

**Questions and Answers from WIC Prescriptions Webinar (7/29/09)  
and New Food Choices Training (8/09)  
September 29, 2009**

**Why WIC has prescribed foods and formulas**

When the Institute of Medicine (IOM) evaluated the WIC food packages, they also looked at what WIC was providing to meet the needs of medically challenged clients. The IOM recommended that these clients should be offered WIC foods unless their medical condition warrants a restriction, and that the client's health care provider should make that determination.

Based on the IOM recommendations, the new federal rules state that it is the medical provider's responsibility - and not WIC's - to authorize whether foods should or should not be restricted.

For children, the IOM specifically stated that soy products should not be substituted for milk unless prescribed in writing by a medical provider. And that: "Through nutrition education parents or guardians will learn that children are at nutrition risk when milk is replaced by other foods."

**The role of the WIC Nutritionist**

The Nutritionist provides leadership to clinic staff and medical providers in understanding the WIC prescriptions process and to help clients obtain the appropriate formula and foods through WIC or by referring them to a third party, such as Medicaid. The Nutritionist can serve as a liaison between the WIC agency and medical providers.

The Nutritionist should be the role model for providing client centered education and support staff on how to conduct the nutrition assessment to really focus on the needs of the client requesting a prescribed formula, milk substitutions, and/or whole milk.

The following table is a summary of the questions asked during the WIC Prescriptions webinar, NFC regional trainings, and questions that came up during the WIC Coordinator meeting on September 15<sup>th</sup>.

**Note:** We used the term "MD" throughout this document. The term represents any health care professional with prescriptive authority.

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#	Key word	Question	Response
1.	Authority	Do nurse practitioners have prescriptive authority in WA? What about naturopaths?	Yes, both have prescriptive authority. A midwife does not have prescriptive authority.
2.	Authority	Can the clerk call the MD and add needed information to complete the Rx form and change the food package?	Yes. In this case, the MD is the CPA that is assigning the food package. The clerk is documenting the prescription.
3.	Authority	Can the RD fill out the WIC Rx form?	Yes. The RD may fill out the form and provide a recommendation on what food package to provide. The medical provider would review the recommendations and sign the form. RD staff should sign off with credentials.
4.	Client Services	Is the flow sheet the only place to record the information from the prescription form?	Notes about the prescription should be documented in the Record Prescription window in Client Services 6.0. Staff may want to document reminder notes in the flow sheet to facilitate follow up to the Rx form.
5.	Client Services	What happens in Client Services to the amount of formula when the infant turns 6 months old?	The amount of formula decreases when the infant turns 6 months old and baby foods are automatically added by Client Services.  If the infant is receiving prescribed formulas and the Rx form indicates to not allow baby foods, then the infant receives the same amount of formula as the 4 – 5 month old.
6.	Client Services	If a client is prescribed Good Start Gentle Plus or Similac Sensitive RS, will the baby food fruits and vegetables need to be added by staff in Client Services?	No. Client Services automatically adds baby food fruits, vegetables and cereal at 6 months of age. Staff must remove the baby foods if the medical provider indicates they are not allowed.
7.	Client Services	It seems confusing if the prescription form is received in the 4th month and then we have to remember that the baby cannot have food until the 6th month. Is there a place in CIMS to record this info?	Document on the Flowsheet or Check Notes to remind staff to remove the baby foods at 6 months. Documenting that baby foods are not allowed in the Record Prescription window will not remove the foods for the infant. Staff still need to remove the foods at 6 months in the Assign Foods window.

