

**A  
PHYSICIAN'S  
GUIDE TO THE  
LOUISIANA  
WIC  
PROGRAM**



Provided by the Louisiana WIC Program  
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## WIC BASICS

The aim of the WIC program is to be an adjunct to health care with a goal of providing nutritious supplemental food, nutrition education, communication and follow-up to patients that are referred from the medical community. It is intended to encourage patients to access preventive health care and to provide supplemental food and nutrition education to those at nutrition risk.

WIC is a supplemental nutrition program which has been established by USDA to serve eligible pregnant, breastfeeding, and postpartum women, infants and children less than 5 years of age. We appreciate your referrals to the Louisiana WIC Program.

The Louisiana WIC Program is funded by USDA and administered by the Department of Health and Hospitals, Office of Public Health, Nutrition Services. As a component of ongoing health care, the staff of parish health units and contract agencies across the state provides appropriate health services, assessments, education, and certification for WIC, food instruments, and referrals to other programs.

### WIC SERVICES

- Nutrition screening and assessment
- Nutrition counseling
- Nutritious food package
- Breast-feeding guidance
- Breast pump loan program
- Food Tastings
- Nutrition activities and group classes
- Infant formula preparation education
- Cooking demonstrations and recipes
- Referral assistance to other public programs

## **WIC FREQUENTLY ASKED QUESTIONS**

### **WHO QUALIFIES FOR WIC?**

Pregnant and postpartum women, infants, and children (under 5 years old) may qualify to participate in the WIC program. Those whose income meets the WIC income guidelines or who participate in the Medicaid, FITAP, or Supplemental Food Assistance Program-SNAP (formerly Food Stamp Program), and who are also at nutrition risk, as defined by WIC regulations, are eligible for WIC benefits.

### **WHERE ARE WIC SERVICES PROVIDED?**

Applicants may call 1-800-251-BABY to locate WIC clinics in their area. The Louisiana Department of Health and Hospitals, Office of Public Health web site at <http://www.wic.dhh.louisiana.gov> also has a list of WIC clinics.

### **WHAT SHOULD A PERSON BRING TO THE FIRST WIC CLINIC VISIT?**

- The participant (infant, child, or woman) must be present. There are a few exceptions to physical presence. Please ask your local WIC office staff.
- Proof of identity for the participant and for the proxy or parent/caretaker of the infant/child
- Proof of income or proof of participation in the Medicaid, SNAP or TANF program
- Proof of a Louisiana address. WIC does not require proof of citizenship or alien status. Participation in the WIC Program will not affect immigration and naturalization.
- If available, medical information from your doctor (height, weight, Hgb, Hct, and immunizations)
- Special medical documentation is needed (starting 10/09) for any special Formula and the Supplemental Food (at age 6 months)
- The WIC- 48 Form Medical Documentation Form should be used to prescribe special formula and the supplemental food. Packets of the WIC-48 forms are available from your local WIC Clinic. Please contact the local WIC clinic staff.
- A prescription can be used but must contain all of the required federally mandated information

## WHAT NUTRITION SERVICES ARE PROVIDED BY WIC?

WIC nutrition services include an assessment, a nutrition care plan, nutrition counseling, educational activities, reassessment, and continued nutrition guidance. Nutritionists, Nurses, and Health and Nutrition Educators provide the nutritional healthcare in the WIC Clinic.

## WIC REFERRALS

**A goal of the Louisiana WIC Program is to serve eligible participants and enroll them as early as possible during pregnancy and infancy. We appreciate referrals from medical providers and hope to work cooperatively with them to meet the need of each individual. With a written request from the medical doctor, we can also provide counseling, utilizing a Registered Dietitian/Nutritionist for specific medical needs.**

The WIC 17 is a form used by providers for the referral/ transfer of information to the WIC clinic staff. The completion of the form does not constitute eligibility for the WIC Program. It is a referral/information form. Eligibility determination is completed by the staff at the WIC site.

WIC applicants/participants are encouraged to bring in referral information including medical data required for certification/recertification. **The applicant/participant cannot be denied WIC services if they do not bring in weight, height, or hemoglobin/hematocrit from a private provider.** In the absence of these data on a WIC17, the WIC clinic must perform these services.

