

Chapter 3
Food Package and Formula

Draft

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Overview

Introduction

Specific food packages are designed, each of which are appropriate for a category of participants, taking into consideration the specific needs of the individuals to be served.

A Food Package Committee determines which foods shall be authorized for inclusion in the Arizona WIC Programs Food List. The nutritional value of all foods selected shall meet Federal Regulations 7 CFR 246.10.

In This Chapter

There are 12 sections in this chapter that review the rules and regulations for food and formula issuance through the Arizona WIC program.

Section A

Supplemental Foods and Food Packages - State Agency Responsibilities

Introduction

The State Agency shall develop and distribute a list of authorized foods and shall develop food packages for participants by category and for those with special needs.

Criteria for Inclusion on the Food List

Those foods authorized by the Food Package Committee are selected on the basis of:

- [Nutritional criteria](#)
- Cost – the cost of each food item shall be similar to like food types, and shall not exceed 130 percent of the cost of like foods
- Availability – the food item shall be readily available in the marketplace
- Time in Market – The food product, with the exception of formula, shall have been available for at least one year on store shelves before it is considered for addition to the WIC food package in an effort to effectively assess cost and future availability. However, the program reserves the right to waive this requirement to ensure that appropriate food packages are implemented.
- [See additional details on the selection criteria here](#)

Food List Distribution

The list of approved foods shall be provided to all Local Agencies, Participants, and Vendors. The list shall be reviewed periodically, and additions or deletions shall be made as required or recommended by the Food Package Committee.

Food Packages

Food packages, conforming to Federal food package specifications and based on recognized principles of proper nutrition, shall be developed for each category of participant. Additionally, packages shall be created for those participants with special needs. Food packages are categorically defined as follows: FFP I: Infants 0-5 Months; FFP II: Infants 6-11 Months; FFP III: Participants with qualifying medical conditions; FFP IV: Children 1-4 years of age; FFP V: Pregnant & Mostly Breastfeeding; FFP VI: Postpartum & Minimally Breastfeeding; FFP VII: Fully Breastfeeding Women.

The State Agency shall provide custom food packages at the request of the Local Agency.

Section B Supplemental Foods and Food Packages - Local Agency Responsibilities

Introduction

Local Agency staff shall issue and explain the use of Food Benefits for food package purchases, and tailor food packages for individual clients' needs and cultural preferences as desired (see [Section E](#)). It is the responsibility of the Local Agency to verify and document food packages for those participants with special needs and obtain medical documentation for the issuance of any supplemental foods requiring medical documentation (see [Section H](#)).

Food Package Education

During initial Certification and any time the food package changes, Local Agency staff shall explain (verbal or written) the food package to the participant. The explanation shall include a list of which foods can be purchased and how they are relevant to the participant's preferences, nutritional needs, and/or medical conditions, including proper use and redemption of Food Benefits. At subsequent Certifications, staff shall ask the client questions to verify understanding of the Food Benefits they will be receiving, ask if the client has any preference changes, and review tailoring options based on the nutrition assessment.

Tailoring Food Packages

Local Agency staff shall tailor food packages based on the client category and food preferences, up to the maximum amount allowable for each food category/subcategory. See [Section E](#).

If food package changes occur during an appointment, staff shall document in the "I" portion of the TGIF note in HANDS explaining what the change was and who requested the change. If the changes are requested at any other time, staff shall document in a general note in HANDS explaining what the change was and who requested the change.

NOTE: WIC staff shall not use the names of WIC participants, applicants, or authorized representatives when documenting in HANDS notes.

Food Benefit Issuance

Local Agency staff shall issue Food Benefits to participants (or their proxies) that can be used to purchase supplemental foods.

Participants or Authorized Representative(s) shall be advised, when appropriate, that the supplemental foods issued are only for the use of the WIC participant. When performing a nutrition assessment, if the staff member learns that the participant or applicant is living in a communal setting (e.g., a shelter, group home, or rehabilitation facility), the staff member shall ask probing questions to ensure that the supplemental foods issued will benefit the WIC participant and not the institution.

Supplemental foods are not authorized for participant use while hospitalized on an in-patient basis. After the participant has been discharged, staff shall assess if there are any changes to feeding method or health status prior to issuing food benefits. If there are changes to the client's condition, feeding method or amounts from the certification assessment, staff shall complete another assessment, update the assessment screen in HANDS and write a TGIF note. If there are no changes to the client's condition, feeding method or amounts from the certification assessment, then staff shall write a general note detailing that the client was discharged, there were no changes, and that food benefits were issued.

Section C Food Package Descriptions

Introduction

There are seven food packages available that may be provided to participants. The food packages are designed based on participant category and shall be tailored to meet the nutritional needs of the participant. Breastfeeding assessment and the mother's plans for breastfeeding serve as the basis for determining food package issuance for all breastfeeding women and infants. The intent of the WIC Program is that all breastfeeding women be supported to exclusively nurse their infants and to choose the exclusively nursing food package without infant formula. Breastfeeding mothers whose infants receive formula from WIC are to be supported to breastfeed to the maximum extent possible with minimal supplementation with infant formula. Formula amounts issued to breastfed infants are to be tailored to meet but not exceed the infant's nutritional needs (see [Section E](#)). The seven food packages are as follows:

Federal Food Packages

Name	Description	Participant categories
Federal Food Package I	Infants birth through five months	IPN, IPN+, and IFF
Federal Food Package II	Infants 6 through 11 months	IEN, IPN, IPN+, and IFF
Federal Food Package III	Participants with qualifying conditions	All participant categories except IEN
Federal Food Package IV	Children 1 through 4 years	C1-C4
Federal Food Package V	Pregnant and partially (mostly) nursing women	PG1, PG2 or PN
Federal Food Package VI	Postpartum and partially (minimally) nursing women	PN+ or P
Federal Food Package VII	Exclusively Nursing Women	EN, PG1 or 2 with multiples, PN multiples, PG1 or 2 and PN, PG 1 or 2 and EN (EN multiples receive 1.5x some supplemental foods)

Definitions

Federal Food Packages I and II (FFP 1 and FFP 2)

These food packages are designed for infants from 0 to 11 months. Contract infant formulas shall be issued to all healthy infants if the infant is not exclusively nursed. If an infant has a condition that requires a special infant formula or WIC-eligible nutritional (see [Section F](#) for formula definitions), the infant will instead be issued Federal Food Package III. The following feeding variations are defined for the purpose of assigning quantities of infant formula issued in these food packages: an infant who is exclusively nursing and does not receive formula from the WIC program (IEN), an infant who is partially (mostly) nursing (IPN), an infant who is partially (minimally) nursing plus (IPN+) or an infant who is fully formula fed (IFF). These categories are assigned based on the amount of infant formula that the infant will be consuming during the benefit issuance period. See [Chapter 19](#) for additional information on breastfeeding assessments and mom and infant category assignment.