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8.	Client Services	How do I move formula over after a prescription is entered?	Client Services will guide you in this task in the Assign Foods window in Check Pick-Up. Foods available to add are on the left side of the screen; foods that will print on the check are on the right side. Mover buttons in the middle make it easy to change food quantities, and remove or add foods.
9.	Client Services	When an MD prescribes an exact number of ounces of formula, when you enter ounces of formula in the Record Prescription window will Client Services calculate the right amount of formula?	<p>No, staff will need to do the math. Staff select the right amount of formula (# of cans) based on the reconstituted yield by type of formula.</p> <p><u>How to do the math:</u></p> <ul style="list-style-type: none"> <li>• Take the number of ounces prescribed per day and multiply by 31 days in the month to get the total number of ounces to provide per month.</li> <li>• Take the total number of ounces to give per month and divide by the number of reconstituted ounces per can to get the number of cans to provide each month. This number varies because of the different can sizes.</li> <li>• Round up to the nearest can. Client Services will not allow you to exceed maximum allowed amounts.</li> </ul> <p>Example: For Similac Sensitive RS, the MD prescribed 20 ounces per day: <math>20 \times 31 = 620 / 93 = 6.66 = 7</math> cans rounded.</p> <p>See the table “Can Sizes, Yields and Maximum Amounts of Formula” available on the WIC website.</p>
10.	Client Services	Will Client Services select the right amount of foods and formulas for children?	Client Services will stop you from over issuing and will help determine how much milk/milk substitutes to provide. The CPA will need to assign a food package and select the correct foods.
11.	Client Services	Will the computer adjust the amount of formula and food based on the age?	Yes, Client Services will support these adjustments. The CPA will still need to work with the caregiver and consider any

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			prescription before assigning the food package.
12.	Client Services	Can you have two active prescriptions at the same time?	No, Client Services will support only one active prescription at a time. If you save a prescription but then discover an error, you can make changes in the Record Prescription window as long as checks have not been printed. If you have difficulties when entering a prescription, please call CIMS Support.
13.	Client Services	What Start Date do I enter into the Record Prescription window? The date I enter the form into Client Services or the date the MD wrote the prescription?	<p>The Start Date is the date the prescription is entered into Client Services; do not enter a past date. The End Date should reflect what the MD intended with the prescription. Staff need to document the number of months for the prescription based on the original prescription start date. Client Services will calculate and fill the End Date based on the number of months.</p> <p>Example:  MD dated Rx form: October 5, 2009  Length of prescription: 6 months  Enter Start Date: November 2, 2009  (date Rx entered into Client Services)  Enter length of prescription: 6 months  End Date: March 31, 2009</p> <p>Note: Client Services will auto-populate with today's date in the Start Date field.</p>
14.	Client Services	Can you enter the Start Date for a Rx form with a date in the future?	No, staff should enter the Start Date as the date the Rx is entered into Client Services. Follow procedures for entering other information from the Rx in above answer.
15.	Client Services	If I receive a Rx form for an infant who currently has a Rx recorded and will soon be a child, can I enter the child Rx form into Client Services?	No, staff need to make a note in the Flowsheet or Check Notes to remind staff to enter the child's Rx form once the infant reaches the first birthday.

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16.	Client Services	What about if the mom holds onto the form for a month or two before bringing it in? Can you put a retroactive start date to reflect the original form's start date?	The Start Date is the date the Rx form is entered into Client Services. Staff calculate how many months are left for the prescription based on the date the MD signed the Rx form and enter the number of months. The end date should reflect what the MD intended with the prescription. <i>Note: This has changed since New Food Choices training.</i>
17.	Client Services	Are there edits in Client Services for the diagnosis when "Other" is selected?	No.
18.	Client Services	What if there is not a CPA available to enter the prescription into Client Services? Who can enter this information?	Any staff may enter prescription information into Client Services. When it comes to assigning the food package: <ul style="list-style-type: none"> <li>• If the prescription is for an exact amount of foods, the MD is considered a CPA, so the Clerk may enter the prescription information from the Rx form into Client Services and issue the food package.</li> <li>• If the MD indicates that WIC staff work with the client/caregiver to determine an amount of food, a CPA needs to assign the food package.</li> </ul>
19.	Client Services	Will prescription information carry over when a woman changes category (e.g. from PG to PP)?  What about going from an infant to a child?	Even though it is not required to obtain a new Rx form when a woman changes category, Client Services discontinues the prescription. Staff must re-enter the prescription and adjust the End Date based on the number of months left in the prescription.  When an infant changes to a child, a new prescription form is needed. This is because the foods are so different that the MD should evaluate what foods WIC should provide.
20.	Client Services	If the Select Amount is not filled in on the Rx form for formula, how much do you document on the Prescribed Formula window?	If the MD did not indicate the amount of formula in the prescription, provide the maximum amount and notify the MD of the amount of formula that was provided. Document the

