

Medical Documentation

Policy

USDA Federal Regulations: (d) Medical documentation—(1) Supplemental foods requiring medical documentation. Medical documentation is required for the issuance of the following supplemental foods:

- (i) Any non-contract brand infant formula;
- (ii) Any infant formula prescribed to an infant, child, or adult who receives Food Package III;
- (iii) Any exempt infant formula;
- (iv) Any WIC-eligible nutritional;
- (v) Any authorized supplemental food issued to participants who receive Food Package III;
- (vi) Any contract brand infant formula that does not meet the requirements in Table 4 of paragraph (e)(12) of this section.

(2) Medical documentation for other supplemental foods. (i) State agencies may authorize local agencies to issue a non-contract brand infant formula that meets the requirements in Table 4 of paragraph (e)(12) of this section without medical documentation in order to meet religious eating patterns.

(3) Medical Determination. For purposes of this program, medical documentation means that a health care professional licensed to write medical prescriptions under State law has:

- (i) Made a medical determination that the participant has a qualifying condition as described in paragraphs (e)(1) through (e)(7) of this section that dictates the use of the supplemental foods, as described in paragraph (d)(1) of this section; and
- (ii) Provided the written documentation that meets the technical requirements described in paragraphs (d)(4)(ii) and (d)(4)(iii) of this section.

(4) Technical Requirements—(i) Location. All medical documentation must be kept on file (electronic or hard copy) at the local clinic. The medical documentation kept on file must include the initial telephone documentation, when received as described in paragraph (d)(4)(iii)(B) of this section.

- (ii) Content. All medical documentation must include the following:
 - (A) The name of the authorized WIC formula (infant formula, exempt infant formula, WIC-eligible nutritional) prescribed, including amount needed per day;
 - (B) The authorized supplemental food(s) appropriate for the qualifying condition(s) and their prescribed amounts;
 - (C) Length of time the prescribed WIC formula and/or supplemental food is required by the participant;
 - (D) The qualifying condition(s) for issuance of the authorized supplemental food(s) requiring medical documentation, as described in paragraphs (e)(1) through (e)(7) of this section; and

(E) Signature, date and contact information (or name, date and contact information), if the initial medical documentation was received by telephone and the signed document is forthcoming, of the health care professional licensed by the State to write prescriptions in accordance with State laws.

(iii) Written confirmation—(A) General. Medical documentation must be written and may be provided as an original written document, an electronic document, by facsimile or by telephone to a competent professional authority until written confirmation is received.

(B) Medical documentation provided by telephone. Medical documentation may be provided by telephone to a competent professional authority who must promptly document the information. The collection of the required information by telephone for medical documentation purposes may only be used until written confirmation is received from a health care professional licensed to write medical prescriptions and used only when absolutely necessary on an individual participant basis. The local clinic must obtain written confirmation of the medical documentation within a reasonable amount of time (i.e., one or two week's time) after accepting the initial medical documentation by telephone.

(5) Medical supervision requirements. Due to the nature of the health conditions of participants who are issued supplemental foods that require medical documentation, close medical supervision is essential for each participant's dietary management. The responsibility remains with the participant's health care provider for this medical oversight and instruction. This responsibility cannot be assumed by personnel at the WIC State or local agency. However, it would be the responsibility of the WIC competent professional authority to ensure that only the amounts of supplemental foods prescribed by the participant's health care provider are issued in the participant's food package.

(11) Maximum monthly allowances of supplemental foods for children and women with qualifying conditions in Food Package III. The maximum monthly allowances, options and substitution rates of supplemental foods for participants with qualifying conditions in Food Package III are stated in Table 3 as follows:

TABLE 3—MAXIMUM MONTHLY ALLOWANCES (MMA) OF SUPPLEMENTAL FOODS FOR CHILDREN AND WOMEN WITH QUALIFYING CONDITIONS IN FOOD PACKAGE III

Foods ¹	Children	Women		
	1 through 4 years	Pregnant and partially breastfeeding (up to 1 year postpartum) ²	Postpartum (up to 6 months postpartum) ³	Fully breastfeeding, (up to 1 year post-partum) ⁴⁵
Juice, single strength ⁶	128 fl oz	144 fl oz	96 fl oz	144 fl oz.

