Test (260-50.3)

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals.
Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) _____ (Last) _____		DATE OF BIRTH: _____					
CURRENT (within 60 days) HEIGHT/LENGTH inches	CURRENT (within 60 days) WEIGHT lb oz	MEASUREMENT DATE	BIRTH WEIGHT/LENGTH: lb oz / inches				
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COMMENTS:							
HEALTH PROFESSIONAL NAME		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP					
HEALTH PROFESSIONAL SIGNATURE							
PHONE NUMBER	TODAY'S DATE						

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During WIC enrollment or during completion of the one year recertification of a child, local agency staff shall ask the parent/caretaker if the infant/child has had a blood lead screening test. If the infant/child has not had a test, WIC staff shall provide a referral to a program where a lead test can be obtained.

When scheduling WIC enrollment or one year recertification appointments for children, WIC staff is encouraged to advise parents/caretakers that blood lead screening test results are requested as part of the WIC certification and health screening process, but are not required to obtain WIC benefits.

Frequently Asked Questions:

Q: Why are the lead results only for 12 months and 24 months?

Answer: Answer: A lead test may have been performed at either age 1 or 2 years. Also, if the first lead test was abnormal, an additional lead test may be necessary.

Signature and Contact Information (CFR 246.10, D)

COMMENTS:			
HEALTH PROFESSIONAL NAME		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP	
HEALTH PROFESSIONAL SIGNATURE			
PHONE NUMBER	TODAY'S DATE		

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Before providing WIC benefits, WIC requires a health care professional's signature and contact information. This confirms accuracy of the information received and streamlines communication with health plans when helping participants obtain health plan coverage for therapeutic formulas and medical foods.

Frequently Asked Questions:

Q: Can a doctor's medical assistant sign the form?

Answer: Because the therapeutic formula request form is merged with the pediatric referral form, the health care professional licensed to write prescriptions must sign the new pediatric form whenever a medically necessary formula is prescribed. Otherwise, the doctor's medical assistant may sign the form if only height, weight and hemoglobin information are being provided.

Soy Requests (CFR 246.10)

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) _____ (Last) _____		DATE OF BIRTH: _____	
CURRENT (within 60 days) HEIGHT/LENGTH _____ inches	CURRENT (within 60 days) WEIGHT _____ lb _____ oz	MEASUREMENT DATE _____	BIRTH WEIGHT/LENGTH: _____ lb _____ oz / _____ inches
HEMOGLOBIN OR HEMATOCRIT TEST is required <u>every 12 months</u> when normal and <u>every 6 months</u> when abnormal. Hemoglobin (gm/dl) or Hematocrit (%) _____ Lab Result Date _____		BREASTFEEDING ASSESSMENT (birth to 12 months): <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Never breastfed <input type="checkbox"/> Feeding breastmilk & formula <input type="checkbox"/> Discontinued breastfeeding Date: _____	
LEAD TEST (recommended at 1-2 years of age): _____ mcg/dL IMMUNIZATIONS are up-to-date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available		SOY REQUEST FOR CHILD: To substitute soy milk and tofu for cow's milk and cheese, check or write a condition below: <input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____	
COMMENTS:			
HEALTH PROFESSIONAL NAME		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP	
HEALTH PROFESSIONAL SIGNATURE			
PHONE NUMBER	TODAY'S DATE		

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Soy-based beverage and tofu may be substituted for milk and cheese on a quart per quart basis up to the total maximum allowance for milk. A health care professional must provide a qualifying condition before a local agency shall issue soy milk and tofu. The local agency may not issue soy and tofu unless a box is checked to indicate the qualifying condition. Qualifying conditions may include, but are not limited to, cow milk allergy, severe lactose mal-digestion, and vegan diet. Personal preference is not a qualifying condition. Note: Women do not need medical documentation in order to receive soy milk and tofu.