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			contact with the MD in Client Services.
21.	Client Services	Will Client Services automatically take the foods away if the prescription shows no food should be provided?	No, staff will need to remove the food in the Assign Foods window.
22.	Client Services	When the prescription runs out, will staff have to “discontinue” the prescription or will Client Services do it automatically?	Client Services will discontinue the prescription based on date the prescription ends or when an infant turns 1 year of age. Staff do not have to manually “discontinue” the prescription.
23.	Client Services	If we call the MD on the phone, can we document that on the Rx form or just in Client Services?	Staff should document the information into Client Services. Staff may document on the prescription form if desired (this is optional).
24.	Communication	Am I hearing that I have to contact the doctor every time I get a prescription?	No, not if the form is correctly filled out. In the first months as MD’s are getting familiar with the new forms, staff may choose to contact them to obtain missing information. We have revised the forms based on staff input from the New Food Choices training. We have also clarified WIC policy so staff will know when to contact the MD.  If the prescription form is incomplete, staff have the option to either call the MD or return the form to the client with further instructions.
25.	Diagnosis - formula	Formulas cannot be given for constipation or spitting up. Good Start is given in my clinic for this reason now. Under what circumstances is Good Start given for constipation?	Constipation and spitting up are not qualifying medical diagnoses. It is up to the MD whether he documents gastrointestinal disorder as a qualifying medical diagnosis.
26.	Diagnosis - general	What if the doctor marks a diagnosis, then adds a note that doesn’t seem to connect with the medical reason and you aren’t sure if it’s appropriate?	As long as the doctor has checked a qualifying medical diagnosis, even if the note doesn’t match up, staff may accept the form. Staff do have the option to contact the MD for clarification.
27.	Diagnosis – gluten allergy	If the child is allergic to gluten, could they still get the whole grain choices?	If the MD did not mark “not allow” then whole grains can be given. Staff would direct the client to purchase corn tortillas

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			or brown rice. These choices are usually acceptable for a person with a gluten allergy.
28.	Diagnosis – lactose intolerance	I thought WIC didn't need a diagnosis for Lactose Intolerance? Also, I thought we encouraged Lactaid, etc.	<p>Staff may mark Lactose Intolerance as a risk in Client Services when the client or caregiver self reports Lactose Intolerance and staff ask questions to clarify that the client does have symptoms. Federal regulation does not require a diagnosis when marking the nutrition risk</p> <p>The new federal regulations require that a medical provider must fill out a WIC prescription form in order for a woman to receive additional amounts of tofu or cheese or for any child to receive soy beverage, tofu or additional cheese.</p> <p>Staff should first encourage clients to try Lactaid milk and/or milk substitutes that do not require a prescription. This helps to avoid the whole prescription process and provides the client with appropriate alternatives.</p>
29.	Diagnosis – milk protein allergy	Can a child with a milk protein allergy get both soy and tofu?	Yes, with a completed prescription form.
30.	Diagnosis - other	What is acceptable for "Other?" Is colic, eczema, ear infections, etc. ok? Do staff have to question these diagnoses or can they accept them?	<p>There are many other medical conditions that a client may have that warrant a WIC prescription. However, fussiness, spitting up, constipation, rash, or vomiting are not qualifying medical diagnoses. A qualifying medical condition must affect the client's nutritional status.</p> <p>Staff have the option to question a diagnosis but are not required to do so.</p>
31.	Diagnosis - other	What if "Other" is marked and no diagnosis is provided?	If "other" is marked as a diagnosis and another diagnosis is not provided, staff may either give the form back to the client to

