



# All Staff Webinar

January 30, 2018  
10:00 – 12:00 CST



NE WIC  
1.30.18

# Navigating Adobe Connect



## AGENDA

- ❖ Lost & Stolen Checks
- ❖ Special Formula Returns
- ❖ Out of State Transfers – 1 Year Certs
- ❖ Selling Formula Reminders to Families (6 mo & 9 mo)
- ❖ Physician Authorization Form
- ❖ Food List Revisions
- ❖ Rights & Responsibilities



# Lost & Stolen Checks

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## Lost & Stolen Check Replacement

- Policy Change
  - Better tracking of Lost/Stolen for program integrity purposes
  - Replacement of Lost/Stolen benefits will be prorated
- Use "VOID" to replace lost or stolen
- No Longer use "REPRINT"
- Client will sign the signature pop-up
- Fill out a Lost or Stolen Check Report and Scan into Journey

## Client reports checks as lost or stolen

- Same policy applies for when checks can be replaced
  - Infants – formula checks only
  - Fully Breastfeeding Women
  - Children – formula checks only
- *Do not replace checks for infant foods*
- If benefits have been redeemed, can't replace the checks
- ONE time replacement in a 6 month period, up to 3 months of checks can be replaced for the occurrence
- If checks are lost/stolen, client will need to come to clinic to get them.

## VOID the checks reported as Lost

**Food Benefits**


Printing Options:  [Reprint](#)

Mailed

Reason

Screen View: Top Level View  Issuance  Participant

Expand to See

[Void](#) 

[Mail](#)

Reissuance:  Current  Original

Original Reason

3/1/2018 - 3/31/2018

2/1/2018 - 2/28/2018

- Key Lime
- Cutie Clementine
  - Enfamil Infant 0-3 Full Formula
    - 53330408 (Full)
    - 53330409 (Full)

1/1/2018 - 1/31/2018

- Key Lime
- Cutie Clementine
  - Enfamil Infant 0-3 Full Formula
    - 53330403 (Full)
    - 5 - (12.5 OZ) ENFAMIL INFANT POWDER
      - 53330404 (Full)
    - 4 - (12.5 OZ) ENFAMIL INFANT POWDER

12/1/2017 - 12/31/2017

11/1/2017 - 11/30/2017

10/1/2017 - 10/31/2017

9/1/2017 - 9/30/2017

8/1/2017 - 8/31/2017

**Void Fis**

Participant Name	Void	Check Number	Issue Date	Void Code	Void Reason
Cutie Clementine	<input checked="" type="checkbox"/>	53330408	02/01/2018	Lost	
Cutie Clementine	<input checked="" type="checkbox"/>	53330409	02/01/2018	Lost	
Key Lime	<input type="checkbox"/>	53330400	01/01/2018		
Key Lime	<input type="checkbox"/>	53330401	01/01/2018		
Key Lime	<input type="checkbox"/>	53330402	01/01/2018		
Cutie Clementine	<input checked="" type="checkbox"/>	53330403	01/01/2018	Lost	
Cutie Clementine	<input checked="" type="checkbox"/>	53330404	01/01/2018	Lost	

Select Here to Change Void Code of All Selected Fis:

### Signature Capture to User

These WIC checks were lost or stolen. I will not use these checks if found and agree to return them to my WIC clinic. 53330403-53330404, 53330408-53330409

Signature

Person Type

No Signature Available

Reason

**Food Benefits**

Printing Options:  [Reprint](#)

Mailed

Reason

Screen View: Top Level View  Issuance  Participant [Void](#)

Expand to See  [Mail](#)

2/1/2018 - 2/28/2018

- Key Lime
- Cutie Clementine
  - Enfamil Infant 0-3 Full Formula
    - 1 (Full)
    - 2 (Full)
  - Enfamil Infant 0-3 Full Formula
    - 53330408 (Full) [ Voided ]
    - 53330409 (Full) [ Voided ]
- 1/1/2018 - 1/31/2018
  - Key Lime
  - Cutie Clementine
    - Enfamil Infant 0-3 Full Formula
      - 1 (1/3) ← Current month benefits will be prorated
      - 3 - (12.5 OZ) ENFAMIL INFANT POWDER
    - Enfamil Infant 0-3 Full Formula
      - 53330403 (Full) [ Voided ]
      - 53330404 (Full) [ Voided ]

## Food Packages for L/S check replacement

- CPA may need to go in and enter a new food package before checks can be printed
  - Assign a new model package for the current month and it will be prorated.
  - Tailor the food package if only part of the checks are being replaced as lost.
  - Tailor the food package to only replace formula and not foods

# When to use Void and Reprint

**Food Benefits**

Printing Options

Print [Reprint](#)

Mailed

Reason

Screen View

Top Level View  Issuance  Participant [Void](#)

Expand to See  [Mail](#)

## Void

- LOST & STOLEN
- Changed Food Prescription
- Foster Change



## Reprint

- Damaged Checks
- Checks Didn't Come Out of Printer
- Mailed Checks That Were Never Received by Client
  - Will reprint with the "Lost" reason



# Mailing Checks

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## When Can Checks Be Mailed?