Frequently Asked Questions: Soy-based Beverage

- | | |
|------------------------------|--|
| Who can receive | <p>Q: Who can get soy-based beverage <u>and</u> when is a prescription required?
 Answer: Children and women can receive soy milk. Only women may request soy-based beverage <u>without</u> a prescription. Children need medical documentation, i.e. Rx for any soy-based beverage. The food packages with soy-based beverage do not contain cow's milk.</p> |
| Rx required | <p>Q: Is it true that a Rx is needed for soy milk and tofu for children 1-5 years of age? Will one Rx suffice? Does it need to be renewed while on WIC? Can a participant switch back and forth between cow milk and soy products with one Rx?
 Answer: Yes.</p> |
| Why Rx for soy | <p>Q: Why is a doctor's note required for children to receive the soy/tofu package?
 Answer: Substitution of soy beverage for milk without medical documentation could result in a significant increase to the overall cost of implementing the new WIC food packages. On both economic grounds and on the expert recommendation of the IOM, FNS retains the medical documentation requirement for soy beverage in the children's food package. The IOM noted that while soy products may be an appropriate choice for children who cannot consume milk, soy should not be made available to satisfy participant preference in the absence of medical need.</p> |
| No Rx | <p>Q: Can we give 30 days of soy/tofu without an Rx?
 Answer: No.</p> |
| Amount/day | <p>Q: Do doctors need to fill out amount/day for soy requests?
 Answer: Only if the participant has a soy restriction.</p> |
| Qualifying condition | <p>Q: Must there be a medical justification to allow soy?
 Answer: No; only a qualifying condition is required.</p> |
| "Other" qualifying condition | <p>Q: What would be acceptable qualifying conditions under Other?
 Answer: Galactosemia; personal preference is not acceptable.</p> |
| Vegan | <p>Q: Can a diagnosis of vegan diet be provided as the qualifying condition?
 Answer: Yes.</p> |
| Cultural beliefs | <p>Q: What would the reason be to check "cultural beliefs" box for soy?
 Answer: USDA notified State Agency that "cultural beliefs" is NOT an acceptable qualifying condition. Please cross this option off of the new form before using or download the revised form from the CA WIC website at www.wicworks.ca.gov (go to Health Professionals).</p> |

- Doctor's Rx pad **Q: Can a doctor's Rx pad be used for soy requests?**
 Answer: A request for soy may also be presented on the MD's Rx pad with a simple statement requesting soy milk and tofu, the reason for the request, date, and doctor's signature/contact information.
- Frequency of Rx **Q: Do we need the Rx only once or at each recert?**
 Answer: You will only need the Rx once per enrollment.
- Participants changes mind **Q: If doctor okays soy milk but participant doesn't want soy milk for 1 month, do we need a new note to give soy milk again?**
 Answer: No.
- Switch to cow's milk **Q: If mom prefers to change from soy to cow's milk, does she need consent from her doctor?**
 Answer: No; comment in ISIS and maintain soy documentation in the event she decides to switch back to soy for her child in the future.
- No health insurance **Q: If the child does not have health insurance, will we be able to issue soy?**
 Answer: Yes; refer participant to health care for a well child check up, as well as required documentation to issue soy to a child. Since a hgb or hct is required during enrollment, WIC would refer the ppt to CHDP or other provider for the hgb test and completion of the new form. WIC may: (a) enroll the ppt by doing the ht and wt at WIC and (b) issue the soy package [write in comments the qualifying condition, i.e., religious or cultural or cow milk allergy]. You must obtain a qualifying condition from a health care provider within 30 days in order to issue a soy package again.
- Documentation of soy **Q: Please discuss documentation of soy by local agencies.**
 Answer: The local agency should select one of three potential places to document the soy prescription: Individual Comments, Family Comments, or INEP. It is recommended that local agency staff are consistent and do not document in all three places.
- Soy milk after soy formula **Q: If the participant's child is on soy formula prior to one year of age, will they have to receive soy-based beverage?**
 Answer: No, they must ask their health care provider what is appropriate for their child. If the doctor recommends soy-based beverage, then they will need a prescription for it.
- ISIS and recert **Q: During the WIC single recert (SR) at 6 months for a child, will ISIS remind you or does the doctor have to provide a Rx every 3 months?**
 Answer: No; a soy Rx is only required once per enrollment period, but the soy food package needs to be selected at each single recertification.
- Lactose intolerance **Q: Why is lactose intolerance listed as a reason when lactose free and lactose reduced milks are available from WIC?**
 Answer: Soy would be given if it alleviates symptoms. In some cases, participants tolerate soy products better than cow milk products.