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			<p>take back to the MD to complete or they may call the MD's office to get the needed information.</p> <p>A one month's grace period may be provided for a formula prescription (except when changing from a therapeutic to standard formula, which requires MD approval). There is no grace period for foods.</p>
32.	Diagnosis - vegan	If client is vegan, they would not get eggs, cheese, and milk?	True – those foods would need to be removed when the CPA assigns the food package.
33.	Diagnosis – whole milk	If a PG woman or child has low weight gain, can that be listed as a diagnosis?	<p>Federal regulations do not allow whole milk and cheese to be used to regulate weight. A medical diagnosis must be selected from the list on the WIC prescription form in order for whole milk to be prescribed and provided through WIC.</p> <p>For women, certain medical conditions may cause a client to be underweight, but underweight itself is not an allowable diagnosis.</p> <p>For children, a medical diagnosis of Failure to Thrive would qualify the child for whole milk. A weight management problem would not qualify the client for whole milk as it is not a qualifying medical condition.</p>
34.	Foods - children	Some doctors prescribe low fat milk for children. Is the state looking at the AAP recommendation about lower fat milk for younger kids?	USDA is aware of the recommendations and must revise its rule to allow low fat milk for 1-2 year olds. Until then, we must follow the current policy of providing only whole milk for 1 and 2 year olds.
35.	Foods - children	Can you get the full formula amount AND milk with the full food package?	Yes, if the client has a prescription for formula and the doctor does not mark any foods in box 2b, then both formula and foods including milk are provided. The CPA works with the

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			caregiver to determine the amount of milk the child consumes in addition to the formula and adjusts the food package accordingly.
36.	Foods - children	Does the prescribed formula reduce the amount of milk the child receives?	No, the client may get the maximum amount of both formula and milk.
37.	Foods - children	Kosher cheese is allowed for religious preference. Can we allow soy beverage for their religious preference?	Federal regulations state that prescribed foods must be for medical reasons only. We try to accommodate religious preference as much as possible and that is why we have kosher cheese on our food list as a choice when customizing the food package, not as a prescribed food.
38.	Foods - children	MD prescribes 3 pounds of tofu and the client wants only 2 pounds, can you decrease the amount?	No, if the doctor directs WIC to provide a specific amount, we must provide it. If the client wants the amount changed, then the client or staff need to contact the doctor to get his approval for the change in the prescription.
39.	Foods - children	If the child is prescribed tofu, then the tofu is deducted from the total milk?	Yes, when tofu is provided, the amount would be deducted from the maximum milk allowed.
40.	Foods - formula	Do we have a quick cheat sheet regarding how much formula is provided per can?	See the table “Can Sizes, Yields and Maximum Amounts of Formula” available on the WIC website.
41.	Foods - formula	Why do Good Start Gentle Plus & Similac Sensitive RS formula not increase when no food is provided as is done with the other formulas?	Washington chose to classify these two formulas as therapeutic and offer them as a convenience for clients. They do not meet USDA’s criteria for therapeutic formulas so we can’t provide more of these two formulas when foods are not prescribed.
42.	Foods - formula	How do we determine how many cans to give the partially breastfeeding baby? Is it based on standard or prescribed amounts?	If the MD prescribes a specific amount, then staff determine the number of cans to provide based on that amount. See the referenced table in Answer # 40. If the MD indicates to “Allow up to the maximum” staff need to determine, through a Breastfeeding Review, how much formula to provide. We are developing a tool to help staff determine how much formula to provide.