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Client is unable to come to the WIC clinic to pick up checks for special/unforeseen circumstances and appointment can not be rescheduled:

- Illness, imminent childbirth, death in family
- Severe weather
- Clinic could not print clients checks at the appointment time due to Journey or printer malfunction



**IN MOST CASES, ONLY 1 MONTH OF CHECKS SHOULD BE MAILED**

# Before Mailing Checks

- ❖ Mail can take 2-3 weeks to be delivered
- ❖ Clinics should use mailing of checks when it is the only option.
- ❖ Can the appointment be rescheduled rather than mailing the checks?
- ❖ Can the client come back in to pick up the checks?
- ❖ Checks should not be mailed for the convenience of the client



## Mailing Checks

The screenshot shows a software window titled "Food Benefits" with a "Printing Options" section. It includes a "Print" button, a "Reprint" link, and a "Mailed" checkbox which is checked. Below this is a dropdown menu labeled "\*Reason" with the following options: Incident Weather, Medical Condition, Emergency/natural disaster, Imminent Childbirth, Clinic System Failure, and Clinic Location Conflict. The "Imminent Childbirth" option is highlighted. Below the dropdown, there are several date ranges with checkboxes, including "3 (Full)" and "1/1/2018 - 1/31/2018".

- Before printing the checks, select the "Mailed" check box under the print button
- Select the appropriate reason from the drop down list



The screenshot shows the 'Food Benefits' application interface. On the left, a tree view displays a list of checks with dates and reasons. A dropdown menu is open, showing reasons such as 'Inclement Weather', 'Medical Condition', 'Emergency/natural disaster', 'Imminent Childbirth', 'Clinic System Failure', and 'Clinic Location Conflict'. The 'Medical Condition' reason is selected. In the center, the main window shows a list of checks for 'Sunny Strawberry' with columns for 'Mailed', 'FI Number', 'FTU', and 'Reason'. A 'Mail FIs' dialog box is open in the foreground, displaying a table with the following data:

Participant Name	Mailed	FI Number	FTU	Reason
Sunny Strawberry	<input checked="" type="checkbox"/>	53357129	02/01/2018	Medical Condition
Sunny Strawberry	<input checked="" type="checkbox"/>	53357130	02/01/2018	Medical Condition
Sunny Strawberry	<input checked="" type="checkbox"/>	53357131	02/01/2018	Medical Condition
Sunny Strawberry	<input type="checkbox"/>	53093369	01/01/2018	
Sunny Strawberry	<input type="checkbox"/>	53093370	01/01/2018	
Sunny Strawberry	<input type="checkbox"/>	53093371	01/01/2018	
Sunny Strawberry	<input type="checkbox"/>	53093366	12/01/2017	
Sunny Strawberry	<input type="checkbox"/>	53093367	12/01/2017	

## Client does not receive mailed checks

- Look-up how long ago the checks were mailed
    - *It may be taking 2 weeks for mail to be delivered*
  - Look up checks to verify the checks have not been redeemed.
  - Use "REPRINT" to void the checks as lost
  - After using "REPRINT", use "MAIL" to also indicate these checks are being mailed.
- Mail only 1 MONTH of checks and only if client is not able to come in to clinic to pick up the checks
- Consider sending by certified or registered mail if there is no way for the client to come to clinic.
  - If the checks the client reports as not received arrive later, the client must return these checks to the WIC clinic.

The screenshot shows a tree view in the 'Food Benefits' application. The tree view displays a list of checks for 'Sunny Strawberry' with columns for 'Mailed', 'FI Number', 'FTU', and 'Reason'. The checks are listed as follows:

- 2/1/2018 - 2/28/2018
  - Sunny Strawberry
    - Toddler - Standard Milk
      - 53357132 (Full) [ Mailed ] - Reprint of 53357129
      - 53357133 (Full) [ Mailed ] - Reprint of 53357130
      - 53357134 (Full) [ Mailed ] - Reprint of 53357131
- 1/1/2018 - 1/31/2018

# Questions

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# Special Formula Returns

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INVENTORY, JOURNEY REPORT,  
REISSUANCE, EXPIRED

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# Formula Inventory

- Clinics must keep an inventory log of formula returned and given out
- Take notice of specialty formulas in clinic inventory
- Utilize Journey Report

\*Note expiration dates



# Issuing Formula from Inventory

- Don't issue all benefits from the formula inventory
- Remember to issue at least 1 check
  - Tailor the food package to only the number of cans needed on the check
  - To prevent over issuance on food benefits panel
  - To count the client as participating

Family					
Auth Rep:	Sour Lemon	Category:	Not Breastfeeding	Cert. End:	05/20/18
Date of Birth:	02/24/1983 (34 y)	WIC Status:	Active	Last Fbi:	Feb 18
11/27/2017, get dental done, Quit smoking					
				**B Issuance	1 Month
Participant:	Sweet Lemon	Category:	Infant (Male)	Never BF	BW
Date of Birth:	11/15/2017 (2 m 14 d)	WIC Status:	Active	Cert. End:	11/20/18
11/27/2017, continued health and growth					
				**B Issuance	1 Month

