



Chapter 7: Food Delivery

Approval Date: Jan 2020

Supersedes: May 2017

OVERVIEW

The Idaho WIC Program operates according to WIC program specific federal regulations including food package issuance and authorized foods.

PURPOSE

The sections in this chapter describe the different types of supplemental food packages available for issuing to participants. Supplemental Foods are defined as *those foods containing nutrients determined by nutritional research to be lacking in the diets of pregnant, breastfeeding, and postpartum women, infants, and children*, as found in the Child Nutrition and WIC Reauthorization Act of 2004.

Scope

The policy applies to all State and local agency staff operating within the Idaho WIC Program.

In This Chapter

- Section A Food Packages
- Section B Infant Formulas and Medical Foods
- Section C Issuing Food Benefits /CVBs

SECTION A: FOOD PACKAGES

OVERVIEW

The Idaho WIC Program authorizes food packages based on federal requirements and the nutritional needs of the participant. Food packages are available by category, age and breastfeeding percentage of participant with the federal maximum quantity allowed. Multiple food packages may be available for each participant category. An individual participant may be issued a tailored food package based on further nutrition assessment nutrition risk and/or participant preference.

IN THIS SECTION

Approved Foods
 Breastfeeding Food Packages
 Standard Food Packages for Participants by Category
 Food Packages Requiring Medical Documentation
 Homeless Food Packages

Approved Foods

DEFINITION

WIC has specific requirements for the supplemental foods it allows. These foods are determined at the federal level with some of the options being left up to the states to decide.

POLICY

Criteria for approving products for inclusion in the Idaho WIC Authorized Food List are based on federal regulations, State agency requirements, cost, nutritional value, and cultural/participant acceptability.

The Idaho WIC Program Food Selection Committee determines all aspects of the Idaho Authorized Food List per the Food Authorization Procedure and based on the criteria found in this policy.

- WIC food products shall meet all federal requirements governing the WIC food package to be considered for approval through the Idaho WIC Program.
- WIC food products shall be widely available throughout the state.
- WIC food products shall have been available in retail stores in Idaho for six months prior to request for approval. In addition to the criteria specified in this policy, the Idaho WIC Food Selection Committee reserves the right to restrict the number of brands and types of products in order to contain costs and/or minimize confusion on the part of participants and vendors. This includes restricting specialty items that cost more than other approved products in the same food category.
- Idaho WIC also reserves the right to disallow food category substitutions offered to participants in order to contain costs following the criteria in FNS Instruction 804-1 WIC Program – Food Package Design: Administrative Adjustments and Nutrition Tailoring.
- WIC food product composition and marketing approach must be consistent with the promotion of good nutrition and education.

FORMULA

Federal Standards Infant Formula

All authorized infant formulas must:

- Meet the definition for an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)) and meet the requirements for an infant formula under section 412 of the Federal Food, Drug and Cosmetic Act, as amended (21 U.S.C. 350a) and the regulations at 21 CFR parts 106 and 107.
- Be designed for enteral digestion via an oral or tube feeding.
- Provide at least 10 mg iron per liter (at least 1.5mg iron/100 kilocalories) at standard dilution.
- Provide at least 67 kilocalories per 100 milliliters (approximately 20 kilocalories per fluid ounce) at standard dilution.
- Not require the addition of any ingredients other than water prior to being served in a liquid state.

Exempt Infant Formula

All authorized exempt infant formulas must:

- Meet the definition and requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug, and Cosmetic Act as amended (21 U.S.C. 350a(h)) and the regulations at 21 CFR parts 106 and 107.
- Be designed for enteral digestion via an oral or tube feeding.

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 foods is precluded, restricted, or inadequate.
- 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.
- Must be designed for enteral digestion via an oral or tube feeding.
- May not be a conventional food, drug, flavoring, or enzyme.

State Standards

- Must be part of the State formulary. See the *Formula Handbook*.

MILK & MILK ALTERNATIVES

Cow's MILK

Federal Standards

- Must conform to FDA standard of identity for whole, reduced-fat, low-fat, or non-fat milks.
- Must be pasteurized and contain at least 400 IU of vitamin D per quart (100 IU per cup) and 2000 IU of vitamin A per quart (500 IU per cup) following FDA fortification standards.
- May be flavored or unflavored, fluid, shelf stable, evaporated, or dry.
- Dry whole & non-fat milk must conform to FDA standard of identity for dry milk.
- Cultured milks (buttermilk, acidophilus) must conform to FDA standard of identity for cultured milk.
- Acidified milk (acidified kefir milk, acidified acidophilus milk, acidified buttermilk) must conform to FDA standard of identity for acidified milk.
- Whole milk is the standard milk for issuance to 1-year old children (12 through 23 months). Fat reduced milks may be substituted for whole milk as determined appropriate by the healthcare provider and with CPA approval.
- Low-fat (1%) or fat-free/skim are the standard milk for issuance to children 2 years of age and older, and for women (pregnant, postpartum, and breastfeeding). Whole milk may be substituted for low-fat (1%) or non-fat milk as determined appropriate by healthcare provider. Reduced fat (2%) milk may be substituted for low-fat (1%) or non-fat milk with registered dietitian (RD) approval.

State Standards

- All fluid milk products (non-fat milk, low fat (1%), reduced fat (2%), and whole) may be purchased in gallon, half gallon (0.5 gallon) or quart (0.25 gallon) size containers.
- Non-fat dry powdered and canned evaporated milk is authorized.
- RD approval and documentation is required prior to issuing acidophilus, lactose reduced, lactose free, or reduced-fat (2%) milk for women and children.
- Fat-reduced milks are not allowed for children ages 12 through 23 months.
- Organic, sweetened, flavored, sweetened condensed, and UHT milks are not allowed.

GOAT'S MILK**Federal Standards**

- Must be pasteurized and contain at least 400 IU of vitamin D per quart (100 IU per cup) and 2000 IU of vitamin A per quart (500 IU per cup), following FDA fortification standards.
- May be flavored or unflavored. May be fluid, shelf stable, evaporated, or dry.

State Standards

- Powdered or flavored goat's milk is not allowed.
- RD approval and documentation is required prior to issuing goat's milk.

CHEESE**Federal Standards**

- Domestic cheese made from 100% pasteurized cow's milk
- Must conform to FDA standard of identity 21 CFR part (133)
- Monterey jack, Colby, natural cheddar, Swiss, brick, muenster, provolone, part-skim or whole mozzarella, pasteurized processed American, or blends of any of these cheeses are WIC-eligible.
- Cheeses that are labeled low, free, reduced, less or light in the nutrients of sodium, fat, or cholesterol are WIC-eligible.

State Standards

- Monterey jack, Colby, natural cheddar (mild, medium, sharp, white) Swiss, brick, muenster, provolone, part-skim or whole mozzarella, or blends of any of these cheeses are authorized.
- Natural, regular, or low-fat block cheese, unsliced, vacuum-packed in a 16-ounce (one pound) package is approved. Only 16-ounce multi-stick bag of mozzarella string cheese is authorized.
- Shredded, grated, cubed, organic, extra sharp, flavored, added ingredients, or cheese purchased at the deli are not allowed.
- Cream cheese, cottage cheese, Velveeta™, cheese food, spreads, or cheese products are not allowed.

