

**Connecticut WIC Program Manual
Federal Fiscal Year 2018**

Section: Food Delivery

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SECTION: Food Delivery**SUBJECT: Food Delivery Statewide System**

POLICY

The Connecticut WIC program utilizes a statewide computerized food delivery system. The system is used by local agencies to:

- Complete the enrollment of a participant during the initial certification visit, and
- Provide benefits which are used by the participant to purchase approved foods at authorized retail stores.

To enroll a participant in the computerized food delivery system, the local staff person completes the certification process. The certification process is used to capture all necessary information about new participants including demographic, health, and risk information. If a participant qualifies for the WIC program, a Competent Professional Authority (CPA) assigns the appropriate food package during this process.

Benefits are issued while the participant waits. A maximum of three months of benefits may be issued at one time. The participant will be issued a shopping/benefits list which specifies the type and amount of food to be purchased as well as the valid dates of use.

A family will be issued one card for all WIC eligible participants. Family members' benefits will be aggregated.

For example: If a mother has three children participating on WIC, they will receive one benefit list. Their benefit list may look like this:

.You can anticipate receiving the following WIC foods for September 23, 2016 to October 22, 2016.

However, if the WIC status of a family member changes before the benefits are available, the foods you receive may also change.

Ethan ID#: 201401753

1 LB	CHEESE - ALL AUTHORIZED
1 DOZ	EGGS - LARGE ONLY -ALL AUTHORIZED
36 OZ	BREAKFAST CEREAL - ALL AUTHORIZED HOT AND COLD
1 LB	LEGUMES-DRY OR CANNED BEANS, PEAS OR LENTILS AND/OR PEANUT BUTTER
2 LB	WHOLE WHEAT/WHOLE GRAIN BREAD, SOFT CORN OR WHOLE WHEAT TORTILLAS, BROWN RICE, WHOLE WHEAT/WHOLE GRAIN PASTA
8 \$\$\$	FRUITS AND VEGETABLES - CASH VALUE VOUCHER
1 QT	YOGURT - ALL AUTHORIZED
3 GAL	MILK - WHOLE-FLUID, EVAPORATED, LACTOSE FREE/LACTOSE REDUCED, GOAT, KOSHER
128 OZ	JUICE - ALL CATEGORIES - 12 OZ FROZEN (=48 OZ LIQUID) OR 64 OZ LIQUID

SECTION: Food Delivery**SUBJECT: Initial Enrollment in the Food Delivery System**

Federal Regulations: §246.12 (e)-(f), 246.10 (b)(2)(ii) and 246.10(e)

POLICY

The foods allowed on the WIC program have been selected according to their nutrient content, cost, availability and acceptability. These foods are grouped into "food packages" designed to supplement the participant's nutrient and caloric needs.

The local agency staff shall explain to participants the type and amount of foods which are pertinent to their needs.

Explain verbally the type of foods approved for the WIC program. An audio-visual presentation may be used for reinforcement purposes only.

Instruct the Authorized Person or Caretaker to sign the Family Benefits List for benefits received.

SECTION: Food Delivery**SUBJECT: WIC Approved Food Guide**

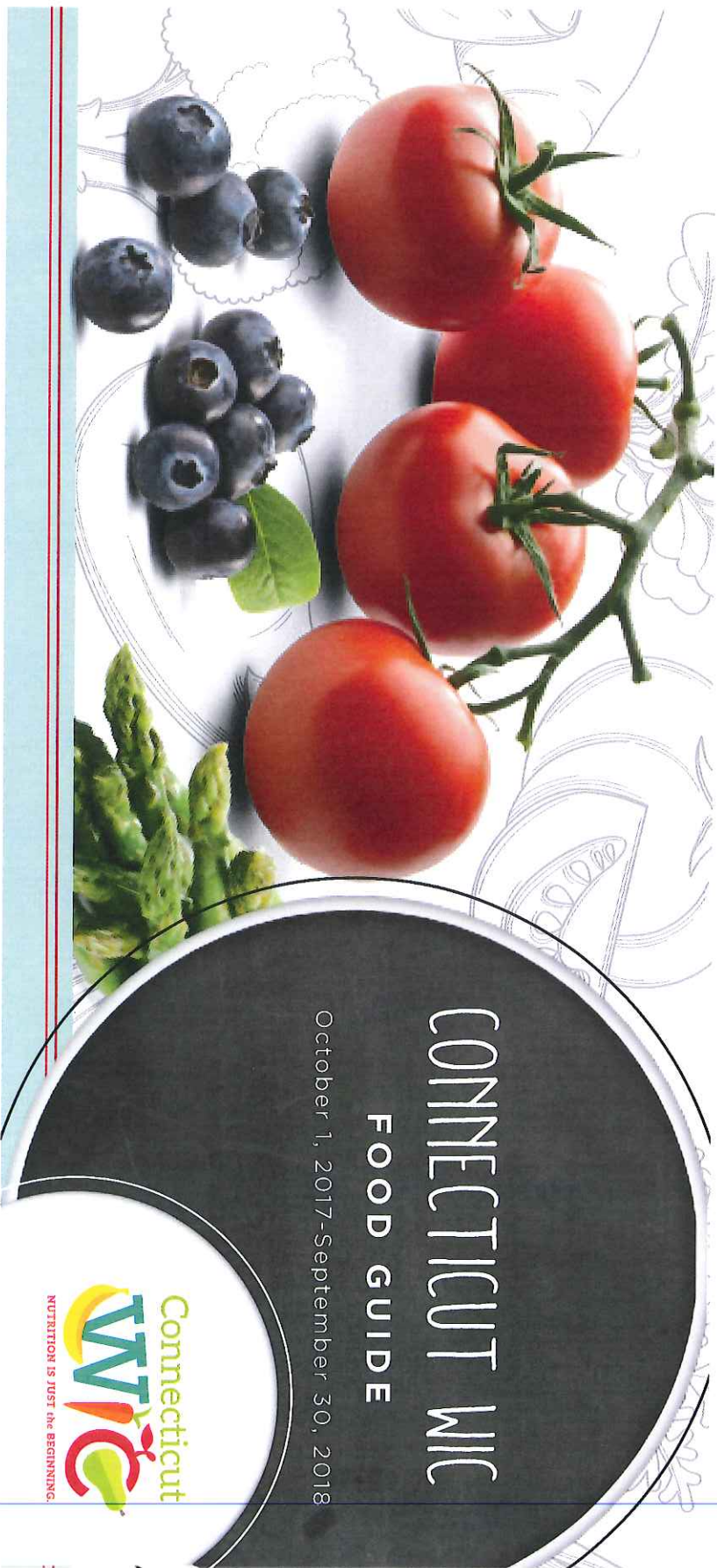
See WIC 200-16 and WIC 400-02

POLICY

The local agency staff shall issue and explain the WIC Approved Food Guide to each participant/family upon enrollment in the Program. Review of WIC foods and Food Guide may need to occur at mid or re-certifications or more often as needed.

The least expensive brand is no longer required, but due to cost saving measures, the WIC participant may be encouraged to purchase the least expensive product. The participant will have a choice to purchase National or Store brand WIC approved food items where it is indicated in the WIC Approved Food Guide.

Both English and Spanish Food Guides are available through the State agency.



CONNECTICUT WIC FOOD GUIDE

October 1, 2017-September 30, 2018



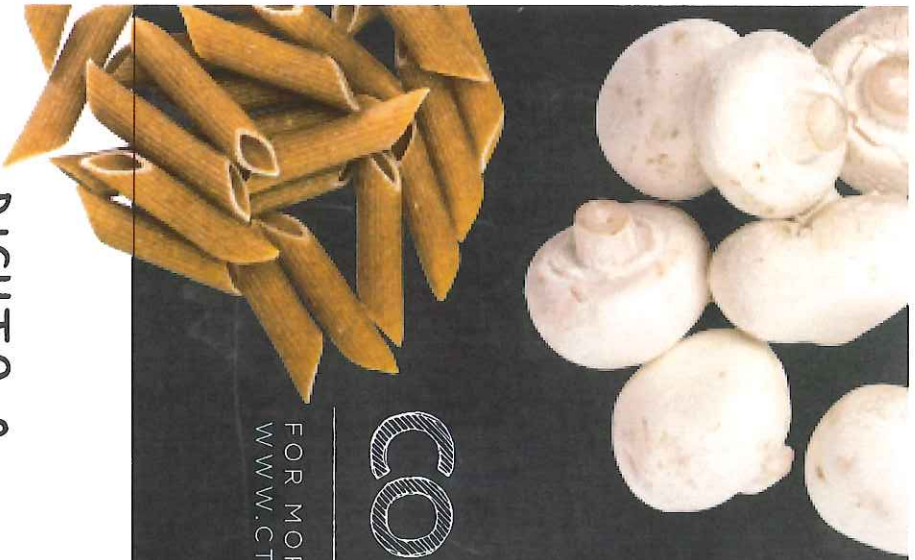


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WWW.CT.GOV/DPH/WIC

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RIGHTS & RESPONSIBILITIES



YOUR RIGHTS:

- WIC provides nutrition education, breastfeeding information and support and healthy foods.
- WIC will help you connect with other resources that may help your family including HUSKY A/Medicaid, local food banks and health services.
- All information you give to WIC will be kept private.
- If you feel you have been discriminated against, you may file a complaint.
- Standards to participate in the WIC Program are the same for everyone, regardless of race, color, national origin, age, disability, or sex.
- If you need interpreter services/TTD please ask WIC staff.

YOUR RESPONSIBILITIES:

- Treat WIC and store staff with courtesy and respect. If you feel that a store, a WIC participant or a staff person is doing something wrong, call the State WIC agency at 1-800-741-2142.
- Keep your eWIC card and Food Guide in a safe place.
- Report address and/or phone changes to the WIC office as soon as possible.

I UNDERSTAND:

- In order to provide you with certain referrals, we may need to share your name and or contact information with outside organizations. We will request your special permission when we need to share your name and contact information with anyone outside of the WIC Program.
- That if I intentionally lie to receive WIC benefits or if I violate the program rules I will be subject to suspension or disqualification.
- Selling, attempting to sell, or giving away WIC benefits, food or formula is not allowed. If I do so I will be asked to repay the value of the items and I may be subject to suspension or disqualification.
- Posting WIC items on any social media, including, but not limited to Facebook, Craigslist, and Ebay is considered an attempt to sell.



COLD CEREALS

BUY ONLY
12 ounces or larger.

or # = Gluten Free
or * = 100% Whole Grain

GENERAL MILLS



POST



MOM BRANDS



KELLOGG'S



SUNBELT BAKERY

QUAKER



STORE BRANDS



BEST YET

Bran Flakes*
Corn Flakes
Crispy Rice
Frosted Shredded Wheat*
Shredded Wheat*
Nutty Nuggets
Oat Wise
Honey Oats & Flakes
Toasted Oats*



ESSENTIAL EVERYDAY

Frosted Shredded Wheat
Wheat
Bran Flakes
Nutty Nuggets
Toasted Oats
Crunchy Oat Squares
Crispy Rice
Corn Flakes
Honey Oats & Flakes
Crunchy Corn Squares



BIG Y

Bran Flakes
Corn Flakes
Crispy Corn Squares
Shredded Wheat
Toasted Oats



FOOD CLUB

Bran Flakes
Corn Flakes
Shredded Wheat
Toasted Oats



CLEAR VALUE

Frosted
Shredded Wheat
Toasted Oats
Corn Flakes



GREAT VALUE

Corn Flakes
Crisp Rice
Crunchy Oats
Frosted Shredded Wheat



GREAT VALUE

Toasted Oats
Toasted Corn
Crunchy Honey Oats
Toasted Rice#
Bran Flakes
Crunchy Nuggets
Crunchy Honey Oats
Nutty Nuggets



HY-TO

Bran Flakes
Corn Flakes
Crispy Rice
Shredded Wheat
Honey Oat Flakes
Toasted Oats



IGA

Bran Flakes*
Corn Flakes#
Corn Squares#
Crispy Rice#
Rice Squares



IGA

Frosted Shredded Wheat*
Unfrosted Shredded Wheat*
Honey Oats & Flakes
Tasteeos*
Toasted Oats*
Shredded Wheat*
Rollin Oats



KINGSMILL

Crispy Rice



KRASDALE

Corn Flakes
Crispy Rice
Toasted Oats



MARKET PANTRY

Frosted Shredded Wheat
Honey & Oat Mixers
Toasted Oats



SIGNATURE KITCHENS

Bran Flakes
Corn Flakes
Crispy Rice

Frosted Shredded
Wheat
Toasted Oats



STOP & SHOP

Bran Flakes*
Crispy Rice
Corn Flakes
Corn Squares
Honey Crunchin' Oats

Frosted Shredded
Wheat*
Nutty Nuggets*
Oat Squares*
Oats & O's*



VALUE TIME

Corn Flakes
Fat Free Corn Flakes
Frosted Shredded Wheat*
Toasted Oats*



WHITE ROSE

Corn Flakes
Crispy Rice
Toasted Oats*

HOT CEREALS



Cream of
Rice



Cream of
Wheat



Cream of
Wheat
Whole Grain



Hot Wheat
Cereal



Quaker
Oat Bran Hot
Cereal



Malt-O-Meal
Farina Original



Maypo Vermont
Style Maple
Oatmeal



MOM Original
Hot Wheat
Cereal



Ralston Creamy
Wheat

CEREALS



Store Brand



National Brand



EASY TOFU TACOS

INGREDIENTS

- | | |
|-----------------------|---------------------|
| 8 corn tortillas | 1 red pepper |
| 1 lb. extra firm tofu | 1 yellow pepper |
| 1 medium sized onion | cilantro (optional) |

DIRECTIONS

1. Season tofu with salt, pepper and taco seasoning (if desired) and cook in skillet until crispy.
2. While cooking, cut onion and peppers.
3. Add onions and peppers to tofu. Sauté for about 15 minutes.
4. In separate skillet, warm tortillas until desired.
5. Spoon vegetable and tofu mixture onto tortillas. Finish with cilantro.