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43.	Foods - formula	How will doctors know the number of ounces of formula to prescribe?	The maximum amounts for fully formula fed infants are provided on the back of the infant prescription form. The child's Rx form has a table showing the maximum amount of formula in the form's instructions. The MD will either mark the maximum amount or write in the number of ounces to give per day. Staff will then need to convert the ounces/day into cans/month using the table "Can Sizes, Yields and Maximum Amounts of Formula" available on the WIC website..
44.	Foods - formula	Is the policy the same for Ready to Feed (RTF) formulas as in the past?	No, this policy was changed to include a fourth reason for providing RTF formula which is:  The ready to feed physical form of the prescribed therapeutic formula or medical formula is necessary because of the client's medical diagnosis or because it improves the client's ability to consume the amount of formula as ordered by the medical provider. See Volume 1, Chapter 23, pg 47 – Ready to Feed Infant Formula.
45.	Foods - formula	What happens when the MD prescribes Enfamil or something we don't allow?	Refer the client to Medicaid and provide the WIC/Medicaid 1 Nutrition (see Volume 1, Chapter 24, page 38). If the client is not eligible for Medicaid or is denied, contact the state WIC office.
46.	Foods - formula	What if the caregiver refuses to give the infant the formula the MD prescribed and wants the standard formula they were using before?	After receiving an Rx form for a prescribed formula, staff must obtain either verbal or written permission from the MD before changing the client's formula to a standard formula. This can be done by any staff and must be documented in Client Services. Staff also document the contact made to the provider.
47.	Foods - formula	Do you need a new Rx form to give a different formula or can you update the prescription	Staff may provide a one-month grace period if a client needs a different therapeutic formula.

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		verbally?	<p>A one month grace period is not allowed when changing from a prescribed to a standard formula within a current prescription period. The medical provider should determine the client is stable enough to receive a standard formula.</p> <p>When changing to a different therapeutic formula, staff may take the MD's orders over the phone, document in Client Services, and issue checks. The signed prescription form is required the following month for the new therapeutic formula.</p>
48.	Foods - general	Can we adjust the amounts of foods or formula if the client says they don't need them or they have a food allergy?	<p>It depends. If the MD prescribed exact amounts (e.g. 6 pounds of tofu or 20 ounces of formula per day), then staff must follow the prescription until an update is obtained.</p> <p>For other foods that do not have a specific amount (e.g. peanut butter or eggs) WIC staff may remove them upon the client's request.</p> <p>For prescribed foods where the MD indicates "Maximum amount", WIC staff will work with the client to determine the amounts. Staff can make changes as needed without a new prescription when the "Maximum amount" is documented.</p>
49.	Foods - infant	What do we do if only one food is checked in the food box in the infant Rx form when formula is prescribed?	If only one food is checked on the infant Rx form, staff would remove that food and provide the other food. The infant would receive the amount of formula for 6 to 11 month old infants because food is being provided.
50.	Foods - infants	The doctor gets to say how much baby food the baby should eat?	Yes, the MD may indicate specific food restrictions and limit the amount of baby food. We do not expect this to happen often. More commonly, the medical provider will indicate if either baby cereal or baby food fruits and vegetables should <u>not</u> be provided. If nothing is marked on the form for these

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			foods, then staff would provide the maximum amounts allowed.
51.	Foods - infants	If the baby is only 4 months old, how can you give food?	Foods may only be provided to babies at 6 months of age. We no longer are able to provide foods for 4 month old infants.
52.	Foods - infants	Is it allowed to get verbal permission from the MD for infant foods when the younger baby was originally prescribed formula and was not old enough to receive foods?	Yes, staff need to document who they talked to, what the MD directed, and their initials into Client Services.
53.	Foods - infants	Would there be any advantage to the parents to receive the food rather than the additional formula?	This is a choice determined by the MD and the caregiver. It is recommended that staff review the form with the client/caregiver and highlight this option as an important discussion to have with the medical provider. If the infant is developmentally ready, the caregiver or MD may request the infant receive baby foods from WIC. If the infant needs more formula than what the 6 to 12 month old food package provides, the caregiver may choose to receive the additional formula.
54.	Foods - infants	Prescribed formulas and the partially BF food package: If no foods are prescribed for the infant, can the baby get more formula?	<p>If a partially breastfeeding infant 6-12 months needs one of the federally defined therapeutic formulas and the medical provider indicates that baby foods are contraindicated, then yes, the client is eligible for the maximum amount allowed for the 4-5 month old, partially breastfeeding infant. (e.g. up to one-half of the formula in the Part BF 4-5 months food package)</p> <p>Keep in mind that a careful assessment during the Breastfeeding Review will determine the minimal amount of formula needed.</p>
55.	Foods - PediaSure	PediaSure shouldn't be given to infants, so why is it included in the infant charts/tables?	We have removed PediaSure from the infant Rx form. We still list it on the child's form.

