



## CHILD Screening and Medical Justification for Therapeutic Formulas

**HEALTH CARE PROVIDER:** The WIC Program, as a secondary payer, may provide therapeutic formulas to WIC participants when **medically indicated**. If your patient requires a formula for a medical condition, **please complete the bottom section of this form if it is not covered by a health plan**. If you have questions, refer to the policy on the back or call the agency below.

WIC agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
**CHILD'S NAME:** \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Parent's/Guardian's name: \_\_\_\_\_ Family ID number: \_\_\_\_\_

**WIC REGISTERED DIETITIAN (RD) OR NUTRITIONIST COMPLETES THIS SECTION. (Select relevant questions.)**

**FEEDING HISTORY**

	Age	Duration	Reactions
Formula: _____	_____	_____	_____
Milk/milk products: _____	_____	_____	_____
Food(s): _____	_____	_____	_____
Other: _____	_____	_____	_____

**FEEDING BEHAVIORS, SKILLS, AND PRACTICES (Questions for participant)**

Which of the following does your child use:  Cup  Bottle (day/evening)  Fingers  Spoon  Fork

Comments: \_\_\_\_\_  
 What new feeding skill would you like your child to develop? \_\_\_\_\_  
 What do you think about your child's eating (type/food texture/amounts/preferences)? \_\_\_\_\_  
 Describe your child's appetite: \_\_\_\_\_  
 How do you and your child feel about mealtimes? \_\_\_\_\_  
 How do you plan snacks/mealtimes? \_\_\_\_\_

**RECENT HEALTH HISTORY AS REPORTED BY PARTICIPANT (Check all that apply and specify.)**

- Illness/nutrition-related condition? \_\_\_\_\_
- Allergies: \_\_\_\_\_  GI symptoms: \_\_\_\_\_  GI abnormality: \_\_\_\_\_
- Underweight: \_\_\_\_\_  Growth delay: \_\_\_\_\_
- Meds: \_\_\_\_\_  Respiratory symptoms: \_\_\_\_\_  Skin rash: \_\_\_\_\_
- Special diet: \_\_\_\_\_  Delayed feeding skills/feeding behaviors (see section above): \_\_\_\_\_
- Other concerns: \_\_\_\_\_

**WIC RD OR NUTRITIONIST COMPLETES THIS SECTION.**

**RESULTS BASED ON SCREENING**

- No apparent need for formula. Advance to the WIC child food package.
- A formula for a medical condition appears to be needed. *Specify:* \_\_\_\_\_
- Education recommended. Suggested goals: \_\_\_\_\_
- Recommended referral:  Medical Nutrition Therapy  Specialist: \_\_\_\_\_  Feeding program

Comments: \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HEALTH CARE PROVIDER COMPLETES THIS SECTION.**

Medical diagnosis: \_\_\_\_\_  
 Recommended formula: \_\_\_\_\_ Duration: \_\_\_\_\_ MD/Provider (*Please sign or stamp.*): \_\_\_\_\_  
 Treatment goal: \_\_\_\_\_  
 Treatment plan: \_\_\_\_\_

**WIC encourages advancement to the WIC child food package to promote normal nutrition and development.** Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Prescription renewal is needed every 3 months for most conditions.**

**Thank you for your cooperation—the California WIC Program.**

Therapeutic formulas are not mandated by Federal WIC regulations. The CA WIC Program provides therapeutic formulas based on available funding and secondary to payment by a health care plan.