BIG Y

Whole Wheat

FOOD CLUB

Whole Wheat

IGA

Whole Wheat

KEY FOODS

Whole Wheat

MY ESSENTIALS

Whole Wheat

NATURE'S PROMISE

Whole Wheat

Whole Grain Corn

SHOPRITE

Whole Wheat

STOP & SHOP

White Corn

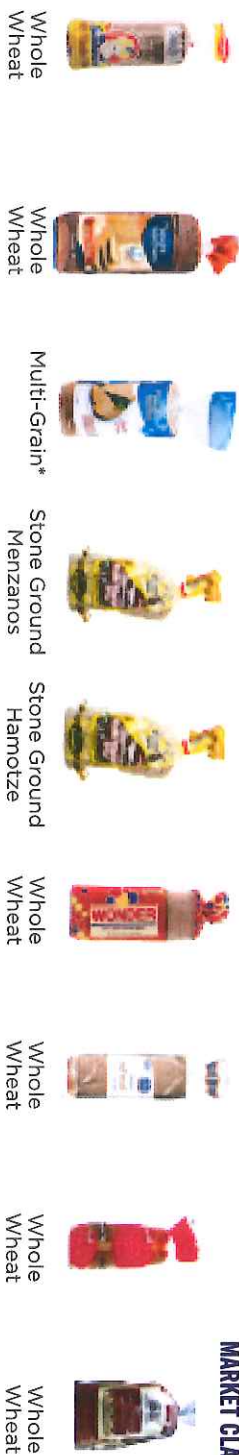
Whole Wheat

Yellow Corn

TORTILLAS

Store Brand National Brand

SUNBEAM — **WEIGHT WATCHERS** — **WINDMILL FARMS** — **WONDER** — **BEST YET** — **BIG Y** — **CENTRAL** — **MARKET CLASSICS**



ESSENTIAL — **GREAT VALUE** — **KEY FOODS** — **NATURE'S HARVEST** — **SHOPRITE** — **STOP & SHOP**



DO NOT BUY
Bagels, deli bread,
white bread, store
bakery bread

BREAD

 Store Brand  National Brand

BROWN RICE

BEST YET

Instant
Long Grain

C&F

Boil in Bag
Long/Short Grain
Instant

CAROLINA

Brown Rice

GOYA

Brown Rice

MAHATMA

Brown Rice

MINUTE

Brown Rice

RICELAND

Natural

SUCCESS

Brown Rice

UNCLE BEN'S

Fast & Natural Whole Grain Instant
Natural Whole Grain
Whole Grain Boil-In-Bag

BIG Y

Instant

ESSENTIAL EVERYDAY

Brown Rice

FOOD CLUB

Boil-In-Bag

GREAT VALUE

Brown Rice

IGA

Instant
Long Grain

MARKET PANTRY

Brown Rice

MY ESSENTIALS

Brown Rice

PICS/PRICE CHOPPER

Boil-in-Bag

SIGNATURE KITCHENS

Brown Rice

SHUREFINE

Brown Rice
Instant Brown Rice

STOP & SHOP

Boil-in-Bag
Instant

WHITE ROSE

Brown Rice

DO NOT BUY
White rice, rice
with seasoning,
bulk, organic rice



PASTA & BROWN RICE

TOMATO & PARMESAN RICE

INGREDIENTS

- 1 cup long grain rice
- 1 - 14 ounce can diced tomatoes
- 1/2 cup grated Parmesan cheese
- 1/4 cup chopped basil (optional)

DIRECTIONS

1. In large skillet combine 1 1/2 cups water, rice and 1/2 teaspoon salt and bring to boil.
2. After boiling, stir once, reduce heat to low, cover and simmer until water is absorbed - about 18 minutes.
3. Add the tomatoes and cheese to the rice.
4. Remove from heat, cover and let stand for 5 minutes.
5. Fold in the basil before serving.



 Store Brand  National Brand



KRASDALE

Apple
White Grape
Purple Grape



MARKET PANTRY

Apple
White Grape
Purple Grape
All Juice Mixtures



PARADE

Apple
White Grape
Purple Grape
Grapefruit Juice/Blends



PICS/PRICE CHOPPER

Apple
White Grape
Purple Grape
Grapefruit Juice/Blends
Pineapple
White Grape
Purple Grape
All Juice Mixtures



SAVE-A-LOT/RUBY KIST

Apple
Pineapple



SHOP RITE

Apple
White Grape
Grapefruit Juice/Blends
Purple Grape



SHURFINE

Apple
White Grape
Grapefruit Juice/Blends
Purple Grape



SIGNATURE KITCHENS

Apple



STOP & SHOP

Apple
White Grape
Purple Grape
Grapefruit Juice/Blends
All Juice Mixtures



TIPTON GROVE

Apple
White Grape
Purple Grape



VALU TIME

White Grape
Purple Grape



WHITE HOUSE

Apple



WHITE ROSE

Apple
White Grape
Grapefruit Juice/Blends
Purple Grape

LEGUMES: PEAS, BEANS & LENTILS



DRIED PEAS, BEANS, LENTILS

BUY ONLY

1 lb (16 ounce) bags



MAY BUY:

Any single variety of dried peas, beans, or lentils



CANNED BEANS, PEAS

BUY ONLY

15-16 ounce can

MAY BUY:

Plain or vegetarian



DO NOT BUY

Items with added sugars, fats, oils, vegetables, fruits or meats, baked beans

PEANUT BUTTER

MAY BUY:

16-18 ounce jar
Unflavored smooth,
creamy or chunky
Natural allowed

DO NOT BUY

Flavored, organic



JUICE FOR WOMEN, LEGUMES: PEAS, BEANS, LENTILS & PEANUT BUTTER

Store Brand National Brand

CHEESE

BUY ONLY

8-16 ounce package

MAY BUY:

- American
- Colby
- Cheddar
- Monterey Jack
- Mozzarella
- Muenster
- Fat Free Mozzarella, prepackaged:
- Calabro, Polly-O

DO NOT BUY

Deli, individually wrapped slices, shredded or string cheese, cheese food, cheese product or spreads, cream cheese or cottage cheese, imported, flavored, organic

EGGS

ANY BRAND

MAY BUY:

Large, 1 dozen, carton. White or brown

DO NOT BUY!!!!

- Organic



TOFU

MAY BUY:

8-16 ounce package, Plain

In order to receive the full benefit of tofu purchase 8 or 16 ounce packages.

NASOYA

Cubed, Super Firm, Firm, Lite Firm, Silken, Super Firm Cubed

AZUMAYA

Firm, Extra Firm

NATURE'S PROMISE

Firm, Extra Firm

INFANT FOOD

INFANT CEREAL

BEECH-NUT ONLY
(DRY) 8 ounce boxes
or canisters
Rice, Oatmeal, Multigrain



DO NOT BUY

Items with added fruit,
crisps, formula

INFANT FRUITS AND VEGETABLES

BEECH-NUT CLASSICS ONLY
4 ounce Jar Only
Stage 2

Plain or mixed fruits and vegetables

Apple and Cherry	Banana and Mixed Berry
Apricot, Pear and Apple	Apples
Apple, Mango and Kiwi	Chiquita Bananas
Pear and Raspberry	Pears
Banana and Strawberry	Mango
Apple and Banana	Peaches
Apple and Blueberry	Squash
Apple, Pear and Blueberry	Sweet Potatoes
Corn and Sweet Potato	Sweet Carrots
Pear and Pineapple	Sweet Pea
Garden Vegetables	Green Beans
Mixed Vegetables	



DO NOT BUY!!!!!!!!!!!!!!

• Organic, added sugar or pouches

INFANT MEAT

**FOR CERTAIN CATEGORY
OF BREASTFEEDING
BABIES ONLY**

BEECH-NUT CLASSICS ONLY
2.5 ounce jar, Stage 1

MAY BUY:

- Beef & Beef Broth
- Chicken & Chicken Broth
- Turkey & Turkey Broth



DO NOT BUY

Meat sticks, dinners, graduates,
organic meat, baby food meat with
added ingredients such as sugar, salt,
rice, pasta, fruit, vegetables



FROZEN FRUITS & VEGETABLES

MAY BUY:

- Any brand/variety and size
- Plain fruit or vegetable or plain mixtures

DO NOT BUY

Items with added sweeteners, sugar, added fats/oils, french fries, hash browns, tater tots, other shaped potatoes. **Must not be packed with sauce, pasta or rice.**

CANNED FRUITS & VEGETABLES

MAY BUY:

- Any brand and size
- Must be packed in water or juice
- May be regular or low sodium

CANNED TOMATO SAUCE

- Plain Canned Tomato/Spaghetti Sauce

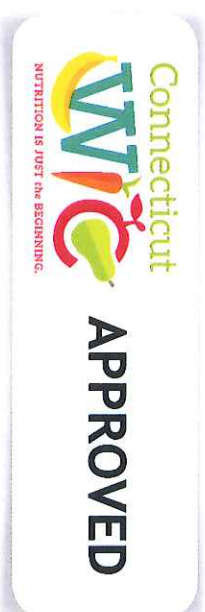


DO NOT BUY

Items with added sweeteners, sugars, syrup, added fats, oils, salt (fruit), cranberry sauce, pie fillings, fruit cocktail, pickled (vegetables), creamed or sauced vegetables, olives



3. Not all WIC approved foods may appear in this booklet. To ensure an item is WIC approved go to the WICShopper app and use the Scan Barcode option. To identify WIC approved foods in the store, look for the Connecticut WIC approved shelf tag.



4. The cashier should scan all of your selected items.
5. If you have questions or concerns while shopping always ask for a store manager before you leave. If you need additional assistance call the State WIC agency at **1-800-741-2142**. If you are having problems purchasing/buying an item, in order to better serve you, you must call the State agency while you are at the store.

Can I change the foods listed on my family benefit list?

ONLY your local WIC office can change your food package. If you have concerns or special needs, be sure to talk to your WIC Nutritionist before your benefits are issued. They may be able to adjust your food package.

Do I need to purchase everything listed on my family benefit list?

No, you are not required to pick up everything on your Family Benefit List. We encourage you to shop responsibly and only purchase the foods that you know you will use.

What if I run out of food and I've used all of my WIC benefits?

The WIC program is only meant to "supplement" your diet. The foods you receive at WIC are not intended to meet all of your nutritional needs. You will need to purchase additional foods on your own. Your local office can help you find additional food assistance programs if needed.

Can I save benefits for next month that I didn't use?

No. Benefits expire at midnight on the expiration date found on each receipt.

Can I participate in more than one WIC Program at the same time?

No.

What happens if I move?

Try to contact your local WIC office before you move. They can give you transfer information to take to the WIC office in your new area.



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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 696-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Connecticut
WV
NUTRITION IS JUST the BEGINNING.



SECTION: Food Delivery**SUBJECT: EBT Account Setup and Maintenance**

Federal Regulations: §246.2 and 246.12(r)(1)

Also see WIC 400-08 Theft or Loss of eWIC cards

POLICY**eWIC CARD ISSUANCE**

The local agency staff shall issue and explain the eWIC card and WIC Approved Food Guide together. A eWIC card will be issued to **only** the Authorized Person (AP). If a new eWIC card is needed the authorized person must visit the local agency with proper identification for a replacement card. A replacement eWIC card cannot be issued to the Caretaker unless the WIC Coordinator or CPA on staff documents special hardship.

EBT ACCOUNT SETUP

Once the authorized person has been issued a eWIC card, local agency staff must explain how to activate the card. The participant must call Xerox for card activation. The card will be activated after the Authorized Person has provided the following information; eWIC card number, authorized person's date of birth and zip code of the street address provided to the WIC clinic. Once this personal information has been provided the Authorized Person will be prompted to select a personal identification number or PIN. See below for additional information regarding PIN security.

eWIC CARD SAFETY

Inform the authorized person of ways to ensure eWIC card safety. The following are ways to ensure cards continue to work effectively.

The eWIC card should:

- Be kept in a safe place (purse or wallet)
- Never be bent
- Be kept clean and safe
- Be kept away from direct sunlight, magnets, cell phones, TVs and microwaves

PIN SECURITY

A Personal Identification Number is a 4 digit secret number that, along with the eWIC card allows the Authorized Person access to WIC benefits. When selecting a PIN, remind the authorized person to choose four numbers that are easy to remember but difficult for someone else to figure out. Additionally, inform the Authorized Person that they should never write their PIN on their eWIC card and to consider safety when providing someone else with their PIN. While a PIN could be shared with anyone, the Authorized Person should select only individuals who can be trusted. WIC benefits

that were used without consent from the Authorized Person cannot be replaced if the person had access to the family's eWIC card and had knowledge of the PIN.