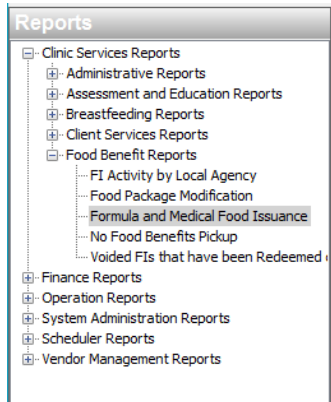
- Document in Comments/Alerts that formula was given from inventory

System Messages Family Alerts

**Sweet Lemon**

- Julieann Boyle - February - 4 Cans of Neocate Infant issued from Formula Inventory

# Formula & Medical Food Issuance Report



- Useful when a special formula is returned to clinic
- Will identify clients that are on any formula



Formula and Medical Food Issuance

Local Agency: 10 DOUGLAS COUNTY HEALTH      Formula/Medical Food: [Dropdown]

Start Date: 1/1/2018      End Date: [Dropdown]

State Totals: Yes [Dropdown]

View Report

of [Navigation icons] 100%

System

Posted Date	Category
	<input type="checkbox"/> (14.1 OZ) PURAMINO DHA & ARA - POWDER
	<input type="checkbox"/> (14.1 OZ) SIMILAC PM 60/40 - POWDER
	<input type="checkbox"/> (14.4 OZ) PORTAGEN - POWDER
	<input type="checkbox"/> (16-OZ) PREGESTIMIL - POWDER
	<input type="checkbox"/> (20-OZ) ENFAGROW PREMIUM TODDLER TRANSITIONS - PWD

Formularies list (checkboxes):

- (Select All)
- (11 OZ) KETOCAL 4.1 POWDER
- (12.1 OZ) SIMILAC ALIMENTUM - POWDER
- (12.4-OZ) ENFAMIL GENTLEASE - POWDER
- (12.5 OZ) ENFAMIL INFANT POWDER
- (12.6-OZ) NUTRAMIGEN WITH ENFLORA - POWDER
- (12.8-OZ) ENFAMIL ENFACARE - POWDER
- (12.9-OZ) ENFAMIL AR - POWDER
- (12.9-OZ) ENFAMIL PROSOBEE - POWDER
- (13 OZ) ROSS CARBOHYDRATE FREE (RCF) CONCENTRATE
- (13-OZ) ENFAMIL INFANT - CONCENTRATE [LIQUID]
- (13-OZ) ENFAMIL PROSOBEE - CONCENTRATE
- (13-OZ) NUTRAMIGEN - CONCENTRATE
- (13.1-OZ) SIMILAC NEASURE - POWDER
- (13.2 OZ) CALCILO XD POWDER
- (14.1 OZ) ALFAMINO INFANT POWDER
- (14.1 OZ) ALFAMINO JUNIOR POWDER
- (14.1 OZ) ELECCARE FOR INFANTS POWDER
- (14.1 OZ) ELECCARE JR POWDER
- (14.1 OZ) ELECCARE JR UNFLAVORED POWDER
- (14.1 OZ) NEOCATE INFANT POWDER
- (14.1 OZ) NEOCATE JR WITH PREBIOTICS POWDER
- (14.1 OZ) NEOCATE JUNIOR POWDER
- (14.1 OZ) PURAMINO DHA & ARA - POWDER
- (14.1 OZ) SIMILAC PM 60/40 - POWDER
- (14.4 OZ) PORTAGEN - POWDER
- (16-OZ) PREGESTIMIL - POWDER
- (20-OZ) ENFAGROW PREMIUM TODDLER TRANSITIONS - PWD

### Formula and Medical Food Issuance Report

Print Date: 01/28/2018

01/01/2018 - 01/31/2018

State Totals		# Participants						
(14.1 OZ) PURAMINO DHA & ARA - POWDER		12						
Local Agency/ Clinic	Formula or Medical Food	Person ID	Participant Name	Category	Risk Factors	FDTU	Rx Renewal Dt	Spec Form Reason
10 DOUGLAS COUNTY HEALTH DEPARTMENT								# Participants = 5
101 DOUGLAS COUNTY - MIDTOWNE								# Participants = 4
	(14.1 OZ) PURAMINO DHA & ARA - POWDER	361	LOGAN I	Infant	115, 142, 153, 342, 701	01/01/2018	03/31/2018	Milk Soy Protein Intolerance
		136	OLIVER	Infant	115, 153, 701, 702A	01/01/2018	03/31/2018	Milk Soy Protein Intolerance
		374	LILLIE	Infant	134, 355, 411K, 701	01/01/2018	05/31/2018	Milk Soy Protein Intolerance
		384	Briella I	Infant	353, 701	01/01/2018	04/30/2018	Milk Soy Protein Intolerance
207 CHARLES DREW								# Participants = 1
	(14.1 OZ) PURAMINO DHA & ARA - POWDER	640	Hunter	Infant	701	01/01/2018	05/31/2018	Milk Soy Protein Intolerance

*\*If there are no clients in your agency on a specific formula, but the state totals indicate there are clients, please call a State WIC RD for assistance.*