The WIC 17 is available at each WIC clinic or parish health unit. Contact your local WIC clinic or parish health unit to obtain a supply.

## How to Complete the WIC 17

- Document the patient's name and date of birth
- Document the physical assessment and hematological information.  
The data can not be more than 60 days old  
Birth length and birth weight are required for infants  
Hct or Hgb are not required for an infant less than 9 months of age
- Document the type of care the patient is receiving at the physician's medical practice. Preventive health care includes periodic physical assessments and immunizations. (see EPSDT guidelines)
- For infants document the dates when immunizations were given or attach a copy of the immunization record.
- Document all conditions or diagnosis that may relate to nutrition risk.
- If the patient needs specialized nutrition counseling by a registered dietitian, indicate the reason for referral. Please note that all patients receive general nutrition education and counseling related to their nutrition risk code.
- Special formulas require a special qualifying conditions and medical documentation every 6 months starting 10/09. See Special Formula section for more information.
- The WIC 17 must be signed and dated by a CPA appropriately. The signature of the Medical Provider must be included if Special Formula and or supplemental food is requested as a part of the WIC-17
- The person signing the form should document their address, telephone number, fax number/e-mail address.

**DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH  
INFANT/CHILD  
REFERRAL FOR WIC CERTIFICATION AND INFORMATION TRANSFER FORM**

This information will be used to assist in determining nutrition risk when your patient applies for WIC benefits. Completing this form does not constitute eligibility for the program.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date medical information collected may not be more than 60 days old)

\*Birth Length \_\_\_\_ft \_\_\_\_in \_\_\_\_/8 or cm \_\_\_\_\_ Current Length \_\_\_\_ft \_\_\_\_in \_\_\_\_/8 or cm \_\_\_\_\_

\*Birth Weight \_\_\_\_lbs \_\_\_\_oz or gm \_\_\_\_\_ Current Weight \_\_\_\_lbs \_\_\_\_oz or gm \_\_\_\_\_

\*Weeks Gestation \_\_\_\_\_ EP Level \_\_\_\_\_ (if available)

Hgb \_\_\_\_ or Hct \_\_\_\_% (NOT REQUIRED FOR INFANTS < 9 MONTHS OF AGE AT THE INITIAL CERTIFICATION)

*\*This information required for less than 12 months of age and is desirable for children if it has not been previously provided.*

Please attach a copy of the immunization record or document the dates when the following immunizations were given:

DTP doses \_\_\_\_\_ MMR \_\_\_\_\_ Polio \_\_\_\_\_ HIB doses \_\_\_\_\_ HEP B doses \_\_\_\_\_

\_\_\_\_\_ This patient receives routine care through my medical practice.

\_\_\_\_\_ This patient receives acute and/or specialized health care through my medical practice.

**List pertinent conditions or diagnoses:**

\_\_\_\_\_

**Indicate nutrition problem(s) to be addressed if applicable:**

\_\_\_\_\_

**Infant/child formula type** \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Physician, Nurse, Nutritionist's Signature and Title**

\_\_\_\_\_  
**Community Care Referral Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Fax Number**

Rev 1/07  
WIC-17

\_\_\_\_\_  
**Date**

**DEPARTMENT OF HEALTH AND HOPITALS OFFICE OF PUBLIC HEALTH  
WOMAN'S  
REFERRAL FOR WIC CERTIFICATION AND INFORMATION TRANSFER FORM**

This information will be used to assist in determining nutrition risk when your patient applies for WIC benefits. Completing this form does not constitute eligibility for the program.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date medical information collected may not be more than 60 days old)

Height \_\_\_\_ft \_\_\_\_in \_\_\_\_/8                      Prepregnancy Weight \_\_\_\_ lbs \_\_\_\_ 1/4

LMP Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      Current Weight \_\_\_\_ lbs \_\_\_\_ 1/4

EDC Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      Current Hgb \_\_\_\_ or Hct \_\_\_\_%

Delivery Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      Lowest Pregnancy Hgb \_\_\_\_ or Hct \_\_\_\_%

\_\_\_\_\_ This patient receives routine prenatal or postnatal care through my medical practice.

\_\_\_\_\_ This patient receives acute and/or specialized health care through my medical practice.