YOGURT**Federal Standards**

- Must be pasteurized and conform to FDA standard of identity, whole (21 CFR 131.200), low-fat (21 CFR 131.203) or non-fat (21 CFR 131.206).
- Must contain no more than 40 g of total sugars per 1 cup yogurt.
- May be plain or flavored.
- Yogurts sold with accompanying mix-in ingredients such as granola, candy pieces, honey, nuts and similar ingredients are not authorized. Drinkable yogurts are not authorized.
- Yogurts fortified with vitamin A and other nutrients are allowed at the SA's option.

State Standards

- Only the brands and flavors of yogurt in 32 oz containers that appear on the current Idaho Authorized Food List are authorized.

- Must contain no more than 35 g of total sugars per 1 cup yogurt.
- Yogurts that contain no artificial dyes or sweeteners will be given preference.

TOFU

Federal Standards

- Calcium-set tofu prepared with calcium salts (e.g. calcium sulfate). Must be calcium-set (contain calcium salts but may also contain other coagulants (magnesium chloride).
- May not contain added fats, sugars, oils, or sodium.

State Standard

- Tofu is not currently an allowed Idaho WIC food.

SOY-BASED BEVERAGE

Federal Standards

- Must be fortified to meet the following nutrient levels: 276 mg calcium per cup, 8 g protein per cup, 500 IU vitamin A per cup, 100 IU vitamin D per cup, 24 mg magnesium per cup, 222 mg phosphorus per cup, 349 mg potassium per cup, 0.44 mg riboflavin per cup, and 1.1 mcg vitamin B12 per cup, in accordance with fortification guidelines issued by FDA.
- May be flavored or unflavored.

State Standards

- Only types and brands of soy-based beverages that appear on the current Idaho Authorized Food List are authorized.
- RD approval and documentation is required prior to issuing a soy-based beverage to women or children.

JUICE

Federal Standards

- Must conform to FDA standard of identity for fruit juice (21 CFR part 146) and vegetable juice (21 CFR part 156) as appropriate.
- Must be pasteurized 100% unsweetened juice.
- Must contain a minimum of 30 milligrams of vitamin C per 100 milliliters of juice, or 72 milligrams of vitamin C per 8-fluid ounces of juice.
- Juices fortified with other nutrients may be allowed at the state agency's option.
- Juice may be fresh, from concentrate, frozen, canned or shelf stable.
- Vegetable juice may be regular or lower in sodium.
- Blends of authorized juices are allowed.

State Standards

- Only brands and types of juice that appear on the current Idaho Authorized Food List are authorized.
- Any brand of shelf-stable 100% orange juice in allotted container sizes is authorized.
- Calcium/vitamin D fortified orange juice is authorized to accommodate participants whose diets may be low in these nutrients.
- Juice is authorized in 64-ounce plastic containers or 11.5-12-ounce frozen cans.
- Country style (extra pulp), pulp free, or reduced/low acid orange juice is authorized.
- Juice cocktails or artificially sweetened juices are not allowed to decrease participant and vendor confusion.

EGGS

Federal Standards

- Fresh shell domestic hens' eggs or dried eggs mix or pasteurized liquid whole eggs. Must conform to standard of identity. Hard boiled eggs, where readily available for purchase in small quantities, may be provided for homeless participants.

State Standards

- One-dozen carton, any size white eggs are authorized.
- Specialty eggs or nutrient enhanced (omega 3/vitamin E), Egglard's Best™, Nature's Nest™, egg substitutes, brown, organic, cage free, or dried egg mix are not allowed.

BREAKFAST CEREAL

Federal Standards

- Hot or cold cereal that contains a minimum of 28 milligrams of iron per 100 grams of dry cereal and not more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal (6 grams per ounce) is authorized.
- At least half of the cereals authorized must have whole grain as the primary ingredient by weight and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content."
- Infant cereal may be substituted for adult cereal at a rate of 32 dry ounces of infant cereal to 36 dry ounces of adult cereal. A medical prescription showing the need for increased iron, finer texture for swallowing, or other reason must be documented.

State Standards

- Only brands and types of cereal that appear on the current Idaho Authorized Food List are authorized.
- Idaho WIC reserves the right to determine the number and brands of cereal which include at least one hot cereal and at least one cereal from each grain group. Grain groups are defined as corn, wheat, oat, rice, or multi-grain.
- Cereals that contain greater than or equal to 200 micrograms or 50% Recommended Dietary Intake (RDI) of folic acid, greater than or equal to 2 grams of fiber per serving, contain no partially-hydrogenated fat/trans-fat, contain less than 325 milligrams per dry ounce of sodium, contain no artificial dyes or sweeteners, and are made from whole grains will be given preference for their higher nutritional standards.
- Culturally acceptable cereals, cereals targeting specific ethnic groups, or cereals more suitable for children shall be considered.
- The minimum package size authorized is 11.8 ounces for hot and 12 ounces for cold.

FRUITS AND VEGETABLES

Federal Standards

- Any variety of fresh whole or cut fruit without added sugars
- Any variety of fresh whole or cut vegetable without added sugars, fats, or oils
- Any variety of canned fruits that conform to standard of identity; including applesauce, juice pack or water pack without added sugars, fats, oils, or salt. The fruit must be listed as the first ingredient.
- Any variety of frozen fruits without added sugars, fats, oils, or salt.
- Any variety of canned or frozen vegetables that conform to FDA standard of identity without added sugars, fats, or oils. May be regular or lower in sodium. Vegetable must be listed as the first ingredient.
- Any type of dried fruits or dried vegetables without added sugars, fats, oils, or salt (sodium).
- Any type of immature beans, peas, or lentils, fresh or in canned forms.
- Any type of frozen beans (immature or mature) may be purchased with the CVB. Beans purchased with the CVB may contain added vegetables and fruits, but may not contain added sugars, fats, oils, or meat as purchased. Canned beans, peas, or lentils may be regular or lower in sodium content.
- Organic forms of WIC-eligible fruits and vegetables are allowed.

- Herbs or spices; are not authorized, except fresh herbs sold in bunches that could be eaten as a salad green, like cilantro or parsley.
- Creamed or sauced vegetables; vegetable-grain (pasta or rice) mixtures; fruit-nut mixtures; breaded vegetables; fruits and vegetables for purchase on salad bars; peanuts or other nuts; ornamental and decorative fruits and vegetables (painted pumpkins, garlic on a string); fruit baskets and party vegetable trays; home-canned and home-preserved foods; and baked items (blueberry muffins) are not authorized.

State Standards

- Only physical forms listed on current Idaho Authorized Food List are authorized.
- Organic fruits and vegetables are authorized for purchased with CVB.
- Participants may pay the difference if the total purchase price for the selected fresh fruits and vegetables goes over the specified CVB amount.

WHOLE GRAINS

Federal Standards

- Whole wheat bread must conform to FDA standard of identity. “Whole wheat flour” and/or “bromated whole wheat flour” must be the only flours listed in the ingredient list.
- Whole grain bread must conform to FDA standard of identity, AND whole grain must be the primary ingredient by weight in all whole grain bread products, AND whole grain bread must meet labeling requirements for making a health claim as a “whole grain food with moderate fat content.”
- Brown rice, bulgur (cracked wheat), oats, and whole-grain barley without added sugars, fats, oils, or salt (sodium). May be instant, quick, or regular cooking.
- Soft corn or whole wheat tortillas are authorized. Soft corn tortillas made from ground masa flour (corn flour) using traditional processing methods are eligible. “Whole wheat flour” and/or “bromated whole wheat flour” must be the only flours listed in the ingredient list.
- Whole wheat macaroni (pasta) products must conform to FDA standard of identity and have no added sugars, fats, oils, or salt. “Whole wheat flour” and/or “whole durum wheat flour” must be the only flours listed in the ingredient list.