WIC Formula ⁷⁸	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate.
Milk	16 qt ⁹¹⁰¹¹¹²¹³	22 qt ⁹¹⁰¹¹¹²¹⁴	16 qt ⁹¹⁰¹¹¹²¹⁴	24 qt ⁹¹⁰¹¹¹²¹⁴ .
Breakfast cereal ¹⁵¹⁶	36 oz	36 oz	36 oz	36 oz.
Cheese	N/A	N/A	N/A	1 lb.
Eggs	1 dozen	1 dozen	1 dozen	2 dozen.
Fruits and vegetables ¹⁷¹⁸¹⁹	\$9.00 in cash-value vouchers	\$11.00 in cash-value vouchers	\$11.00 in cash-value vouchers	\$11.00 in cash-value vouchers.
Whole wheat or whole grain bread ²⁰	2 lb	1 lb	N/A	1 lb.
Fish (canned)	N/A	N/A	N/A	30 oz.
Legumes, dry ²¹ and/or Peanut butter	1 lb or 18 oz	1 lb and 18 oz	1 lb or 18 oz	1 lb and 18 oz.

Table 3 Footnotes: N/A = the supplemental food is not authorized in the corresponding food package.

¹Table 4 of paragraph (e)(12) of this section describes the minimum requirements and specifications for the supplemental foods. The competent professional authority (CPA), as established by State agency policy, is authorized to determine nutritional risk and prescribe supplemental foods per medical documentation.

²This food package is issued to two categories of WIC participants: Women participants with singleton pregnancies and breastfeeding women whose partially (mostly) breastfed infants receive formula from the WIC Program in amounts that do not exceed the maximum formula allowances as appropriate for the age of the infant as described in Table 1 of paragraph (e)(9) of this section.

³This food package is issued to two categories of WIC participants: Non-breastfeeding postpartum women and breastfeeding postpartum women whose breastfed infants receive more than the maximum infant formula allowances as appropriate for the age of the infant as described in Table 1 of paragraph (e)(9) of this section.

⁴This food package is issued to four categories of WIC participants: Fully breastfeeding women whose infants do not receive formula from the WIC Program; women pregnant with two or more fetuses; women partially (mostly) breastfeeding multiple infants from the same pregnancy, and pregnant women who are also partially (mostly) breastfeeding singleton infants.

⁵Women fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the maximum allowances.

⁶Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the maximum monthly allowance for single-strength juice.

⁷WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals.

⁸Powder and ready-to-feed may be substituted at rates that provide comparable nutritive value.

⁹Whole milk is the standard milk for issuance to 1-year-old children (12 through 23 months). Fat-reduced milks may be issued to 1-year old children as determined appropriate by the health care provider per medical documentation. Lowfat (1%) or nonfat milks are the standard milks for issuance for children ≥ 24 months of age and women. Whole milk or reduced fat (2%) milk may be substituted for lowfat (1%) or nonfat milk for children ≥ 24 months of age and women as determined appropriate by the health care provider per medical documentation.

¹⁰Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk or a 1:2 fluid ounce substitution ratio. Dry milk may be substituted at an equal reconstituted rate to fluid milk.

¹¹For children and women, cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. For children and women in the pregnant, partially breastfeeding and postpartum food packages, no more than 1 pound of cheese may be substituted. For women in the fully breastfeeding food package, no more than 2 pounds of cheese may be substituted for milk. State agencies do not have the option to issue additional amounts of cheese beyond these maximums even with medical documentation. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in the pregnant, partially breastfeeding and postpartum food packages. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the fully breastfeeding food package.)

