

# Maine Center for Disease Control and Prevention

## WIC Nutrition Program

Effective: October 1, 2012  
Revised: October 1, 2019

Policy No. NS-2

### Food Package Design

#### Authority

7 CFR §246.10

7 CFR §246 Federal Register Volume 79, No.42, March 4, 2014: Revisions in the WIC Food Packages (Final Rule)

22 MRSA §255 and §1951

10-144 CMR Chapter 286, §II.N

Child Nutrition Act of 1966, As Amended Through P.L. 111–296, Effective Dec. 13, 2010

#### Policy

1. The State Agency considers the following when making decisions about authorizing WIC eligible foods other than infant formula:
  - 1.1. Federal regulatory requirements
  - 1.2. Nutritional value
  - 1.3. Participant feedback
  - 1.4. Cost
  - 1.5. Statewide availability
2. The State Agency maintains an authorized food list and food packages designed for each participant category.
3. The State Agency develops written policies and evidence-based rationales that support individual nutrition tailoring which takes into account the following participant characteristics:
  - 3.1. Nutrition risk/health need
  - 3.2. Participant preference
  - 3.3. Household condition

## Procedures

1. Food package assignment is done by participant categories and medical and/or health needs.
  - 1.1. Food Package I: Infants birth – 5 months
    - 1.1.1. IA: Infants birth -3 months
    - 1.1.2. IB: Infants 4 months-5 months
  - 1.2. Food Package II: Infants 6 months-11 months
  - 1.3. Food Package III: Infants, Children, or Women requiring WIC-eligible nutritionals or food
  - 1.4. Food Package IV: Children
  - 1.5. Food Package V: Pregnant and Partially-Breastfeeding Women
  - 1.6. Food Package VI: Postpartum Women
  - 1.7. Food Package VII: Exclusively-Breastfeeding Women
2. The State Agency provides the maximum amount of all authorized foods for each of the seven WIC Food Packages (I-VII). For details on the maximum amount of foods in each food package, see the following Appendices: Maine CDC WIC Nutrition Program Food Package Design (NS-2-A), Maximum Food Benefits Guidance (NS-2-B), Maximum Food Benefits for Breastfeeding Moms with Multiples (NS-2-C) and Formula Reconstitution Amounts (NS-2-D).
3. The State Agency has a contract for the provision of standard cow's milk and soy-based infant formulas, as required by USDA FNS. Non-contract standard formulas from other manufacturers are not issued under any conditions.
  - 3.1. The contract for FFY2020 is with Abbott Nutrition and includes both 20 kcal/oz and 19 kcal/oz standard formulas.
  - 3.2. The 19kcal/oz standard formulas require medical documentation from an authorized prescriber to issue.
  - 3.3. Staff shall request approval for issuance of 19kcal/oz formulas using the Standing Order Form (Appendix NS-2-E).
    - 3.3.1. Standing Orders may be honored up to the infant's first birthday.
4. The State Agency allows ready-to-feed formula for the following reasons:
  - 4.1. Participants with unsafe water supply
  - 4.2. Participants who are unable to properly mix powder or concentrate as directed