**List pertinent conditions or diagnoses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate nutrition problem(s) to be addressed if applicable:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician, Nurse, Nutritionist's Signature and Title**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Date**

### **WIC Formulas**

The Louisiana WIC Program can provide standard and special formula, however breastfeeding is encouraged as the preferred method of feeding. The formulas provided must meet the minimum regulatory requirements. These Federal WIC requirements specify the food categories, maximum monthly allowances and the nutritional requirements for all WIC – eligible food and formula.

A standard formula is a complete formula not requiring the addition of any ingredient except water prior to being served. If formula is to be provided, the American Academy of Pediatrics (AAP) recommends the introduction of milk-based formula before milk-based lactose; and milk-based lactose free before soy-based formulas. The only standard formulas provided by the Louisiana WIC Program are the standard formulas listed in the Formulary (See Louisiana WIC Approved Formulary Exhibit A).

A special formulas is one that not a standard formula. A special formula may be authorized when a physician determines that participant has a Qualifying Condition(s) (See Qualifying and Non- Qualifying Conditions) which contraindicates the use of a standard formula. The participant receiving special formula must be medically fragile.

A Louisiana WIC Approved Formulary is used by the State Agency to ensure that regulatory requirements are met when authorizing formula usage.

- The formulary contains the special formulas available from the WIC program.
- The Louisiana WIC contracts for standard formulas are usually submitted for bid every 3 years.
- The prescription is subject to WIC approval and provision based on Louisiana WIC Program policy and procedure.
- Special formula request from providers that **are not** listed in the current formulary must be submitted from the clinic staff to the State Agency for review.

## Ready to Feed Formula for WIC Participants

The use of ready- to- feed formula can be approved only when one of the following circumstances is documented:

- Unsanitary/restricted water supply
- Poor refrigeration
- The participant's caregiver is cognitively/physically unable to correctly dilute concentrated liquid or powered formula
- The following conditions apply ONLY to participants receiving the Special Formula Supplemental Food Package
  - ✓ If a ready-to-feed formula better accommodates the participant's condition
  - ✓ If the ready-to-feed formula improves the participant's compliance in consuming the prescribed formula

The requirements for ready-to-feed formula are federally mandated. There are no exceptions or waivers for the ready-to-feed policy at the State Agency level.

## MEDICAL DOCUMENTATION

The Louisiana WIC Program strongly recommends the WIC-48 form as the preferred Medical Documentation used by Medical Providers to communicate “special formula” and food prescriptions to the WIC clinic staff. The WIC 48 is available (100 sheets/pad) from your local WIC Clinic.

In situations when the WIC 48 is not used, medical documentation may be provided in writing using a discharge summary, WIC 17 or prescription slip. A new prescription is required every six months. The original, facsimile or electronically submitted medical documentation is considered valid when it is:

- ✚ Dated and less than 60 days old
- ✚ Signed by a physician or a licensed healthcare professional authorized to write medical prescriptions under Louisiana law(including those health care professionals practicing in other states)
- ✚ Identifying the specific special formula and quantity needed per day, length of time formula required
- ✚ Soy beverage for children with a qualifying condition
- ✚ Listing all contraindicated supplemental food
- ✚ Identifying the Qualifying medical condition and/or ICD Code (s) that support the need for formula
- ✚ Including the name of the diagnosing physician when the healthcare professional prescribing the formula is not a physician
- ✚ Listing contact information for diagnosing Medical Provider

## MEDICAL DOCUMENTATION

### SPECIAL NOTES:

- ✚ Telephone or verbal orders are unacceptable. Original signature required no stamped signature.
- ✚ Louisiana WIC routinely provides 2% milk to children greater than 2 years of age.
- ✚ According to USDA regulations, the Louisianan WIC Program does not provide Low-iron formula under any circumstances.
- ✚ Medical documentation/prescriptions are not required for the current contract standard formulas.