For additional information refer to *The eWIC Card brochure*.

eWIC CARD REISSUANCE

Damaged cards presented to the local agency should be replaced immediately. For information regarding reissuance of a eWIC card that has been lost or stolen refer to policy 400-08 Theft or Loss of eWIC Cards.

WIC participants should bring their eWIC card to every WIC appointment.

SECTION: Food Delivery**SUBJECT: Benefit Issuance, Prorating, Voiding and Reissuance**

See Also: CT WIC Policy 200-29 (Transfer of Foster Children Between Families)

POLICY

Families will be issued one eWIC card. All active participants' benefits will be aggregated on the family's card.

Benefit Loaded Thru (BLT) Date

The BLT date is the last day of the current month's benefits. Although a participant may be set for three month issuance, only one month of benefits is loaded at a time. Food benefits for the current month expire at 12:00 midnight on the ending or BLT date. **For example**, if benefits are issued on June 16, the BLT date is July 15.

Benefit Valid Thru (BVT) Date

When a participant is issued 3 months of benefits, the BVT is the last day of the third month.

For example, if benefits are issued on June 16 the BVT date is September 15. Essentially benefits are valid until 1 day before the next Benefits Start Date (BSD).

Benefit Start Date (BSD)

The benefit start date is the first day benefits are issued for a family. Once benefits are issued for a Family ID, the BSD cannot be changed; it remains the same for all existing and future family members. This date represents the first day benefits are valid. Food benefits for upcoming months will be deposited at 12:00 midnight on the beginning date.

Benefit Prorating

Benefits will only be prorated to align a participant's benefit issuance date to the family Benefit Start Date. Benefits are prorated based on a 10-day cycle and are prorated by 1/3 of the monthly benefits.

For example, a pregnant woman starts WIC on June 16th. Her benefits will always begin on the 16th of the month. She comes back 2 weeks later (July 1st) to certify her child. While the child wasn't added to WIC until July 1st their BSD is the 16th, which is the same as other family members. Since this is 14 days into the cycle the child will receive 2/3 of the full amount issued for monthly benefits. If she came in on July 10th the child would receive 1/3 of the full amount issued for monthly benefits.

Participants who are reaching categorical termination will be issued 30 days of full benefits regardless of date of termination.

Benefit Issuance

When scheduling the participant's future appointment date, consider the benefit start date.

For example, the participant's next benefit start date may be June 16. Since this date is a Sunday, the participant's future appointment date may be the Friday before, June 14, or the following Monday, June 17.

Benefit Reissuance

There are several reasons why a WIC staff member would need to void, and then re-issue benefits.

- Change in custody/foster care situation (see CT WIC Policy 200-29)
- Emergency or disaster situation
- Food package change
- Food package change/formula return

Food Prescription Changes

To change a participant's food benefits go to the Food Prescription screen. If a change is requested prior to benefit issuance, remove the current prescription and then add the new food prescription. Determine the new food benefit package to be issued, including the type and quantity of foods to be given.

If a change is requested after benefit issuance, check the disable box on the food prescription screen prior to adding the new food prescription.

Food Prescription - Current - Windows Internet Explorer

http://ctwic.dph.ct.gov/CTWIC/Clinic/WebForms/Template.aspx?FfAlYrDbGuaWNJZD0xMDEmVXNlclRvaZVuPTJwMDk3OTUmVXNlcl5hbWU9Qk9URUmMT0F+IUajJA==

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 1/13/2016

CT-WIC Connecticut

Selected Record

BLACK, LINDSAY
Cat: C2 (female)
ID: 300 871 235
DOB: 8/1/2013
Age: 2 yrs, 5 mos
Cert: 01/04/16 - 01/03/17
BVT: 4/3/2016
Status: Active

Scheduling Tasks
Guided Script
Family Info.*
Participant Info.*
Cert Action*
Lab*
Breastfeeding*
Health*
Nutrition*
Mid-Certification
Nutrition Risk*
Nutrition Education*
Referrals
✓ Food Prescription*
✓ Issue Benefits*
Schedule Appt
Print Documents

Notes and Alerts

Version: 0.2.0.7

Current History

✓ Certification Complete Completed By: LAWRENCE, AIMEE

Benefits Start Date 3/4/2016 Frequency 3

Assign 4-5 mo Pkg Assign BE Pkg
Assign BE Multiples Pkg

Flags
Medical Condition Milk Allergy Peanut Allergy Soy Allergy Kosher
Inadequate Storage

Prescription Formula
Contract

Description	Effect Date	End Date	Exp. Date	Disable	Note	Created
Custom - CHILD 24-60 MONTHS FNS PA...	1/4/2016	7/31/2016		<input checked="" type="checkbox"/>		BOTELLOA
Custom - CHILD 24-60 MONTHS FNS PA...	1/4/2016	7/31/2016		<input type="checkbox"/>		BOTELLOA

Add Remove Edit Display

Formula Calculator Void Benefits Save Cancel Next

BOTELLOA 010301 Family Strides: Main office CTWIC

Voiding/Reissuing

Prior to re-issuance of benefits, the current and future benefits must be voided. In CT-WIC benefits are issued at the family level, meaning when an individual in a family requires a change in food prescription (formula/food) this will require a complete void of all benefits for both current and future months. Once you have reissued benefits it is necessary to partially void out any benefits that have been redeemed in the current month.

For example: If the family BSD is June 16th and the authorized person comes to the WIC office for a food package change; first determine what if any of the benefits for the current month have been redeemed, take note of the food items and totals. Next, void out both current and future benefits for all family members. Partially voiding future month's benefits is not allowable. After changing the food prescription screen to reflect the requested/required food prescription, reissue both current and future month's benefits for all family members. Finally go to the Benefits Void screen and perform a

partial void (current month's benefits) of the previously redeemed food items, i.e. 1 gallon of milk and 1 pound of cheese.

Formula change: When an authorized person is requesting a formula package change the Nutritionist can take note of the quantity of formula purchased in the current month, then complete a void all for the formula only. After changing the food prescription reissue both current (infant only) and future month's benefits (all family members). Finally go to the Benefits Void screen and perform a partial void of the previously redeemed formula.

The nutrition staff is expected to:

- Preview the food prescription to ensure the current food package reflects the necessary changes, prior to issuing the benefits. Then select the "Issue Benefits" tab to issue benefits; the new food package will be loaded to the eWIC card.
- Have the Authorized Person or Caretaker sign for the food benefits.
- Print and give a copy of the Family Benefits List-FBL.
- Review the updated FBL with the family.

Guidance

Q: Can payees' of 6-11 month infants have the option of requesting all formula vs. baby food?

STATE AGENCY RESPONSE:

No. The food packages are issued based on the age of the infant. The mother will not have an option to select more formula instead of baby foods. Adjustments in amounts of formula for 6-11 month infants (getting formula in amounts of 4-5 month old package) can only be made with medical documentation.

Q: Interim Food Package Rule Table 3-Food Package III, footnote 15 states "32 dry ounces of infant cereal may be substituted for 36 oz of breakfast cereal. Can we offer infant cereal to those children with medical issues requesting it by the MD?

STATE AGENCY RESPONSE:

Yes, children receiving Food Package III will be able to receive four (4) 8 oz. cartons of Beechnut infant cereal instead of 36 oz of breakfast cereal. Medical documentation is needed to make this substitution, as it is only allowed in FP III and the form is necessary for all foods provided in this food package. All other items must be tailored out if necessary and no other substitutions are allowed.

Q: If a child is prescribed Pediasure and the doctor doesn't mark whole milk, would they still get LF [lowfat] milk? What if the doctor wants whole milk and no other medical food? Could we give just whole milk with no medical food and document as to why?

STATE AGENCY RESPONSE:

A doctor wouldn't necessarily require whole milk for a child on Pediasure as a rule. We would issue checks for lowfat milk and suggest the mom purchase 2%. The difference in calories between whole and 2% is negligible and it is a more heart healthy alternative. Additionally, you may also be concerned that if the child is consuming 3 cans of Pediasure per day and the entire allotment of fluid milk they may not be able to eat (due to sheer volume) adequate amounts of solids which could also present a nutritional problem.

No, Food Package III is used to provide medical foods and conventional supplemental foods. There is no option to provide whole milk without the issuance of a formula or medical food to a child over 2 years of age. Whole milk for children 2 years and older and women is not authorized in any food package but Food Package III.

Q: Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist? Can a tool for food preferences/frequency be developed (or is this contained in the new SWIS) to assist the local agency with the interview re: food benefits choices (to decrease time expended on process?) Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist?

STATE AGENCY RESPONSE:

We may consider this for returning participants, however, since the food package prescription is individualized and based on a complete nutrition assessment we may not want to provide this option for new applicants or those participants changing categories i.e. pregnant mom to breastfeeding mom. Additionally, if specific health related issues come up during the course of the assessment, certain food items or options may not apply to all participants. New system allows more choices among food categories and subcategories, which confer more participant responsibilities in selecting adequate food.

SECTION: Food Delivery**SUBJECT: Changing Food Package**

POLICY

To change a participant's food package determine the new food package to be issued, including the type and quantity of foods to be given.

If the change is not immediate, inform the payee/alternate/caregiver when the new food package will take effect.

If the change is immediate, prepare checks for the new food package.

Void the previously issued checks with the proper code. Use the "Void in Hand" code only if you are in possession of the checks.

Use the "Void as Used" code if the checks have been used at an Authorized WIC Vendor. Mark each check as Void and file them with that day's WIC check stubs.

Issue the checks for the new food package.

Guidance

Q: Can payees' of 6-11 month infants have the option of requesting all formula vs. baby food?

STATE AGENCY RESPONSE:

No. The food packages are issued based on the age of the infant. The mother will not have an option to select more formula instead of baby foods. Adjustments in amounts of formula for 6-11 month infants (getting formula in amounts of 4-5 month old package) can only be made with medical documentation.

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Yes, children receiving Food Package III will be able to receive four (4) 8 oz. cartons of Beechnut infant cereal instead of 36 oz of breakfast cereal. Medical documentation is needed to make this substitution, as it is only allowed in FP III and the form is necessary for all foods provided in this food package. All other items must be tailored out if necessary and no other substitutions are allowed.

Q: If a child is prescribed Pediasure and the doctor doesn't mark whole milk, would they still get LF [lowfat] milk? What if the doctor wants whole milk and no other medical food? Could we give just whole milk with no medical food and document as to why?

STATE AGENCY RESPONSE:

A doctor wouldn't necessarily require whole milk for a child on Pediasure as a rule. We would issue checks for lowfat milk and suggest the mom purchase 2%. The difference in calories between whole and 2% is negligible and it is a more heart healthy alternative. Additionally, you may also be concerned that if the child is consuming 3 cans of Pediasure per day and the entire allotment of fluid milk they may not be able to eat (due to sheer volume) adequate amounts of solids which could also present a nutritional problem.

No, Food Package III is used to provide medical foods and conventional supplemental foods. There is no option to provide whole milk without the issuance of a formula or medical food to a child over 2 years of age. Whole milk for children 2 years and older and women is not authorized in any food package but Food Package III.

Q: Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist? Can a tool for food preferences/frequency be developed (or is this contained in the new SWIS) to assist the local agency with the interview re: food package choices (to decrease time expended on process?) Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist?

STATE AGENCY RESPONSE:

We may consider this for returning participants, however, since the food package prescription is individualized and based on a complete nutrition assessment we may not want to provide this option for new applicants or those participants changing categories i.e. pregnant mom to breastfeeding mom. Additionally, if specific health related issues come up during the course of the assessment, certain food items or options may not apply to all participants. To avoid the awkwardness or confusion of participant selecting milk- then stating they have a milk allergy – it may not be such a good idea. This is something we need to think about in more detail. We understand the need for efficiency and will consider this when programming the system (SWIS) to be as user-friendly as possible.

SECTION: Food Delivery**SUBJECT: eWIC card Theft, Loss, Damage and Replacement**

See also CT_WIC CLINIC Manual 22.2 eWIC Account Maintenance pgs. 159-164

POLICY

WIC benefits can be reissued under a new eWIC card. Consider the following when reissuing an eWIC card to participants:

- Determine why the card is being replaced and educate the participant on the importance of securing their eWIC card (securing their PIN and considering who they allow access to their eWIC card and PIN).
- The benefits are connected to the account and not the card, so replacement can occur real time. Participants should contact their local agency to report lost or stolen eWIC cards, or Xerox if they are unable to contact their local agency. Xerox cannot reissue eWIC cards, but will stop access to the benefits remaining on the lost/stolen card. Card replacement can only occur in the local agency.
- Used benefits may only be replaced in the event of documented loss of benefits due to Fire or Natural Disaster (hurricane, tornado, flood, etc).
- A foster parent who is unable to obtain issued benefits from the last Authorized Person may receive replacement benefits. (See WIC 200-29)

Call the State agency for guidance under any other circumstance.