Infants assigned the IEN category will not receive a food package until they are 6 months old as they do not receive formula.

Infants assigned the IPN category in the first month of life will receive not more than 104 reconstituted fluid ounces of formula for their first month of benefits.

Infant cereal, fruits, and vegetables are included in infant food packages at 6 months old (see [Section I](#) for more details on issuance of foods for the preterm infant). Infants 9-11 months can receive a cash value benefit for fresh, frozen, and canned fruits and vegetables that will replace half of their ounces of pureed infant fruits and vegetables.

Maximum formula issuance amounts vary by category, age, and the form of the formula issued.

[Maximum formula issuance amounts](#)

[Default food packages](#)

Federal Food Package III (FFP III)

This food package is issued to women, infants and children who have a documented qualifying condition that requires the use of a WIC formula because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. For infants, this would include the issuance of a special infant formula or a WIC-eligible nutritional. For women and children, this would include the issuance of any formula (contract infant formula, non-contract infant formula, special infant formula or WIC-eligible nutritional, see definitions in [Section F](#)). [Medical documentation](#) is required for issuance of this food package (see [Section I](#) for more information about formula issuance for 1-year old children born preterm). The qualifying conditions include but are not limited to preterm birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies, and life-threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status. This food package may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.

Maximum formula issuance amounts

Federal Food Package IV (FFP IV)

This package is designed for issuance to children who do not have a condition qualifying them to receive a medical food package to address special nutritional needs (FFP III).

Default food packages

Federal Food Package V (FFP V)

This food package is designed for issuance to pregnant and partially (mostly) nursing women who do not have a condition qualifying them to receive a medical food package to address special nutritional needs (FFP III). Women participants pregnant with multiples are eligible to receive increased foods equivalent to that of an exclusively nursing woman (FFP VII).

Default food packages

Federal Food Package VI (FFP VI)

This food package is designed for issuance to women up to 6 months postpartum who are not breastfeeding their infants, and to breastfeeding women up to 6 months postpartum whose participating infant receives more than the maximum amount of formula allowed for partially (mostly) nursing infants. This food package is for women who do not have a condition qualifying them to receive a medical food package to address special nutritional needs (FFP III).

Default food packages

Federal Food Package VII (FFP VII)

This food package is designed for issuance to breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC (these breastfeeding women are assumed to be exclusively nursing their infants), and who do not have a condition qualifying them to receive Food Package III. This food package is also designed for issuance to women participants pregnant with two or more fetuses, women participants partially (mostly) nursing multiple infants from the same pregnancy, and pregnant women who are also partially (mostly) or exclusively nursing singleton infants, who do not have a condition qualifying them to receive Food Package III. Women participants exclusively nursing multiple infants from the same pregnancy receive 1.5 times some supplemental foods provided in Food Package VII.

Default food packages

Section D Milk and Milk Alternatives

Policy

Children 12-23 months:

- Whole milk is the standard.
 - Reduced fat (2%) milks can be issued to one-year olds for risk of nutritional deficiencies or if overweight or obesity is a concern.
 - Low-fat (1%) / fat-free milk shall only be authorized for medically fragile participants with medical documentation.
- Whole fat yogurt is the standard.
 - Low fat or fat free yogurt can be issued to one-year olds based on a nutritional assessment.

Children two years of age and older and all women:

- Low-fat (1%) / fat-free milk is the standard.
 - Reduced fat (2%) milk is available for those participants over age 2 with certain conditions, including, but not limited to, being underweight, risk for nutritional deficiencies, and for women with maternal weight loss during pregnancy.
 - Whole milk shall only be authorized for those medically fragile participants with medical documentation.
- Low fat or fat free yogurt is the standard.
 - Whole yogurt may be substituted for low fat or nonfat yogurt for children ≥24 months of age and women with medical documentation.

NOTE: Medical documentation for whole milk for a child two years of age and older or a woman can also allow for issuance of whole fat yogurt.

If a participant receives a type of milk and/or yogurt not standard for their category, the reasoning as a result of the nutrition assessment shall be documented in the “I” portion of the TGIF note in HANDS.

Authorized Foods

Authorized substitutions for milk include:

- Lactose free or lactose-reduced milk
- Ultra-High Temperature or long-shelf-life (UHT) milk
- Evaporated milk
- Powdered milk
- Soy-based beverage
- Goat's Milk
- Tofu
- Cheese
- Yogurt

For specific maximum quantities and substitution rates, please refer to the [Food Conversions, Substitutions, and Equivalents Job Aid](#).

Section E Tailoring of Formula and the Food Package

Policy

Individual tailoring of food packages shall be completed after a comprehensive assessment of the participant's supplemental nutrition needs and to accommodate participant preferences. [WIC food substitutions and equivalents can be found here.](#)

For breastfeeding infants, children, and women, staff shall tailor the amount of formula that a participant receives to reflect the amount of formula that the participant will most likely consume during the benefit issuance period.

Formula Tailoring

The formula tailoring calculation and associated example below provide an outline of how to estimate the amount of formula a participant is consuming, but it is important to ask probing questions to more clearly establish approximately how much formula the participant is expected to consume during the benefit issuance period. It is also important to consider the age and category of the participant since these factors play an important role in the maximum quantity of formula provided monthly by WIC. Please refer to the [maximum formula issuance amounts](#) document for maximum formula volumes by age and category. For infants, the [Formula Tailoring Chart](#) may also be used as a tool to help tailor the most common formulas and help determine the appropriate breastfeeding category to assign, based on the participant's formula needs during the issuance period.