State Standards

- Only types of whole grains that appear on the current Idaho Authorized Food List are authorized. Organic options are not allowed.
- Any brand of 100% whole wheat bread in 16-ounce (1 pound) loaf that meets federal nutrition requirements will be allowable on the Idaho Authorized Food List. Bread must state “100% whole wheat” on the label and “whole wheat flour” and/or “bromated whole wheat flour” must be the only flours listed in the ingredient list.
- 100% whole wheat macaroni (pasta) products in 12-16-ounce package sizes that appear in the Idaho Authorized Food List.
- Any brand of brown rice in 16 oz bags (plain, short, medium, or long grain) with no added seasoning, ingredients, or flavors.
- Whole wheat and soft corn tortilla brands in 12-16-ounce package sizes that appear in the Idaho Authorized Food List.
- Bulgur (cracked wheat) and whole-grain barley are not allowed. Oatmeal is not allowed as a whole grain substitute.

CANNED FISH

Federal Standards

- Light tuna and salmon must conform to FDA standard of identity.
- Sardines, mackerel, and jack mackerel are allowed.
- May be packed in water or oil. Pack may include bones or skin.
- May be regular or lower in sodium.
- May contain added sauces and flavorings (tomato sauce, mustard, lemon, or herbs as a State option).

State Standards

- Any brand chunk light tuna or pink salmon packed in water or oil is authorized.
- Only 5-ounce cans are authorized.
- Atlantic and wild Alaskan red (sockeye) salmon are not allowed.
- Added sauces and flavorings or herbs are not allowed. Smoked, organic, snack packs, and pouches are not allowed.

MATURE LEGUMES**Federal Standards**

- Any type of mature dry beans, peas, or lentils in dry-packaged or canned forms, including but not limited to black, black-eyed peas, garbanzo (chickpeas), great northern, kidney, mature lima (“butter beans”), white (navy and pea), pinto, soybeans/edamame, fava and mung, refried, split peas, and lentils are authorized.
- All categories exclude soups, immature varieties of legumes such as those used in canned green peas, green beans, snap beans, yellow beans, and wax beans.
- May not contain added sugars, fats, oils, meat or fruits and vegetables.
- May be dry or canned.
- Canned legumes may be regular or lower in sodium.
- Baked beans without any added meat may be provided for participants with limited cooking facilities.

State Standards

- Any brand of plain dried beans, peas, or lentils.
- Only one-pound (16 ounce) package of dry beans are authorized.
- Canned beans may be issued only for participants with limited cooking facilities.

PEANUT BUTTER**Federal Standards**

- Must conform to FDA standard of identity for peanut butter or reduced fat peanut butter.
- Creamy, chunky, regular or reduced fat salted, or unsalted forms are authorized.
- Added marshmallows, honey, jelly, chocolate or similar ingredients are not authorized.
- Peanut spreads are not authorized.

State Standards

- Any commercially prepared brands of peanut butter, including creamy, crunchy, and extra crunchy are authorized.
- Peanut butter may be substituted for dry beans at a rate of 18 ounces of peanut butter for one-pound dry beans.
- Only 16 to 18-ounce containers are authorized.
- Fortified, low sodium, gourmet, reduced-fat, added honey roasted, added honey, other added ingredients not listed, and low carbohydrate diet peanut butters are not allowed.

INFANT CEREAL**Federal Standards**

- Infant cereal must contain a minimum of 45 milligrams of iron per 100 grams of dry cereal.
- Any plain, dry infant cereal, including mixed grain
- No added infant formula, milk, fruit, or other non-cereal ingredients

State Standards

- Only brands and sizes listed on Idaho Authorized Food List are authorized.
- Organic, added DHA/ARA, added specialty ingredients, or specialty infant cereal are not allowed.

INFANT FRUITS AND VEGETABLES

Federal Standards

- Any variety of single ingredient commercial infant fruit or vegetable without added sugars, starches, or salt (sodium). Texture may range from strained through diced. The fruit and/or vegetable must be listed as the first ingredient.
- Combinations of single ingredients are authorized (e.g., apple and banana or peas and carrots).
- Fresh banana may be substituted.
- Mixtures with cereal or infant food desserts are not allowed.

State Standards

- Only brands, texture (stage), and size listed on Idaho Authorized Food List are authorized.
- Organic, added DHA/ARA, added specialty ingredients, or specialty infant foods are not allowed.
- Fresh bananas are not currently allowed.

INFANT MEAT

Federal Standards

- Infant meat is only for infants of fully breastfeeding women.
- Any variety of commercial infant food meat or poultry, as a single major ingredient, with added broth or gravy. Texture may range from pureed through diced.
- Added sugars or salt (sodium) are not allowed.
- Infant food combinations with meat, pasta, cereal, dinners, or desserts are not allowed.

State Standards

- Only brands and size listed on Idaho Authorized Food List are authorized.
- Organic, added DHA/ARA, added specialty ingredients, or specialty infant foods are not allowed.

REFERENCES

Public Law 108-265; WIC Reauthorization Act of 2004
7 CFR 246 FNS Special Supplemental Nutrition Program for Women, Infants and Children (WIC):
Revisions in the WIC Food Packages; Final Rule, March 4, 2014
ASM 99-105
ASM 99-112

Food Packages for Participants by Category

POLICY

Food packages are available by category of participant. The food packages are designed to be consistent with the current Dietary Guidelines for Americans for the specified category and must meet the federal and state requirements. Food benefits are determined by month. Refer to Section B of this chapter for more information about infant formulas.

Full Nutrition Benefit (FNB) and Maximum Monthly Allowances (MMA) are used when issuing formula. The MMA allows for changing can sizes, this amount should not be exceeded. FNB is considered the minimum amount to be issued.

Food Package 1 – Infants birth through 5 months

Package Description	Age	Formula Amounts
Fully breastfed	A fully breastfed infant will not receive a food package until s/he reaches 6 months of age	
Partially breastfed	Birth through 1 month	Infant must be >1 month of age in order to receive a partial formula package
Partially breastfed	1 through 3 months	FNB is 364 fl oz reconstituted amount per month; maximum of 435 fl oz reconstituted powder, 388 oz reconstituted liquid concentrate, 384 oz RTF
Fully formula fed	Birth through 3 months	FNB is 806 fl oz reconstituted amount per month; maximum of 870 fl oz reconstituted powder, 823 oz reconstituted liquid concentrate, 832 oz RTF
Partially breastfed	4 through 5 months	FNB is 442 fl oz reconstituted amount per month; maximum of 522 fl oz reconstituted powder, 460 oz reconstituted liquid concentrate, 474 oz RTF
Fully formula fed	4 through 5 months	FNB is 884 fl oz reconstituted amount per month; maximum of 960 fl oz reconstituted powder, 896 fl oz reconstituted liquid concentrate, 913 oz RTF

Food Package 2 – Infants 6 through 11 months

Package Description	Food Amounts	Formula Amounts
Fully breastfed	Infant cereal – 24 oz Infant fruits/vegetables – 256 oz Infant food meat – 77.5 oz	