Card Replacement

- First occurrence – the eWIC card may be replaced immediately
- 2nd or subsequent occurrence – the eWIC card shall be replaced 48 hours after the card has been reported as lost or stolen (unless the participant is present for a scheduled appointment – then follow protocol for proof of identity in policy WIC 200-03)

When a participant reports a card as lost or stolen, local agency staff should inform the participant that once an eWIC card has been deactivated it cannot be reactivated. Therefore, if the card is located once it has been deactivated they will not be able to access their benefits with the “old” card.

eWIC card Deactivation Procedure

In the Benefits Menu, go to eWIC card Account Maintenance, and click “Stop Access”.

Select the eWIC Account for which the Stop Access is to be performed.

Select the Stop Reason from the drop down menu and click “Submit”.

CT-WIC Connecticut

Selected Record
 JANUARY, AMANDA
 Cat: PG (female)
 ID: 300 871 263
 DOB: 11/29/1989
 Age: 26 yrs, 1 mos
 Weeks: 9
 Cert: 01/05/16 - 09/21/16
 BVT: 4/6/2016
 Status: Active

Scheduling Tasks
 Guided Script
 Notes and Alerts
 Logoff

Family: 9341995 - AMANDA JANUARY Clinic: 010301 Family Strides: Main office

eWIC Accounts

Card Holder Type	Card Holder Name	Card Number	Date Issued	Status
Authorized Person	JANUARY, AMANDA	6103488000005348	01/07/2016	Active

Account Setup Replace Stop Access

eWIC Accounts History

Card Holder Type	Card Holder Name	Card Number	Date Issued	Status	Changed c
No Records Exist in Data Source					

eWIC Card Information -- Webpage Dialog

Card Issued to: Authorized Person
 Card Holder Name: JANUARY, AMANDA
 Authorized Person DOB: 11/29/1989
 Current Card Number: 6103488000005348
 * Stop Reason: Lost

Submit Cancel

Version: 0.2.0.5

010301 Family Strides: Main office CTWIC

eWIC Card Reissuance Procedure in CT-WIC

To replace an eWIC Card:

1. Access the eWIC Account Maintenance screen with the desired family record selected.
2. Select the row of the eWIC Account for which the card is being replaced.
3. Click on the "Replace" button. The eWIC Card pop-up will be displayed.

eWIC Card Information -- Webpage Dialog

Card Issued to: Authorized Person
 Card Holder Name: TEST, TEST_FAMILY
 Authorized Person DOB: 8/3/1984
 Current Card Number: 6103488000005553
 * New Card Number: 6103488
 * Re-enter Card Number: 6103488
 * Replace Reason: Lost
 Stolen
 Damaged

Submit Cancel

Trusted sites | Protected Mode: On

4. Enter the *New Card Number*, including the check digit, in the *New Card Number* field. The numbers entered will not be displayed as entered in this field.
5. Re-enter the eWIC card number, including the check digit, in the *Re-Enter Card Number* field. The numbers entered will be displayed as entered in this field.

6. Select the reason the card is being replaced from the *Replacement Reason* dropdown list, then click on the "Submit" button. The previously assigned card will appear in the *eWIC Accounts History* grid at the bottom of the screen.
7. Destroy eWIC cards that have been coded as damaged and discard.

SECTION: Food Delivery**SUBJECT: Unused eWIC Card Stock Inventory**

POLICY

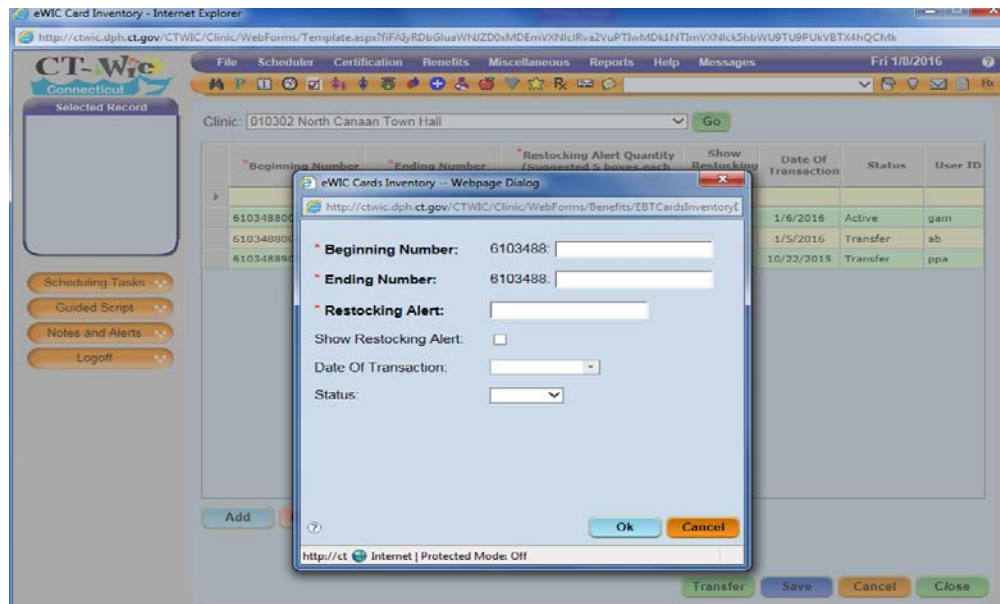
In order to minimize the chances of a theft or loss of unissued eWIC card stock on hand, local agencies will use a locked storage area for all eWIC card stock that is intended for immediate use.

The unused eWIC card stock distribution report provides the ranges of eWIC card numbers and total number of eWIC cards in each agency. Cards are ordered as needed and shipped to local agencies from the State Office.

The Food Resource and Vendor Management (FRVM) Supervisor manages the unused eWIC card stock process at the State WIC Office. Each month the local agencies must perform a reconciliation of physical inventories of the unissued eWIC card stock in CT-WIC.

For reordering purposes, the Coordinator must set a Restocking Alert in CT-WIC to a manageable number for the agency. Once an alert is received, complete and submit the Supply Order Form. Order in quantities of boxes of 500. Once the eWIC cards have been received, follow the instructions below.

- In Clinic Module, select only the Main Office or Permanent Satellite Site/Office
- Go to "Benefits" Screen, "eWIC Card Inventory" screen
- Select the Main Office or Permanent Satellite Site/Office and "Add" the range(s) of the eWIC card stock (500 per box). Do not enter the last digit in each card range.
- Email the WIC Secretary with confirmation of receipt within three (3) days of the delivery with a scanned copy of the transaction report/packaging slip showing the first and last eWIC card stock number in the sleeve.



The Coordinator or his/her designee must run the Unused eWIC Card Stock report for their own agency and conduct a physical inventory of eWIC cards on hand. The Unused eWIC card Stock Inventory Report must be reconciled to the physical inventory of the eWIC card stock on the premises by making a notation confirming each batch of eWIC card stock that has been located and explain any missing eWIC card stock in the notes.

These procedures will be followed for all reported occurrences of damaged eWIC cards or in cases involving a theft and/or loss of unissued WIC eWIC card stock at local agencies:

- Determine the extent of the loss and make a list of all eWIC card numbers involved.
- Notify the local police department and the State WIC office immediately.
- Local agency staff must write a description of the theft and/or loss including date and time discovered and surrounding circumstances.
- Forward copies of both the police report and local agency reports to the State WIC office.

SECTION: Food Delivery**SUBJECT: Connecticut WIC Approved Formulas, WIC Approved Foods, and Religious Preference Formulas**

Federal Regulations: § 246.2 and §246.16a (c)(1) and 246.10(d) (2) (i)

Background:

Like many hospitals and health maintenance organizations, the Connecticut WIC Program has a sole source contract for infant formulas to effectively manage resources. Additionally, WIC State agencies are required by Federal law to obtain a competitive bid on infant formula for cost containment¹.

Connecticut WIC Program holds part of multi-state contract (NEATO) with 5 other New England WIC Programs, 3 Indian Tribal Organizations (ITO's) and Abbott Laboratories® which saves taxpayer money. Non-contract standard infant formulas are purchased by the WIC Program at the retail price. Connecticut receives approximately a 100% rebate on Similac formulas purchased. Therefore, infants receiving a non-contract standard infant formula cost the Program, more than those infants on the WIC contract formula.

Many States including New York, Vermont, New Jersey, Virginia, Kansas and California do not approve or provide non-contract standard iron-fortified milk-and soy-based infant formulas to participants in order to contain costs and serve more nutritionally at-risk women, infants and children. **As of July 1, 2009, the Connecticut WIC Program no longer provides non-contract standard milk- and soy-based infant formula under any circumstances.**

POLICY

The Connecticut WIC Program promotes breastfeeding as the normal and optimal method to feed infants for at least the first year of life with a special emphasis on the health benefits derived by exclusive breastfeeding for the first six months. If infants do consume formula, the program supports the American Academy of Pediatrics (AAP) recommendation that all formula fed infants receive iron-fortified formula for the first year.

In accordance with the recommendation, the Connecticut WIC program has a sole source contract with Abbott Laboratories® to provide standard iron-fortified milk and soy based formulas - **Similac® Advance® and Similac® Soy Isomil®** for healthy infants from birth to twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. Participants over the age of twelve months that require a supplemental formula are authorized to use any approved formulas with medical documentation on the State Approved Contract and Specialized Formulas/Medical Food Listing.

¹ Oliveira, Vic & Prell, Mark & Smallwood, David & Frazao, Elizabeth, 2004. "[WIC And The Retail Price Of Infant Formula](#)," [Food Assistance and Nutrition Research Reports](#) 33873, United States Department of Agriculture, Economic Research Service.

Oliveira, Victor and Davis, David E. (2006): *Recent Trends and Economic Issues in the WIC Infant Formula Rebate Program*. Published in: Economic Research Report 22 (2006)

Women who make the decision to use formula should receive support in their decision and receive complete and accurate information regarding the proper preparation, use and storage of formula. http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4_InfantFormulaFeeding.pdf

Also, <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm048694.htm> and in Spanish <https://www.fda.gov/ForConsumers/ConsumerUpdates/ConsumerUpdatesEnEspanol/ucm400411.htm>

All local agency staff should be trained about WIC formula policies and procedures and the infant formula contract. All staff can help assure parents of WIC infants that the WIC contract formula can be appropriately used with most generally healthy, full term infants.

The Program provides **in Food Package III** special and exempt infant formulas, such as protein hydrolysate, hypercaloric, elemental and metabolic infant formulas with an appropriate nutrition related ICD-10 medical diagnosis, **because the use of conventional food is precluded, restricted, or inadequate to address their nutritional needs.**

General symptoms such as fussiness, colic, spitting-up and constipation *will not* be acceptable justification for formula changes. Although small differences in protein, fat and carbohydrate exist among all standard formulas, there are no medically proven advantages to any of the brand name formulas. While health care providers and/or parents/guardians may have a personal preference for a particular brand of formula, funding constraints and WIC regulations limit the issuance of non-contract, special/exempt formulas only to participants with qualifying medical conditions.

Special Formula/WIC Approved Foods

Medical Documentation is required for the issuance of the following formulas and/or supplemental foods: See Food Delivery Policy 400-11 *Use of Medical Documentation Form* for more details.

- Any special or exempt infant formula
- Any formula that contains less than 20 kilocalories per fluid ounce standard dilution
- Any formula provided to a child or adult who receives Food Package III (must have a qualifying medical condition)
- Any WIC eligible medical food
- Any authorized supplemental foods issued to participants receiving Food Package III
- Any authorized soy-based beverage or tofu issued to children (\geq 12 months of age) who receive Food Package IV
- Any additional authorized tofu issued to women who receives Food Package V and VII that exceeds the maximum substitution rate

Ready to Feed (RTF) Formula Issuance

Ready-to-feed formulas may be authorized when the CPA determines and documents that one of the following conditions are met:

- 1) The participant's household has an unsanitary or restricted water supply or poor refrigeration
- 2) The person caring for the participant may have difficulty in correctly diluting concentrated liquid or powder forms
- 3) The WIC infant formula is only available in ready-to-feed.

In addition to those conditions, ready-to-feed formula may be issued in **Food Package III**:

- 1) If a ready-to-feed form better accommodates the participant's condition; or
- 2) If it improves the participant's compliance in consuming the prescribed WIC formula.

Ready-to-feed formula should be issued on a limited capacity and duration, unless the participant meets the conditions listed above. Personal preference is not an allowable condition for RTF formula issuance. The WIC Nutritionist should engage in communication with the Health Care Provider to determine the best form of formula that meets the needs of the participant. In specific cases, with appropriate documentation, RTF may be medically appropriate. These include:

- Risk 362- Developmental, sensory or motor delays interfering with the ability to eat (Autism with eating disturbances sensory-taste);
- Risk 353- Food allergies (hypersensitivity to powdered formula);
- Risk 352a and 352b- Nutrition related infectious diseases, acute and chronic that requires specialized formula in ready-to-feed form;
- Risk 358- Eating disorders that involve food aversion to the extent of putting at risk intake of essential nutrients

Local agencies should use the Formula Usage Report in CT-WIC to track, monitor and review the issuance of RTF formula. When a participant is issued RTF formula, the participant's condition should be re-assessed in a period not to exceed 3 months, and as the medical condition improves, transition back to a non-RTF formula.

Religious Preferences and Formula Issuance

Both contract standard formulas offered by the Connecticut WIC program **Similac Advance®** and **Similac® Soy Isomil®** meet the requirements for participants requesting a Kosher or Halal infant formula due to religious preference. Non-contract formulas will not be provided for religious reasons.