- 4.3. Formulas that only come in ready-to-feed form
- 4.4. Participants with qualifying conditions receiving a medical formula who are not feeding adequately and will consume the prescribed amount of formula when ready-to-feed is used
- 4.5. Participants with qualifying conditions receiving a medical formula whose medical condition requires ready-to-feed (such as immuno-compromised infants)
- 5. The State Agency does not allow low iron standard formula to be issued under any conditions.
- 6. The State Agency limits issuance of formula for partially-breastfed infants to no more than one (1) can of powder in the first month of life.
- 7. The State Agency requires medical justification and documentation for the issuance of WIC-eligible nutritionals.
  - 7.1. One month of benefits may be provided with a verbal request from a health care provider pending receipt of written documentation
- 8. WIC-eligible nutritionals and exempt infant formula requests may be authorized for a maximum of six (6) months, as documented on the prescription form.
  - 8.1. Staff may issue one month of benefits pending duration documentation from health care provider if not specified on prescription form.
- 9. The type of WIC-eligible nutritional requested determines if WIC or MaineCare shall be the provider. For participants who have medically diagnosed conditions requiring such items and who are MaineCare members, Local Agency WIC staff shall reference the draft Decision Cube (refer to Appendix NS-2-F) to determine if the Maine CDC WIC Nutrition Program or MaineCare should provide the formula.
  - 9.1. If the participant currently has MaineCare coverage and the WIC-eligible nutritional is covered by MaineCare, the Local Agency WIC staff member shall:
    - 9.1.1. Obtain and review the Maine CDC WIC Request/MaineCare Prior Authorization for Medical Formula or WIC-Eligible Nutritionals (Appendix NS-2-G) from the participant's healthcare provider.
      - 9.1.1.1 If WIC is initiating the request from the participant's healthcare provider, the authorized representative shall sign a Release for Information for Special Formula Prescription (Appendix NS-2-H).
    - 9.1.2. The local agency staff member shall ensure all required information is included in the prescription request and determine if the WIC-eligible nutritional can be provided. See Maine CDC WIC Formulary

<https://www.maine.gov/dhhs/mecdc/health-equity/wic/health/index.shtml>) for a current listing of approved items.

- 9.1.3. If the diagnosis in the prescription does not justify issuance of requested item, give other age-appropriate foods as prescribed and request clarification or more information from the health care provider.
- 9.1.4. The following steps will be taken if the prescribed item is to be covered by MaineCare:
  - 9.1.4.1 Fax prescription form and cover sheet (Appendix NS-2-I) to the MaineCare contractor responsible for MaineCare prior authorization review. One month of WIC-eligible food benefits may be provided if MaineCare coverage will not begin immediately, and plans for follow-up must be made with the caregiver.
  - 9.1.4.2 Document referral for WIC-eligible nutritional to MaineCare in participant file.
  - 9.1.4.3 If, at the one month follow up, MaineCare coverage of the WIC-eligible nutritional has not begun, contact the MaineCare prior authorization contractor to find out the status of the prior authorization request (participant's MaineCare number is needed when this call is made). The local agency staff member may provide another month of benefits, if necessary.
  - 9.1.4.4 Monthly appointments or contacts with the WIC participant should continue until the WIC-eligible nutritional is approved or denied by MaineCare.
- 9.2. If the participant does not currently have MaineCare coverage or the WIC-eligible nutritional is not covered by MaineCare, the Local Agency WIC staff member shall use the following procedures:
  - 9.2.1. If the participant does not have medical insurance, provide the phone number for the local DHHS office where they may apply for MaineCare; phone numbers for local offices may be found at [http://gateway.maine.gov/dhhs-apps/office\\_finder/index.asp](http://gateway.maine.gov/dhhs-apps/office_finder/index.asp); if/when participant is approved for MaineCare coverage, follow steps described in 9.1 above.
  - 9.2.2. Obtain formula prescription using the Maine CDC WIC Nutrition Program/MaineCare Request/Prior Authorization for Medical Formula/WIC-Eligible Nutritionals (Appendix NS-2-G) from the healthcare provider.