Partially breastfed	Infant cereal – 24 oz Infant fruits/vegetables – 128 oz	FNB is 312 fl oz reconstituted amount per month; maximum of 384 fl oz reconstituted powder, 315 oz reconstituted liquid concentrate, 338 oz RTF
Fully formula fed	Infant cereal – 24 oz Infant fruits/vegetables – 128 oz	FNB = 624 fl oz reconstituted amount per month; maximum of 696 fl oz reconstituted powder, 630 oz reconstituted liquid concentrate, 634 oz RTF

Food Package 4 – Children 1 through 4 years

- Juice – 128 fluid ounces (two 64-ounce containers)
- Milk – 16 quarts (4.0 gallons)
- Breakfast cereal – 36 ounces
- Eggs – 1 dozen
- Fruits and vegetables - \$9 CVB
- Whole wheat bread/whole grain – 2 pounds (32 ounces)
- Legumes– 1 pound dry or 18 ounces peanut butter

Food Package 5 – Pregnant and Partially Breastfeeding Women

- Juice – 144 fluid ounces (three 12-ounce frozen concentrate containers)
- Milk – 22 quarts (5.5 gallons)
- Breakfast cereal – 36 ounces
- Eggs – 1 dozen
- Fruits and vegetables – \$11 CVB
- Whole wheat bread/whole grain – 1 pound (16 ounces)
- Legumes–1 pound dry and 18 ounces peanut butter

Food Package 6 – Postpartum Women

- Juice – 96 fluid ounces (two 12-ounce frozen concentrate containers)
- Milk – 16 quarts (4.0 gallons)
- Breakfast cereal – 36 ounces
- Eggs – 1 dozen
- Fruits and vegetables – \$11CVB
- Legumes– 1 pound dry or 18 ounces peanut butter

Food Package 7 – Fully Breastfeeding, Pregnant with Multiples, Partially (mostly) breastfeeding multiples, pregnant and partially (mostly) breastfeeding

- Juice – 144 fluid ounces (three 12-ounce frozen concentrate containers)
- Milk – 24 quarts (6.0 gallons)
- Breakfast cereal – 36 ounces
- Cheese –1 pound
- Eggs – 2 dozen
- Fruits and vegetables - \$11 CVB
- Whole wheat bread/whole grain – 1 pound (16 ounces)
- Fish (canned) – 30 ounces (6 cans)
- Legumes–1 pound dry and 18 ounces peanut butter

Food Package 7M – Fully Breastfeeding Multiples (Food Package 7 amounts multiplied by 1.5 and averaged over two-month timeframe)

Month A

- Juice – 240 fluid ounces (five 12-ounce frozen concentrate containers)
- Milk – 36 quarts (9.0 gallons)
- Breakfast cereal – 54 ounces
- Cheese – 2 pounds
- Eggs – 3 dozen
- Fruits and vegetables - \$16.50 CVB
- Whole wheat bread/whole grain – 2 pounds (32 ounces)
- Fish (canned) – 45 ounces (9 cans)
- Legumes– 2 pounds dry and 18 ounces peanut butter

Month B

- Juice – 192 fluid ounces (four 12-ounce frozen concentrate containers)
- Milk – 36 quarts (9.0 gallons)
- Breakfast cereal – 54 ounces
- Cheese – 1 pound
- Eggs – 3 dozen
- Fruits and vegetables - \$16.50 CVB
- Whole wheat bread/whole grain – 1 pounds (16 ounces)
- Fish (canned) – 45 ounces (9 cans)
- Legumes–1 pound dry and 36 ounces peanut butter

Allowed substitutions/Tailoring Equivalencies

POLICY

Substitutions are federally allowed to meet the needs of participants. The following are allowed in Idaho without a special authorization (Medical Documentation form, Registered Dietitian approval, or Homeless):

- The substitution rate for evaporated milk is 16 fluid ounces of evaporated milk per 32 ounces (0.25 gallon) of fluid milk or a 1:2 fluid ounce substitution ratio.
- Dry milk may be substituted at an equal reconstituted rate to fluid milk.
- Cheese may be substituted for milk at a rate of 1 pound of cheese for 3 quarts (0.75 gallons) of cow's milk. Only one pound of cheese, maximum, is allowed for children, pregnant women and postpartum women. Fully breastfeeding women can receive a maximum of two pounds of cheese.
- Yogurt may be substituted for milk at a rate of 1 quart (0.25 gallon) of yogurt for 1 quart (0.25 gallon) of milk. Only one quart of yogurt, maximum, is allowed for children, pregnant women and postpartum women.
- For infants 9 to 12 months of age CVB for fresh (only) fruits and vegetables can be substituted for some of the infant fruits and vegetable. For fully breastfeeding infants the substitution is \$8 CVB for 128 ounces of infant fruits and vegetables. For partially- or non-breastfeeding infants the substitution is \$4 CVB for 64 ounces of infant fruits and vegetables.

Special Authorizations

POLICY

Special Authorizations are required to provide foods that are different from the base or base tailored food package. There are three types of special authorizations, MD Doc (requires a Medical Documentation

form), RD Approval (requires review and approval by a registered dietitian), and Homeless (for participants with limited access to a stove or refrigerator). Participants can have one, two, or three special authorizations at the same time depending on their circumstances.

MD Doc Special Authorization- Medical Documentation / Food Package 3

POLICY

This special authorization is reserved for issuance to woman, infant, and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant, exempt, or WIC-eligible nutritional) because the use of conventional food is precluded, restricted, or inadequate to address their special nutritional needs.

Participants with qualifying medical conditions will receive up to the same maximum monthly amount of supplemental foods unless medically contraindicated, as those same participant categories. Women and children may also receive up to 455 fluid ounces liquid concentrate WIC formula (infant, exempt, or WIC-eligible nutritional). Please refer to Section B of this chapter for further guidance.

The following supplemental foods will require a local agency registered dietitian to obtain medical documentation from a health care professional licensed to write medical prescriptions under State law using the Medical Documentation form. The health care professional must have made a medical determination that the participant has a qualifying condition (refer to Section B of this chapter for further clarification).

All Medical Documentation forms must be completed by a healthcare provider and stored as an electronic or written copy. A facsimile or confirmation via telephone to a local agency registered dietitian must be kept on file until the completed medical documentation form is received within one to two weeks.

Use of electronic documentation, storage and signatures are allowable. It is the responsibility of the State and local agencies to ensure the reliability and integrity of the technology used to receive and store documentation. Local agencies are encouraged to follow the policies and procedures established by their health district or tribal organization.

A Medical Documentation form is required for issuance of the following:

- Any infant formula prescribed to a child or adult
- Any exempt infant formula (refer to Section B of this chapter for further clarification)
- Any WIC-eligible nutritional (refer to Section B of this chapter for further clarification)
- Any authorized supplemental food issued outside of the participant's category

Medical oversight of medically fragile participants is required in order to issue supplemental foods for participants with a MD doc special authorization. However, the healthcare provider has the option to refer to a local agency registered dietitian for identifying appropriate supplemental foods (excluding formula). The prescribed amounts and the length of time the supplemental foods is required. The healthcare provider will have the option to refer on the Medical Documentation form.