WIC Agency and WIC ID

Local WIC agencies shall provide relevant WIC-related information on the form to allow the health care professional and his staff to contact the WIC office as needed. The WIC ID information may ensure proper identification of the WIC participant when children have the same name or last names are missing from the WIC form.

Sample of Section I Completed:

State of California – Health and Human Services Agency

California Department of Public Health



Pediatric Referral

WIC Agency: <i>San Juan WIC Program 2557 Broadway Ave. Sacramento, CA 95814 916-555-1212</i>
WIC ID #: <i>KM931205054</i>

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) <i>Maria</i> (Last) <i>Sanchez</i>		DATE OF BIRTH: <i>07-05-2008</i>					
CURRENT (within 60 days) HEIGHT/LENGTH <i>28 1/4</i> inches	CURRENT (within 60 days) WEIGHT <i>22 1/2</i> lb oz	MEASUREMENT DATE <i>07-08-2009</i>	BIRTH WEIGHT/LENGTH: <i>7 lb 8 oz / 19 1/2</i> inches				
<p>HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal.</p> <table border="1"> <thead> <tr> <th>Hemoglobin (gm/dl) or Hematocrit (%)</th> <th>Lab Result Date</th> </tr> </thead> <tbody> <tr> <td><i>12.0</i></td> <td><i>07-08-2009</i></td> </tr> </tbody> </table>		Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date	<i>12.0</i>	<i>07-08-2009</i>	<p>BREASTFEEDING ASSESSMENT (birth to 12 months):</p> <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Never breastfed <input type="checkbox"/> Feeding breastmilk & formula <input checked="" type="checkbox"/> Discontinued breastfeeding Date: <i>05-30-2009</i>	
Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date						
<i>12.0</i>	<i>07-08-2009</i>						
<p>LEAD TEST (recommended at 1-2 years of age): _____ mcg/dL</p> <p>IMMUNIZATIONS are up-to-date: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available</p>		<p>SOY REQUEST FOR CHILD: To substitute soy milk and tofu for cow's milk and cheese, check or write a condition below:</p> <input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input checked="" type="checkbox"/> Other: <i>N/A</i>					
COMMENTS:							
HEALTH PROFESSIONAL NAME <i>John Doe, MD</i>		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP <i>Sacramento Pediatrics, Inc. 5200 Main St., Ste. 100 Sacramento, CA 95822</i>					
HEALTH PROFESSIONAL SIGNATURE <i>John Doe, MD</i>							
PHONE NUMBER <i>916-525-1252</i>	TODAY'S DATE <i>07-08-2009</i>						

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SECTION II:

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS: <input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Food allergy: _____ <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____		WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.																																									
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Section II shall be completed by a health care professional prior to issuing any therapeutic infant formulas, medical foods, or WIC supplemental foods to medically fragile participants. Close medical supervision is essential for dietary management of medically fragile participants. Medical oversight and instruction remains with the participant's physician or clinician. It is the responsibility of WIC dietitian or nutritionist to ensure that only the amounts of WIC foods prescribed are issued in the WIC food package.

Note: Medical documentation means a licensed health care professional has determined that the participant has a medical condition that dictates the use of therapeutic formulas and medical foods, because conventional foods are not appropriate or restricted.