Labeling of Kosher/Pareve and Halal foods:

Letters or words printed next to the kosher certification symbol on food packages. These are added to inform the consumer of the product's kosher category.

Kosher categories are Meat (*Fleishig* in Yiddish, *Basari* in Hebrew), Dairy (*Milchig* in Yiddish, *Chalavi* in Hebrew) or neither meat or dairy (*Pareve* in Yiddish, *Parve* in Hebrew). According to Jewish Dietary Laws, meat and dairy food must be prepared and consumed separately, and pareve food can be eaten with either meat or dairy dishes.

Meat:

"Meat", "M" or "Glatt" printed near the kosher symbol on the food package indicates the product is kosher and contains some meat or meat derivative.

Dairy:

"Dairy" or "D" printed near the kosher symbol on the food package indicates the product is kosher and

Updated 5-2017

contains some milk or milk derivative.

Fish:

"F" printed near the kosher symbol on the food package indicates the product is kosher and contains fish ingredients.

Pareve:

"Pareve", "Parev", or "Parve" printed near the kosher symbol on the food package indicates the item is neither meat nor dairy.

Passover:

"P" printed near the kosher symbol on the food package does not stand for pareve, but instead it means the product is kosher for Passover and all year round.

Furthermore, D-P means dairy and kosher for Passover and all year round. M-P or Glatt-P means meat and kosher for Passover and all year round. F-P means fish and kosher for Passover and all year round.

Definition of Halal

In Arabic, the word *halal* means permitted or lawful. Halal foods are foods that are allowed under Islamic dietary guidelines. According to these guidelines gathered from the Qu'ran, Muslim followers cannot consume the following:

- pork or pork by products
- animals that were dead prior to slaughtering
- animals not slaughtered properly or not slaughtered in the name of Allah
- blood and blood by products
- alcohol
- carnivorous animals
- birds of prey
- land animals without external ears

These prohibited foods and ingredients are called *haram*, meaning forbidden in Arabic.

Halal is one of the most humane methods of animal slaughter

Muslims are taught through the Qu'ran that all animals should be treated with respect and well cared for. The goal is to slaughter the animal, limiting the amount of pain the animal will endure.

When an animal is slaughtered, the jugular vein is cut and the blood is allowed to drain from the animal. Muslims are prohibited from consuming animal blood.

Additional Resources

Refer to the [WIC Formula Resource webpage](#) for a complete listing of Approved Formulas and Medical Foods, along with formula product codes.

Updated 5-2017

Definitions:

Contract Formulas: Effective October 1, 2016 the current contract formulas are Abbott Laboratories® iron-fortified milk- and soy-based formulas- *Similac® Advance®* and *Similac® Soy Isomil®*. These are standard infant formulas, which can be provided to most healthy, full-term infants. These formulas do not require a prescription². WIC provides formula in supplemental amounts and may not provide all that an infant needs for a given month. **Effective October 1, 2016**, *Similac Sensitive®*, *Similac®* and *Total Comfort®* are 19 kcal/oz. standard formulas approved in Connecticut that require medical documentation for authorization of the 19 kcal/oz. at standard dilution. However, like all other cow's milk based formulas, these products should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated.

Similac® for Spit Up® is a standard 19 kcal/oz. formula that requires medical documentation and a qualifying medical condition for issuance.

- **Non-contract brand standard milk- and soy- based infant formulas:** Are formulas **not** covered by the current NEATO infant formula contract. These include all standard iron-fortified infant formulas manufactured by Mead Johnson® and Nestle®). This list also includes generic and store brand formulas manufactured by PBM Nutritionals e.g. *Parent's Choice* (Walmart).
- **Special Medical Formula or Exempt Infant Formula** (WIC eligible nutritionals): Some infants or children have a medical diagnosis requiring a special medical formula such as protein hydrolysate, hypercaloric, elemental or metabolic. These formulas are authorized when a participant has a documented nutrition-related medical diagnosis. **"Special" or Exempt infant formula** is an infant formula that meets the requirements under Section 412(h) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 350a(h)) and the regulations at CFR parts 106 and 107. (WIC Regulations (http://edocket.access.gpo.gov/cfr_2010/janqtr/pdf/7cfr246.2.pdf) An exempt infant formula can be authorized for infants or children when a health care provider determines and documents that the infant or child has a medical diagnosis that restricts the use of standard formulas and requires formulas such as protein hydrolysate, hypercaloric, elemental or metabolic. The quantities prescribed should be appropriate for the participant's age and special medical needs. These formulas are authorized when a participant has a documented nutrition-related medical diagnosis.
- **WIC-eligible Medical Food**³(WIC eligible nutritionals): Certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional food is precluded, restricted, or inadequate. Such WIC-eligible medical foods must 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 an oral or tube feeding; and may not be a conventional food, drug, flavoring or enzyme. WIC eligible medical foods include many, but not all, products that meet the definition of a medical food in Section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360 ee (b)(3))
- **Food Package III** This food package is reserved for issuance to women, infants and child participants who have a documented **qualifying condition*** that requires the use of a WIC formula (infant formula, exempt infant formula or WIC-eligible medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Participants who are eligible to receive this food package must have one or more qualifying medical conditions, as determined by a health care professional licensed to write medical prescriptions under State law. *The

² Child participants requiring contract formula past one year of age need a completed Medical Documentation Form.

³ The following are not considered a WIC eligible medical food: Formulas used solely for the purpose of enhancing nutrient intake, managing body weight, addressing picky eaters or used for a condition other than a qualifying condition (e.g. vitamin pills, weight control products, etc.); medicines or drugs as defined by the Food, Drug and Cosmetic Act (21 U.S.C. 350a) as amended; enzymes, herbs, botanicals; oral rehydration fluids or electrolyte solutions; flavoring or thickening agents; and feeding utensils or devices (e.g., feeding tubes, bags, pumps) designed to administer a WIC-eligible formula. (WIC Regulations 246.10 Table 4. Footnote 1)

qualifying conditions include but are not limited to premature 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 utilization of nutrients that could adversely affect the participant's nutritional status. This food package may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.

SECTION: Food Delivery**SUBJECT: Use of Medical Documentation Form**

POLICY

A WIC Medical Documentation Form is required in order to provide special/exempt formula and/or medical foods. Only formulas/medical foods that are approved by USDA and the Connecticut WIC program shall be authorized for use in the Connecticut WIC program. Refer to the *WIC Approved Special Formulas List*.

If a participant (women, infant, or child) requires a special/exempt infant formula or medical food due to a specific nutrition-related ICD-10 medical diagnosis, the health care provider is required to fill out a form. Instructions for completion are located on the back of each form.

In Connecticut, only a Medical Doctor (MD), and Advanced Practice Registered Nurse (APRN) or a Physician's Assistant (PA) who is authorized to write prescriptions in Connecticut can sign the form.

Medical documentation must be written and may be provided as an original written document, an electronic document, by facsimile, in person or by telephone to a WIC Nutritionist until written confirmation is received.

Formula Prescriptions

Any formula prescription received shall be followed up on promptly. If a new formula prescription order is received, the new order will invalidate any previous order. The prescription order on the WIC Medical Documentation Form shall be valid until the length of issuance has expired or until the next recertification. However, under no circumstances shall a prescription be valid if the medical documentation form is more than six months sold.

Ensure that all parts of the form are filled out, including the following:

- Patient's name
- Date of birth
- Name of parent or guardian
- Medical rational (ICD-10) code
- Prescribed formula
- Name of formula and packaging if appropriate; ready to feed, powder, etc.
- Caloric density when appropriate (24 cal/oz, 20 cal/oz)
- Daily amount needed (unless ad lib)
- Length of issuance
- Health care provider signature with credentials and the date

A nutritionist shall, when indicated, contact the health care provider who wrote the prescription to clarify the order, to obtain any missing information, relay any concerns regarding medical rationale for the product, and/or if the daily amount needed/consumed exceeds what WIC can provide. Appropriately document your communications.

If the order is written on a prescription pad, attach the prescription to the form.

Verbal Orders

In an emergency, a verbal order may be accepted, but must be followed by appropriate documentation received by the local agency within **one** business day.

Document on the Medical Documentation form that the order is a verbal order (V.O.), date it, and sign your name. Also specify the name/credentials of the health care provider who gave the verbal order.

Example:

Neocate One Plus Powder V.O. Dr. Smith, MD received by Jane Doe, WIC Nutritionist 6/30/11.

When the local agency receives the appropriate documentation, attach it to the original form.

Once all necessary information is obtained, a local agency CPA must sign and date the form, and scan into CT-WIC.

State of Connecticut WIC Program-Department of Public Health
 MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS
WOMEN

1. Patient's First & Last Name: _____
 Date of Birth (DOB): ____/____/____

Prescription is subject to WIC approval and provision is based on Program policy and procedure.

2. Please check qualifying medical condition(s)/ICD-9 code(s)

- | | |
|--|--|
| <input type="checkbox"/> 693.1 Allergy, Food | <input type="checkbox"/> 783.2 Maternal Weight Loss During Pregnancy |
| <input type="checkbox"/> 343.9 Cerebral Palsy | <input type="checkbox"/> 651 Multifetal Gestation |
| <input type="checkbox"/> 250.01 Diabetes Mellitus Type I | <input type="checkbox"/> 358.9 Neuromuscular Disorder |
| <input type="checkbox"/> 271.1 Galactosemia | <input type="checkbox"/> 270.1 Phenylketonuria (PKU) |
| <input type="checkbox"/> 279.3 Immunodeficiency | <input type="checkbox"/> _____ Other diagnosis with ICD-9 code |
| <input type="checkbox"/> 646.8 Low Maternal Weight Gain | Specify _____ |
| <input type="checkbox"/> 271.3 Lactose Intolerance | |

3. Formula requested: _____

Prescribed ounces per day* (unless ad lib): _____ ☐ Powder ☐ Concentrate ☐ Other _____

***WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.**

Instructions for preparation: _____

Caloric density (e.g. 20cal/oz; 24 cal/oz; 30 cal/oz) _____

Length of use: ☐ 1 mo ☐ 3 mos ☐ 6 mos

Note: The patient will receive supplemental foods, appropriate to their age and participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on medical condition. **No prescription is valid for more than six months.**

4. WIC Supplemental Foods Available Check foods that are **contraindicated** based on medical diagnosis

- | | |
|---|--|
| <input type="checkbox"/> Breakfast cereal | <input type="checkbox"/> Vegetables and Fruits |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Whole wheat bread or other allowed whole grains |
| <input type="checkbox"/> Juice | |
| <input type="checkbox"/> Legumes or peanut butter | |
| <input type="checkbox"/> Milk; Specify: _____ or Milk substitutes; Specify: _____ | |

☐ All food contraindicated

☐ Restriction(s) in amounts?

Explain: _____

Length of use: ☐ 1 mo ☐ 3 mos ☐ 6 mos

5. Milk substitute(s) requested: Tofu and cheese above the WIC maximum substitution amounts requires a qualifying condition.

☐ Tofu ☐ Cheese Amount per day: _____

Length of use: ☐ 1 mo ☐ 3 mos ☐ 6 mos

6. HEALTH CARE PROVIDER SIGNATURE:

(MD, APRN or PA)

Date: _____

Printed Name (Health Care Provider): _____

Medical Office/Clinic/Hospital: _____

Phone: _____

Address: _____

Fax: _____

Instructions for Physicians or Physician Assistants or Nurse Practitioners
(Only Healthcare Providers licensed to write a prescription in Connecticut can complete this form)

- Item #1:** Write patient's complete name and date of birth (DOB).
- Item #2:** From the list of most common nutrition related ICD-9 medical diagnoses determine and document one or more of the patient's serious qualifying medical condition(s) for which WIC prescriptions may be written. Other medical diagnosis that may require special/exempt infant formulas must have an ICD-9 code and will be considered on a case by case basis.
- Item #3:** Indicate the special/exempt formula requested instructions for preparation and intended length of use. It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis. No prescription is valid for more than six months.
For cost containment purposes, physical forms routinely provided by WIC are powder or concentrate forms. Ready-to-Feed (RTF) formula or medical foods may be authorized when the product is only available in ready-to-feed, when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, or the participant may have difficulty in correctly diluting the concentrated liquid or powdered formula.
- Item #4** The patient will receive supplemental foods from the WIC Program, appropriate to their participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on medical condition.
- Item #5** Provision of calcium-set (fortified) tofu in amounts **over 4 pounds** (for all women) or provision of cheese in amounts **over 1 pound** (for pregnant, partially breastfeeding or formula feeding women) or **amounts over 2 pounds** (for fully breastfeeding women) requires a qualifying condition such as lactose intolerance or other medical diagnosis. Medical documentation is not needed for cheese substitutions of 1 pound or less. If either of these foods are needed, indicate the amount prescribed per day and the intended length of use.
- Item #6** A Health Care Provider's **original signature** is required. Print or stamp your name, medical office, phone number and address. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining, he/she has a serious medical condition. Give the completed form to the parent/guardian to take to their local WIC program or fax to the clinic serving the patient.

For more information or additional copies of this form please visit our website: www.ct.gov/dph/wic, then click on "For Medical Providers" tab in the left navigation bar.