A VOC Medical Documentation form from another state (for an exempt formula or WIC-eligible nutritional with a medical diagnosis) will be accepted by the receiving Idaho local agency for the remainder of that certification period without requiring an Idaho health care professional to complete medical documentation (unless the other state's medical provider has indicated on the form that the prescription expires sooner). If a VOC participant has been receiving an exempt infant formula or nutritional prior to transferring to an Idaho local agency and does not bring the needed medical documentation form, the Idaho local agency will contact the out of State agency to request the medical documentation form be

faxed or sent electronically. However, receipt of such documentation is not required for the transfer of benefits.

RD APPROVAL SPECIAL AUTHORIZATION – REGISTERED DIETITIAN

This special authorization requires approval by a registered dietitian (RD). Sometimes RD Approval will be required in conjunction with a MD Doc special authorization and sometimes it will be used alone. The participant's qualifying condition must be documented. Examples of qualifying conditions requiring only an RD Approval include, but are not limited to: milk allergy, severe lactose maldigestion, underweight, vegan diets, unsafe drinking water or inability to properly mix infant formula.

The following are authorized foods that can be issued with an RD Approval as long as appropriate for the participant's category:

- soy-based beverage
- acidophilus milk
- goat's milk
- lactose reduced/free milk
- 2% milk
- ready-to-feed contract formula

NOTE: Ready-to-feed contract formulas require an RD Approval special authorization, even though they are included on the options/tailoring for homeless food packages.

HOMELESS SPECIAL AUTHORIZATION

This special authorization provides additional food options to participants who may not have access to a stove, refrigerator, or safe water supply. The homeless food options may not be appropriate for all homeless participants. Tailoring should be based upon the family's individual needs. Often, a standard food package will work for a homeless family. Food packages tailored for homeless participants may be issued for one, two or three months.

Below are possible tailoring options for homeless participants. Some require the Homeless special authorization, Ready-to-Feed (RTF) infant formula requires RD Approval special authorization, and some don't require any special authorizations.

Food Package 1 – Infants birth through 5 months

RTF infant formula in place of standard powdered or concentrate.

Food Package 2 – Infants 6 through 11 months

RTF infant formula in place of standard powdered or concentrate.

Food Package 4 – Children 1 through 4 years

- Juice – individual juice packs in place of 64-ounce containers of juice
- Milk – evaporated milk, dry powdered milk, or shelf stable soy beverage in place of standard liquid cow's milk
- Legumes – canned beans in place of dried beans or peanut butter.
- Eggs – canned beans or peanut butter in place of eggs

Food Package 5 – Pregnant and Partially (Mostly) Breastfeeding Women

- Juice – individual juice packs in place of 12-ounce frozen concentrate containers of juice
- Milk - evaporated milk, dry powdered milk, or shelf stable soy beverage in place of standard liquid cow's milk

- Legumes – canned beans in place of dried beans or peanut butter
- Eggs – canned beans or peanut butter in place of eggs

Food Package 6 – Postpartum Women

- Juice – individual juice packs in place of 12-ounce frozen concentrate containers of juice
- Milk - evaporated milk, dry powdered milk, or shelf stable soy beverage
- Legumes – canned beans in place of dried beans or peanut butter
- Eggs – canned beans or peanut butter in place of eggs

Food Package 7 – Fully Breastfeeding, Pregnant with Multiples, Partially (mostly) breastfeeding multiples, pregnant and partially (mostly) breastfeeding

- Juice – individual juice packs in place of 12-ounce frozen concentrate containers of juice
- Milk - evaporated milk, dry powdered milk, or shelf stable soy beverage
- Legumes – canned beans in place of dried beans or peanut butter
- Eggs – canned beans or peanut butter in place of eggs

Food Package 7M – Fully Breastfeeding Multiples (amounts to be averaged over two-month timeframe)

Month A

- Juice – individual juice packs in place of 12 ounce frozen concentrate containers of juice
- Milk - evaporated milk, dry powdered milk, or shelf stable soy beverage
- Legumes – canned beans in place of dried beans or peanut butter
- Eggs – canned beans or peanut butter in place of eggs

Month B

- Juice – individual juice packs in place of 12 ounces frozen concentrate containers of juice
- Milk - evaporated milk, dry powdered milk, or shelf stable soy beverage
- Legumes – canned beans in place of dried beans or peanut butter
- Eggs – canned beans or peanut butter in place of eggs

HOMELESS SPECIAL AUTHORIZATION TAILORING EQUIVALENCIES

Standard Food Package	Homeless Food Package Options	Tailoring Equivalencies
Juice	Individual juice packages	Individual juice packages will be issued by ounces according to the participant category, allowing participants to select different juice package sizes in the store.
Eggs	Canned beans or peanut butter	Four 16-oz cans of beans or one 18-oz container of peanut butter for 1 dozen eggs
Legumes	Canned beans	Four 16-oz cans of beans for 1-pound of dry legumes or 18-oz container of peanut butter

Standard Food Package	Homeless Food Package Options	Tailoring Equivalencies
Milk	Evaporated milk, powdered milk or shelf stable soy beverage	21 12-oz cans evaporated milk for 16 quarts liquid milk, or a 1:2 fluid ounce substitution ratio. 1 quart powdered milk or shelf stable soy beverage for 1-quart liquid milk

REFERENCE

7CFR Part 246: Revisions in the WIC Food Packages: Final Rule
 Idaho Code 28-50-101. (2000). Uniform Electronic Transactions Act.

Breastfeeding Food Packages

OVERVIEW

The goal of the breastfeeding food package is to promote and encourage breastfeeding among participants by providing additional WIC foods that support the extra nutritional needs of these participants.

POLICY

Food Package 7 – Fully Breastfeeding

A breastfeeding woman whose infant does not receive any infant formula from the WIC Program, a woman who partially breastfeeds multiple (two or more) infants from the same pregnancy, a pregnant women also partially (mostly) breastfeeding one infant, or a pregnant woman carrying two or more fetuses will receive food package 7.

Breastfeeding Enhanced Multiples Food Package (7M)

A participant who is fully breastfeeding multiple infants (two or more) from the same pregnancy may receive 1.5 times the supplemental foods provided in this food package.

PROCEDURE

A fully breastfeeding participant can be issued food package 7 for one, two, or three months. A fully breastfeeding participant of multiples (two or more) can be issued food package 7M for one, two or three months, depending on the local agency policy and procedure for multi-month food benefit issuance and the nutritional risk assessment of the participant.

SECTION B: INFANT FORMULAS AND WIC-ELIGIBLE NUTRITIONALS

OVERVIEW

Breastfeeding provides a healthy and economical means of feeding an infant. The WIC Program strives to promote and support breastfeeding by providing food packages that encourage continued breastfeeding when mothers choose not to fully breastfeed.

Infant formula and nutritionals are the most expensive items in the WIC food package. In 1988, Congress mandated that all WIC state agencies implement some form of infant formula cost containment. In 1989, Congress added the requirement that states use competitive bidding in their cost containment efforts. The Idaho WIC Program is part of the National Association of State Procurement Officers (NASPO) to contain the costs of infant formula. Once the contract is awarded, the contract brand iron-fortified formula is issued for the length of the contract. The money saved through infant formula rebate contracts is used to serve more participants.