Frequently Asked Questions:

Q: I'm wondering if the health care providers will understand that Section II needs to be completed when an infant is using therapeutic formula.

Comment: The form was revised to reinforce that Section II must be completed whenever a therapeutic formula is prescribed. Medical documentation training resources can be downloaded from the CA WIC website at www.wicworks.ca.gov (go to Local Agency Resources; then go to Formula). Please notify State Agency if your local providers continue to have difficulty completing Section II.

Diagnosis (WPM 390-10)

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS: <input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Food allergy: <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____		WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.																																									
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The WIC dietitian or nutritionist shall ensure that the diagnosis matches the formula or foods prescribed and obtain clarification as needed. Incomplete or inaccurate information may delay access to WIC services and benefits.

Frequently Asked Questions:

Define medical condition **Q: Are you defining medical condition at some point? Does the definition include "needing therapeutic formula"?**
 Answer: For purposes of this program, a medical condition or qualifying condition refers to situations that require the use of a therapeutic formula or medical food, because conventional foods are precluded, restricted, or inadequate to address their special nutritional needs.

Formula intolerance **Q: What if formula intolerance is listed as a medical diagnosis? Is there any way to put a definition of medical diagnosis (Dx) on the form?**
 Answer: Formula intolerance is an acceptable short term Dx when the doctor needs to rule out other medical conditions. However, if the diet assessment does not support giving the prescribed formula or the doctor fails to confirm a Dx within a reasonable amount of time, contact the doctor for clarification and the treatment plan.

Food Restrictions (CFR 246.10)

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS: <input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Food allergy: _____ <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____		WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.																																								
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Medical documentation requirements are to ensure that a health care professional determines if any WIC foods are medically contraindicated by the participant's qualifying condition. Participants that receive Food Package III are medically fragile and should be under close medical supervision essential for overall dietary management.

Participants that receive Food Package III must have a qualifying medical condition that precludes or restricts their use of conventional foods. This will also help WIC dietitians and nutritionist tailor WIC nutrition education and food packages appropriate for the medical condition.

For the participant to receive WIC foods, the health professional shall check all WIC foods that are not appropriate for the medical condition. Health professionals are encouraged to use the new WIC Pediatric Form (CDPH 247A), because it lists all of the allowable WIC foods. This new form is available online at www.wicworks.ca.gov (click Health Professionals and go to Forms).

Frequently Asked Questions:

Rationale **Q: Why the need for the section on Food Restrictions?**

Answer: The USDA Interim Rule requires WIC programs to obtain medical documentation from a health care professional that indicates appropriate WIC foods and their prescribed amounts for participants diagnosed with a medical condition.

Nothing marked

Q: If the MD marks nothing on Food Restriction section are we able to issue a full package?

Answer: Yes; doctors are being instructed to indicate foods NOT APPROPRIATE. If nothing is checked off, you are to provide the participant with all the foods appropriate for age. If upon completion of an assessment, you determine that there is a food item(s) that should be tailored out, communicate with the doctor's office, obtain approval from the doctor, and prescribe the appropriate food package. Be

sure to obtain the revised medical documentation form within 30 days, and document that you placed the call in ISIS.