## WIC POLICY REFERENCE

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<b>Policy</b>	<p>Local agency staff shall review requests for therapeutic formulas according to the following guidelines set forth by the WIC Program. The WIC Program retains the authority to determine which formulas are available to participants. Therapeutic formulas are not mandated by Federal WIC regulations, and the WIC Program provides these formulas based on available funding and secondary to payment by a health care plan.</p> <p>Authorization for coverage of therapeutic formulas by WIC shall be for intervals of one to three months for most medical conditions, and may be renewed when prescribed by a health care provider.</p> <p>Mothers who feed both breast milk and formula shall be encouraged and supported to return to exclusive breastfeeding, unless medically contraindicated.</p>
<b>Definitions</b>	<p><b>Contract formula</b> is milk- or soy-based infant formula intended for normal infants and is designated in the manufacturer's contract with the WIC Program. Two types of contract formula are available on food instruments:</p> <ul style="list-style-type: none"><li>● <b>Standard:</b> Formula for normal term infants.</li><li>● <b>Specialized:</b> Formula that is slightly altered from standard milk-based formula, but is used for normal term infants, such as lactose-free formula.</li></ul> <p><b>Therapeutic formulas</b> are specially formulated and prescribed for infants, children, and women who experience intolerance to milk and soy products, and/or who have a medical or dietary problem that necessitates the use of an altered product to meet nutritional needs. Therapeutic formulas are not included in the manufacturer's contract with the WIC Program.</p>
<b>Health Care Provider's Prescription</b>	<p>Health care providers with prescriptive authority, including the physician, nurse practitioner, physician assistant, osteopath, and other medical practice specialists, such as a pediatric gastroenterologist, may prescribe therapeutic formulas.</p> <p>The <b>prescription</b> may be on:</p> <ul style="list-style-type: none"><li>● Office letterhead,</li><li>● A prescription pad,</li><li>● The WIC pediatric referral form, or</li><li>● The "Screening and Medical Justification for Therapeutic Formulas" forms (CDPH 4143/4144).*</li></ul> <p><b>* NOTE: This form is highly recommended because it enhances communication between the provider and WIC.</b></p> <p>The <b>prescription</b> from the provider must include the following:</p> <ul style="list-style-type: none"><li>● Medical diagnosis that warrants the issuance of the therapeutic formula,</li><li>● Recommend formula that is medically justified for the treatment of the stated diagnosis,</li><li>● Feeding instructions which include recommended duration, amount, and mixing (when altered for a higher calorie formula), and</li><li>● Signature and date of request.</li></ul>
<b>Approval Guidelines for Formulas for Medical Conditions</b>	<p>Approval for <b>therapeutic formulas</b> require:</p> <ul style="list-style-type: none"><li>● Screening and completion of the "Screening and Medical Justification for Therapeutic Formulas" form (CDPH 4143/4144),</li><li>● A prescription from a health care provider, which indicates an infant, child, or woman cannot tolerate the contract formula and a therapeutic formula is needed, and</li><li>● Determination by the RD or nutritionist that the formula is ineligible for third party payment. This may require clarification of the participant's health plan coverage of formulas based on a medical condition. The "Therapeutic Formulas Request" form (CDPH 4150) shall be used to document health plan coverage and for requesting formulas from the WIC Program. The local agency RD or nutritionist must confirm and document in ISIS that the participant is not eligible for, or has been <b>denied</b> coverage for therapeutic formulas from the following relevant payers:<ul style="list-style-type: none"><li>◆ Medi-Cal program and/or Medi-Cal Managed Care Plan (when a documented share-of-cost is higher than the cost of the formula requested, WIC will provide the formula);</li><li>◆ Private or military insurance (when insurance does not provide coverage for the formula, the participant shall be asked to apply for Medi-Cal);</li><li>◆ California Children's Services (CCS) program; or</li><li>◆ Regional Center (when a participant does not have Medi-Cal, a Regional Center may cover the formula or the social worker may assist the participant with applying for third party coverage).</li></ul></li></ul> <p><b>NOTE: Local agency staff may accept a verbal denial from the third party payer, but should receive and file a hard copy of the denial within one month.</b></p> <p><b>EXCEPTION: If a participant is in the process of applying for any of the above, WIC may issue the formula, upon completing WIC's approval process, for up to three months pending the results of the application process.</b></p>