IN THIS SECTION

General Policy
 Contract Brand Infant Formulas
 Returned Infant Formula
 MD Doc Special Authorization: Participants with Qualifying Medical Conditions
 Packaging

General Policy

POLICY

Local agency staff shall issue infant formula and nutritionals according to the following guidelines set forth by the State agency:

- Infant formulas and WIC-eligible nutritionals are issued only to active participants.
- Infant formulas and WIC-eligible nutritionals may not be provided to participants while they are hospitalized.
- The Medicaid Program is the primary payor for exempt infant formulas and nutritionals needed by WIC participants who are also Medicaid beneficiaries. Please refer to the most current Idaho Medicaid Provider Handbook at www.healthandwelfare.idaho.gov.

For more information about procedures related to infant formulas and WIC-eligible nutritionals, refer to the Idaho WIC Formula Handbook.

REFERENCES

Section 412 (h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a(h))
 WRO Policy Memo 804-Q: *Medicaid Primary Payor for Exempt Infant Formulas and Medical Foods*
 7CFR Part 246: Revisions in the WIC Food Packages: Final Rule

Contract Brand Infant Formulas

POLICY

Contract brand iron-fortified milk-based and soy-based, infant formulas will be issued to all infants unless there is medical documentation for an exempt formula or a WIC-eligible nutritional. Non-contract non-exempt infant formulas that are nutritionally equivalent to contract brand formulas or low-iron formulas will not be issued and prescriptions will not be accepted under any circumstances.

Contract brand iron-fortified infant formulas can be issued by Certifiers
At this time, the contract formulas are:

- Similac Advance (cow's milk-based) – powder (small cans), liquid concentrate, RTF *
- Similac Soy Isomil (soy-based) – powder (small cans), liquid concentrate, RTF*

* RTF = ready-to-feed. See packaging policy in this section for guidance on issuing RTF.

Returned Infant Formula

POLICY

To ensure program accountability, participant safety and consistency; any formula purchased with Idaho WIC benefits that is returned to a WIC clinic must be destroyed. Formula cannot be reissued to a participant or donated.

WIC staff must destroy returned formula:

- Within two (2) business days of receiving the formula.
- By opening the containers and either dumping in the trash or pouring liquid down a sink.

In order to minimize returned formula, WIC staff are encouraged to ask participants to only purchase one to two (1-2) containers of any new formula when it is unknown whether it will be tolerated. This should be recommended, but not required by the participant if it creates a barrier to using their food benefits.

It is important to help infant caregivers understand that WIC is a supplemental food program and may not provide enough formula for a full month for an older infant. Appropriate referrals such as the food bank should be provided to the participant.

MD Doc Special Authorization: Participants with Qualifying Medical Conditions

POLICY

The Medicaid Program is the primary payer for exempt infant formulas and nutritionals needed by WIC participants who are also Medicaid beneficiaries. Please refer to the most current Idaho Medicaid Provider Handbook at www.healthandwelfare.idaho.gov.

Exempt infant formulas and WIC-eligible nutritionals are issued to woman, infant, and child participants because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Participants eligible to receive exempt infant formulas and WIC-eligible nutritionals must

have one or more qualifying conditions and have a completed Medical Documentation form prior to issuance.

All information on the Medical Documentation form must be completed by a physician or other licensed health care professional who is authorized to write medical prescriptions under Idaho state law to issue an exempt infant formula or WIC-eligible nutritionals and, if tolerated, supplemental WIC foods. A local agency registered dietitian may complete the form via telephone. A completed Medical Documentation Form must still be signed by a healthcare provider and obtained within one to two weeks.

The Medical Documentation form is needed:

- To issue an exempt formula or a WIC-eligible nutritional
- Every 12 months for children or women
- Upon a change in amount or type of product or supplemental foods issued

The form is kept hard copy or electronically in the local agency clinic.

The WIC Program is not required to provide exempt infant formulas and WIC-eligible nutritionals if the diagnosed medical condition does not warrant such product. Qualifying conditions include, but are not limited to:

- Premature birth
- Low birth weight
- Failure to thrive
- Inborn errors of metabolism and metabolic disorders
- Gastrointestinal disorder
- Malabsorption syndromes
- Immune system disorders
- Severe food allergies that require an elemental formula
- Life threatening disorders
- Diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutrition status

Exempt infant formulas and WIC-eligible nutritionals **may not** be issued for the following:

- To any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition
- Infants whose only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula
- A non-specific formula or food intolerance
- Women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages

The following are not authorized for reimbursement by the WIC Program:

- Medicines or drugs
- Hyperalimentation feedings (nourishment administered through a vein)
- Enzymes
- Oral rehydration fluids or electrolyte solutions
- Flavoring agents
- Feeding utensils or devices (e.g., feeding tubes, bags, pumps) designed to administer a WIC-eligible formula

For a complete list of exempt infant formulas and WIC-eligible nutritionals, refer to "Formulas Provided by the Idaho WIC Program" in the WIC Formula Handbook.

Formulas or WIC-eligible nutritionals may be provided for oral or enteral tube (i.e. nasogastric tube or g-tube) consumption.

NOTE: Formulas or WIC-eligible nutritionals are not provided by WIC to participants while they are hospitalized.

REGISTERED DIETITIAN (RD) APPROVAL

RD Approval or denial of all requests for WIC-eligible exempt formulas/ nutritionals by a local agency RD must happen immediately upon receipt of the request.

- Certifier can obtain verbal approval from the RD.
- Certifier should enter the verbal approval Special Authorization- RD Approval into WISPr. However, the RD must have written documentation in WIPSR approving the request to support the initial verbal approval.
- If the RD enters the Special Authorization- RD Approval into WISPr, no further documentation is required, unless required with the nutrition risk and / or RD referral criteria.
- Contact between the RD and Responsible Adult or caregiver is at the discretion of the RD unless required with the nutrition risk and / or RD referral criteria.
- Participants receiving an exempt infant formula or a WIC-eligible nutritionals must be seen by a local agency RD at least once during a certification period. Typically, high risk participants would be seen more frequently in clinic depending on their nutritional risk codes. Food benefits will be issued for one, two, or three months at the discretion of the local agency RD.
- Exempt formulas and WIC-eligible nutritionals can be issued by a Certifier after a local agency RD has received a prescription and approved its use.

NOTE: Upon a change to a Special Authorization- RD Approval, the RD is required to complete a new RD Approval documentation. Follow steps outlined above.

It is possible the RD may have to contact the health care provider for additional information. The local agency RD must document the recommendations given by the health care provider. The responsibility remains with the participant's health care provider for medical oversight and instructions; however, the healthcare provider has the option to refer to a local agency RD to determine the appropriate issuance, prescribed amount and length of time required for supplemental foods based on the participant's qualifying condition(s). If the healthcare provider declines selections to be made by the local agency RD, it is still the responsibility of the local agency RD to ensure that only the amount of supplemental food prescribed by the participant's health care provider are issued in the participant's food package.

If an exempt infant formula or WIC-eligible nutritionals are not available at a local vendor, a medical supply company may provide it. In these cases, the contracted medical supply company will mail the exempt infant formula or WIC-eligible nutritional to the participant's residence. Refer to Section C of this chapter for issuing a food package using a medical supply company.

QUANTITIES

Participants with qualifying medical conditions will receive up to the same maximum monthly amounts of supplemental foods, unless medically contraindicated, as those same participant categories. In lieu of infant foods (cereal, fruit and vegetables), infants greater than 6 months of age may receive exempt infant formulas or WIC-eligible nutritionals at the same maximum monthly allowance as infants ages 4 through 5 months of age of the same feeding option. Women and children may also receive up to 455 fluid ounces liquid concentrate WIC formula (infant, exempt, or WIC-eligible medical food). Powder and ready-to-feed may be substituted at rates that provide comparable nutritive value.