- Milk not checked **Q: If cow's milk box is not checked, can a child or woman receive both cow's milk and a therapeutic formula or medical food?**
Answer: Yes; however, I would like to suggest that after doing the diet history, if the child is NOT drinking cow milk and if one of the goals is to transition to normal food, such as cow milk instead of PediaSure, then tailor the package accordingly when the doctor does not specify the amount of cow milk to give. Of course, the gold standard is to contact the doctor's office for clarification.
- Tailor out milk **Q: For children prescribed a therapeutic formula, should milk be routinely tailored out unless the doctor specifies to include milk?**
Answer: No; the amounts of formula and milk should be age appropriate. Obtain clarification from the doctor as appropriate.
- Q: Can we tailor out the milk if the mother does not want it?**
Answer: Tailoring out foods can only be done in Food Package III. The health professional is responsible for the dietary management of medically fragile participants. If a parent or caregiver wants to change the food restrictions provided by a health professional, contact the physician's office for final approval.
- Whole milk **Q: Can whole milk be issued for medical reasons?**
Answer: No; for medical conditions that lead to a diagnosis of failure to thrive/underweight, whole milk is NOT authorized for WIC children 2 years of age and older or women. For these participants, nutrition education on suggested foods for underweight or overweight is recommended. A handout on foods for underweight children was developed by University Affiliated Programs and can be downloaded from www.wicworks.ca.gov (click Local Agency Resources; go to Formula and click Education Materials) for use with these participants.
- Whole milk **Q: What do you recommend we tell parents if the child is underweight?**
Answer: Share handout on feeding the underweight and inadequate weight child. Click Local Agency Resources; go to Formula and click Education Materials).
- Amount of milk **Q: Will the food instrument have 3 gallons of milk and 1 quart of milk?**
Answer: Yes.
- Frequency for updating **Q: If participants receiving formulas through the pharmacy, how often do we need to update the food restrictions?**
Answer: Same as therapeutic formulas, renewed every 3 months unless it is a well documented chronic medical condition, such a prematurity or severe allergy. For chronic conditions, a Rx is required every 6 to 9 months (refer to Policy 390-10).
- No Rx **Q: An infant initially received approval from the MD for food package previously and therapeutic formula. If the ppt does not bring in an updated therapeutic Rx 3mos later, can the infant continue to receive his/her current food package without a new therapeutic formula and food restriction Rx?**
Answer: Yes.

Health Plan Coverage (WPM 390-20)

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS: <input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Food allergy: _____ <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____		WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.																																									
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To ensure coordination with other programs that provide therapeutic formulas and medical foods, WIC staff shall coordinate with health plans, Medi-Cal and other programs that reimburse for the provision of formulas and WIC-eligible medical foods prescribed by a licensed health professional.

If a prescription (Rx) for a therapeutic formula or medical food is denied by a health plan or Medi-Cal, the local agency staff shall assist the participant based on the type of health plan. The local agency shall refer all patients to their health plan for medically necessary formula or food. For patients with private or military insurance, direct them to Medi-Cal for medically necessary formulas and medical foods. WIC only provides these for a limited time for the following scenarios:

1. Medi-Cal application approval is pending.
2. Medi-Cal managed care plan approval is pending or an appeal is pending.
3. Medi-Cal fee-for-service (regular Medi-Cal) approval is pending.
- 4.

Contact State Agency for other denials by health plans not mentioned above.

Frequently Asked Questions: Medi-Cal Approval

Purpose Q: PIs explain the health insurance portion of Section II.

Answer: This information may be used to 1) advocate for participants inappropriately denied therapeutic formulas or medical foods that they are eligible to receive them; 2) to report health plans not in compliance with State Medi-Cal formula policy related to WIC families, and 3) to remind both doctors and WIC staff to refer participants with special dietary needs to the health plan or pharmacist when formulas are prescribed.

Required info **Q: Does the doctor need to fill out the information on the type of insurance and action? What if they don't?**
 Answer: Yes; this allows the local agency to advocate for patients when denied an allowable therapeutic formula by their health plans.

Required before issuing food **Q: Is the insurance information in Section II required before issuing food instruments?**
 Answer: No; the health insurance information is required to appropriately refer participants to their health plan for therapeutic formulas and to document health plans not in compliance with Medi-Cal policy (available at www.wicworks.ca.gov; click Health Professionals, go to Health Insurance).