## Questions



# Out of State Transfers

## CHILDREN WITH ONE YEAR CERTIFICATIONS

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### Out of State Transfer:

USDA website for VOC  
Contacts:

<https://www.fns.usda.gov/wic/wic-contacts>

Use the map and click  
on the state you need  
to contact

<https://www.fns.usda.gov/wic/wic-contacts>

The screenshot shows the USDA Food and Nutrition Service website. The header includes the USDA logo and navigation links: About FNS, Ask the Expert, Contact Us, Other Languages, and En Español. A search bar is located in the top right. Below the header is a navigation menu with links for Programs, Data, Newsroom, Research, Forms, and Grants. The main content area is titled "Women, Infants and Children (WIC)" and "WIC Contacts". A map of the United States is displayed, with Colorado (CO) highlighted in a red circle. Below the map is a legend for territories: AS, GUAM, HI, AK, P, VI, PR, and MP.

## Out of State Transfer:

USDA website for VOC Contacts:

<https://www.fns.usda.gov/wic/wic-contacts>

\*\* State Information will appear directly beneath the map

\*\* VOC contact phone number for that state is listed

<https://www.fns.usda.gov/wic/wic-contacts>

**Women, Infants and Children (WIC)**

WIC Contacts

State: Colorado

Colorado Department of Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
United States  
See map: Google Maps

Heidi Hoffman, WIC Director  
Phone: (303) 692-2400  
Fax: (303) 756-9926  
Toll Free: 1-800-668-7277  
VOC Contact: 303-692-2400  
Email: [heidi.hoffman@state.co.us](mailto:heidi.hoffman@state.co.us)

Women, Infants and Children (WIC)

## Out of State Transfer:

Child from Iowa.

Iowa uses 1 year certifications for children.

*Questions to ask when scheduling the appointment:*

- 1) *Where are you transferring from?*
- 2) *Do you have transfer information/paperwork from that state?*
- 3) *Does the state use paper checks or EBT cards?*
- 4) *Do you have your WIC card or Checks from that state?*

## Use Out of State VOC Button on Application Panel

Enter the Certification Start Date from the paperwork or call to the other state.

### Child Transferring with One Year Certification

Category: Child (Male) No Longer BF  
 Date of Birth: 08/16/2016 (1 y 5 m) WIC Status: Pending Cert. End: 08/2017 Last FB: Feb 17

Application

Application Dates: 1/29/2018 2 of 2 New Edit Delete

End Date:

Out-of-State VOC

Out-of-State VOC

\*Certification Start Date: 09/11/2017

\*Certification End Date: / /

\*Last Benefits Start Date: / /

\*Last Benefits End Date: / /

Participant Category: Child

## Use Out of State VOC Button on Application Panel

Enter the Certification Start Date from the paperwork or call to the other state.

Enter the last day of the month that the certification ends. Provided on paperwork or during call to other state

### Child Transferring with One Year Certification

Out-of-State VOC

Out-of-State VOC

\*Certification Start Date: 09/11/2017

\*Certification End Date: 09/30/2018

\*Last Benefits Start Date: / /

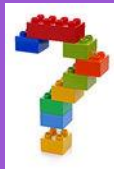
\*Last Benefits End Date: / /



## Determining Date of Last Benefits for Journey:

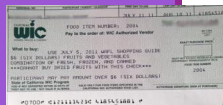
The last benefits received from the other state began.

The last day of the month for which they received benefits from the other state.

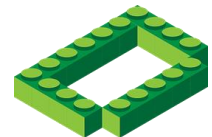


## Two Types of Benefits:

- WIC Cards
- Surrounding States
- Benefits Used? Remaining?
- Checks
- How many received?
- How many used?



## WIC Cards or Checks



## Determining Date of Last Benefits: NEW POLICY

- Last Benefits Start Date =  
First day of previous month
- Last Benefits End Date =  
Last day of previous month

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## Use Out of State VOC Button on Application Panel

Enter the Certification Start Date from the paperwork or call to the other state.

Enter the last day of the month that the certification ends. Provided on paperwork or during call to other state

Enter the first day of the previous month as Last Benefits Start Date

Out-of-State VOC

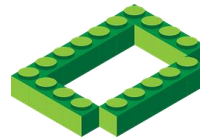
Out-of-State VOC

\*Certification Start Date 09/11/2017

\*Certification End Date 09/30/2018

\*Last Benefits Start Date 12/01/2017

\*Last Benefits End Date / /



## Use Out of State VOC Button on Application Panel

Enter the Certification Start Date from the paperwork or call to the other state.

Enter the last day of the month that the certification ends. Provided on paperwork or during call to other state

Enter the first day of the previous month as Last Benefits State Date

Enter the last day of the previous month as Last Benefits End Date

Out-of-State VOC

Out-of-State VOC

\*Certification Start Date 09/11/2017

\*Certification End Date 09/30/2018


\*Last Benefits Start Date 12/01/2017

\*Last Benefits End Date 12/31/2017

- 1) Allows Benefits to be issued for current month.
- 2) Journey will prorate the benefits based on the day of the month benefits issued.



## What to do With Checks From Other States

 Collect any checks from the other state from the family.