Formula Tailoring Calculation

1. Calculate the approximate amount of formula (in ounces) the client consumes each day and multiply it by the number of days in the month to give the total monthly volume.
2. Determine the ounces of prepared formula that one can of formula shall provide. Prepared ounces vary by formula.
3. Divide the total monthly volume by the ounces one can of prepared formula provides to establish the approximate number of cans the client shall need for the month.

Example: An infant is partially nursing and consuming about 12 ounces of prepared Similac Advance powdered formula each day. The Similac Advance powdered formula can size is 12.4 ounces and reconstitutes to 90 fluid ounces per can.

1. 12 ounces per day x 31 days = 372 fluid ounces per month
2. 1 -12.4 ounce can of Similac Advance = 90 fluid ounces per can
3. 372 fluid ounces per month/90 fluid ounces per can = 4.133 cans per month
4. Round 4.1333 cans per month up to 5 cans per month.

Tailoring the Food Package

Staff shall select milk and juice options based on the information gathered in the nutrition assessment and participant preference. Staff shall leave all additional supplemental foods (except for WIC formula) at the '000' subcategory level to allow for greater variety when shopping.

The full maximum monthly allowances of all supplemental foods in all food packages shall be made available to participants if medically or nutritionally warranted. Reductions in these amounts cannot be made for cost-savings, administrative convenience, caseload management, or to control vendor abuse. Reductions in these amounts cannot be made for categories, groups or subgroups of WIC participants. The provision of less than the maximum monthly allowances of supplemental foods to an individual WIC participant in all food packages is appropriate only when:

1. Tailoring formula for a partially nursing infant (IPN, IPN+)
2. Medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy)
3. A participant refuses a food
4. The quantities necessary to supplement another programs' contribution to fill a medical prescription would be less than the maximum monthly allowances (e.g., when a participant receives a special formula from AHCCCS)

NOTE: If a food package that shall meet the participant's needs is not available in the HANDS system, please contact the WIC Food Package Consultant.

Special Situations

Staff shall ensure that all authorized representatives are aware of the tailoring options that are available within the WIC food package. In special situations, staff may want to discuss particular options that might be best suited to the participant's needs. These special situations include, but are not limited to:

- Lack of transportation
 - Food options that are easier to carry (e.g., powdered or evaporated milk, or smaller milk containers)
 - Food options that do not require prompt refrigeration (e.g., canned fruits and vegetables, powdered, UHT, or evaporated milk, shelf stable juice or juice packs)
- Poor refrigeration
 - Food options that do not require refrigeration or require less refrigerator space (e.g. juice packs, powdered, UHT, or evaporated milk, smaller milk containers, canned fruits and vegetables)
- Unsafe water supply
 - Food options that are ready-to-drink (e.g. ready-to-feed formula, shelf stable juice or juice packs)
- Homelessness
 - Food options that come in smaller containers and do not require refrigeration (e.g. evaporated milk, powdered milk, juice packs, canned fruits and vegetables)

Documentation

Staff shall document in the participant’s file the reasons for tailoring of the food package. Reasons for issuance may include, but are not limited to:

- Special dietary needs (e.g. developmental delays, food allergies or intolerances)
- Dietary preference
- Poor refrigeration or an unsafe water supply
- Homelessness
- Cultural eating patterns
- Religious eating patterns

Changes to Tailored Food Packages

If there is a need for a tailoring change to a client’s currently-assigned food package (e.g., child received cow’s milk but child has since been diagnosed with allergy), staff shall do the following:

- A. If no medical documentation is required, staff may remotely update and reissue food benefits, as long as it is noted in HANDS about what was done and who requested the change.
- B. If medical documentation is required, clinic staff may remotely issue one month without documentation and follow the policies for [Invalid Medical Documentation/No Medical Documentation Exists](#). If documentation was received by the clinic, clinic staff may remotely issue benefits.
- C. If the food package change is occurring during an appointment, staff shall document in the “I” portion of the TGIF note in HANDS explaining what the change was and who requested the change. If the changes are requested at any other time, staff shall document in a general note in HANDS explaining what the change was and who requested the change.

If the change is being requested after the benefit month has been partially redeemed by the participant (e.g., a woman received skim/1% cow’s milk but is now requesting 2% due to maternal weight loss and some of the food benefits for the month have already been redeemed), staff shall do the following:

- A. Contact the WIC Service Desk and provide the following information:
 1. The item(s) that need(s) to be changed
 2. What the item(s) should be changed to
 3. Why the change is being requested
- B. If the food package change is occurring during an appointment, staff shall document in the “I” portion of the TGIF note in HANDS explaining what the change was and who requested the change. If the changes are requested at any other time, staff shall document in a general note in HANDS explaining what the change was and who requested the change.

If there is a need to issue additional formula mid-month for an infant enrolled in the IEN or IPN category (e.g., a breastfeeding assessment identifies that the infant is receiving more formula than the maximum for the current category and some or all of the infant's benefits have been redeemed), staff shall do the following:

- A. Change the client's category to reflect the client's current formula needs.
- B. At a minimum, complete the assessment screen or document in a TGIF note the updated feeding information prior to contacting the WIC Service Desk.
- C. Using the [formula tailoring calculation](#), calculate how many cans of formula are needed for the client for the rest of the current benefit month.
 1. Be aware that the client cannot receive an amount of formula that [exceeds the allowance for the category](#).
- D. Contact the WIC Service Desk via phone or email and provide the following information:
 1. The client ID
 2. The amount of formula that needs to be added
 3. The type of formula that needs to be added
 4. Any other relevant information
- E. Ensure that the breastfeeding assessment is documented in HANDS in accordance with [Chapter 19](#) and that category and or/formula issuance amount changes are discussed with the authorized representative.

NOTE: WIC staff shall not use the names of WIC participants, applicants, or authorized representatives when documenting in HANDS notes.

Section F Formula Terminology

Contract Formula

Contract formulas are formulas for which the Arizona WIC Program has contracted with the formula manufacturer to receive a rebate when purchased by a WIC participant.