- 9.2.2.1 If WIC is initiating the request from the participant's healthcare provider, the authorized representative shall sign a Release for Information for Special Formula Prescription (Appendix NS-2-H).
- 9.2.3. If the prescribed item is not available from the Maine CDC WIC Nutrition Program, notify the health care provider and suggest a comparable alternative.
- 9.2.4. If a valid prescription is available for an item approved for WIC issuance, provide the prescribed amount up to the monthly maximum.
- 9.2.5. If additional formula is required, offer referrals for alternate sources (food banks, general assistance, etc.).
- 9.2.6. If a valid prescription is not available, or the diagnosis in the prescription does not justify issuance of requested WIC-eligible nutritional, give other age-appropriate foods as prescribed and request clarification or more information from the health care provider.
- 9.2.7. If the WIC-eligible nutritional must be purchased from a pharmacy, or when a formula or medical food is not available for issuance in the computer application, local agency staff may request a direct order from the state agency or issue a special formula voucher (Appendix NS-2-J). All formula issued in ready-to-use nursettes shall be ordered through the state agency.
- 9.2.8. If a special formula voucher is issued, the WIC staff member shall:
  - 9.2.8.1 Call an authorized pharmacy vendor to explain the special formula voucher procedure, and determine if the vendor is able to order the prescribed item. WIC staff will specifically ask if the vendor will issue whole or partial cases if the amount of formula per month requires partial cases. The vendor can be assured expedient payment by the state agency.
  - 9.2.8.2 Call the state agency to get approval and an authorization number.
  - 9.2.8.3 Complete one month issuance on a special formula voucher including:
    - 9.2.8.3.1 Store or pharmacy name and mailing address
    - 9.2.8.3.2 WIC local agency number
    - 9.2.8.3.3 Authorization number
    - 9.2.8.3.4 WIC participant ID number
    - 9.2.8.3.5 Authorized representative's name

- 9.2.8.3.6 Valid dates
  - 9.2.8.3.7 The amount, unit (such as case, can or bottle), product name and product description (powder, concentrate or ready to use); if whole cases are issued, the number of units per case must be specified on the voucher.
  - 9.2.8.3.8 Scan the original (white) special formula voucher into the participant's SPIRIT record before issuing to an authorized representative.
  - 9.2.8.3.9 When the voucher is processed for payment, state agency staff must scan the voucher payment approval into the participant's electronic record.
10. If a prescription request is received for a MaineCare member who is not enrolled in WIC, fax the prescription to the MaineCare prior authorization contractor.
    - 10.1. Note on request that this is not a WIC participant.
    - 10.2. MaineCare members are not required to be WIC participants to receive formula through MaineCare.
  11. The State Agency provides a specially tailored package for:
    - 11.1. Women/children with special dietary needs
    - 11.2. Homeless individuals
    - 11.3. Families with limited refrigeration
    - 11.4. Women requesting or children needing fortified soy beverage or tofu
  12. The State Agency develops specific tailoring guidelines for use in all local agencies.
  13. The provision of less than the maximum monthly allowance of supplemental foods to an individual WIC participant in all food packages is appropriate only when:
    - 13.1. Medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy, or to fulfill a prescription by the health care provider);
    - 13.2. Participant refuses or cannot use the maximum monthly allowance; or
    - 13.3. The quantities necessary to supplement another program's contribution to fill a medical prescription are less than the maximum monthly allowance.
    - 13.4. Staff shall document in the participant file any changes to maximum issuance.

14. Only trained Local Agency staff shall prescribe standard or individually-tailored food packages.
15. The State Agency requires medical documentation to issue the following supplemental foods:
  - 15.1. Any WIC-eligible nutritional prescribed to a child or adult who receives Food Package III
  - 15.2. Any authorized supplemental food issued to participants who receive Food Package III
    - 15.2.1. Health care providers may authorize the WIC Registered Dietitian to identify appropriate supplemental foods, their prescribed amounts and length of time for these participants.
    - 15.2.2. This authorization by the health care provider shall be documented on the Maine CDC WIC Nutrition Program/MaineCare Request/Prior Authorization for Medical Formula/WIC-Eligible Nutritionals (Appendix NS-2-G) form.
  - 15.3. Infants who are changing from Food Package III to Food Package I or II
  - 15.4. Children who are changing from Food Package III to Food Package IV
  - 15.5. Women who are changing from Food Package III to Food Package V, VI or VII
  - 15.6. Whole milk prescribed for children aged 24 months and older, or women who receive Food Package III