 Write VOID across the checks.

*Void*

 Shred or Destroy the checks



## What to do With Cards From Other States



❖ Collect any card from the other state from the family.

❖ Cut up the EBT card...DO NOT RETURN IT STATE



# Questions

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# Selling Formula Reminder to Moms

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## How often does this happen?

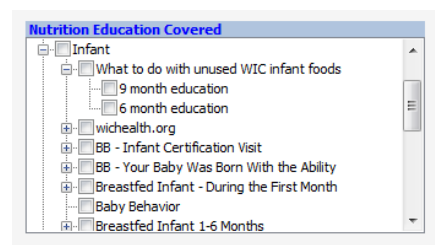
- Last week, 12 cases were reported-9/12 (75%) of those cases were from WIC
- When doing random monitoring of sites, at any given time, we find, anywhere from 12-24 posts, where WIC formula is being sold

We are asking all WIC employees to help with this issue!

## How can WIC employees help?

At the 6 and 9 month check education, please inform mom that:

- As your baby gets older and starts eating more solid foods, it is common that they will need less formula and baby food. It is against the rules to sell or give away formula, cereal or baby food, so if you see that you do not need all of the infant foods on your checks, please do not buy them or please bring any foods that you do not use to the clinic, so that we can help more WIC families
- CPAs-Please document in Journey, under the Nutrition Education Covered area, that you discussed this
- Clerks-Please document in comments that you discussed this
- Creating posters to hang in the clinic



# Questions


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# Physician Authorization Form

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 <b>Nebraska WIC Nutrition Program</b> <b>Physician Authorization Form</b> For Specialty Formulas and WIC Supplemental Foods <b>Infants up to 12 months</b>	
Formula and food cannot be issued until all appropriate sections are completed. Thank You!	
WIC Clinic: Phone #: Fax #: Attention:	
<b>A. Patient Information</b>	
Name: _____ DOB: _____	
Parent/Caregiver's Name: _____	
<b>B. Medical Reason/Diagnosis – (required)</b>	
DX: _____	
<small>Specialty formulas are not allowed for non-specific conditions such as: poor appetite, picky eater, parental preference, spitting up, colic, constipation, fussiness, or gas.</small>	
<b>C. Formula</b>	
WIC Provides approximately: <b>28 oz/day:</b> birth-3 mo. <b>30 oz/day:</b> 4-5 mo. <b>22 oz/day:</b> 6-11 mo.	
Name of Formula _____	
Formula Amount (oz/day) <input type="checkbox"/> Maximum allowable OR <input type="checkbox"/> _____ oz per day	
Special Instructions _____	
<b>D. WIC Foods (6-12 months of age, only): All WIC infant foods will be issued if nothing is marked.</b>	
<input type="checkbox"/> No WIC Infant Foods – cereal/fruits/vegetables <input type="checkbox"/> All WIC Infant Foods are allowed <input type="checkbox"/> Infant is not medically or developmentally ready for solid foods AND needs additional formula <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E. Requested Length of Issuance: 6 months will be issued including current month if nothing is marked.</b>	
<input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mo. <input type="checkbox"/> 3 mo. <input type="checkbox"/> 4 mo. <input type="checkbox"/> 5 mo. <input type="checkbox"/> 6 mo.	
<b>F. Health Care Provider Information (required)</b>	
Date: _____ Phone No.: _____ Fax No.: _____	
Provider's Name (Please Print): _____	
Signature/Stamp of Health Care Provider (MD, DO, PA, NP): _____	
For WIC Use Only   Approved by: _____ Date: _____	
WIC approved formulas: <a href="http://dhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info.aspx">http://dhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info.aspx</a>	
<small>WIC is an equal opportunity program.</small>	

## PAF for Infants up to 12 months


### D. WIC Foods (6-12 months of age, only)

#### Requirements to provide Additional Formula:

- A PAF
- “No WIC Infant foods”.. **AND** “Infant is not medically or developmentally”.... Must both be checked
- Must have developmental or medical need
- Monitor ability to tolerate solid foods and cont. need for additional formula

#### Inappropriate provision of Additional Formula

- Only “No WIC Infant Foods” is checked
- Not a choice between more formula or food
- Infant is able to tolerate solids