MD refers patients to WIC **Q: A response from doctors is, "Go to WIC; they'll give it to you today." Any ideas on how to handle that issue?**
 Answer: When local agencies issue therapeutic formulas to patients who have health insurance, it gives the impression that WIC will provide these formulas. In these situations, it will be important to:
 1. meet with physicians or their office manager to clarify WIC's formula policy
 2. only issue therapeutic formula to participants whose health insurance plan has denied coverage or a Medi-Cal application is pending approval. Inform participant to appeal the denial by contacting the health plan's Membership Services Department.

CCS and Regional Centers **Q: With the new form, it appears that questions re: coverage of special formula by CCS and Regional Centers have been omitted. So, are we correct to assume we no longer have to ask the ppt to look into these options?**
 Answer: No; local agencies should continue to refer medically fragile participants to CCS and Regional Centers based upon their criteria/guidelines. Coordination at the local level with other programs serving infants and children is encouraged. If you have difficulties partnering with local programs, contact State Agency for technical assistance.

Medically Necessary Formula or Medical Food (WPM 390-10)

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS: <input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Food allergy: _____ <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____		WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.																																												
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A prescription from a health professional with prescriptive authority is required prior to issuing therapeutic formulas, medical foods, and WIC foods to medically fragile infants and children. An updated prescription is required every 3 months for most medical conditions. The local agency dietitian (RD) or Degreed Nutritionist (DN) shall screen and assess therapeutic formula requests for:

- non-contract brand infant formula
- exempt infant formula
- WIC-eligible medical food, such as PediaSure, Boost or Ensure
- authorized WIC supplemental food issued to participants receiving Food Package III
- any soy-based beverage or tofu issued to children who receive Food Package IV

Frequently Asked Questions: Prescriptions

Define medical food **Q: Define "food" in Section II under "Medical Necessary Formula/Food".**
Answer: medical foods are designed for infants, children 12 months and older, and adults. These foods are not conventional foods, drugs, flavorings or enzymes. For infants, it may include modular formulas that are not nutritionally complete but add specific nutrients such as protein, fat, and carbohydrate. For children and women, it may include a complete nutrition source from foods such as PediaSure, Boost, or Ensure.

Define health professional **Q: What is the definition of *health professional* and who has prescriptive authority?**
Answer: This would include a licensed physician, physician assistant, or nurse practitioner with prescriptive authority in California.

Complete Rx **Q: What must a therapeutic Rx include to be considered complete?**
Answer: A complete Rx per USDA regulations must include:
a. participant's name;
b. date of Rx;
c. name of formula or medical food for the stated medical condition, and the amount needed per day;
d. WIC food(s) appropriate for the qualifying condition;
e. length of issuance;
f. qualifying condition(s) for issuance of the WIC-eligible formula, medical food, and/or WIC foods requiring medical documentation; and
g. signature (or signature stamp) and contact information of the health care provider who wrote the Rx. Refer to Policy 390-10 for more info.

Doctor's Rx pad **Q: Can a local WIC agency accept an Rx without the new WIC pediatric form (therapeutic formula)?**
Answer: Yes, you may accept Rx for therapeutic formula written on the MD's prescription pad or office letterhead, as long as it contains the required information (name of formula, date of prescription, duration, diagnosis, signature, and contact information). Without the new form, it will be necessary to contact the doctor for information about WIC food restrictions and participant health info in order to process the Rx. Please refer to WPM 390-10 for more details.

Verbal Rx **Q: Can we still accept verbal prescriptions by phone from providers, followed by a fax or written Rx?**
Answer: Yes; a WIC dietitian or other nutritional professional with a Masters Degree may accept or transmit verbal or electronically transmitted orders from the referring physician (Source: CA Scope of Practice). However, it

will still be necessary for the physician to complete the new form (CDPH 247A) for food restrictions.