Standard Contract Formulas

Standard contract formulas (20 kcal/oz) are routine contract formulas provided by the Arizona WIC Program that do not require medical documentation. The Arizona WIC Program provides the seven following standard contract formulas:

- Similac Advance
- Similac Pro-Advance ready to feed 8oz 6-pack
- Similac Soy Isomil
- Similac Sensitive
- Similac Pro-Sensitive ready to feed 8oz 6-pack
- Similac For Spit-Up
- Similac Total Comfort

Non-Contract Formula

Non-contract formulas are formulas that are nutritionally equivalent to contract formulas, but for which the Arizona WIC Program **does not** receive a manufacturer's rebate. Cost containment measures significantly restrict the approval/issuance of these formulas. Approval/issuance of these formulas requires medical documentation and they are reserved only for [specific situations](#).

For a list of the Arizona WIC non-contract formulas, reference the [Formula Color Chart](#).

Special Formula

Special formulas are formulas for which the Arizona WIC program **does not** receive a manufacturer's rebate, and are intended for use by participants who have a documented medical condition. The qualifying conditions include but are not limited to preterm birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status.

For a list of Arizona WIC Program's special formulas, reference the [Formula Color Chart](#) for an abbreviated list or the [Arizona WIC Program's Formulary](#) for the comprehensive list.

WIC-Eligible Nutritionals

WIC-eligible nutritionals are a subcategory of special formulas that are specifically formulated to provide enteral nutrition support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible nutritionals shall serve the purpose of a food, meal, or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via oral or by enteral tube feeding; and may not be a conventional food, drug, flavoring, or enzyme.

For a list of Arizona WIC Program's WIC-Eligible Nutritionals, reference the [Formula Color Chart](#) for an abbreviated list or the [Arizona WIC Program's Formulary](#) for the comprehensive list.

Conditionally Special Formula

Conditionally special formulas are a subcategory of WIC-eligible nutritionals that must also meet [additional Arizona WIC conditions](#) for approval. The Arizona WIC Program provides the three following conditionally special formulas:

- Pediasure
- Pediasure with Fiber
- Boost Kid Essentials

Section G Formula Approval/Issuance

All medical documentation for requested formulas/foods shall be evaluated and approved by Local Agency designated Registered Dietitian Nutritionists (RDs/RDNs) or State-Approved Nutritionists. RDs/RDNs/State-Approved Nutritionists shall meet the requirements as defined in [Chapter 1](#) and [Chapter 7](#). WIC Nutritionists and Dietetic Technicians, Registered (NDTRs) can approve complete medical documentation up to the duration requested by the prescriptive authority and issue up to three months of benefits under the guidance of an RD/RDN, as indicated by a general note from the RD/RDN within 30 days of the approval.

NOTE: WIC Nutritionists/NDTRs are also able to obtain verbal medical documentation for partially complete written documentation, see [Section H](#). WIC Nutritionists/NDTRs can also approve formula without the supervision of an RD/RDN under the two following situations:

- The medical documentation is requesting the powdered version of a standard contract formula for a preterm, low birth weight, or immunocompromised infant.
- The medical documentation is requesting any form of a standard contract formula, when previously approved medical documentation is on file for any formula other than a standard contract formula.

In order for medical documentation to be approved, it must contain [all medical documentation requirements](#). WIC staff shall not write on written medical documentation after it has been signed by a prescriptive authority including, but not limited to, the completion of required information. All contract formulas appropriate for a condition shall be considered before approval/issuance of special, or non-contract formulas. The RD/RDN/State-Approved Nutritionist must also critically evaluate the written medical documentation before approval. For example:

- Is the written medical documentation complete?
 - If not, would it be considered [partially complete](#) or [invalid](#)?
- If a special formula or non-contract formula has been requested, is there a contract formula for the medical concern that would be an appropriate alternative?
- Is the medical documentation current (received within the length of time requested)?
- Is the type of formula requested appropriate for the medical condition and age of the participant? (e.g., a WIC-eligible nutritional that is designed for use at one year of age or older is requested for an infant, this would not be appropriate)
- Does the diagnosis or explanation of need correspond with the type of formula requested? (e.g., Similac PM 60/40 requested for a diagnosis of “prematurity” would not be appropriate)

If the RD/RDN or State-Approved Nutritionist has received complete, accurate written medical documentation, the medical documentation shall be scanned into the HANDS Food Package screen, and the requested formula/foods shall be located, approved, and issued in HANDS. If a formula or food package cannot be located in HANDS that meets the client’s needs, the RD/RDN or State-Approved Nutritionist shall contact the WIC Food Package Consultant to inquire about options.

Approval/Issuance of Standard Contract Formulas

WIC Competent Professional Authorities (CPAs) (Nutrition Education Specialists (NESs), Community Nutrition Workers (CNWs), State-Approved Nutritionists, Registered Dietitian Nutritionists (RDs/RDNs) etc.) may issue standard contract formulas to infant participants without medical documentation until the participant reaches one year of age (for preterm infants, see [Section I](#)). However, when current, approved medical documentation exists in HANDS for any formula other than a standard contract formula, medical documentation is required and it must be approved by a WIC Nutritionist/NDTR, an RD/RDN or State-Approved Nutritionist.

Approval/Issuance of Non-Contract Formulas

Issuance of non-contract formula is reserved to the following circumstances with complete medical documentation:

1. Transition to an alternate contract formula is medically contraindicated for pre- or post-operative recovery where formula transition would put the participant at risk for compromised nutritional status impacting growth and development.
2. NICU discharge warrants continuation of a tolerated non-contract formula to avoid weight loss in the recovery of a previous Failure to Thrive infant (WIC code 134) or infant who has experienced inadequate growth (WIC code 135).
3. Participants with a genetic or congenital disorder (WIC code 349) where formula transition would put infant at risk for compromised nutritional status impacting growth and development.
4. Participants diagnosed with central nervous system disorders (WIC code 348) where formula transition would put the participant at risk for compromised nutritional status impacting growth and development.

After assessment, if a participant meets one of the four previously mentioned criteria for non-contract formula with valid medical documentation, the Local Agency shall contact the WIC Food Package Consultant or a State WIC Nutrition Consultant for consent for approval. All relevant medical history, formula trials, and feeding information shall be documented in the notes section in HANDS **prior to contacting the State WIC Office**. Local Agencies' policies differ regarding which individuals may contact the State WIC Office to discuss the approval of non-contract formulas, so it is recommended that WIC staff be familiar with Local Agency policy before contacting the State WIC Office.