 <b>Nebraska WIC Nutrition Program</b> <b>Physician Authorization Form</b> For Specialty Formulas and WIC Supplemental Foods <b>Children 1-5 years and Women</b>	
Formula and food cannot be issued until all appropriate sections are completed. Thank You!	
WIC Clinic: Phone #: Attention:	
Phone #: Fax #:	
<b>A. Patient Information</b>	
Name: _____ DOB: _____	
Parent/Caregiver's Name: _____	
<b>B. Medical Reason/Diagnosis – (required)</b>	
DX: _____	
<small>Specialty formulas are not allowed for non-specific conditions such as: poor appetite, intolerance, picky eater, OR for enhancing nutrient intake or managing body weight without an underlying qualifying medical condition.</small>	
<b>C. Formula</b> WIC Provides approximately <b>29 ounces/day</b>	
Name of Formula _____	
Formula Amount (oz/day) <input type="checkbox"/> Maximum allowable OR <input type="checkbox"/> _____ oz per day	
Special Instructions _____	
<b>D. WIC Foods – All foods will be issued if nothing is marked</b>	
<input type="checkbox"/> No Milk <input type="checkbox"/> No Whole Grains <input type="checkbox"/> No Beans <input type="checkbox"/> No Tuna/Salmon (BF women) <input type="checkbox"/> No Cheese <input type="checkbox"/> No Breakfast Cereal <input type="checkbox"/> No Juice <input type="checkbox"/> No Fresh Fruits/Vegetables <input type="checkbox"/> No Yogurt <input type="checkbox"/> No Peanut Butter <input type="checkbox"/> No Eggs	
<b>E. Whole Milk / Pured Foods</b> <small>A medical reason/qualifying condition required when prescribing whole milk. Note: Personal preference is not a qualifying condition.</small>	
<input type="checkbox"/> Whole Milk <input type="checkbox"/> Child's medical needs require pured foods <small>ONLY available for patients receiving specialty formula and who have a medical need for whole milk.</small> <input type="checkbox"/> Provide jarred infant fruits & vegetables <input type="checkbox"/> Substitute infant cereal for breakfast cereal	
<b>F. Requested length of issuance: 6 months will be issued if nothing is marked</b>	
<input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mo. <input type="checkbox"/> 3 mo. <input type="checkbox"/> 4 mo. <input type="checkbox"/> 5 mo. <input type="checkbox"/> 6 mo.	
<b>G. Health Care Provider Information (required)</b>	
Date: _____ Phone No.: _____ Fax No.: _____	
Provider's Name (Please Print): _____	
Signature/Stamp of Health Care Provider (MD, DO, PA, NP): _____	
For WIC Use Only   Approved by: _____ Date: _____	
WIC approved formulas: <a href="http://dhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info.aspx">http://dhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info.aspx</a>	
<small>WIC is an equal opportunity program.</small>	

## PAF for Children 1-5 years and Women

### E. Whole Milk/ Pured Foods

#### Whole Milk (Review):

What is required to provide Whole Milk?

- A PAF with Whole Milk box checked
- A qualifying medical condition
- Participant needs a specialty formula

Inappropriate use of Whole Milk

- Due to participant preference
- Providing increased calories without a specialty formula

#### Pured Foods (NEW!):

What is required to provide Pured Foods?

- a PAF with “Provide jarred infant...” and/or “Substitute infant cereal...” box checked
- A qualifying medical condition
- Participant needs a formula

Inappropriate use of Pured Foods:

- Due to participant preference
- Cannot be included in food package with child foods

# PAFs are located under the Health Care Provider's area on the NE WIC Program website

## Common PAF Issues

### 1. PAF needs to be complete

#### Procedure: Medical Documentation Requirements

- Patient information
- Name of authorized WIC formula prescribed, incl. amount needed per day
- Length of time formula is required
- Qualifying condition
- Authorized supplemental foods appropriate for the qualifying condition
- Signature, date and contact information of health professional with prescriptive authority

### 2. Appropriate Diagnosis/Qualifying Medical Condition

- On the back of the PAF, there are a list of appropriate medical conditions

WIC PROVIDES specialty formula for infants to support qualifying medical conditions:

#### EXAMPLES OF QUALIFYING MEDICAL CONDITIONS FOR SPECIALTY FORMULAS FROM WIC

Life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the infant's nutritional status are qualifying medical conditions for special formulae

Conditions Including But Not Limited To: ICD - 10 Codes

Conditions Including But Not Limited To:	ICD - 10 Codes
Anemia	D50, D64
Autoimmune Disorder	D89
Celiac Disease	K90.0
Cerebral Palsy	G80.9
Cleft Lip/Palate	Q35 - Q37
Congenital Malformations of Digestive System	Q38 - Q45
Congenital Heart Disease	Q20 - Q28
Cystic Fibrosis	E84
Developmental Sensory/Motor Delays	R62
Diabetes	E10
Digestive System Disorders of the Newborn	P05, P76-78
Diseases of Digestive System	K92
Failure to Thrive/ Inadequate Growth	R62.51
Feeding Disorders of Infancy/Early Childhood	F98-29
Severe Food Allergies	
• Food Allergy - milk products	Z91.011
• Intolerance to carbohydrate/fat/protein/starch	K90.4
• Allergic and dietetic gastroenteritis and colitis	K52.2
• Dermatitis due to ingested food	L27.2
Gastro Esophageal Reflux Disease	P78.81, K21.0
Gastroenteritis and Colitis	K52
Gastrointestinal Disorders	K31
Genetic/Congenital Disorders	Q00 - Q99
Inborn Errors of Metabolism/ Metabolic Disorders	E88
Immunodeficiency Disorders	D84
Intestinal Malabsorption	K90
Intestinal Infectious Disease	A00-A09
Lactose Intolerance	E73
Prematurity/ Low Birth Weight	P05, P06
Underweight	R63.6, Z68.51