**Louisiana Women, Infant and Children (WIC) Program  
Participants Qualifying Medical Condition for Special Formula**

| <b>Participant Category</b>                   | <b>Non-Qualifying Conditions</b>   | <b>Qualifying Medical Conditions</b>  |
|---|--|---|
| <b>Infants<br/>(up to 12 months)</b>          | <ul style="list-style-type: none"> <li>▪ Non-specific formula or food intolerance</li> <li>▪ Only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require an exempt (special) formula</li> </ul> | <ul style="list-style-type: none"> <li>▪ Premature birth</li> <li>▪ Low birth weight</li> <li>▪ Failure to Thrive</li> <li>▪ Metabolic disorders</li> <li>▪ Malabsorption syndromes</li> <li>▪ Immune system disorders</li> <li>▪ Life threatening disorders, diseases and medical conditions that impair ingestion, absorption or utilization of nutrients that could adversely affect the participant's nutrition status</li> </ul> |
| <b>Children<br/>(up to five years of age)</b> | <ul style="list-style-type: none"> <li>▪ Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition</li> <li>▪ Lactose intolerance</li> <li>▪ Participant preference</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Premature birth</li> <li>▪ Failure to Thrive</li> <li>▪ Metabolic disorders</li> <li>▪ Malabsorption syndromes</li> <li>▪ Immune system disorders</li> <li>▪ 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</li> </ul>                  |
| <b>Women</b>                                  | <ul style="list-style-type: none"> <li>▪ Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition</li> <li>▪ Lactose intolerance</li> <li>▪ Participant preference</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Metabolic disorders</li> <li>▪ Gastrointestinal disorders</li> <li>▪ Malabsorption syndromes</li> <li>▪ Immune system disorders</li> <li>▪ 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</li> </ul>                                    |

**Louisiana WIC Program Approved Formulary  
and  
Suggested Formula Use**

*Exhibit A*

*(The information was taken from material provided by the formula manufacturer and does not represent an endorsement by the Louisiana WIC Program)*

*A copy of the current WIC approved Formulary Exhibit A is posted on the Medical Provider web page under “LA WIC Approved Formulary” and also available from your local WIC Clinic/Parish Public Health Unit or the WIC State Agency.*



[Click Here for a link to the WIC Formulary](#)

For more information visit: <http://www.wic.dhh.louisiana.gov>

### LOUISIANA WIC FOOD PACKAGES

The Louisiana WIC Food Packages are aimed at helping to reduce the rates of obesity in the WIC population. The Louisiana WIC Program recommends that infants 6-12 months of age and children 1-5 consume 2 servings of fruit per day for a healthy diet. The food packages are also designed to encourage participants **two years of age and older to switch to reduced fat, low-fat or fat free milk in order to** reduce fat intake and long term health risks. WIC participants receiving special medical formula/foods will also receive food from the list below, unless they are contraindicated.

| Formula                               |                     | Infants 4-5 months * | Infants greater than 6 months *                        | Infants 6–12 months with formula only * |
|---------------------------------------|---------------------|----------------------|--|---|
| <b>Powder,</b><br>(reconstituted)     | Up to 870 fluid ozs | Up to 960 fluid ozs  | Up to 696 fluid ozs                                    | Up to 960 fluid ozs                     |
| <b>Concentrate</b><br>(reconstituted) | Up to 806 fluid ozs | Up to 884 fluid ozs  | Up to 624 fluid ozs                                    | Up to 884 fluid ozs                     |
| <b>Ready-to-feed</b>                  | Up to 832 fluid ozs | Up to 896 fluid ozs  | Up to 640 fluid ozs                                    | Up to 896 fluid ozs                     |
| Infant Cereal                         | N/A                 | N/A                  | 24 oz Infant Cereal                                    | N/A                                     |
| Baby Food<br>Fruit and<br>Vegetables  | N/A                 | N/A                  | 32 – 4oz Jars<br>Baby Food<br>Fruits and<br>Vegetables | N/A                                     |

\* Formula quantities provided are less if the infant is breastfed.