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			Under certain circumstances PediaSure might meet a particular older infant's need. State WIC staff approval is required because PediaSure is not recommended for infants under age one. These clients are being closely followed by the medical provider. This is not a change from current policy.
56.	Foods - women	Women don't need a prescription for soy beverage, but do they need one for tofu or cheese above the standard amount allowed for substitution?	Yes, this is because the Institute of Medicine tried to create a balance between meeting the client's needs and keeping the food packages cost neutral. They reasoned that before clients are issued these higher cost foods, there should be a medical need for them.  See the New Food Choices Training, WIC Foods section, Leader's Guide page 32 for a table of amounts allowed for standard substitution without a prescription.
57.	Foods - women	Can a woman receive 4-6 pounds of tofu without a prescription?	Yes. It depends on the client's category in regards to how much tofu the woman receives. A table displaying the maximum amounts of milk substitutes for women categories is now on the woman's prescription form. All prescription forms are available from the WIC web site.
58.	Foods - women	If a woman is vegan who wants the maximum amount of tofu, what can she do?	Staff may provide all soy beverage and/or substitute up to the allowed amount (4 – 6 lbs) of tofu without a prescription. The client would need a qualifying medical diagnosis in order to receive more tofu.
59.	Forms - all	Is a verbal update to an active prescription from the MD sufficient for foods and formula?	Yes, staff can obtain verbal (or written) authorization from the MD to update an active Rx that is already on file. Document the updated information about the Rx in the Record Prescription window in Client Services and information about the contact.
60.	Forms - all	Was it the state's decision or a federal decision to	The forms were the state's decision. The forms will help the

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		provide Rx forms?	MDs provide all the required information per federal regulations. All states have developed forms to meet these requirements.
61.	Forms - all	If we have the Prescription forms scanned in, do we have to keep the paper copy?	No, scanned copies are acceptable.
62.	Forms - all	Can we send the same form back to the MD if it is incomplete?	<p>Staff have the following options:</p> <ul style="list-style-type: none"> <li>• Make a copy of the prescription form, highlight/circle what areas need to be completed, and give the form to the client to take to their MD.</li> <li>• Fax/send the form directly to the MD to complete.</li> <li>• Call the MD to obtain the missing information, if WIC staff have time.</li> </ul>
63.	Forms - all	What happens when the prescription for the foods and formulas get out of sync (have different dates)?	<p>Once you have printed checks for a prescribed formula or foods, the prescription in Client Services is not editable.</p> <p>Depending on the food, you can document changes in the notes field in the Record Prescription window to update the current prescription (e.g. adding infant foods). The changes to the food package are made in the Assign Foods window.</p> <p>For other changes (e.g. adding tofu for a child), staff would need to discontinue the current Rx and enter a new Rx using the original formula prescription date. If the new Rx form includes both formula and foods, enter the new prescription date. Call CIMS Support if you have questions.</p>
64.	Forms - all	Can an MD stamp the form (has name, phone, fax number, etc.) and sign?	Yes, the MD can stamp the provider's name, phone and fax number on the form. An original signature is required.
65.	Forms – all	Can the MD stamp the signature area?	No, an original signature is required.
66.	Forms – all	Can staff mark up the Rx form to cross out areas that don't apply or fill out areas staff want to	Yes, staff are encouraged to mark up the form in order for the medical provider to fill it out correctly.