#### Specialty Infant Formulas - provided by NE WIC with a qualifying medical condition:

- Akmino Infant
- Enfamil Infant
- Enfamil Endicare
- Neocate Infant
- Nutramigen
- Progestiml
- PurAmino
- Similac Alimentum
- Similac Neosure
- Human Milk Fortifier

Current WIC Formulary can be found on the NE WIC Website: [http://dhs.ne.gov/publichealth/qaqa/wic\\_healthcare\\_providers\\_healthcare\\_provider\\_info\\_index.aspx](http://dhs.ne.gov/publichealth/qaqa/wic_healthcare_providers_healthcare_provider_info_index.aspx)

#### NON-QUALIFYING CONDITIONS

Specialty Formula is NOT provided for:

- Parent preference
- Food dislikes
- Picky eating
- Poor appetite
- Non-specific symptoms or diagnoses (i.e. formula intolerance, spitting up, colic, constipation, picky eater, fussiness, and gas)
- Formula intolerance that can be successfully managed with the use of other WIC foods or contract formulas.

Clients with non-qualifying conditions may receive our regular Contract Formulas:

- Enfamil Infant
- Enfamil Inf
- Enfamil ProSobee
- Enfamil Gentlease

\*CDimensional Classification of Diseases Tenth Revision <http://www.icd10data.com>

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# Common PAF Issues

3. Appropriate Formula for Diagnosis/ Qualifying medical condition

- Procedure: Issuance of Special Formula and Medical/Nutritional Products
  - Evaluate the appropriateness of use
- Nebraska WIC Formulary- Product Reference Guide with Pictures

## Formula References

These reference sheets outline formulas provided by WIC.

- Nebraska WIC Contract Formulas
- Nebraska WIC Formulary
- Nebraska WIC Formulary Product Reference Guide With Pictures

<ul style="list-style-type: none"> <li>• <b>EnfaCare</b> (Mead Johnson)</li> <li>• <b>Similac Expert Care NeoSure</b> (Abbott)</li> </ul>	<ul style="list-style-type: none"> <li>• for infants</li> <li>• Rx required for children <math>\geq</math> 1 year and women</li> <li>• Rx valid for a maximum of 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate with appropriateness of use</li> <li>• Issue with appropriate prescription</li> </ul> <p><b>Indications for Use:</b></p> <ul style="list-style-type: none"> <li>• For premature or low birth weight infants</li> <li>• Other documented medical conditions as indicated on prescription</li> </ul>
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Nebraska WIC Formulary - Product Reference Guide

	<ul style="list-style-type: none"> <li>• 30 calories per ounce</li> <li>• Nutritionally complete</li> <li>• 20% of fat as MCT to enhance fat absorption</li> <li>• Gluten-free, low-residue, halal, kosher, suitable for lactose intolerance</li> </ul>	<p>For people with chronic obstructive pulmonary disease (COPD), cystic fibrosis, or respiratory failure who may benefit from a high-calorie, modified carbohydrate and fat, enteral formula that may help reduce diet-induced carbon dioxide production</p> <p><i>*PAF Required</i></p>	8 oz RTF	8 8 oz	113
	<ul style="list-style-type: none"> <li>• 20 calories per ounce</li> <li>• Hypoallergenic</li> <li>• Amino acid-based, nutritionally complete infant formula for up to 6 months of age</li> <li>• Iron-fortified</li> </ul>	<p>For the dietary management of infants and toddlers with severe cow's milk protein allergy not effectively managed by an extensively hydrolyzed formula or multiple food protein allergies</p> <p><i>*PAF Required</i></p>	14.1 oz Powder	98 8 oz	8 9 7 9
	<ul style="list-style-type: none"> <li>• 20 calories per ounce</li> <li>• Formulated to allow physician to prescribe type and amount of carbohydrate that can be tolerated</li> <li>• Soy-based infant formula</li> <li>• Lactose-free, gluten-free, kosher, halal</li> </ul>	<p>For use in the dietary management of patients unable to tolerate the type or amount of carbohydrate in milk or conventional infant formulas and for secure disorders requiring a ketogenic diet.</p> <p><i>*PAF Required</i></p>	13 oz conc	28 8 oz	31 34 24 36
	<ul style="list-style-type: none"> <li>• 20 calories per ounce</li> <li>• Hypoallergenic formula for infants</li> <li>• Hydrolyzed casein supplemented with free amino acids</li> <li>• Lactose-free, gluten-free</li> <li>• RTF is corn-free</li> </ul>	<p>For infants and children with sensitivity to cow's milk protein, severe food allergies, protein malabsorption, or fat malabsorption</p> <p><i>*PAF Required</i></p>	32.1 oz Powder 32 oz RTF	87 8 oz 32 8 oz	10 11 8 10 23 28 20 28
	<ul style="list-style-type: none"> <li>• 22 calories per ounce</li> <li>• Increased protein, vitamins, and minerals for premature babies</li> <li>• Exceeds calories for growth</li> <li>• Gluten-free, halal, kosher</li> </ul>	<p>For healthy premature infants. Designed to promote catch-up growth and support development. Used for transition feeding after hospital discharge until a term formula is appropriate.</p> <p><i>*PAF Required</i></p>	13.1 oz Powder 32 oz RTF	87 8 oz 32 8 oz	10 11 8 10 26 28 20 28

Nebraska WIC  
November 2016

# Questions

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# Food List & Shopping Guide

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UPDATE

NE WIC  
1.30.18

Effective October 1, 2017  
through September 30, 2019

# FOOD LIST

& SHOPPING  
GUIDE

Nebraska WIC Approved Products

Vigente del 1 de Octubre de 2017  
al 30 de Septiembre de 2019

# LISTA DE ALIMENTOS

Y GUÍA DE COMPRAS

PRODUCTOS APROBADOS POR NEBRASKA WIC

### Ways to buy up to 36 oz of cereal

Buy any combination of hot or cold WIC approved cereals, totaling 36 ounces or less.