NOTE: If the client does not meet one of the four criteria above and there are extenuating circumstances, please contact the WIC Food Package Consultant or State WIC Nutrition Consultant.

If medical documentation has been received, but the infant does not meet the criteria for non-contract formula issuance, the Local Agency RD/RDN or State-Approved Nutritionist shall take the same steps that apply when [invalid/no medical documentation exists](#).

One month of any non-contract formula shall not be issued without prior consent for approval from the WIC Food Package Consultant or a State WIC Nutrition Consultant.

Out-of-state transfer using non-contract formula

1. If a participant transfers from another state and requests a non-contract formula, explain to the participant or caregiver transferring into Arizona that each state may have different contract formulas.
2. If the participant is consuming a formula for which there is a comparable standard contract formula, the Local Agency CPA shall recommend transitioning to the comparable standard contract formula and issue it to the participant if agreed upon by the participant.
3. If problems arise with the comparable standard contract formula, the Local Agency RD/RDN/State-Approved Nutritionist shall take the same steps that apply when [invalid/no medical documentation exists](#).

Approval/Issuance of Special Formulas

Special formulas require medical documentation to specify medical diagnoses that correspond to the formula requested. Medical documentation for these formulas must be approved by an RD/RDN or State-Approved Nutritionist, who may approve them for up to the length of time requested by the prescriptive authority.

Special formulas are not authorized for participants whose conditions can be successfully managed by standard contract formulas. They shall also not be authorized for non-specific food or formula intolerance and are not to be authorized for the sole purpose of enhancing nutrient intake or managing body weight without an underlying medical condition.

For any special formula issuance, participants shall be instructed on how to obtain the formula. WIC staff shall ensure participants know whether the formula can be found on the retail shelf or must be ordered through a store pharmacy. Refer to the [Formula Color Chart](#) or the [Arizona WIC Program's Formulary](#) for more information regarding where formulas may be typically obtained. For pharmacy special order products, WIC staff shall assist the participant in finding a pharmacy that can order the product. The first time a product is ordered for a client, it may be necessary to order the product for them.

Staff approving special formulas must also consider if the participant may qualify to receive the formula from the Arizona Health Care Cost Containment System (AHCCCS). If a participant requiring a special formula is participating in AHCCCS, it is the responsibility of the WIC RD/RDN/State-Approved Nutritionist to assess whether the participant **may qualify for AHCCCS coverage of their formula and explain the process of receiving the formula from AHCCCS to the participant.**

Approval/Issuance of WIC-Eligible Nutritionals

Since WIC-eligible nutritionals are a subcategory of special formulas, all of the same considerations that apply to the [Approval/Issuance of Special Formulas](#) also apply to WIC-eligible nutritionals. Additionally, most WIC-eligible nutritionals are intended for children one year of age or older and women. Therefore, any WIC-eligible nutritional intended for participants one year of age and older shall not be provided to infants.

Staff approving WIC-eligible nutritionals must also consider if the participant may qualify to receive the formula from AHCCCS. If a participant requiring a WIC-eligible nutritional is participating in AHCCCS, it is the responsibility of the WIC RD/RDN/State-Approved Nutritionist to assess whether the participant may qualify for [AHCCCS coverage of their formula](#) and explain the process of receiving the formula from AHCCCS to the participant.

Approval/Issuance of Conditionally Special Formulas

Since conditionally special formulas are a subcategory of WIC-eligible nutritionals, all of the same considerations that apply to the [Approval/Issuance of Special Formulas](#) and the [Approval/Issuance of WIC-Eligible Nutritionals](#) also apply to the approval/issuance of conditionally special formulas. Issuance of PediaSure, PediaSure with Fiber, and Boost Kid Essentials also requires the Local Agency RD/RDN or State-Approved Nutritionist to complete a thorough assessment and document all medical, nutritional, or psychosocial risk factors in the Notes section in HANDS.

Additionally, medical documentation for PediaSure, PediaSure with Fiber, and Boost Kid Essentials can only be approved and food benefits issued when at least one of the following conditions exist:

- At or below the 5th percentile
 1. Children one year of age measured recumbently, if weight for length is at or below the 5th percentile on the “WHO - WEIGHT FOR LENGTH” growth chart in HANDS (Risk code 103.1 or 103.2).
 2. Children two to five years old measured standing, if BMI for age is at or below the 5th percentile on the “CDC – BMI FOR AGE” growth chart in HANDS (Risk Code 103.1).
 3. Children 24-36 months measured recumbently (indicate recumbent measurement in HANDS), if weight for length is at or below the 5th percentile on the “CDC – WEIGHT FOR LENGTH 24-36” growth chart in HANDS.
- Weight curve has crossed more than two percentile lines on the growth charts after having achieved a previously stable pattern (e.g., the child has dropped from the 75th to the 25th percentile over time)
- Other medical conditions for the management of nutrition-related disorders

For all other questionable conditions, contact the State WIC Office for technical assistance.

NOTE: PediaSure, PediaSure with Fiber, and Boost Kid Essentials cannot be issued for the following reasons:

- In response to picky eaters.
- For the sole purpose of enhancing nutrient intake or managing body weight without an underlying medical condition.

Staff approving conditionally special formulas must also consider if the participant may qualify to receive the formula from AHCCCS. If a participant requiring a conditionally special formula is participating in AHCCCS, it is the responsibility of the WIC RD/RDN/State-Approved Nutritionist to assess whether the participant may qualify for [AHCCCS coverage of their formula](#) and explain the process of receiving the formula from AHCCCS to the participant.

Formula for Women and Children with Medical Documentation

Women and children with special dietary needs may receive formula if a prescriptive authority determines that the participant has a medical condition which precludes or restricts the use of conventional foods and necessitates the use of formula. New medical documentation for these women and children is required for all standard contract formulas, non-contract formulas, special formulas, WIC-eligible nutritionals, conditionally special formulas, and supplemental foods, requiring medical documentation at least yearly.