WIC Office Use:	
CPA Signature: _____	Date: _____
WIC Staff instructions: Review form for completeness. If there are questions, before approving the prescription, contact the participant's health care provider to resolve. Sign and date form. If formula is not available retail, complete formula request form as outlined in the State Plan/policies and fax to the State WIC Office.	

WIC is an equal opportunity provider.

State of Connecticut WIC Program-Department of Public Health
MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS
INFANTS AND CHILDREN

Patient's Name: _____ **Date of Birth (DOB):** ____/____/____

Parent/Guardian: _____ **Weeks Gestation (premature infants):** _____

The Connecticut WIC Program strongly endorses breastfeeding as the optimal method to feed most infants. For infants that do consume formula, Connecticut WIC standard formulas are *Similac® Advance®* 20cal/oz. and *Similac® Isomil®* Soy 20cal/oz. *Similac® Sensitive®* 19cal/oz. and *Similac® Total Comfort®* 19cal/oz. are standard formulas approved in Connecticut requiring medical documentation. For more information or additional copies of this form please visit our website: www.ct.gov/dph/wic, then click on "For Medical Providers" tab in the left navigation bar.

Formula requested: _____

Prescribed ounces per day* (unless ad lib): _____ ☐ Powder ☐ Concentrate ☐ Other _____
☐ Check here to request one of the following: ☐ *Similac® Sensitive®* (19 cal/oz.) or ☐ *Similac® Total Comfort®* (19 cal/oz.)
☐ Check here to request *Similac® For Spit-Up®* (19 cal/oz.) must have documented Gastroesophageal Reflux or Other ICD-10 code.

Instructions for preparation: _____

Caloric density: ☐ 19cal/oz. ☐ 20cal/oz. ☐ 22cal/oz. ☐ 24cal/oz. ☐ 26cal/oz. ☐ 30cal/oz. ☐ Other: _____

Length of use: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

In order to obtain an exempt/special formula from WIC, an ICD code(s) and qualifying medical condition must be identified. **Non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation and colic are not considered qualifying conditions.** A WIC Nutrition Professional will complete a dietary assessment to determine the need for the requested formula. Significant findings will be communicated to you with the participant's permission. It is WIC's policy to re-evaluate the continued need for the formula on a periodic basis. The WIC Program does not provide whole cow's milk for infants. ***WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.**

Prescription is subject to WIC approval and provision is based on Program policy and procedure. **No prescription is valid for more than six months.**

REQUIRED: Select qualifying medical condition(s)/ICD-10 code(s)

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergy, Food (L27.2) | <input type="checkbox"/> Cystic Fibrosis (E84.9) | <input type="checkbox"/> Lactose Intolerance (E74.39) |
| <input type="checkbox"/> Anemia (D53.9) | <input type="checkbox"/> Developmental Delay (R62.50) | <input type="checkbox"/> Malabsorption (K90.9) |
| <input type="checkbox"/> Autoimmune Disorder (M35.9) | <input type="checkbox"/> Diabetes Mellitus Type I (E10.9) | <input type="checkbox"/> Neuromuscular Disorder (G70.9) |
| <input type="checkbox"/> Congenital Heart Disease (Q24.9) | <input type="checkbox"/> Failure to Thrive/Inadequate Growth (R62.51) | <input type="checkbox"/> Prematurity (P07.30) |
| <input type="checkbox"/> Congenital Anomaly, Respiratory (Q34.9) | <input type="checkbox"/> Galactosemia (E74.21) | <input type="checkbox"/> Phenylketonuria (PKU) (E70.0) |
| <input type="checkbox"/> Congenital Anomaly, GI (Q45.9) | <input type="checkbox"/> Gastroesophageal Reflux (K21.9) | <input type="checkbox"/> Other diagnosis with ICD-10 code |
| <input type="checkbox"/> Cleft Palate (Q35.9) | <input type="checkbox"/> Immunodeficiency (D84.9) | Specify _____ |
| <input type="checkbox"/> Cerebral Palsy (G80.9) | | |

Medical Documentation for Whole Milk for Children 2-5 Years of Age:

If child is over 2 years of age, does he/she require whole milk based on a qualifying condition? ☐ Yes ☐ No

Children age 2 or older who are receiving formula for a qualifying medical condition and also receive milk are provided fat reduced milk. Whole milk can be provided if based on a documented qualifying medical condition that warrants the use of a high calorie special formula or supplement.

Medical Documentation for Fat-Reduced Milks for Children 12-23 Months of Age:

If the child is 12-23 months of age does he/she require fat reduced milk based on overweight or obesity? ☐ Yes ☐ No **Specify:** _____

Please specify 2%, 1% or skim. Whole milk is the standard milk given to children 12-23 months of age. Fat-reduced milk (2%, 1% or skim) can be provided for children 12-23 months when overweight or obesity is a concern.

WIC Supplemental Foods Available Please check foods that are **not allowed** based on medical diagnosis

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Milk, Specify type: _____ | <input type="checkbox"/> Whole wheat bread /whole grains | <input type="checkbox"/> Peanut butter | <input type="checkbox"/> All foods contraindicated |
| <input type="checkbox"/> Soy Milk/ Tofu | <input type="checkbox"/> Breakfast cereal | <input type="checkbox"/> Vegetables and fruits | <input type="checkbox"/> Restrictions in amounts: |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Whole grain pasta | <input type="checkbox"/> Infant cereal | Explain: _____ |
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Legumes (beans/peas) | <input type="checkbox"/> Infant food vegetables/ fruits | |
| <input type="checkbox"/> Juice | <input type="checkbox"/> Eggs | | |

REQUIRED: Refer to WIC Nutrition Professional to identify appropriate types and amounts of WIC supplemental foods*. ☐ Yes ☐ No

***By checking this box you authorize the WIC Nutrition Professional to make future decisions about WIC supplemental foods.**

HEALTH CARE PROVIDER SIGNATURE: _____	Date: _____
(MD, APRN or PA)	
Printed Name (Health Care Provider): _____	Phone: _____
Provider Stamp or Address: _____	Fax: _____

WIC Use Only: Date received _____	Contacted HCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
CPA Signature: _____	Date: _____

Connecticut Department of Public Health

Special Supplemental Nutrition Program for Women, Infants and Children

Guidelines for Clinicians Regarding WIC Standard Contract Formulas and WIC Special Formula Processing

1. WIC program eligibility is based on income, category (pregnant, breastfeeding or postpartum woman, infant or child up to age 5), residency and nutritional need. In most cases, the WIC program can accommodate requests for special medical or exempt infant formulas also referred to as WIC eligible nutritionals, based on a medical diagnosis (ICD-10 code).
2. Effective October 1, 2016, the Connecticut WIC Program has a sole-source rebate contract with Abbott Laboratories for standard infant formulas: **Similac® Advance®** and **Similac® Isomil® Soy**. For infants, **Similac® Advance®** and **Similac® Isomil® Soy** (powdered or liquid concentrate) do not require a doctor's prescription. However, if an infant requires, **Similac® Isomil® Soy** a completed **WIC Medical Documentation Form** can help clarify the rationale for issuing a soy product.

Effective October 1, 2016, **Similac® Sensitive®** and **Similac® Total Comfort®** are standard formulas that are approved in Connecticut requiring a completed WIC Medical Documentation Form. However, like all other cow's milk based formulas, these products should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, these products are contraindicated when a totally lactose free diet is indicated. Please note both **Similac® Sensitive®** and **Similac® Total Comfort®** are 19 calorie per fluid ounce products at standard dilution. Contact Abbott customer service www.abbottnutrition.com for medical rationale for this change in calorie density. WIC Participants will still receive up to the maximum amount of formula per Federal Regulations based on reconstituted ounces and age of the infant. The Connecticut WIC Program no longer provides **non-contract** standard milk and soy based infant formulas.

3. Effective October 1, 2016 **Enfamil Gentlelease is no longer a WIC approved formula. It is not available for issuance in Connecticut.** **Similac® Sensitive®** and **Similac® Total Comfort®** are options for those patients that formally required **Enfamil® Gentlelease®**.
4. Issuance of exempt infant formulas (WIC Special Formulas) approved for use in the Connecticut WIC Program require a WIC Medical Documentation Form with an ICD-10 code diagnosis, based on indications for usage, medical rationale and age appropriateness. The maximum amount of reconstituted oz. of infant formula at standard dilution that can be given to an infant depends on the age of the infant. For your convenience, the WIC Medical Documentation Form lists common diagnosis and the corresponding ICD-10 codes. For conditions such as Auto-Immune Disorders and Neonatal Abstinence Syndrome where a wide range of codes apply, please record the diagnosis and ICD-10 code in the "Other" section.
5. Medically indicated enteral nutritional products (WIC eligible nutritionals) for women or children also require a completed WIC Medical Documentation Form. The maximum amount of formula prescribed to a woman or child (1 year and older) is 910 reconstituted oz per month (based on the product's standard dilution).
6. A Medical Doctor (MD), Advanced Practice Registered Nurse (APRN), or a Physician's Assistant (PA) who is authorized to write prescriptions can prescribe or request WIC approved Special Formulas. The medical documentation should include the patient's name, date of birth, medical rationale for the formula, the caloric density (e.g.; 24 cal/oz, 27 cal/oz), packaging (powder, concentrate or ready to use), length of issuance, and total volume per day (unless ad lib). It is useful to indicate any special instructions (e.g., if anything is to be added to the formula, special mixing instructions, etc.). The health care provider's signature should include his/her credentials (MD, APRN, or PA).



**Connecticut Department of Public Health
Special Supplemental Nutrition Program for Women, Infants and Children**

Guidelines for Clinicians Regarding WIC Standard Contract Formulas and WIC Special Formula Processing

7. Effective January 1, 2016 all WIC Special Formulas can be obtained at retail grocery stores and pharmacies by WIC participants.
8. Generally, allow ten days to two weeks from the time an individual applies to the WIC program until Special Formulas can be purchased by your patient at a retail outlet. For this reason, it is advisable to have the infant/child's parent or guardian bring the **WIC Certification Form and WIC Medical Documentation Form** to the local WIC office at preferably two weeks (minimum one week) before hospital discharge when possible. The clinician should call the local WIC Program Nutritionist to inform her/him of how soon the client will be discharged. The health care provider can fax a prescription or WIC Medical Documentation Form to the local agency to facilitate the process.



SECTION: Food Delivery**SUBJECT: Retail Purchase of Special (Exempt) Formula**

POLICY

Special formulas must be purchased at WIC authorized vendors.

WIC Nutritionists should use these guidelines to assist WIC participants in obtaining formula product.

1. Ensure that a participant has a valid Medical Documentation Form on file.
2. Determine the size and packaging of the Special formula requested. Reference WIC 400-10 [Approved Special Formula Listing](#) for the manufacturer's product information. If you are unsure of formula size or packaging contact Luz Hago at the State agency by phone or by e-mail at Luz.Hago@ct.gov.
3. Proceed to Food Prescription screen in CT-WIC and issue WIC Special Formula benefits directly to participants.
4. For all first-time order, assist the authorized person/caretaker in identifying and contacting at least one WIC authorized vendor or pharmacy. The nutritionist or other CPA will call the pharmacy to inquire if the prescribed formula is in stock. If it is not, assist the participant in placing the initial order.
5. Educate the authorized person/caretaker in securing future formula orders.
6. In the case where a WIC participant is prescribed a different product (Special Formula or Standard, Contract Formula) within the issuance period (the current date is within the first day to use and the last day to use), the WIC Nutritionist or other CPA should request that the participant return the unused and unopened WIC Special formula to the local agency. Please refer to [WIC 400-15 WIC Formula Return Policy](#) for more details on safe handling of returned formula.

Common Scenarios:**Scenario #1**

What do I do if I can't reach the specific pharmacy that the participant typically shops at to place an order?

Guidance: Access the Authorized Vendor List and identify other pharmacies in your local agency area. Ask the participant which pharmacy would be preferred and attempt contact. Follow up with the participant on the status of the formula order within 1 business day.

Scenario #2

Do I need to assist the participant in placing a first time order if they already have experience in placing special formula orders at a pharmacy?

Guidance: No, but verify that the pharmacy is a WIC Authorized Vendor. If the pharmacy is not a WIC Authorized Vendor, provide the Authorized Vendor List to the participant and assist with the order as needed for that participant.

SECTION: Food Delivery**SUBJECT: New Special Formula Product Approval**

POLICY

New products will be considered for approval for addition to the approved formula list on an annual basis in an effort to more effectively utilize staffing resources and research and inventory new formulas and medical foods. Only formulas/medical foods that are approved by USDA shall be considered for authorization for use in the Connecticut WIC program.

New product approval can encompass reformulations of previously approved products. The State agency also reserves the right to add formulas to its approved lists at any time during the year if the product will meet a previously unmet need in the clinical field.

If products are added in between the annual cycle, local agencies and vendors will be informed in a timely manner via the local agency memorandum process and/or vendor bulletins.

