	<b>WIC Program Manual</b>	
	<b>Section 1255</b>	
	<b>Date: 10/2020</b>	<b>Page 1 of 5</b>
<b>Food Package III and Medical Documentation</b>		

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## POLICY

1. The Qualified Nutritionist or Competent Professional Authority must only authorize Food Package III for women, infant and child participants who have a qualifying condition that requires the use of a Food Package III formula, as documented by a healthcare provider licensed to write medical prescriptions.
2. The local agency must obtain the appropriate medical documentation from a healthcare provider prior to issuing Food Package III.
3. The Qualified Nutritionist or Competent Professional Authority must only issue Food Package III formulas that are currently on the Approved Formulas in the New York State WIC Program Formulary, and issuance must not exceed the Monthly Maximums of NYS Approved Formulas.
4. The Qualified Nutritionist or Competent Professional Authority must always assess Food Package III prescriptions for accuracy, appropriateness and compliance with WIC regulations and guidelines, and collaborate with the healthcare provider, as appropriate, and with the participant representative's consent.
5. The Qualified Nutritionist or Competent Professional Authority must tailor the food package to provide the type and amount of foods most appropriate for the participant based on the health care provider's medical documentation and assessed need.
6. Local agency staff must educate the participant representative on the proper procedure for redeeming WIC benefits for exempt formula and WIC-eligible nutritionals.

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## BACKGROUND

*Medical documentation, [7 CFR 246.10\(d\)](#) - Medical documentation is required for the issuance of the following supplemental foods: any non-contract brand infant formula; any infant formula prescribed to an infant, child, or adult who receives Food Package III; any exempt infant formula; any WIC-eligible nutritional; any authorized supplemental food issued to participants who receive Food Package III.*


*Food packages, [7 CFR 246.10\(e\)](#) - Food Package III 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 formula or WIC-eligible nutritional) because the use of conventional food is precluded, restricted or inadequate to address their special nutritional needs.*

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## DEFINITIONS

Refer to Acronyms and Definitions located in Section 1011.


Food Package III Formula - all WIC formula (contract and exempt) and WIC-eligible nutritionals issued to a participant who meets the qualifications and has appropriate medical documentation to receive Food Package III.

	<b>WIC Program Manual</b>	
	<b>Section 1255</b>	
	<b>Date: 10/2020</b>	<b>Page 2 of 5</b>
<b>Food Package III and Medical Documentation</b>		


## PROCEDURE

LA/VMA Policy Required       Yes  No

1. The Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must authorize Food Package III for participants with medical documentation of a qualifying condition from a healthcare provider (HCP) for the following participants:
  - infants 6 months or older with higher amounts of contract infant formula in lieu of infant foods (infant fruits and vegetables and infant cereal)
  - infants and children with exempt infant formula
  - children with contract infant formula
  - children and women with infant foods (infant fruits and vegetables and infant cereal) in lieu of the cash value benefit
  - children and women with WIC-eligible nutritionals
  
2. Qualifying medical conditions that may require the issuance of Food Package III 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
  - life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect the participant's nutrition status
  
3. Local agency staff must obtain medical documentation at every certification or at the end of the prescribed length of use period. Medical documentation is also required in the following instances:
  - prior to issuing foods at 6 months of age for infants receiving Food Package III formula, unless the HCP has deferred to the QN or CPA via medical documentation
  - when changes to the prescribed foods and Food Package III WIC formula are needed within the medical documentation approval period
  - when an infant changes from an exempt to a contract formula during the medical documentation approval period
  
4. Local agency staff must obtain medical documentation on the NYS WIC Medical Documentation Form, an HCP prescription or on HCP letterhead and must include:
  - participant's name and date of birth
  - qualifying medical condition(s)
  - name of the WIC formula(s) or WIC-eligible nutritionals
  - quantity needed (ounces) per day of prescribed WIC formula(s) or WIC-eligible nutritionals
  - length of time prescribed (approval period)

	<b>WIC Program Manual</b>	
	<b>Section 1255</b>	
	<b>Date: 10/2020</b>	<b>Page 3 of 5</b>
<b>Food Package III and Medical Documentation</b>		