Supplemental Food Tailoring for Infants, Children, and Women with Medical Documentation

When medical documentation has been received, only RDs/RDNs, State-Approved Nutritionists, or WIC Nutritionists/NDTRs shall tailor WIC supplemental foods for infants and children. See Section G for more details about WIC Nutritionist/NDTR approval of medical documentation. Supplemental food tailoring shall correspond to the indications selected by the prescriptive authority on the medical documentation provided. If the prescriptive authority has defaulted to the RD/RDN/State-Approved Nutritionist for the selection of appropriate foods to issue to the participant, the RD/RDN/State-Approved Nutritionist/WIC Nutritionist/NDTR shall complete a nutritional assessment to determine foods that are appropriate with consideration to the participant's health condition(s). In the event that the RD/RDN/State-Approved Nutritionist/WIC Nutritionist/NDTR believes that the supplemental foods requested by the prescriptive authority are contraindicated for the participant, they shall coordinate with the prescriptive authority to determine which food items the participant can safely consume. The Local Agency RD/RDN/State-Approved Nutritionist/WIC Nutritionist/NDTR shall coordinate with the participant's health care provider whenever they believe that the supplemental foods issued to the participant should change.

Absence of Local Agency WIC Clinic RD/RDN/State-Approved Nutritionist

In the absence of an RD/RDN/State-Approved Nutritionist from the Local Agency WIC clinic, the Local Agency staff member shall take the following steps upon receipt of medical documentation:

1. Attempt to contact an RD/RDN/State-Approved Nutritionist at another WIC clinic within the local agency for approval.
2. If an RD/RDN/State-Approved Nutritionist at another WIC clinic within the local agency cannot be reached, attempt to contact a WIC Nutrition Consultant at the State WIC Office for approval.
3. Only in the event that an RD/RDN/State-Approved Nutritionist/WIC Nutrition Consultant is not able to be reached for approval, issue a one-month supply of the requested formula (may be any formula type listed in Section F with the exception of non-contract formulas) and foods pending the Local Agency RD/RDN/State-Approved Nutritionist's approval.

Formula Changes

Between Standard Contract Formulas

A formula change from one standard contract formula to another standard contract formula does not require medical documentation, even if medical documentation is on file for the original standard contract formula. Additionally, a formula change from one form of a standard contract formula to another form of a standard contract formula (e.g., powder to concentrate) does not require medical documentation, even if medical documentation is on file for the original standard contract formula. For issuance of standard contract formulas for preterm, low birth weight, or immunocompromised infants, see [Section I](#).

All Other Formula Changes

When approved medical documentation exists in HANDS and new approved medical documentation has been received, the new medical documentation will supersede the previously approved medical documentation. If, however, approved medical documentation exists in HANDS and new medical documentation has not been received, an alternative formula cannot be issued during the approved medical documentation length of time without following the same steps that apply when [No Medical Documentation Exists](#). This includes situations when a participant requests a different formula or a WIC staff member believes a different formula is indicated (e.g., preterm infant has gained a significant amount of weight and RD/RDN believes that Neosure is no longer indicated and Similac Advance would now be appropriate). Sometimes formula changes also occur when no medical documentation has been received at all, such as a client requesting another formula after their child experiences signs of formula intolerance to a standard contract formula, or when a [WIC client transferring from another state requests that their child remains on an Arizona WIC non-contract formula](#).

Considerations for Formula Changes

Other than situations when new, valid medical documentation has been received, whenever an alternative formula is being considered, it is important to complete a nutrition assessment, evaluate several factors, and obtain medical documentation (if [required for the formula](#)). Factors include but are not limited to:

- How is the current formula being prepared?
- How is the current formula being stored after preparation?
- After the baby has been fed, what is done with formula left in the bottle?
- How many ounces of the current formula is the baby drinking during the day?
- In what position is the baby being held during feedings?
- How often is the baby burped during feedings?
- Have any solid foods been started?
- Family history of allergies (e.g., milk, corn, soy, etc.)
- Medications the infant is taking
- The infant's symptoms such as:
 - Diarrhea
 - Vomiting
 - Watery, frothy stools

- Abdominal distension
- Bloody stools
- Abdominal pain
- Skin rash
- Congestion
- Chronic runny nose
- Wheezing
- Coughing
- How long the infant has been experiencing symptoms
- Other recent infant illnesses

Note: Any time a food package change occurs (including a formula change), include the information and the reason for the change in the Notes tab in HANDS.

AHCCCS Coverage of Special Formulas, Conditionally Special Formulas, and WIC-Eligible Nutritionals

AHCCCS policy 430 outlines AHCCCS coverage of nutritional therapy, including commercial oral nutritional supplements. AHCCCS defines a commercial oral nutritional supplement (ONS) as nourishment available without a doctor’s prescription that serves as sole caloric intake or additional caloric intake. There are conditions for AHCCCS coverage of ONS. **When a request comes in for a special formula, conditionally special formula, or WIC-eligible nutritional for a child that has AHCCCS medical coverage, WIC RDs/RDNs/State-Approved Nutritionists shall follow the following procedure:**

1. The WIC RD/RDN or State-Approved Nutritionist shall assess if the client may meet the [criteria](#) from the AHCCCS EPSDT Policy 430 for medical necessity.
2. If it seems that the client may meet the AHCCCS criteria, WIC staff shall refer them back to their primary care doctor or other prescriptive authority, as appropriate, to complete and submit the [Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form](#) to the Health Care Plan as a prior authorization. Staff may also provide the client or prescriptive authority with a copy of the [AHCCCS referral letter](#).
 - a. WIC staff shall issue a supply of formula each month until AHCCCS approval is completed.
 - b. If formula coverage is denied by the health care plan, but the RD/RDN or State-Approved Nutritionist believes that the client should have qualified to receive the formula from AHCCCS, they shall contact the WIC Food Package Consultant for assistance.
3. If the criteria are not met, the WIC RD/RDN/State-Approved Nutritionist shall tailor an appropriate package to meet the client’s needs.

NOTE: Tube feedings are a covered expense under AHCCCS Policy 430 and do not require the submission of the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form. If a participant requires both a tube feeding and ONS, the ONS are also a covered expense and do not require the submission of the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form. WIC participants may receive formula from AHCCCS and a food package from the Arizona WIC Program.