SECTION: Food Delivery**SUBJECT: WIC Formula Return Policy**

POLICY

It should not be the practice of the WIC local agency to act in the role of a WIC vendor and issue contract standard formulas above the supplemental amounts listed on the Family Benefits List for eWIC benefits, to WIC participants on a routine basis, for several reasons:

- Jeopardizes WIC's role to promote and support breastfeeding
- Requires more oversight and management to ensure safety of stock formula
- Liability stemming from unsafe formula
- May result in participants being issued excess program benefits

If cans of formula are provided to participants directly from the WIC local agency, it should be properly documented in the participant's file.

Formula purchased with WIC benefits must not be returned to any retail store, as WIC vendors have agreed to the following policy:

"Never provide refunds or permit exchanges for authorized WIC foods obtained with WIC benefits, except for exchanges of an identical authorized WIC food item when the original authorized WIC food item is defective, spoiled, or has exceeded its "sell by," "best if used by" or other date limiting the sale or use of the food item. An identical authorized WIC food item means the exact brand and size as the original authorized WIC food item obtained and returned by the participant."

Local agencies should understand that reissuance of formula *returned by participants* is the responsibility of the **local agency**, since the State agency cannot guarantee that it was not tampered with or that it was stored properly.

The following scenarios address several common situations regarding returned formulas.

WIC Special/Exempt Infant Formula Purchased from an Authorized WIC vendor:

Situation: A participant redeemed eWIC benefits for special/exempt infant formula at a WIC vendor for 3 cans of Pregestimil 16 oz powder. The participant returns 3 cans to the local agency because of a change in formula prescription.

Guidance:

Only sealed, undamaged, unexpired cans are to be accepted.

Keep in stock. If another participant has a valid script for Pregestimil 16 oz powder, you can use this stock to supply one (1) emergency can. Appropriately document what was provided to the participant.

Do not issue stock formula as part of the benefits for the participant with what was returned by a participant. eWIC benefits shall not be redeemed at the local agency.

Revised 10-2015

Standard Contract Formula Purchased from an Authorized WIC Vendor

Local agencies may ONLY accept returned cans if they are sealed, undamaged, and unexpired. Keep returned cans in stock. If a participant is regularly issued the type of returned formula and there is an additional need, you can supply them with *one or two* "emergency cans". Document in the participant file how much and what was provided by the local agency.

Do not issue stock formula as part of the benefits for the participant with what was returned by a participant. eWIC benefits shall not be redeemed at the local agency.

What if a participant loses the eWIC benefit card?

WIC benefits can be reissued under a new eWIC card at any time. See WIC Policy 400-08: Theft and/or Loss of eWIC cards.

Do not provide the stock formula that you have on hand as a replacement for WIC formula benefits that a participant loses.

Donated Formula:

Local agency shall NOT accept donated formula. In addition, local agencies should never accept returns of opened, damaged or expired cans.

Reminder: Regular stock rotation is the local agencies responsibility as is the removal of outdated product.

** Expired or damaged infant formula products must be discarded in such a way as to prevent human consumption.

SECTION: Food Delivery**SUBJECT: Formula Quality Complaint Procedure and Required Documentation**

POLICY

All reports from local WIC agencies regarding formula quality/safety concerns from participants will be referred to the Connecticut Department of Public Health (DPH), Women, Infants and Children (WIC) Nutrition Unit. In the absence of any Nutrition Unit staff, all reports will be referred to one of the WIC supervising staff.

The DPH WIC Program staff will not contact the participant directly, but rather work through the local WIC agency to obtain any information needed. At the local agency level, a nutritionist will handle formula quality/safety concerns. In the absence of a nutritionist, the WIC Coordinator would handle the concerns.

The participant's health and safety is the priority. In the case of potential or adverse health consequences to the participant that is perceived to be due to consuming the formula in question, the local agency will immediately be advised to instruct the participant/caregiver to promptly contact his/her health care provider. In this case, the additional information needed by DPH WIC Program staff can be obtained from the local WIC agency's contact person after this has occurred.

If a participant should call the DPH WIC Program directly with a formula quality/safety concern, the DPH WIC Program will receive the information from the participant and advise the participant to contact his/her health care provider if any potential health issues are involved and/or if a substitute formula will need to be provided. The participant will then be referred to the local WIC office for further follow-up on the issue.

The DPH WIC Program and the local WIC Office should keep a written/electronic record of contacts made and information received/relayed. Use the Formula Quality/Safety Checklist to ensure all information is obtained.

Local Agency Part of Process/Procedures

1. Appropriate local agency staff should obtain the following information from the participant: *Use the Formula Quality/Safety Checklist* to ensure all information is obtained.

Participant contact information

- ✓ participant's and caregiver's (if applicable) name, address, telephone number, and the WIC Family ID number
- ✓ age of participant
- ✓ medical rationale for formula, if applicable
- ✓ when the participant started consuming the formula and length of time the formula was consumed
- ✓ whether the participant is currently still consuming the same formula
- ✓ reported/perceived health symptoms attributed to consumption of the formula in question, if any (for example; diarrhea, fever, vomiting, stomach pain, blood in the stools, rash, hives, trouble breathing)

- ✓ onset and duration of potential symptoms
- ✓ whether the health care provider was contacted or seen as a result of the reported/perceived symptoms
- ✓ health care provider's name
- ✓ relevant health/WIC background of participant, particularly information that would put the participant at higher risk for potential health consequences of an adverse reaction to the formula, such as prematurity, compromised immune status, chronic medical conditions, pregnancy, etc.

Product information

- ✓ formula name
 - ✓ packaging; ready-to-feed, powder, or concentrate, and can size
 - ✓ batch or lot number
 - ✓ expiration date
 - ✓ where the product was purchased from and when the product was purchased
 - ✓ how much formula the participant still has, including opened/unopened formula containers and formula in feeding bottles, if any
 - ✓ how the product was prepared/stored by the participant/caregiver, if relevant to the situation (See 400-10 "*Formula Storage Guidelines*")
 - ✓ product appearance
 - ✓ any signs of compromised packaging integrity (dented container, holes in product, swollen cans)
 - ✓ formula appearance (foreign objects/flecks/residue, unusual color or smell, curdling or separation of soluble parts of formula from the liquid portion)
2. Once it is determined that there is a possibility that the formula is compromised in quality or safety, the local WIC agency should advise the participant/caregiver to return the formula to the local WIC agency as soon as possible. The local WIC agency may want to pick up the formula from the participant's home to expedite the process, if needed.

State Agency Part of Process/Procedure

1. State agency promptly informs the WIC Director of the formula quality/safety complaint. The WIC Director will contact the Section Chief, who will inform the Branch Chief.
2. Once approval has been obtained from the Branch Chief, State agency staff will contact the following people/agencies:

Person	Agency	Position	Telephone number
Tim Spillane	Dept of Consumer Protection-State Office	Supervisor of the Food and Standards Division of Consumer Protection	Main number (860) 713-6160 Direct ext 6167
Tracy Weeks	Department of Public Health Food Protection Program	Supervising Environmental Sanitarian	Main number Ext. 7297 Direct ext 7398

When contacting these agencies, provide the following information:

- The name of the local WIC agency that reported the issue.
- Describe the situation. Apply WIC Confidentiality rules. Do not give out the participant's name or ID unless instructed otherwise by the Branch Chief.
- All written communication will be made between branches/agencies through the chain of command. Do not fill out any written reports even if requested by these agencies to do so.

3. If it is determined that the formula will be tested by either the Consumer Protection Agency or the Food Protection Program:
 - Contact the local WIC agency and instruct them to explain the appropriate "*Consent to Release Participant Information*" form to the participant/parent or legal caretaker and ask him/her to sign it when the formula is returned to the local agency. See WIC 400-16 "*Connecticut WIC Program Consent to Release Participant Information*" form(s)
 - The local WIC agency and the agency testing the formula will need to coordinate arrangements for pick-up of the product at the local WIC office.
 - Advise the local agency to make a list of the product(s) and item(s) received from the participant/caregiver and have this signed by the agency that picks up the formula, with the date and time noted.
 - Instruct the local WIC agency to verify to the State agency by phone that the formula was picked up by the Consumer Protection Agency or the Food Protection Program.
 - The formula will be tested either at the DPH state lab in Hartford and/or the Connecticut agricultural experiment station in New Haven. Consumer Protection and/or Food Protection will determine which lab(s) will test the formula.
4. At the discretion of the State WIC Director or designated staff, the Northeast Regional Office (NERO) of USDA may be informed of the situation.
5. State agency staff will contact the Consumer Protection Agency and/or the Food Protection Program to obtain the test results and for guidance on their interpretation of the results. If preliminary or final test/investigative results indicate that more in-depth follow-up is required by either the Consumer Protection Agency or the Food Protection Program and contact with the participant is necessary, the State WIC Office will provide the agency testing the formula with the participant's contact information. This should only be done after permission has been obtained from the Section Chief and Branch Chief.
6. The State agency will inform the local WIC agency of the Consumer Protection Agency and/or the Food Protection Program's results/recommendations and relay that the participant's contact information has been provided to the agency that tested the formula.
7. If a recall is announced or other notification to local agencies is indicated:
 - The State agency, upon approval of the State WIC Director, will send a memo to the local WIC agencies to inform them of the issue.
 - If participants/caregivers will need to be contacted, a list of food packages (if applicable) containing the formula in question should be given to the MIS staff as soon as possible so that a SWIS food package participant report can be generated.
 - If the information is of an urgent nature, the memo can be faxed to the local agencies, along with any SWIS food package participant report, if indicated.
8. All documentation of the incident will be filed in the designated "Record of Contaminated Formula" notebook. The notebook will be secured as a confidential record

Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Date: _____

Local agency staff taking complaint: _____

State agency staff contacted: _____

Participant contact information:

Participant's and caregiver's (if applicable) name: _____

Address: _____

Phone number: _____ Cell phone: _____

WIC Family ID #: _____

Participant age: _____

Medical rationale for formula, if applicable: _____

When did the participant start consuming the formula and how long was it consumed?

Is he/she currently still consuming the same formula? ☐ Yes ☐ No

What are the reported/perceived health symptoms attributed to consumption of the formula in question?

☐ Diarrhea ☐ Fever ☐ Vomiting ☐ Stomach pain
☐ Blood in stools ☐ Rash ☐ Hives ☐ Trouble breathing
☐ Other _____

When did the symptoms begin and for how long? _____

Have you contacted or seen your doctor/health care provider because of the perceived symptoms? ☐ Yes ☐ No

Health care provider's name _____

Any relevant health/WIC background of participant, (particularly information that would put the participant at higher risk for potential health consequences of an adverse reaction to the formula), such as:

☐ Prematurity ☐ Compromised immune status
☐ Chronic medical conditions, list _____
☐ Pregnancy ☐ Other _____

Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Please obtain the following information about the product consumed:

Formula name: _____

Packaging: ☐ Ready-to-feed ☐ Powder ☐ Concentrate Can size _____

- Batch or lot number _____ Expiration date _____
- Where was the product purchased? _____
- When was the product purchased? _____
- How much of the product is left? (Including opened/unopened formula containers and formula in feeding bottles) _____
- How was the product prepared/stored by the participant/caregiver? _____

If relevant to the situation, refer to "WIC 400-10 *Formula Storage Guidelines*"

- Product appearance _____
 - Any signs of compromised packaging integrity (dented container, holes in product, swollen cans) ☐ Yes ☐ No
 - Formula appearance
 - ☐ Foreign objects/flecks/residue ☐ Unusual color or smell
 - ☐ Curdling or separation of soluble parts of formula from the liquid portion)

Obtain the participant's signature on the three (3) Consent to Release Participant Information forms.

1. Explain the three (3) Consent to Release Participant Information forms to the participant or guardian, and then ask him/her to sign each form:
 - Consumer Protection Agency Consent form
 - Food Protection Program Consent form
 - Food and Drug Administration consent form
2. If the participant is unable to come to the office promptly, obtain verbal consent and document on the forms. When the participant arrives at the office have them sign the form(s). (See WIC 400-16 "*Connecticut WIC Program Consent to Release Participant Information*" form(s))

Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Obtaining Participant Consent and Coordinating Formula Pick-up with the State Lab or Agricultural Experiment Station:

If it is determined that the formula will be tested by either the Consumer Protection Agency, Food Protection Program or the Food and Drug Administration:

- Arrange with the participant to have the formula dropped off at the local WIC office or picked up by the local WIC agency. This should be done at the earliest possible convenience of both parties.
- The local agency and the agency testing the formula will need to coordinate arrangements for pick-up of the product at the local WIC office.
- Make a list of the product(s) and item(s) received from the participant/caregiver and have this signed by the agency that picks up the formula, with the date and time noted.
- Notify the State agency by phone when the formula was picked up by the Consumer Protection Agency or the Food Protection Program.
- The formula will be tested either at the DPH state lab in Hartford and/or the Connecticut agricultural experiment station in New Haven. Consumer Protection and/or Food Protection will determine which lab(s) will test the formula.

I _____ as a participant/parent or legal caretaker of a participant of the WIC Program, consent to the release of my name, telephone number, and address by the WIC Program to the **United States Food and Drug Administration** for the purposes of following up on formula testing results.