| <b>Children</b>   | <b>Fully Breastfeeding and Partially Breast Feeding Multiples Women</b> | <b>Pregnant and Partially Breastfeeding Women</b>       | <b>Postpartum Women</b>                               |
|---|---|---|---|
| 910 ozs formula   | 910 ozs formula   | 910 ozs formula   | 910 ozs formula                                       |
| 13 quarts milk  | 21 quarts   | 19 quarts milk  | 13 quarts milk  |
| 1 pound cheese  | 2 pounds cheese   | 1 pound cheese  | 1 pound cheese  |
| 1 dozen eggs  | 2 dozen eggs  | 1 dozen eggs  | 1 dozen eggs  |
| 128 ozs juice   | 144 ozs juice   | 144 ozs juice   | 96 ozs juice  |
| 36 ozs breakfast cereal                                 | 36 ozs breakfast cereal   | 36 ozs breakfast cereal                                 | 36 ozs breakfast cereal                               |
| <b>Children</b>   | <b>Fully Breastfeeding and Partially Breast Feeding Multiples Women</b> | <b>Pregnant and Partially Breastfeeding Women</b>       | <b>Postpartum Women</b>                               |
| \$6.00 fresh fruits and vegetables cash value voucher   | \$10.00 fresh fruits and vegetables cash value voucher                  | \$8.00 fresh fruits and vegetables cash value voucher   | \$8.00 fresh fruits and vegetables cash value voucher |
| 18oz peanut butter <b>OR</b> 16ozs dried beans          | 18oz peanut butter <b>AND</b> 16 ozs dried beans                        | 18oz peanut butter <b>and</b> 16 ozs dried beans        | 18oz peanut butter <b>OR</b> 16ozs dried beans        |
| 2 pounds whole wheat bread or equivalent, or brown rice | 1 pounds whole wheat bread or equivalent, or brown rice                 | 1 pounds whole wheat bread or equivalent, or brown rice | N/A   |
| N/A   | 30 ozs tuna or salmon   | N/A   | N/A   |

## **WIC NUTRITION RISK**

A Competent Professional Authority (CPA) is the only staff person who may conduct and evaluate a nutrition risk assessment to determine eligibility for WIC benefits. This is done at each certification and recertification. The nutrition risk assessment includes with documentation to support a medical and/or nutrition history, measurement of length/height and a hematological test for anemia (when indicated).

The results of the nutrition risk assessment are used to determine eligibility, identify counseling needs and assign Nutrition Risk Codes. Nutrition Risk Codes are defined in federal regulation by the USDA and assigned a number to designate a specific condition that qualifies an individual for WIC participation.

The Nutrition Risk Codes are also designed with risk code priority levels to ensure that WIC participants at greatest risk continue to receive benefits when adequate funding for food does not exist. The priority levels are also defined in federal regulations.

There must be documentation from the nutrition risk assessment to justify all assigned nutrition risk codes. Additional assessments (i.e., serum lead level and head circumference which are not a WIC allowable cost) may be performed and documented to determine nutrition risk but are not a part of the minimum required assessment.

A copy of the Louisiana WIC Program's Nutrition Risk Codes can be requested from the State Agency.

## **WIC DEFINITIONS**

|   |  |
|---|--|
| <b>INFANTS</b>                                | Birth to 1 year of age.  |
| <b>CHILDREN</b>                               | One year to five years of age.   |
| <b>PREGNANT WOMEN</b>                         | Determined pregnant by a health care professional. A home pregnancy test is not acceptable.  |
| <b>BREASTFEEDING WOMEN</b>                    | Women up to 1 year postpartum who are Fully or partially breastfeeding their infant  |
| <b>BREASTFED INFANTS</b>                      | Infants who are being breastfed at least once a day.   |
| <b>NON-BREASTFEEDING POSTPARTUM WOMEN</b>     | Women who are not breastfeeding their infant up to 6 months after termination of pregnancy, whether the pregnancy ended in a viable infant or not.   |
| <b>CERTIFICATION</b>                          | The use of financial and nutritional criteria and procedures to assess and document each applicant's eligibility for the program.  |
| <b>RECERTIFICATION</b>                        | The use of criteria and procedures to reassess and document each participant's continued eligibility for the program.  |
| <b>COMPETENT PROFESSIONAL AUTHORITY (CPA)</b> | Medically trained health care professionals such as Physicians, Nutritionists (LDN, RD), Nurses (RN). LPNs and Health Educators, only if they have completed a competency based training program. Health Educators must meet the requirements of Louisiana Civil Service with the required Bachelor's Degree or 14 hours of nutrition accredited class work. The CPA completes the nutrition risk determination and provides nutrition counseling. |