Section H Medical Documentation

Medical Documentation is Required for:

- Non-contract formulas
- Special formulas
- Conditionally special formulas
- WIC-eligible nutritionals
- Any formula prescribed to a child or adult
- Any supplemental foods issued to participants receiving [FFPIII](#) (a special food package in [HANDS](#)), unless defaulted to RD/RDN or State-Approved Nutritionist by prescriptive authority
- Standard contract formulas only when:
 - Requested for a child/adult
 - Approved, current medical documentation for any other formula that is not a contract formula exists in [HANDS](#)
 - Issuing powder for a preterm or low birth weight infant less than 3 months corrected age
- For infants 6-11 months, higher amounts of formula and no infant foods (for preterm infants, see [Section I](#))
- The following milk alternatives:
 - Skim/1% milk for children one year of age
 - Whole milk for participants two years of age and older

Note: For more information regarding the issuance of milk and milk alternatives, see [Section D](#).

Acceptable Forms of Written Medical Documentation

- [Formula and Food Request](#)
- Doctor's Prescription Form
- Doctor's Letterhead with Prescription

Prescriptive Authority

Domestic and international medical documentation shall only be accepted if completed by medical professionals with one or more of the following credentials, signifying them as prescriptive authorities:

- Medical Doctor (M.D.)
- Doctor of Osteopathy (D.O.)
- Naturopathic Physician (N.M.D.)
- Physician Assistant (P.A.)
- Nurse Practitioner (N.P.)
- Certified Nurse Midwife (C.N.M.)
- Homeopathic Medical Doctor (H.M.D.)

Examples of providers without prescriptive authority in the Arizona WIC Program include, but are not limited to:

- C.E.D. Prof. – Professional ID Card (Mexico)
- C.E.D. Especialista (Mexico)
- D.C. - Chiropractors
- M.A. - Medical Assistant

Written Medical Documentation Requirements

Any written form of medical documentation shall include the following as found on the [Formula and Food Request](#):

- Patient (WIC Participant) name*
- Patient (WIC Participant) date of birth*
- Date that medical documentation was completed
- Name of formula
- Amount of formula requested per day
- Diagnosis or explanation of need (not required for contract formulas)
- Length of time for food and/or formula request
- Allowable supplemental foods and prescribed amounts if authorization has not defaulted to the agency's RD/RDN or State-Approved Nutritionist
- Signature of the prescriptive authority requesting the formula (signature stamps and facsimiles are acceptable)
- Contact information for the prescriptive authority requesting the formula*
- Indication of credentials signifying prescriptive authority

Note: *May be completed by authorized representative even after signed by prescriptive authority.

Verbal Medical Documentation

Verbal medical documentation shall be obtained following the steps that apply when [Invalid Medical Documentation/No Medical Documentation Exists](#), and is acceptable when received from a prescriptive authority. Information can also be collected from another member of the care team (for example, a medical assistant), if the individual is referencing information from the prescriptive authority. Verbal medical documentation shall be recorded in the participant's Notes with all the requirements listed below (except for client name and date of birth), and written medical documentation shall be requested to be received from the prescriptive authority within 30 days.

Verbal Medical Documentation Requirements

- Patient (WIC Participant) name
- Patient (WIC Participant) date of birth
- Date that medical documentation was completed
- Name of formula
- Amount of formula requested per day
- Diagnosis or explanation of need (not required for contract formulas)

- Length of time for food and/or formula request
- Allowable supplemental foods and prescribed amounts if authorization has not defaulted to the agency's RD/RDN or State-Approved Nutritionist
- Name of the prescriptive authority requesting formula
- Contact information for the prescriptive authority requesting the formula
- Indication of credentials signifying prescriptive authority

Partially Complete Medical Documentation

Medical documentation is considered partially complete if it is missing one or more of the [written medical documentation requirements](#), but contains, at a minimum:

- Name of formula requested
- Diagnosis (not required for standard contract formulas)
- Prescriptive authority's signature

If partially complete medical documentation is received, RDs/RDNs, State-Approved Nutritionists, or WIC Nutritionists/NDTRs shall take the following steps.

1. Attempt to contact the prescriptive authority that completed the medical documentation to obtain the missing required information verbally. Information can also be collected from another member of the care team (for example, a medical assistant), if the individual is referencing information from the prescriptive authority. If successful, scan the medical documentation into HANDS and issue the requested formula for up to three months. Document in HANDS the missing information obtained in addition to the name of the person that verbally provided the information. Also request that the prescriptive authority provide the complete written medical documentation within 30 days (e.g., via fax).
 - A. If the complete written medical documentation has not been received after the original issuance period (up to three months), the Local Agency shall not issue additional formula without first contacting the WIC Food Package Consultant or a WIC Nutrition Consultant for consent to do so.
2. If verbal medical documentation cannot be obtained, scan the partially complete medical documentation into HANDS and issue one month of the requested formula. Continue to take steps to obtain complete written medical documentation:

Continue attempts to obtain verbal medical documentation and/or

Ask the participant to return with complete written medical documentation

- A. If complete written medical documentation has not been received after the original one-month issuance period, the Local Agency shall not issue additional formula without first contacting the WIC Food Package Consultant or a State WIC Nutrition Consultant for consent to do so.

Invalid Medical Documentation/No Medical Documentation Exists

Written medical documentation is considered invalid if it is missing one or more of the following requirements:

- Name of formula requested
- Diagnosis (not required for standard contract formulas)
- Prescriptive authority's signature

Additionally, complete written medical documentation may be deemed invalid for reasons including, but not limited to:

- The type of formula requested is contraindicated for the participant
- The diagnosis doesn't correspond to the type of formula requested
- The medical documentation is received after the "Length of time for Food and/or Formula Request" has expired (e.g., medical documentation was completed in February and the formula was requested for three months, but the medical documentation wasn't received until June.)