Children over age 2 and women who are receiving WIC-eligible nutritionals and need additional calories may receive whole milk if necessary.

REFERENCES

Oregon WIC Policy Manual
WRO Policy Memo 804-Q: Medicaid Primary Payor for Exempt Infant Formulas and Medical Foods
7 CFR 246.10 Supplemental Foods
7 CFR 246.16a Infant Formula Cost Containment
7CFR Part 246: Revisions in the WIC Food Packages: Final Rule

Packaging

POLICY

The Responsible Adult may freely choose either powder or concentrate formula. Women who are partially breastfeeding infants are encouraged to choose powder formula.

RTF formula may only be authorized by the local agency registered dietitian for the following:

- unsafe water supply
- poor refrigeration
- the person caring for the infant has difficulty diluting concentrate or powder formula correctly
- the participant is homeless

The reason for issuance must be documented in WISPr.

If the water supply is deemed unsafe but the caretaker refuses to use RTF formula for personal reasons, a signed refusal statement should be obtained and kept in the participant's chart.

EXCEPTION

Formulas or nutritionals which are available only in RTF form may be issued regardless of the above criteria.

REFERENCE

7 CFR 246.10 Supplemental Food

SECTION C: ISSUING FOOD BENEFITS

OVERVIEW

IN THIS SECTION

Shopping for Authorized Foods
Issuing eWIC Cards and Food Benefits
Second Cardholder
Voiding eWIC Cards and Food Benefits
Food Benefit Issuance
Food Benefit Issuance Parameter Guidance
Direct Bill

Shopping for Authorized Foods

AUTHORIZED STORES

WIC participants can only shop at Idaho WIC authorized stores.

FOOD BALANCES AND DESCRIPTIONS

Food balances and descriptions are accessible electronically through the eWIC processor's website or the WICShopper app. They can also be found by printing the eWIC balance from the WIC MIS, by requesting a balance inquiry at the store, or by calling the eWIC processor's Customer Service Line (also called the IVR). An Idaho WIC Authorized Food List is given to the WIC participant, Responsible Adult, or Second Cardholder to identify foods/brands allowed.

PAYMENT FOR WIC FOODS

- eWIC card food benefits are issued on a tri-monthly, bi-monthly, or monthly basis.
- If the store requires it, WIC foods need to be separated from non-WIC foods at the register.
- When redeeming food benefits, the participant verifies the purchase price is correct before approving the transaction.
- To complete the transaction the participant swipes their eWIC card and enters their PIN.

Issuing eWIC Cards and Food Benefits

POLICY

eWIC Card(s)

Only two eWIC cards may be issued on behalf of a participant. An eWIC card is issued to a Responsible Adult/caregiver or First Cardholder. An additional eWIC Card may be issued with verbal or written consent

from the Responsible Adult to add a Second Cardholder. A non-cardholder will not be issued an eWIC card.

eWIC cards must not be transferred. This includes to another Participant, Responsible Adult/Caregiver, or Second Cardholder. A new eWIC card must be assigned. For example, if there is a change in Responsible Adult/Caregiver or Second Cardholder such as a change in custody, foster caregiver change, or new Second Cardholder is added.

The following steps are taken when assigning an eWIC card:

- Verify identification by checking an acceptable proof of identity for certification or for non-certification appointments or replacement confirm DOB, address, and zip code.
- When an eWIC card is assigned, have the Responsible Adult or Second Cardholder sign electronically. The signature provides proof that the eWIC card was received by the Responsible Adult or Second Cardholder.
- Staff must help set a PIN at the clinic. If participant declines assistance, offer resources for PIN setting on their own, if applicable.

The following steps are taken when issuing benefits to an eWIC card:

- Assign and issue the appropriate food benefits for the participant.
- Ask the Responsible Adult or Second Cardholder if they would like an eWIC balance printout to examine the food benefits for the correct foods. They can also review the eWIC balance on the computer screen.
- Remind the Responsible Adult or Second Cardholder that food benefits do not need to be redeemed all at one visit or at one store location but can only be used between the “First Day to Use” date to the “Last Day to Use” date.
- Write the next appointment date and time on the appointment card. Notify the WIC participant of any return certifications or reasons a participant may no longer be eligible for program participation before the next appointment (e.g., child turning 5 years old).
- Encourage the Responsible Adult or Second Cardholder to bring the eWIC card with them every time they shop at the store.

Additional information on issuing an eWIC card and assigning benefits can be found in the training guidebooks.

REPLACING EWIC CARDS

If a participant needs a replacement card (for example, reports the eWIC card as lost, stolen, or damaged) have them call eWIC Processor’s Customer Service Line immediately to deactivate their card. eWIC cards can be replaced by calling the Customer Service Line (also called IVR) or by visiting the eWIC Processor’s website. Cards will be replaced within 7 business days.

eWIC cards will not be mailed from the clinic. In emergency situations Local Agencies can replace an eWIC Card for participants in the clinic. Applicable circumstances may be determined at the discretion of the Local Agency Coordinator.

Examples include:

- A participant designated as homeless
- An infant needing formula immediately
- Less than 10 business days left in the month

The Customer Service line will not be responsible to update DOB, address, or zip code for the Responsible Adult or Second Cardholder. WIC staff may need to update this information before a card is replaced by the eWIC Processor’s Customer Service Line. When WISPr is updated by staff, the

Responsible Adult or Second Cardholder should be instructed to wait thirty (30) minutes before calling the Customer Service Line again.

DEACTIVATING AN EWIC CARD

eWIC cards are deactivated in WISPr. The person responsible for deactivating the eWIC Card will have their name time stamped in WISPr. A reason will be required.

REASONS

- Lost
- Stolen
- Damaged
- Returned
- Undeliverable
- Change Family Status

Voiding Food Benefits

Food benefits may be voided for future months when applicable. Reasons must be documented in WISPr.

REASONS

- Food Intolerance
- Moved to new area
- Participant refused
- Staff Error
- Category Change
- Breastfeeding % Change
- Nutrition needs change
- Situation Change

Second Cardholder

PURPOSE

To provide a Responsible Adult who is unable to come to the WIC clinic or shop for WIC foods an alternate procedure for obtaining and using WIC food benefits/CVBs.

Generally, the Responsible Adult should be the parent or caretaker who will most often attend appointments on behalf of the infant or child participant.

POLICY

ADDING A SECOND CARDHOLDER

- A WIC Responsible Adult may designate an individual to act as a Second Cardholder at any time during a certification period.
 - Physical presence is required at the first appointment the person becomes a Second Cardholder.