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		recommend?	
67.	Forms - children	What if the MD doesn't fill in box 2b? Do we assume he does not want the child to have the foods or to have them?	If none of the foods are marked in box 2b as "not allowed" in the Child's form, staff shall issue a child's food package. <i>Note: We changed the child's Rx form since the New Food Choices training.</i>
68.	Forms - children	If a child is prescribed PediaSure, when can they go back to standard food package?	In this case, a standard food package may be provided only after staff receive authorization from the MD to issue the food package. A child on PediaSure can receive both PEDIASURE and the child's standard food package when prescribed by the MD.
69.	Forms -- children	If the child's 1 <sup>st</sup> birthday is the 6 <sup>th</sup> and they come in on the 7 <sup>th</sup> , do they need a new child form to get formula?	Staff cannot provide formula to the 1 year old child unless there is a likelihood of a qualifying medical diagnosis. Federal regulations require children to receive a child's food package when the child turns 1 year old. In the past, clients or staff may have selected formula in the 12th month, to provide one more month of formula. Federal regulations do not allow formula for a 1 year old child unless the child has a qualifying medical diagnosis.  If a new child Rx form is needed, a grace period can be given for formula only.
70.	Forms - infant	Will infants with 6-month prescriptions have to have a new prescription when turning 1 year old?	Yes, clients return to standard food packages at age 1 and need a new prescription. A one month grace period can be given for formula.
71.	Forms - infant	If box 3 is not completed, do staff assume the MD wants the infant to have the food?	Yes, the form has been changed to clarify that if the boxes for baby cereal and baby food fruits and vegetables are not marked as contraindicated, WIC will provide the foods.
72.	Forms - infant	Can the MD fill out the form for baby foods early?	Yes, the MD may fill out the form before the infant turns 6 months of age.

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		Do we need a new form at 6 months for the food?	WIC will provide baby foods at 6 months of age without a new prescription unless the MD marks on the form to not allow them. Staff may suggest that the caregiver talk to the MD about the appropriateness of baby foods to help obtain a complete prescription form from the MD.
73.	Forms - women	If the amount of food for the category is less than the amount the MD put on the Rx form (because the client category changed) how should we handle this?	We assume that most MDs will check “provide up to the maximum amount” for the foods. If the MD specifies an amount of food that is greater than the maximum amount allowed, then provide the maximum amount and notify the MD that the client received “x” amount, which is the maximum WIC can provide the client.
74.	Grace periods	If the prescription ends before the first birthday, can the client receive the same formula and foods for one more month?	It depends. If the child comes in prior to the child’s first birthday, then formula is issued. If the child comes in after the first birthday, then a child’s food package is issued. If the 1 year old child has a likelihood of a qualifying medical diagnosis, then staff could issue checks for formula using the one month grace period. A completed Rx form would need to be on file prior to issuing formula in the 13 <sup>th</sup> month.
75.	Grace periods	If we make a suggestion for another formula because the infant is really not doing well on Similac Advance, can we give a grace period for the formula we recommend?	Staff should suggest other standard, non-therapeutic formulas before recommending a therapeutic formula. If a child is not doing well on a standard formula, it is recommended they see the RD so that he/she may further evaluate the client’s situation and coordinate care with the client’s medical provider.
76.	Grace periods	If the MD chooses not to fill out a child’s prescription form for formula after one year, can the child receive formula with grace period?	No, the prescription has ended. Assign the standard food package.
77.	Grace periods	What if baby has never been seen by a MD, or custody has changed and the caregiver doesn’t have any medical coverage or medical history for	A one month grace period may be provided for a therapeutic formula.

