



Special Dietary Requests and Medical Documentation

California WIC Program

2010



Session Goal and Objectives

To increase access to the best and most appropriate WIC foods, especially for infants and children with special dietary requests.

Local agency WIC staff will be able to:

- Explain how to complete each section of the new pediatric form, and
- Use existing resources to inform local providers and WIC participants about the new medical documentation requirements.

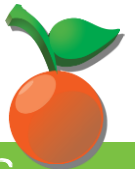


More WIC Foods for Participants with Medical Conditions

Now



October 1, 2009



WPM Policy 390-10 Revisions

For WIC participants diagnosed with a medical condition, the doctor must:

- Specify the types and amounts of WIC foods,
- Provide contact information
- Write a prescription for soy beverage and tofu once per enrollment (child only).

Available at www.wicworks.ca.gov; click on Health Professionals



When is medical documentation needed?

- Food Package III: participants diagnosed with a medical condition and are:
 1. issued a therapeutic formula or medical food, such as PediaSure* and/or
 2. issued WIC foods.
- Food Package IV: children issued soy products

* WIC only issues therapeutic products if (1) the participant is in the process of applying for Medi-Cal or (2) the health plan refuses to provide the formula.



Developing the New Pediatric Form: A Collaborative Effort!

Medical Community:

- AAP, Childrens Hospital Los Angeles, Orange County Family Medicine staff
- CHDP and Medi-Cal
- San Bernardino County MCH Program
- University of Indiana's OB-GYN Department

WIC Task Force and select local WIC agencies


Southern CA Training Consortium

CA WIC Program

Loma Linda University's Department of Nutrition



New WIC Pediatric Form (CDPH 247A)

State of California – Health and Human Services Agency		California Department of Public Health					
 <h2 style="margin: 0; font-size: 2em;">Pediatric Referral</h2>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">WIC Agency:</div> <div style="border: 1px solid black; padding: 5px;">WIC ID #:</div>					
SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).							
PATIENT NAME (First) _____ (Last) _____		DATE OF BIRTH: _____					
CURRENT HEIGHT/LENGTH: _____ inches (within 60 days)	CURRENT WEIGHT: _____ lb _____ oz (within 60 days)	CURRENT BMI: BMI percentile: _____ % (within 60 days)	MEASUREMENT DATE: _____				
BIRTH WEIGHT/LENGTH: _____ lb _____ oz / _____ inches		BREASTFEEDING ASSESSMENT (birth to 12 months): <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Never breastfed <input type="checkbox"/> Feeding breast and formula <input type="checkbox"/> Discontinued breastfeeding Date: _____					
HEMOGLOBIN OR HEMATOCRIT TEST is required <u>every 12 months</u> when normal and <u>every 6 months</u> when abnormal.		SOY REQUEST FOR CHILD: To substitute soy milk and tofu for cow's milk and cheese, check or write a condition below: <input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Hemoglobin (gm/dl) or Hematocrit (%)</th> <th style="width: 40%;">Lab Result Date</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>		Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date			LEAD TEST (recommended at 1-2 years of age): _____ mcg/dL IMMUNIZATIONS are up-to-date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	
Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date						
COMMENTS: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>							
HEALTH PROFESSIONAL NAME <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
HEALTH PROFESSIONAL SIGNATURE <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>		PHONE NUMBER _____ TODAY'S DATE _____					

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New WIC Pediatric Form (CDPH 247A)

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS:

☐ Prematurity ☐ GERD or reflux ☐ Food allergy: _____
☐ Failure to thrive ☐ Dysphagia ☐ Other: _____

FORMULA / MEDICAL FOOD: _____

DURATION: _____ months **AMOUNT:** _____ oz / day

This prescription is: ☐ New ☐ Refill

NOTE: The patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless *Do Not Give* is checked for cow's milk (see *WIC Food Restrictions*).

COMMENTS:

WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

Category	WIC Foods	Do Not Give	Restriction/ Comment
Infants (6-12 mo)	Baby cereal		
	Baby fruit/ vegetable		
Children (1-5 yr)	Cow's milk		
	Cheese		
	Eggs		
	Peanut butter		
	Whole grains *		
	Cereal		
	Beans		
	Vegetables/fruits		
	Juice		

* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal

HEALTH COVERAGE: Refer the patient to the health plan or Medi-Cal for a medically necessary formula or medical food. WIC only provides these products when they are NOT a covered benefit by the patient's health plan or by Medi-Cal.

Provide patient's health insurance information:

Private insurance: _____
Medi-Cal managed care: _____
Other: _____

Regular Medi-Cal (fee-for-service)

Check action taken:

_____ Submitted justification to health plan

_____ Submitted justification to pharmacist

If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:

☐ Gave formula samples
☐ Referred to Medi-Cal
☐ Referred to WIC

QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770.

Health professionals: Go to www.wicworks.ca.gov; click Health Professionals; then click WIC contacts for MDs.

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Available Resources for Healthcare

- **Articles:** American Academy of Pediatrics, Health plans
- **Handouts:** WIC fact sheet; Medical Documentation Training Guide (available in July)
- **Needs Assessments:** reaction to Interim Rule, local WIC agency provider activities
- **Presentations:** CHDP, CWA 2009, YouTube
(<http://www.cdph.ca.gov/programs/wicworks/Pages/WICInfantFormula.aspx#training>)
- **Contact Us:** MD-WIC@cdph.ca.gov or MD-WIC Network

Available at www.wicworks.ca.gov,
click Local Agency Resources/Marketing and Outreach



Email Your Questions and Comments
to
MD-WIC@cdph.ca.gov