¹²For children and women, yogurt may be substituted for fluid milk at the rate of 1 quart of yogurt per 1 quart of milk; a maximum of 1 quart of milk can be substituted. Additional amounts of yogurt are not authorized. Whole yogurt is the standard yogurt for issuance to 1-year-old children (12 through 23 months). Lowfat or nonfat yogurt may be issued to 1-year-old children (12 months to 23 months) as determined appropriate by the health care provider per medical documentation. Lowfat or nonfat yogurts are the standard yogurt for issuance to children ≥ 24 months of age and women. Whole yogurt may be substituted for lowfat or nonfat yogurt for children ≥ 24 months of age and women as determined appropriate by the health care provider per medical documentation. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in the pregnant, partially breastfeeding and postpartum food packages. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the fully breastfeeding food package.)

¹³For children, soy-based beverage and tofu may be substituted for milk as determined appropriate by the health care provider per medical documentation. Soy-based beverage may be substituted for milk on a quart for quart basis up to the total maximum allowance of milk. Tofu may be substituted for milk for children at the rate of 1 pound of tofu per 1 quart of milk. (No

more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children.) Additional amounts of tofu may be substituted, up to the maximum allowance for fluid milk for children, as determined appropriate by the health care provider per medical documentation.

¹⁴For women, soy-based beverage may be substituted for milk on a quart for quart basis up to the total maximum monthly allowance of milk. Tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the pregnant, partially breastfeeding and postpartum food packages. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the fully breastfeeding food package.) Additional amounts of tofu may be substituted, up to the maximum allowances for fluid milk, as determined appropriate by the health care provider per medical documentation.

¹⁵32 dry ounces of infant cereal may be substituted for 36 ounces of breakfast cereal as determined appropriate by the health care provider per medical documentation.

¹⁶At least one half of the total number of breakfast cereals on the State agency's authorized food list must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content" as defined in Table 4 of paragraph (e)(12) of this section.

¹⁷Both fresh fruits and fresh vegetables must be authorized by State agencies. Processed fruits and vegetables, i.e., canned (shelf-stable), frozen, and/or dried fruits and vegetables may also be authorized to offer a wider variety and choice for participants. State agencies may choose to authorize one or more of the following processed fruits and vegetables: canned fruit, canned vegetables, frozen fruit, frozen vegetables, dried fruit, and/or dried vegetables. The cash-value voucher may be redeemed for any eligible fruit and vegetable (refer to Table 4 of paragraph (e)(12) of this section and its footnotes). Except as authorized in paragraph (b)(1)(i) of this section, State agencies may not selectively choose which fruits and vegetables are available to participants. For example, if a State agency chooses to offer dried fruits, it must authorize all WIC-eligible dried fruits.

¹⁸Children and women whose special dietary needs require the use of pureed foods may receive commercial jarred infant food fruits and vegetables in lieu of the cash-value voucher. Children may receive 144 oz of commercial jarred infant food fruits and vegetables and women may receive 160 oz of commercial jarred infant food fruits and vegetables in lieu of the cash-value voucher. Infant food fruits and vegetables may be substituted for the cash-value voucher as determined appropriate by the health care provider per medical documentation.

¹⁹The monthly value of the fruit/vegetable cash-value vouchers will be adjusted annually for inflation as described in §246.16(j).

²⁰Whole wheat and/or whole grain bread must be authorized. State agencies have the option to also authorize brown rice, bulgur, oatmeal, whole-grain barley, whole wheat macaroni products, or soft corn or whole wheat tortillas on an equal weight basis.

²¹Canned legumes may be substituted for dry legumes at the rate of 64 oz. (e.g., four 16-oz cans) of canned beans for 1 pound dry beans. In Food Packages V and VII, both beans and peanut butter must be provided. However, when individually tailoring Food Packages V or VII for nutritional reasons (e.g., food allergy, underweight, participant preference), State agencies

have the option to authorize the following substitutions: 1 pound dry and 64 oz. canned beans/peas (and no peanut butter); or 2 pounds dry or 128 oz. canned beans/peas (and no peanut butter); or 36 oz. peanut butter (and no beans).

Authority

7 CFR Part 246.10(d)(1)(i-vi)

7 CFR Part 246.10(d)(2)(i)

7 CFR Part 246.10(d)(3-5)

7 CFR Part 246.10(e)(11)

Procedures

Issue one month of food benefits when the written medical documentation from the medical provider is pending. When adequate documentation is provided, issue two more months of benefits to the family.