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#	Key word	Question	Response
		baby?	
78.	Grace periods	For the formula grace period, do we give the minimum amount?	For formula fed infants, you would give the maximum amount allowed for the baby's age. If the infant is breastfeeding, the CPA determines the appropriate amount of formula during a Breastfeeding Review.
79.	Grace periods	Is a grace period allowed when switching from a prescribed formula to another prescribed formula?  What about going from a prescribed formula to a standard formula?	Staff may give a grace period while the caregiver/MD is determining which therapeutic formula the infant will tolerate and a Rx is on file for a different therapeutic formula.  Authorization from the MD is required to change from a prescribed therapeutic formula to a standard formula. A grace period is not allowed in this situation.
80.	Grace periods	What do you document for the "documentation on file" question when giving a grace period?	In the Record Prescription window, when documenting Grace Period, select "No" for documentation on file and enter one month.
81.	Grace periods	Can you give a one month grace period for PediaSure for children?	A one-month grace period is allowed for children. It is not allowed for infants. When PediaSure is prescribed for children, the MD must also prescribe foods before they can be given.
82.	Transition	If we have an old Formula Substitution form with a 6 month time frame, do we enter the 6 months or the 1 year?	The best practice is to enter the actual information from the Formula Substitution form on file. During transition, if staff do not have the Formula Substitution form available, they have the option to mark the diagnosis as "Other" and set the prescription length for one year or until the infant's first birthday.
83.	Transition	Can we have clients still use the current Formula Substitution sub form after October?	The best practice is for medical providers to use the new prescriptions forms which comply with the current policy and contains all the required information. The new WIC Rx forms are posted on the WIC website.

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#	Key word	Question	Response
			If client comes in with the old Formula Substitution form, staff may accept it and provide formula only. A new Rx form would be needed to provide foods.
84.	Transition	If an infant or child with a current substitution form was receiving foods, do we have to get a new Rx in place before we can issue foods in October?	<p>Staff have the following options:</p> <ul style="list-style-type: none"> <li>• For infants: provide the maximum amount of formula if the client does not receive baby foods.</li> <li>• Provide foods without an updated Rx form only if the CPA assesses the appropriateness of adding foods and assigns the appropriate food package by determining if:               <ol style="list-style-type: none"> <li>1. the client is eating these foods currently without problems;</li> <li>2. the client has no known allergies to any of the WIC foods to be issued, and</li> <li>3. the client has no other medical conditions where issuing the foods would cause harm.</li> </ol> </li> <li>• Request an updated Rx form for foods if the CPA is not available. Staff should notify the medical provider of any changes to the food package and ask that the medical provider notify them if the food package should be changed.</li> </ul> <p>Note: Infants 6 to 12 months of age who are receiving Nutramigen, Alimentum, NeoSure or EnfaCare formula will receive less formula if they receive baby foods.</p>
85.	Transition	In October can we allow an Rx on the MD's prescription pad during the transition month (or in general if it meets all the requirements)?	No, we have communicated to providers that as of October 1 <sup>st</sup> we are no longer accepting prescriptions using MD prescription pads.
86.	WIC/MAA form & Medical foods form	What is the difference between the WIC Medicaid Form <u>and</u> WIC Medical Foods Forms?	The WIC/MAA Medical Nutrition Information Form (WIC/MAA Form) is provided to Medicaid eligible clients to obtain a formula through Medicaid that WIC does not provide

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			<p>or to obtain additional amounts of formula beyond what WIC is allowed to give. Medicaid requires notification (WIC/MAA form is a denial form) that WIC cannot provide a formula/food before Medicaid will pay for it.</p> <p>The WIC Medical Foods/Medical Formulas form is used in the rare instance when WIC must provide a formula or food to a client that is not covered by Medicaid or a third party insurer.</p>
87.	WIC/MAA form & Medical foods form	What do you do if the client needs a formula that WIC does not provide?	<p>The client must first try to get the formula through Medicaid or through a 3<sup>rd</sup> party such as TRICARE.</p> <p>If the client is on Medicaid, then provide the WIC/MAA Form to the client so that Medicaid can provide the formula.</p> <p>If the client's claim is denied, then call the state WIC office and ask for LATA assistance.</p>



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