### NATURE'S OWN

100% Whole Wheat 100% Whole Wheat Sugar Free

### BABY CEREAL

#### 8 OZ CONTAINER

<p>Gerber</p> <ul style="list-style-type: none"> <li>• Rice</li> <li>• Oatmeal</li> <li>• MultiGrain</li> <li>• Whole Wheat</li> <li>• Barley</li> </ul>	<p>Beech-Nut</p> <ul style="list-style-type: none"> <li>• Rice</li> <li>• Oatmeal</li> <li>• MultiGrain</li> <li>• Sensitive Oatmeal</li> </ul>
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### SOY MILK

Choose from these **BRANDS** only: HALF-GALLONS

- SILK - Original Soymilk - Half-gallon
- BTH CONTINENT - Original or Vanilla Soymilk - Half-gallon



# Rights & Responsibilities Changes

Coming Soon

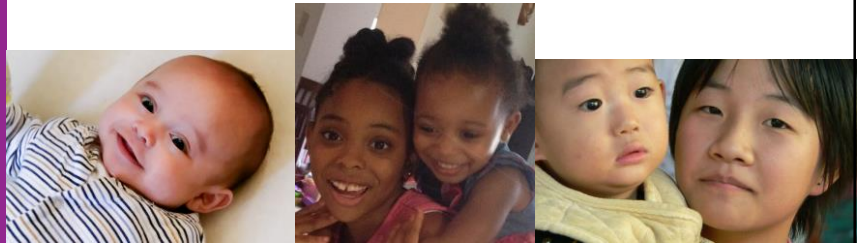
Join us February 28<sup>th</sup> for Details



## CLIENTS RIGHTS AND RESPONSIBILITIES

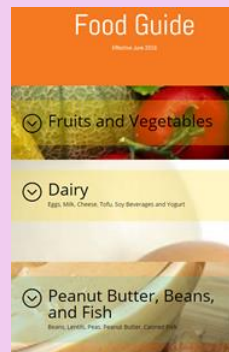
**Your Rights:**

- WIC will provide you with information about nutrition, breastfeeding, and healthy foods.
- WIC will help you in getting other services, like Immunizations, SNAP and Medicaid.
- All information you give WIC will be kept private.
- If you feel you have been discriminated against you may file a complaint.



NE WIC 1.30.18

# Food List Resources Coming Soon



NE WIC 1.30.18

# Questions

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# Upcoming WIC Webinars

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SAVE THE DATES



NE WIC 1.30.18

# FUTURE WIC TRAINING



Date	Time (CST)	Tentative Topics
Feb. 13, 2018	9:00 to 11:00	Director's Webinar
Feb. 28, 2018	10:00 to 12:00	All Staff Webinar: WIC Shopper, Outreach Ideas, Rights & Responsibilities Changes, 2% Milk
April 20, 2018	10:00 to 12:00	Vendor Manager Webinar
May 31, 2018	10:00 to 12:00	CPA Training
June 28, 2018	10:00 to 12:00	All Staff Webinar

# FUTURE WIC TRAINING



Date	Time (CST)	Tentative Topics
April - Aug. 2018	TBD	Civil Rights Training x 2
July 13, 2018	9:30 to 11:30	Vendor Manager Webinar
Summer 2018	TBD	eWIC



# Upcoming Training

SAVE THE DATES

## FUTURE TRAINING



Training	Date(s)	Location
CLC Training	Feb 19–23, 2018	Lincoln, NE
NWA Leadership Conference	March 4-6, 2018	Washington DC
Behavioral Health Conference	April 3, 2018	Lincoln, NE
CLC Training	April 16-20	Junction City, KS
NE Academy Nutr & Dietetics	April 19-20	Lincoln, NE
NWA Annual Conference	April 22-25	Chicago, IL
CLC Training	April 23-27	Gillette, WY

## FUTURE TRAINING



Training	Date(s)	Location
CLC Training	April 23-27, 2018	Gillette, WY
CLC Training	May 21-25, 2018	Sioux City, IA
CLC Training	June 4-8, 2018	Glenwood Springs, CO
CLC Training	June 11-15, 2018	Powell, WY
NAW Breastfeeding & Nutrition Conference	Sept. 24-27, 2018	New Orleans, LA

# THANK YOU

for attending



REMEMBER TO COMPLETE THE SHORT SURVEY & ATTENDANCE POLL BEFORE LOGGING OUT