Date _____

Date _____

**Connecticut WIC Program
Consent to Release Participant Information to the
United States Food and Drug Administration (FDA)**

**Program WIC de Connecticut
Cosentimiento para la Cesión de Información Sobre Participantes de
WIC al Departamento de Drogas y Alimentos de los Estados Unidos
(United States Food and Drug Administration (FDA))**

Yo _____ como
participante/madre/padre o guardián legal de un participante del Program WIC,
doy mi consentimiento al Program WIC para proporcionar información sobre mi
nombre, número de teléfono, y dirección al **Departamento de
Administración de Drogas y Alimentos de los Estados Unidos** (United
States Food and Drug Administration) para facilitar los resultados de cualquier
test/prueba de fórmula infantil.

Firma del/de la participante/madre/padre/guardián legal de un participante del
Program WIC

Fecha _____

Testigo

Fecha

I _____ as a participant/parent or legal caretaker of a participant of the WIC Program, consent to the release of my name, telephone number, and address by the WIC Program to the **State of Connecticut Food Protection Program** for the purposes of following up on formula testing results.

Date

Date _____

**Connecticut WIC Program
Consent to Release Participant Information to the
Connecticut Food Protection Program**

**Program WIC de Connecticut
Cosentimiento para la Cesión de Información Sobre Participantes de
WIC al Programa de Protección de Alimentos del Estado de
Connecticut (State of Connecticut Food Protection Program)**

Yo _____ como
participante/madre/padre o guardián legal de un participante del Program WIC,
doy mi consentimiento al Program WIC para proporcionar información sobre mi
nombre, número de teléfono, y dirección al **Programa de Protección de
Alimentos del Estado de Connecticut** (State of Connecticut Food Protection
Program para facilitar los resultados de cualquier test/prueba de formula infantil.

Firma del/de la participante/madre/padre/guardián legal de un participante del
Program WIC

Fecha _____

Testigo

Fecha

**Connecticut WIC Program
Consent to Release Participant Information to the
Connecticut Consumer Protection Agency**

I _____ as a participant/parent/ or legal caretaker of a participant of the WIC Program, consent to the release of my name, telephone number, and address by the WIC Program to the **State of Connecticut Consumer Protection Agency** for the purposes of following up on formula testing results.

Signature of participant/parent /legal caretaker of participant Date

Witness Date

**Connecticut WIC Program
Consent to Release Participant Information to the
Connecticut Consumer Protection Agency**

**Program WIC de Connecticut
Cosentimiento para la Cesión de Información Sobre Participantes de
WIC a la Agencia de Protección al Consumidor
(Agency of Consumer Protection del Estado de Connecticut)**

Yo _____ como
participante/madre/padre o guardián legal de un participante del Program WIC,
doy mi consentimiento al Program WIC para proporcionar información sobre mi
nombre, número de teléfono, y dirección a la **Agencia de Protección al
Consumidor del Estado de Connecticut** (State of Connecticut Consumer
Protection Agency) para facilitar los resultados de cualquier test/prueba de
fórmula infantil.

Firma del/de la participante/madre/padre/guardián legal de un participante del
Program WIC

Fecha_____

Testigo

Fecha

SECTION: Food Delivery**SUBJECT: Guidelines for Storing Formula Safely at Local agencies**

Often, local agencies are required to store formula products at their agencies for a period of time prior to issuance to participant. Please be aware and follow these guidelines to ensure safe storage of these products.

General Storage Recommendations for UNOPENED products:***General Guidelines***

- The storage room temperature should be above 32 degrees Fahrenheit and below 85 degrees Fahrenheit. Temperatures outside the recommended limits can affect product quality. An "ideal" temperature range is 65-75 degrees Fahrenheit. Liquid based formulas are more susceptible to alterations in quality from temperature than powdered formula.
- The product should not be used after the expiration date.
- The product should not be stored near heaters, vents, air-conditioners, direct sunlight or areas where temperatures in the immediate area may differ from the room temperature.
- Frequent exposures to the lower and/or higher temperature accepted ranges over time may affect product quality.

Temperatures Below Freezing

When enteral products are subjected to low temperatures where freezing of the formula occurs, a number of changes occur during the thawing processes which are undesirable:

- Loss of emulsion stability (fat separates to the product surface).
- Loss of protein stability (protein can appear curdled and/or spoiled).
- Separation of sparingly soluble minerals/nutrients and/or the formation of relatively insoluble nutrient complexes.

These changes generally only affect aesthetic appearance, but the loss of product homogeneity can also affect nutrient deliveries when attempts are made to feed these products after components have separated. In addition, freezing can also damage the product packaging, resulting in loss of packaging integrity. Plastics may become brittle in freezing temperatures.

Any product that was subjected to freezing, even if temporary, should not be used. Any product suspected of having been subjected to freezing temperatures, where freezing and thawing could have occurred, should not be used. Participants should be instructed to return the product to the local WIC office for exchange.

High Temperatures

High temperature exposure for long periods may cause nutrient degradation, browning and physical change. If a product is exposed to high temperature:

- Check the look of the product's consistency and packaging.
- Do not use if it looks curdled, discolored, or has a different smell.
- If you are not sure what a product should look like or whether it is **safe** to use, contact someone who knows or call the formula company. Be very specific with descriptions of appearance and storage conditions. Do not use the formula until you can get further information.

Product Sterility/High Risk Populations

Unopened powdered infant formulas are not manufactured as commercially sterile. Liquid concentrate and ready to feed are classified as "commercially sterile". This factor is important to consider in populations that may have severe immune dysfunction or high risk of infections.

FDA recommends that powdered infant formulas not be used in hospital settings unless unavoidable. While FDA's recommendations did not include discharge-planning issues in high-risk infants, some health care providers may order ready-to-feed or liquid concentrate formula for home use in certain high-risk infants as a precaution. In addition, caregivers of high-risk infants may be given more stringent formula preparation instructions than standard home setting formula preparation procedures. WIC staff should be supportive of these families and work with them to provide a smooth transition home.

General Storage Recommendations for **OPENED** products:

General Guidelines

Opened, commercial formula for infants should be stored according to the manufacturer's instructions on the product label. * **If proper control of storage for opened containers is not possible, unused portions of formula for infants should be discarded.

Powder-opened (not reconstituted):

- Generally, opened infant formula powder can be stored in the original container for up to four weeks. **
- The container should be labeled with the date it was opened.
- The container should be covered and kept in a cool, dry area (not a refrigerator).
- Opened powder stored more than four weeks may become rancid and suffer excessive loss of Vitamin A and C.
- Formula subjected to conditions outside of manufacturers' recommendations should be discarded. **

Liquid-opened (*concentrate- not reconstituted, ready to feed*)

- Opened, commercial liquid formula can be stored in the original container. The container should be covered and can be stored in the refrigerator and used within 24-48 hours^{* **}. Liquid formula held for longer periods of time is at risk for loss of Vitamin C and some B vitamins, and bacterial growth.
- Refrigerator temperature range should be between **35-40 degrees Fahrenheit**.
- Formula removed from the refrigerator and left unrefrigerated for **greater than one hour** should be discarded. ^{**}

Prepared Formula Storage (*from powder or liquid concentrate*):

- Prepared formula should be kept in the refrigerator and used within 24-48 hrs.^{*}
- Formula remaining in the bottle for more than one hour after initiating feeding should be discarded.^{**}
- Formula removed from the refrigerator and left unrefrigerated for **greater than one hour** should be discarded. ^{**}
- Refrigerator temperature range should be between **35-40 degrees Fahrenheit**.

^{*} Most semi-elemental or elemental products should be discarded after 24 hrs. Most health care facilities discard any formula after 24 hrs due to the nature of the setting (high-risk patients). ^{**} High-risk infants may require stricter guidelines than standard recommendations.

Expired, Recalled, or Damaged Products

Ensuring Proper Disposal

Expired, recalled, or damaged products must be discarded in such a way as to prevent human consumption. In the event that the product is being returned to the manufacturer as part of a recall/product analysis, the product must be temporarily stored in such a way as to prevent human consumption until the product is returned to the manufacturer. In the interim, a label should be placed directly on the product in a visible location stating that the can(s)/case should not be consumed because it is being recalled/is damaged.

Public Health Threat

In the event that a product is being recalled or is damaged as a result of an infectious disease or known/suspected bioterrorism, immediately consult with local/state health department officials for guidance on proper disposal of the product.

Formula Handling, Preparation and Storage for Parents of WIC Infants

For specific information for parents of infants, please see the link below regarding infant formula storage and preparation:

http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4_InfantFormulaFeeding.pdf

SECTION: Food Delivery**SUBJECT: Coordination between WIC & Medicaid (HUSKY) and Coordination between WIC & Private Insurance for Issuance of Special Formula**

Federal Regulations: § 246.10(c) 3 and § 246.10(e) 3(vi)

POLICY**Coordination between WIC and Medicaid (HUSKY) for Issuance of Special Formula**

The Connecticut WIC Program is currently the primary payer for exempt or special formula for WIC participants. However, in Connecticut, the Medicaid (HUSKY) Program does provide total or additional amounts of medically necessary formulas under the following situations for their members:

- The product is not a Connecticut WIC Approved Formula.
- The product is a Connecticut WIC Approved Formula but additional formula is required to meet the participant's needs beyond the amounts that WIC Federal regulations allow. Medical necessity must be based on medical diagnosis and documented by the health care provider in writing to Medicaid (HUSKY).
- The product is Connecticut WIC Approved Formula but it will take more than 2 weeks to obtain. In this case, the initial two-week supply should be provided by Medicaid (HUSKY) until WIC can obtain the supply through a local WIC authorized vendor.
- There may be limited exceptions where the State agency requests that the local agency staff advise the participant to pursue formula coverage through Medicaid (HUSKY) rather than through WIC. (i.e. difficulty in supply, infrequent requests, etc.)

When Medicaid (HUSKY) provides some or all of the formula, the local WIC nutritionist needs to communicate with the health care provider, participant/caregiver and if appropriate the Community Health Network of Connecticut (CHN-CT) Intensive Care Management program staff to ensure appropriate use of WIC and Medicaid (HUSKY) resources.

When any of the above scenarios apply:

- Determine if the participant is on Medicaid (HUSKY). If they are not, promptly refer them for enrollment.
- If the participant is enrolled in Medicaid (HUSKY), tell the participant and the health care provider any additional formula required to meet the participant's needs should be covered by Medicaid (HUSKY) and the health care provider needs to follow the process to request special formula through Medicaid (HUSKY) to get the formula covered.
- Inform the health care provider, the parent/caregiver and if appropriate the CHN-CT Intensive Care Management program staff the maximum amount of formula needed (if known), how much supplemental formula WIC can provide to determine how much that Medicaid (HUSKY) would need to provide. This coordination of care will improve communication and will limit under or oversupply of the product and save State resources.

- If a WIC participant receives no formula benefits through the WIC Program inform the participant/caregiver that WIC participation for the nutritional assessment and education can continue, even if the participant is not receiving supplemental formula from the Program. Emphasize the benefits of nutrition education and for infants, if appropriate, clarify that at 6 months there are additional supplemental foods i.e. infant cereal, fruits and vegetables that they can receive through WIC.
- Follow up with the health care provider and/or participant/caregiver to ensure that the formula was requested by the health care provider to Medicaid (HUSKY).
- Contact the State agency Vendor unit for local vendor product ordering/availability issues, nutrition unit for clinical issues)

Coordination between WIC and Private Insurance for Issuance of Special Formula

If the participant has private insurance and some or all formula needs cannot be met through WIC, encourage the parent/caregiver to check with her private insurance carrier to pursue potential approval for exempt formula coverage. Potential coverage for formula coverage will vary among companies.

- Contact the health care provider or request that the participant/caregiver contact their health care provider to submit a prescription or request to their private insurance company for formula coverage.
- Inform the participant and health care provider the maximum amount needed (if known), the amount that WIC will provide and how much that the private insurance company would need to supply to meet the participant's total needs.
- Provide appropriate follow-up to ensure the participant receives maximum amount of formula through WIC if it is not covered by private insurance. If private insurance covers some or all of the formula adjust the amount of WIC formula provided.

SECTION: Food Delivery Systems**SUBJECT: Conflict of Interest with Vendors**

Federal Regulations: 7 CFR 246.12 (t)

POLICY:

The State agency must ensure that no conflict of interest, as defined by applicable State laws, regulations and policies, exists between the State agency and any WIC authorized vendor or farmer, or between any local agency and any vendor or farmer under its jurisdiction.

All State agency and local agency WIC employees shall read and sign the Connecticut WIC Program Conflict of Interest with Vendors statement, which contains the following.

State and local agency staff shall not:

- Have any relatives that have any financial interest in any store authorized to accept WIC checks.
- Show any favoritism, by oral or written communication, posters, handouts or media presentations, toward any WIC authorized vendor.
- Endorse any WIC authorized vendor, or discourage WIC participants from using a specific WIC authorized vendor.
- Receive any gratuities including cash, food, or coupons from any WIC authorized vendor or vendor applicant.

State and local agency WIC staff must report any threat to or violation of this conflict of interest policy to the WIC State Director.

When a potential conflict of interest exists, State or local agency staff must disclose the information contained in the final section on the Connecticut WIC Program Conflict of Interest with Vendors statement.

The Connecticut WIC Program Conflict of Interest with Vendors statement must be read and signed by all current WIC State employees, current local agency staff, and newly hired staff during the first week of the orientation period. A copy of this statement must be kept in the employee file and another copy must be scanned and sent via email to the State agency at ctwic@ct.gov no later than 30 days after its completion.