The following Iowa health care providers have prescriptive authority:

- Physicians
- Physician Assistants
- Advanced Registered Nurse Practitioners including pediatric nurse practitioners and family nurse practitioners.

Copies of the Iowa Administrative Code are on file in the state office.

RNs, LDs and WIC nutrition educators are not prescribing authorities.

A WIC CPA may use the following forms to collect the documentation and per policy can be collected as an original written document, an electronic document or facsimile:

- A fully completed Special Formula and Food Documentation Form. (See Nutrition Services forms folder for a copy of this form).
- Other written documents with all of the required information listed in the policy above.

The section below describes how to document information from the medical documentation form.

- On the Food Package Panel, check the box labeled “Special Diet”.
- Click on the hyperlink to the right of the Special Diet box titled “Documentation”. This brings up the “Food Package Documentation” box.
- Click on the radio button titled “Medical Documentation” and fill out the required information (Rx Expiration Date, Medical Diagnosis, Authority, and Doc ID). Click Close.
- Enter the appropriate food package.
- Choose the “Doc ID” number that corresponds with this food package.

All medical documentation must be scanned and electronically filed in the WIC data system. Follow the steps below when scanning the medical documentation form into the WIC data system.

- Scan the medical documentation form and save the file to the computer desktop.
- Bring up the “Document Scan” pop up by going to File and clicking on “Document Scan”.
- Enter a document description. The description should be used using consistent language (i.e. Medical Documentation, participant first name, date).
- Click on “Existing Document” and find the medical documentation form file and upload to the data system.
- Once uploaded, the medical documentation form file should be deleted and the medical documentation form should be shredded. A hard copy should not be maintained.

The collection of medical documentation information by telephone should be used only when absolutely necessary. In this case the WIC CPA must:

- Record all of the required documentation listed above,
- Document the telephone call in a nutrition care plan including the contact information for the prescribing authority, and
- Follow-up to obtain written confirmation of the documentation within a reasonable amount of time (i.e., one or two weeks).

Health care providers may refer to the WIC CPA for identifying appropriate supplemental foods (excluding WIC formula) and their prescribed amounts, as well as, length of time the supplemental foods are required by the participant. This allowance must be indicated by the health care provider on the medical documentation form.

Medical documentation is not required when a family reports religious reasons as the rationale for a non-contract infant formula. This section describes how to document these requests in the data system.

- On the Food Package Panel, check the box labeled Special Diet. This will allow the issuance of a non-contract infant formula.
- Click on the hyperlink to the right of the Special Diet box titled “Documentation”. This brings up the “Food Package Documentation” box.
- Click on the radio button titled “Religious Reason”. Fill in the required fields (Additional details and Doc ID). Click on close. This turns off the requirement for the other medical documentation.
- Select the appropriate model food package and edit as needed.

Best Practices

The table below describes how the Special Formula and Food Documentation form can best be utilized and completed:

- The CPA can complete the Participation Information (Participant Name, Parent/Guardian Name, DOB, and Phone Number).
- The CPA reviews the release of information with the participant or parent/guardian.
- The participant or parent/guardian signs the release.
- The form is delivered to the prescribing authority via the mail, fax or by the participant or parent/guardian.
- The prescribing authority completes the relevant sections of the form (Formula and Supplemental Foods), signs the form and returns it to the local WIC agency.
- The CPA must review the form received from the prescribing authority to ensure that all information is completed appropriately.
- If all information is adequate, provide the appropriate food package.

Note: Since this form requires a medical diagnosis and ICD-10 code, a prescribing authority must complete all sections of the form, except for the Participation Information.

Each agency should develop a plan to ensure that follow-up is completed. Examples:

- The form could be put in a “tickler file.” The tickler files could be organized by WIC CPAs, clinics or counties depending on what best meets the agency’s needs.
- Write alert messages in the WIC data system

See the Special Children and Woman Food Packages policy for more information on food package III.