If the RD/RDN or State-Approved Nutritionist has received invalid medical documentation or no medical documentation exists, they shall take the following steps:

1. Attempt to contact the prescriptive authority who provided the invalid medical documentation, or a prescriptive authority indicated by the participant in cases where no medical documentation exists, to obtain [verbal medical documentation](#). Information can also be collected from another member of the care team (for example, a medical assistant), if the individual is referencing information from the prescriptive authority. If successful, issue one month of the requested formula. Document the required information in HANDS in addition to the name of the person that verbally provided the information. Also request that the prescriptive authority provide complete medical documentation within 30 days (e.g., via fax). Invalid medical documentation is not required to be scanned into HANDS.
2. If verbal medical documentation cannot be obtained, issue one month of the requested formula (when appropriate), but if the formula requested is contraindicated, or no formula name has been requested, consider the same factors that apply when [changing formulas](#) to select and issue one month of an indicated formula. Continue taking steps to obtain complete written medical documentation:

Continue attempts to obtain verbal medical documentation and/or

Ask the participant to return with complete written medical documentation

- A. If complete written medical documentation has not been received after the original one-month issuance period, the Local Agency shall not issue additional formula without first contacting the WIC Food Package Consultant or a WIC Nutrition Consultant for consent to do so.

Section I

Issuance for the Preterm, Low Birth Weight or Immunocompromised Infant

Calculating Corrected Age (CA)

Timing of issuance of foods for preterm infants may be based on corrected age (CA), which is the age the infant would be if the pregnancy had gone to term. The CA is calculated by subtracting the number of weeks preterm from the actual age. Remember that each month has an average of 4.35 weeks.

Example 1: If an infant was 6 weeks preterm and the infant's actual age is 13 weeks, then the infants corrected age would be 7 weeks.

$$\begin{aligned} (\text{actual age}) - (\text{weeks preterm}) &= (\text{corrected age}) \\ 3 \text{ months (13 weeks)} - 6 \text{ weeks} &= 7 \text{ weeks} \end{aligned}$$

Example 2: If an infant was 10 weeks preterm and the infant's actual age is 1 year 6 weeks, then the infants corrected age would be 11 months (48 weeks).

$$\begin{aligned} (\text{actual age}) - (\text{weeks preterm}) &= (\text{corrected age}) \\ 1 \text{ year 6 weeks (58 weeks)} - 10 \text{ weeks} &= 11 \text{ months (48 weeks)} \end{aligned}$$

Issuance of Liquid Formula

Although liquid infant formula is commercially sterile, powdered infant formula is not. Powdered infant formula contains low levels of Cronobacter bacteria. These bacteria have been associated with sepsis, meningitis, cerebritis and necrotizing enterocolitis. Preterm infants, low birth weight infants or immunocompromised infants are at particular risk.

Improper preparation and refrigeration of powdered infant formula can cause an increase in the level of contamination of Cronobacter in powdered formula.

The Arizona WIC Program shall issue liquid concentrate infant formula, which is commercially sterile, to preterm (<37 weeks gestational age), low birth weight infants (less than 2,500 grams (5.5 pounds)), and/or immunocompromised infants until **three** months corrected age.

When liquid concentrate is not available for the requested formula, ready-to-feed formula shall be chosen. Powdered formula shall only be issued to preterm, low birth weight, and/or immunocompromised infants less than **three months** CA with medical documentation.

NOTE: If a preterm, low birth weight, or immunocompromised infant less than 3 months CA is switching from a standard contract formula to another standard contract formula, medical documentation will be required to issue the powdered form of the new standard contract formula. Medical documentation for this change can be approved by an RD/RDN, State-Approved Nutritionist, or WIC Nutritionist/DTR.

Introduction to Infant Foods

The Local Agency WIC RD/RDN or State-Approved Nutritionist shall base feeding recommendations of the preterm infant on birth weight, nutritional status, developmental stage, and continued monitoring of growth. It is at the Local Agency RD/RDN or State-Approved Nutritionist discretion to approve a food package with formula and no foods until six months corrected age. If the need for continued formula with no foods past 6 months corrected age is apparent, [medical documentation](#) is required.

Continuation of Formula Beyond One Year Actual Age

The Local Agency WIC RD/RDN or State-Approved Nutritionist shall base feeding recommendations of the preterm infant on birth weight, nutritional status, developmental stage, and continued monitoring of growth. It is at the Local Agency RD/RDN or State-Approved Nutritionist or referring medical provider's discretion to extend the use of infant formula from [one year actual age up to one year CA](#). If the need for continued formula past one year CA is apparent, [medical documentation](#) is required.

Section J

Issuance of Powder/Concentrate/Ready-to-Feed Formula

Local Agencies shall issue all **standard contract formulas** in concentrated liquid or powder physical forms with the exception of the following scenarios that permit the issuance of ready-to-feed formula.

The ready-to-feed form of a standard contract formula may be issued without medical documentation when a CPA determines and documents that one of the following situations applies:

- The participant's household has an unsanitary or restricted water supply
- There is poor or no refrigeration available
- The caregiver may have difficulty correctly diluting concentrated liquid or powdered formula
- No other forms of the formula are available
- A ready-to-feed formula better accommodates the participant
- A ready-to-feed formula improves the participant's compliance in consuming the formula

Section K Formula Calorie Adjustments

Participants should adjust the calories of a formula **only if** indicated by their prescriptive authority. It is recommended to review the calorie adjustments provided by the prescriptive authority with the participant to verify the participant's understanding/ability to prepare the formula as indicated and to verify that the doctor's formula preparation instructions are correct for the desired kcal/oz concentration. Please reference the [Formula Calorie Adjustment Charts](#) in these situations.

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Section L Returned Formula

Policy

Local agencies shall not accept returned formula from an authorized representative except when directed by the State agency for program integrity related actions.

State Agency Responsibility

The state agency will coordinate actions with the local agency when an authorized representative is directed to return formula to the clinic. Actions may include but are not limited to the following:

- Violations outlined in Chapter 8: Participant Disqualification and Dual Participation
- Foster and custody cases
- Infant formula recalls

In cases when the local agency is directed to accept the returned formula, the state agency will provide guidance on disposing the formula.

Documentation

The state agency will document the return of the formula.

Local Agency Responsibility

Acceptance of Returned Formula

The local agency will coordinate with the state agency to accept returned formula for program integrity purposes. If the local agency receives dropped off formula, the local agency shall dispose of the contents per the disposal methods outlined below.

Disposal Methods

Disposal methods will include opening the container and dumping the trash (powder) or pouring in the sink (liquid).

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