- supplemental food restrictions or contraindications; or HCP medical documentation deferring to WIC for identifying appropriate supplemental foods, their prescribed amounts, and length of time required by the participant
  - signature of the HCP and date
  - contact information of HCP (a stamp is acceptable)
5. The QN or CPA must assess Food Package III prescriptions from the HCP and communicate with the HCP when there are omissions or discrepancies, or when the prescriptions do not meet the requirements of this policy or appear to be inappropriate for the participant. The local agency must obtain consent from the participant before contacting the HCP in accordance with the WPM and sponsor agency guidelines.
  6. Medical documentation must be scanned into the participant's record. Staff must write a General Note with the heading Med Doc stating that a WIC Medical Documentation Form was received and whether it was approved, disapproved or pending due to missing or incomplete information. In addition, the following must also be documented in a Med Doc General Note:
    - when one month of benefits were issued
    - when the QN or CPA received clarification from the HCP
    - when the HCP authorizes WIC to determine supplemental foods, the QN or CPA must briefly describe and justify what was or was not provided
    - a verbal consent for a release of information from the participant representative is given with written consent to follow within one month
    - when a participant's condition changes and a previously approved, valid medical documentation form is no longer consistent with WIC guidelines or policy
    - when a participant receives any formula from a source other than WIC (Medicaid, private insurance, etc.)
    - when further documentation is needed from the HCP by the next appointment
    - all attempts to contact HCP for clarification or missing information
  7. The QN or CPA must not issue a Food Package III formula without medical documentation. When medical documentation is missing or is incomplete, the QN or CPA must obtain a verbal confirmation from the HCP before issuing Food Package III. The verbal confirmation and all attempts to obtain verbal confirmation must be documented in the participant's record. After accepting a verbal confirmation, one month of benefits may be issued, and written medical documentation must be obtained within one month.
  8. Food Package III recipients are eligible to receive all of the supplemental foods for which they would have qualified in the absence of their special medical needs.
  9. When a participant receives any formula from a source other than WIC (Medicaid, private insurance, etc.), they may still qualify for supplemental foods under Food Package III if they have a qualifying medical condition and medical documentation from the HCP. For special formulas that are not on the NYS Formulary, local agency staff must refer participants to Medicaid or private insurance. If participants are receiving formula from another source in an amount that is less than the federal monthly maximum, they may receive the remaining amount from WIC. The total amount of formula provided from all sources must not exceed the federal monthly maximum.

	<b>WIC Program Manual</b>	
	<b>Section 1255</b>	
	<b>Date: 10/2020</b>	<b>Page 4 of 5</b>
<b>Food Package III and Medical Documentation</b>		

10. The QN or CPA may determine the form (powder, concentrate or ready-to-use) of formula based on the nutrition assessment. Ready-to-use formulas must only be authorized when the QN or CPA determines and documents in the participant’s record that at least one of the required conditions exists, as per WPM 1253 WIC Formulas.

11. Food Package III must not be authorized for:

- 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 a formula
- 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 (i.e., Food Packages IV-VII)
- solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying medical condition
- a non-specific food intolerance

12. Local agency staff must inform participants where they may redeem Food Package III benefits, and assist them with identifying appropriate WIC vendors, if needed. Local agency staff should work with their Vendor Management Agency (VMA) to locate special formulas as needed.

13. For inbound out of state transfers, the local agency should request a copy of medical documentation from the sending agency as part of the Verification of Certification (VOC) process. However, receipt of such documentation is not required for the transfer of benefits and should not become a barrier to service. If the infant is approaching 6 months of age and a copy of the medical documentation cannot be obtained, the QN/CPA must contact the HCP prior to issuing infant foods.

14. If there is any reason to suspect fraud (medical documentation is inconsistent or conflicts with participant’s assessment, etc.), make a referral to the Bureau of Special Investigations (BSI).

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**GUIDANCE**

Policy Supplement Available     Yes    No


Non-specific symptoms such as formula or food intolerance, fussiness, gas, spitting up, constipation, diarrhea, vomiting, dermatitis, colic, to enhance or manage body weight (without an underlying condition) are not qualifying medical conditions. Participant preference is not a qualifying medical condition. Low birth weight and premature birth apply only to infants and children < 24 months old; failure to thrive applies only to infants and children.

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**RESOURCES**

WIC Program Manual Sections and Policy Supplements:

- #1038 Program Complaints and Suspected Fraud and Abuse
- #1043 Confidentiality, Releasing/Disclosure of Information
- #1135 Nutrition Assessment Process
- #1160 Verification of Certification Transfers
- #1250 WIC Food Packages and Tailoring

	<b>WIC Program Manual</b>	
	<b>Section 1255</b>	
	<b>Date: 10/2020</b>	<b>Page 5 of 5</b>
<b>Food Package III and Medical Documentation</b>		

- #1253 WIC Formulas
- #1256 Food Package Modifications for Homeless Participants
- #1260 Proration of Food Packages
- #1460 Local Agency Nutrition Staff

WIC Library:

- Approved Formulas in the NYS WIC Program Formulary
- Basic Formula and Infant Feeding Training
- Formula Tolerance Screening Tool
- Local Agency Guidance for NYS WIC Medical Documentation for Food Package III
- Monthly Maximums of NYS Approved Formulas
- NYS WIC Medical Documentation Form (DOH-4456)
- NYS WIC Medical Documentation Guidance for Health Care Providers

Other:

- [WIC Vendors in New York State](#)