- Frequency of Rx **Q: If a participant receives therapeutic formula from another source and has food restrictions, how long is the prescription for the food restrictions good for? Is it the same as if they are receiving the therapeutic formula from WIC, i.e., every 3 months?**
Answer: Yes; the food restrictions are linked with the duration of the therapeutic formula. It is a prescription for the whole package. The duration applies to both the WIC foods and formula, regardless of where the ppt is getting the formula.
- Missing info **Q: What if the doctor does not write an expiration date or requests the formula for six months or longer?**
Answer: The Rx is incomplete when the duration for issuance is missing. You may call/fax/email to request clarification for additional information from the doctor, his nurse, or the clinic supervisor. This is no change to current formula WPM Policy 390-10.
- Required forms **Q: Which documentation forms do we need to fax when ordering therapeutic formula or medical food from the State WIC Agency?**
Answer: Use the new pediatric form to request therapeutic formulas from State Agency and include agency contact and shipping address on the fax coversheet. The current therapeutic formula request form (CDPH 4150) should not be used. Fax these requests to 916-440-5581.
- Ounces/day **Q: Do doctors need to specify the amount (oz/day) of therapeutic form needed for participants?**
Answer: Yes; this is a USDA requirement for the Interim Rule.
- 1 bottle PediaSure **Q: If a doctor prescribes 1 bottle of PediaSure a day, do we still give the full amount?**
Answer: No.
- Pharmacy **Q: Does WIC need to obtain documentation from a doctor every 3 months when the participant receives the formula from a pharmacy?**
Answer: WIC only requires an Rx for a therapeutic formula if WIC issues the therapeutic formula. Therefore, if a health plan is issuing the formula, WIC does not need an Rx for documentation, however, an Rx for WIC foods will be required.

Sample of Section II Complete

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

<p>DIAGNOSIS:</p> <p> <input type="checkbox"/> Prematurity <input checked="" type="checkbox"/> GERD or reflux <input checked="" type="checkbox"/> Food allergy: <u>eggs, soy, milk protein</u> <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____ </p> <p>FORMULA / MEDICAL FOOD: <u>Neocate Jr.</u></p> <p>DURATION: <u>12</u> months AMOUNT: <u>16-24</u> oz / day</p> <p>This prescription is: <input checked="" type="checkbox"/> New <input type="checkbox"/> Refill </p> <p><small>NOTE: The patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless <i>Do Not Give</i> is checked for cow's milk (see WIC Food Restrictions).</small></p> <p>COMMENTS:</p>	<p>WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Category</th> <th style="width:45%;">WIC Foods</th> <th style="width:15%;">Do Not Give</th> <th style="width:25%;">Restriction/ Comment</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Infants (6-12 mo)</td> <td>Baby cereal</td> <td></td> <td></td> </tr> <tr> <td>Baby fruit/ vegetable</td> <td></td> <td></td> </tr> <tr> <td rowspan="8">Children (1-5 yr)</td> <td>Cow's milk</td> <td style="text-align:center">X</td> <td></td> </tr> <tr> <td>Cheese</td> <td style="text-align:center">X</td> <td></td> </tr> <tr> <td>Eggs</td> <td style="text-align:center">X</td> <td></td> </tr> <tr> <td>Peanut butter</td> <td></td> <td></td> </tr> <tr> <td>Whole grains *</td> <td></td> <td></td> </tr> <tr> <td>Cereal</td> <td></td> <td></td> </tr> <tr> <td>Beans</td> <td style="text-align:center">X</td> <td style="text-align:center">NO SOY BEANS!</td> </tr> <tr> <td>Vegetables/fruits</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Juice</td> <td></td> <td></td> </tr> </tbody> </table> <p><small>* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal</small></p>	Category	WIC Foods	Do Not Give	Restriction/ Comment	Infants (6-12 mo)	Baby cereal			Baby fruit/ vegetable			Children (1-5 yr)	Cow's milk	X		Cheese	X		Eggs	X		Peanut butter			Whole grains *			Cereal			Beans	X	NO SOY BEANS!	Vegetables/fruits				Juice		
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Q: Can you show how Sections I and II of the Pediatric Referral form would be filled out to indicate an increased therapeutic formula package with no infant food?