- The Second Cardholder must provide identification. After initial identification presented, staff should use DOB, Address, and zip code to verify identity.
- The Second Cardholder can receive an eWIC Card after the RA has been assigned their card first. The Responsible Adult must be present at the initial eWIC appointment to receive their eWIC Card. If they are not present the clinic will assign a card but maintain possession until the RA can come into the clinic to show identification and sign for the eWIC card.
- The Second Cardholder can come into the clinic with the RA or they can come into the clinic without the RA with written or verbal authorization from the RA that they can be the Second Cardholder.
- The Second Cardholder may act on behalf of the Responsible Adult when they are unable to attend a WIC appointment or redeem the WIC food benefits/CVBs at an Idaho WIC authorized vendor.
- The Second Cardholder will be instructed on the rules and regulations of the WIC Program, including how to use the eWIC card and food benefits/CVBs. The Second Cardholder must read and sign the Rights, Responsibilities, and Consent form at the first appointment they become a Second Cardholder.
 - The Second Cardholder should be over 18 years of age.
 - The Second Cardholder can access WIC food benefits/CVBs and redeem them at an Idaho WIC authorized vendor.
 - The Second Cardholder can attend nutrition education appointments when the Responsible Adult is unable. The Second Cardholder should be encouraged to share information with the Responsible Adult.
 - All guidelines and policies that apply to a Responsible Adult/caregiver also apply to Second Cardholder.

REMOVING A SECOND CARDHOLDER

The Responsible Adult may remove a Second Cardholder at any time during a certification.

- The RA must notify WIC staff verbally or in writing when the Second Card Holder is no longer authorized to access the participant's WIC food benefits/CVBs.
- When the Second Card Holder is no longer authorized to receive and use WIC food benefits/CVBs, the Second Card Holder's card will be deactivated.

DOCUMENTATION

Retain copy of the Second Cardholder's signature on the Rights, Responsibilities, and Consent form.

When removing a Second Cardholder, staff must document the verbal request or pertinent details of the termination note in WISPr such as the Second Cardholder's name, date, reason, if the request was verbal or written.

EXCEPTIONS

Exceptions regarding the minimum age and attendance at appointments are permitted on a case-by-case basis if approved by the local agency Coordinator or supervisor, or State staff if no one is available locally.

REFERENCES

7 CFR 246.2 Definitions

7 CFR 246.12 (r) Issuance of food instruments and authorized supplemental foods

Food Benefit/CVB Issuance

POLICY

WIC participants are eligible to receive 1-, 2-, or 3-months of food benefits at each visit. Participants have the option to request and receive monthly issuance, even if the local WIC agency has decided to schedule multi-month issuance for all appropriate participants.

NOTE: The State WIC Office has the option to direct local agency staff to issue monthly benefits to a participant, for example, if the participant is under investigation for non-compliance.

The local WIC agency has the option to limit certain categories of participants to 1- or 2-months of food benefit issuance. If the local WIC agency decides to limit certain categories of participants, the local WIC agency will develop a written policy to include:

- A statement authorizing the Certifier or local agency registered dietitian (RD) as the person responsible for determining participant eligibility for 1-, 2- or 3-month benefits.
- A list of participant characteristics which would require the participant to receive 1- or 2-month benefit issuance. Distinction should be made between participants able to receive 2-month versus 1-month benefits.
- A statement or notation describing the reason why a participant has been determined to receive 1- or 2-month benefit issuance.

NOTE: The policy and proposed revisions shall be submitted to the State agency for review prior to implementation. A copy of the policy will be on file at the local WIC agency.

JUSTIFICATION

The choice of 1-, 2-, or 3-month benefit issuance provides flexibility for participants and for clinic staffing. Multi-month benefit issuance can enhance clinic resources, participant satisfaction, and nutrition services because each benefit issuance is associated with nutrition education.

PROCEDURE

Local WIC agency clinic(s) have on file the policy for 1-, 2-, or 3-month benefit issuance before implementing 3-month issuance.

- Review participant's priority status, care plan and your local agency policy to determine appropriateness of 1-, 2-, or 3-month benefit issuance.
- Advise participants that if their nutritional status changes, they may need to come in more frequently for WIC to provide better follow-up of care.
- Advise participants that 2- or 3-month benefit issuance is on a case-by-case basis decided by each local agency to better serve WIC participants and meet specific local agency requirements. 2- or 3-month benefit issuance is not one of their rights as a WIC participant.

Food Benefit Issuance Parameter Guidance

PARAMETERS

Rationale for limiting participant eligibility for multi-month benefit issuance will vary across the State. In writing the local WIC agency policy regarding 2- or 3-month benefit issuance, clinic staff may want to consider the following issues:

- Nutritionally high-risk participants: These participants may require a follow-up nutrition education contact with an RD or breastfeeding consultant more than once during a certification period. The RD may want to determine multi-month benefit issuance for these participants on a case-by-case basis.
- Pregnant women: Pregnant women who have not seen a health care provider may need to be seen monthly for better monitoring and follow-up of referral needs.
- Breastfeeding or postpartum women and their infants: Breastfeeding or postpartum women may need to be scheduled more frequently to ensure feeding is well established and supported during the first three to six months.
- Participants who missed their second nutrition education appointment or the six-month health screen assessment: Reschedule the missed appointment as soon as possible and try to keep the participant on the same issuance schedule. If the appointment must be scheduled for the following month, the participant may need to change to a different issuance schedule (e.g., 1- or 2-month benefit issuance).
- Foster children in short term care: It may be beneficial to schedule these participants on a monthly basis.
- Participants receiving WIC-eligible nutritionals: Special circumstances per local agency Coordinator and/or RD discretion. See policy on remote loading of benefits.
- Transfers from one clinic to another or from one state to another: See policy on VOC and mid-certification changes.
- Changing food packages, formula intolerance, or returning formula: See policy on redeeming one to two (1-2) cans with new formula to reduce returned formula (returned formula must be destroyed in the clinic).
- Any food benefit violations/sanctions or other issues related to food benefit misuse.

REMOTE LOADING OF BENEFITS

ISSUING FOOD BENEFITS OVER THE PHONE

Issuance of benefits may be done over the phone. Confidentiality must be maintained during the entire interaction. Applicable trained staff member(s) may issue benefits after DOB, address, and zip code have been verified.

- Phone issuance of benefits is allowed in the following situations:

- The participant requests benefits to be remotely loaded. The participant can either initiate the phone call or have an agreed upon timeframe the WIC staff member contacts the participant.
- Nutrition education has been completed over the phone or online. Nutrition education materials can be provided to the participant electronically or by providing reputable websites. If the participant requests, nutrition education handouts may be mailed to the participant.
- Food package exchanges not requiring formula to be returned to the clinic.
- To help transition all family members to the same food issuance schedule.
- There is a system outage/issue and benefits cannot be uploaded to the eWIC card while the participant is present
- Emergency/natural disaster, extreme weather or health conditions prevent either the participant or staff members from traveling to the clinic.

Phone issuance of benefits is not allowed in the following situations:

- To replace a certification or health screen appointment. Participants are required to be physically present for a certification and health screen appointment.
- The participant prefers in person nutrition education and food benefit issuance.

Direct Bill

POLICY

A Direct Bill is an alternative to issuing EBT food benefits that is used in very limited circumstances when formula/nutritional cannot be purchased with an eWIC Card. The form replaces WIC food benefits and must be filled out completely by a local agency registered dietitian. The Idaho WIC Program uses their contracted medical supply company to order exempt infant formula/WIC-eligible nutritionals when not available in the store.

VENDOR OR MEDICAL SUPPLY COMPANY

The vendor or medical supply company must submit a legible copy of the Direct Bill with the original invoice to the State agency for payment.

PARAMETERS

The amount (include number and size of cans) and specific formula/nutritional(s) must be itemized under the appropriate section of the form.

The vendor will only be paid for what is listed. See the Idaho WIC Program training guidebooks and formula handbook for specific procedures.

REFERENCE

State policy