Answer: When infant foods are not tolerated by a 6 – 11 month old infant, the maximum monthly allowance for a 4 – 5 month old infant shall be issued. The Special Dietary Request form will need to have both *infant cereals*, and *infant fruits and vegetable* checked, indicating that they are not appropriate foods for the infant.

State of California – Health and Human Services Agency

California Department of Public Health



Pediatric Referral

WIC Agency: Suan Juan WIC Program
2557 Broadway Ave.
Sacramento, CA 95814
(916) 355-1212

WIC ID #: KM 921205054

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula or medical food is prescribed, complete both Sections I and II.

PATIENT NAME (First) <u>Maria</u> (Last) <u>Sanchez</u>		DATE OF BIRTH: <u>07-05-2008</u>					
CURRENT (within 60 days) HEIGHT/LENGTH <u>28 1/4</u> inches	CURRENT (within 60 days) WEIGHT <u>22</u> lb <u>8</u> oz	MEASUREMENT DATE <u>07-08-2009</u>	BIRTH WEIGHT/LENGTH: <u>7</u> lb <u>8</u> oz / <u>19 1/2</u> inches				
HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal.		BREASTFEEDING ASSESSMENT (birth to 12 months):					
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Hemoglobin (gmdl) or Hematocrit (%)	Lab Result Date						
<u>12.0</u>	<u>07-08-2009</u>						
LEAD TEST (recommended at 1-2 years of age): _____ mcg/dL		SOY REQUEST FOR CHILD: To substitute soy milk & tofu for cow's milk & cheese, check or write a condition below:					
IMMUNIZATIONS are up-to-date: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available		<input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____					

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information delays issuance of WIC foods.

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QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770. Health professionals: Go to www.wicworks.ca.gov ; click Health Professionals ; then click WIC contacts for MDs .		

COMMENTS:

HEALTH PROFESSIONAL NAME <u>John Doe, MD</u>	MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP <u>Sacramento Pediatrics, Inc.</u> <u>5200 Main Street, Ste. 100</u> <u>Sacramento, CA 95822</u>
HEALTH PROFESSIONAL SIGNATURE <u>John Doe MD</u>	
PHONE NUMBER <u>916-525-1252</u>	TODAY'S DATE <u>07-08-2009</u>

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Integrated Statewide Information System (ISIS) and Food Instruments

Frequently Asked Questions: Food Instruments

- Tailor without documentation **Q: Are we allowed to tailor/change food packages without the documentation on the referral form? Especially when the ppt is seen by the RD?**
Answer: No; a health professional licensed to write prescriptions must complete the Section II, especially the Food Restrictions on the CDPH 247A form, when a therapeutic formula is prescribed (Food Package III). Otherwise, no WIC foods can be issued.
- Sign form **Q: Will there still be a form for participants to sign if they receive special formula from us?**
Answer: Yes; the fax sheet that agencies receive from State Agency contains space for the ppt. to sign when they receive therapeutic formula each month.
- CTI package **Q: Is there a food package for "underweight" children, such as the previous CTI package (more food)?**
Answer: The increased food package no longer exists. A greater variety and more WIC foods are offered as a result of the new Interim Rule.

Frequently Asked Questions: ISIS

- Family Comments **Q: What type of ISIS family comments (if any) do you expect to see for soy prescriptions?**
Answer: At a minimum, we expect to see a comment indicating that a soy Rx from the doctors is on file or was received.
- Amount Formula match corrected age **Q: Does the amount of formula listed in ISIS correspond to chronological age or adjusted age? For example, infant is born 2 months early.**
Answer: Chronological age.
- Lesser amounts of formula **Q: When the prescriptions are given to the pharmacy, will they provide the lesser amounts of formula cans as indicated in the ISIS tables?**
Answer: The doctor determines the amount of formula to issue; WIC will only issue the maximum allowable per USDA.