



Prescription-Required Food Packages

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Session Topics

NEW TERMINOLOGY

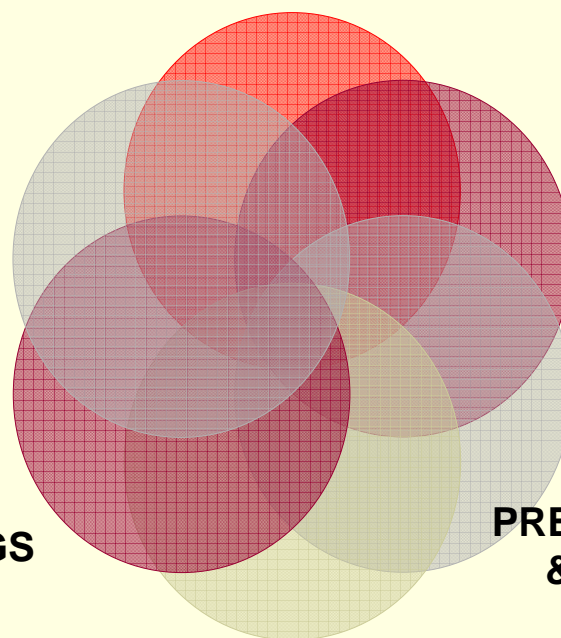
**PRESCRIPTION
REQUIREMENTS**

**PRODUCT
ELIMINATIONS**

FUTURE TRAININGS

**PRESCRIBED PRODUCTS
& REGULAR FOODS**

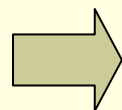
**ROSIE, FORMS,
PUBS, POLICY REVISIONS**





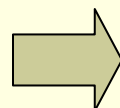
Terminology

Children/women
w/Special Needs



“Prescription –
Required” Packages
(for W, I, & C)

Special Formulas



Exempt Infant
Formulas & Medical
Foods



Full Nutrition Benefit (FNB)



Prescription Requirements

| ALLOWED | NOT ALLOWED |
|---|--|
| <p>Prematurity</p> <p>LBW</p> <p>FTT</p> <p>GI disorders</p> <p>Other life-threatening medical conditions</p> | <p>Symptoms</p> <p>Non-specific intolerances</p> <p>Lactose intolerance for soy formula</p> <p>Unconfirmed allergies</p> |

WIC PRESCRIPTIONS / CLINICAL DATA INFANTS (through 12 months of age)

Completion of the PRESCRIPTION section is required for WIC-approved exempt formulas (Fed. Reg. 246.10). Completion of CLINICAL DATA is voluntary. Personally identifiable information is used to determine WIC services and may be disclosed only as allowed by state and federal laws.

INSTRUCTIONS: To provide clinical data (to facilitate WIC enrollment), complete the Clinical Data section. To prescribe an exempt WIC-approved formula, complete Prescription sections 1 through 5. Indicate additional concerns in the Growth/Nutrition/Health Concerns section, as appropriate. For more information on WIC-approved formulas and foods, go to <http://dhs.wisconsin.gov/wic>.

Patient's First and Last Name _____ Birthdate (MM/DD/YY) _____

Parent/Caregiver's First and Last Name _____

CLINICAL DATA

Birth weight _____ Birth length _____ Gestational age _____ E.D.D. _____

Prenatal nutrition-related health problems or relevant obstetrical history:

- | | |
|---|--|
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Food allergy or intolerance: _____ |
| <input type="checkbox"/> Pregnancy-Induced Hypertension | <input type="checkbox"/> Infectious disease: _____ |
| <input type="checkbox"/> Hyperemesis Gravidarum | <input type="checkbox"/> Chronic disease: _____ |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Other nutrition-related health problem: _____ |

Current Weight _____ Length _____ Date taken _____

Hct ____% and/or Hgb ____ mg Date taken _____ Blood Lead _____ mcg/dL Date taken _____

PRESCRIPTION: Complete 1 through 5 (required). Prescription is subject to WIC approval based on WIC Regulations and policies.

1. Medical diagnosis and ICD-9 code justifying the prescription:

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergy [cow's milk protein, soy] (477.9) | <input type="checkbox"/> Failure to Thrive (783.41) | <input type="checkbox"/> Other medical condition: _____ and ICD-9 code: _____ |
| <input type="checkbox"/> Autoimmune Disorder (279.4) | <input type="checkbox"/> Gastroesophageal Reflux (530.81) | |
| <input type="checkbox"/> Cancer: Type: _____ ICD-9 Code: _____ | <input type="checkbox"/> Immunodeficiency (279.3) | <div style="border: 1px solid black; padding: 5px;">Not allowed: Colic; intolerance or allergy that does not require an exempt formula; a non-specific intolerance; or for managing body weight, intolerance symptoms, or growth concerns unless there is an underlying medical condition.</div> |
| <input type="checkbox"/> Cerebral Palsy (343.9) | <input type="checkbox"/> Intestinal Malabsorption (579.9) | |
| <input type="checkbox"/> Congenital Anomaly, Respiratory (748.9) | <input type="checkbox"/> Neuromuscular Disorder (358.9) | |
| <input type="checkbox"/> Congenital Heart Disease (746.9) | <input type="checkbox"/> Prematurity (765.1) | |
| <input type="checkbox"/> Cystic Fibrosis (277.0) | | |
| <input type="checkbox"/> Developmental Sensory/Motor Delays (783.4) | | |

2. Formula prescribed:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Similac NeoSure DHA & ARA | <input type="checkbox"/> Similac Alimentum DHA & ARA | <input type="checkbox"/> Neocate: | <input type="checkbox"/> Elecare (unflavored): |
| <input type="checkbox"/> Enfamil EnfaCare LIPIL | <input type="checkbox"/> Enfamil Pregestimil LIPIL | <input type="checkbox"/> With DHA & ARA | <input type="checkbox"/> With DHA & ARA |
| <input type="checkbox"/> Nutramigen LIPIL w/Enflora LGG | <input type="checkbox"/> Enfamil AR LIPIL | <input type="checkbox"/> Without DHA & ARA | <input type="checkbox"/> Without DHA&ARA |

3. Prescribed amount per day (current use): _____ or Maximum amount provided by WIC

4. Intended length of use: 1 month 3 months 6 months
 Until 1 year of age Until 1 year ADJUSTED age Other: _____

5. Contraindicated foods: Starting at 6 months of age, WIC routinely provides supplemental foods in addition to WIC formula. Please check the appropriate box below.

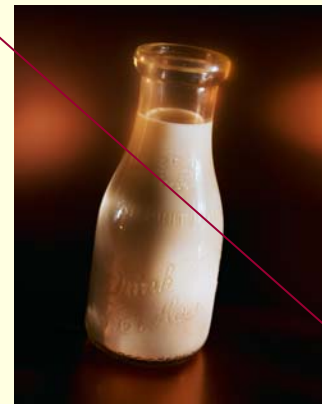
- Delay supplemental foods until: _____
 Allow WIC RD to assess for and provide the appropriate supplemental WIC foods.

GROWTH/NUTRITION/HEALTH CONCERNS:



Amount per Day

Contraindicated Foods





Infant Prescription form, #3 and 5:

| | | | |
|---|--|---|---|
| 3. Prescribed amount per day (current use): _____ or <input type="checkbox"/> Maximum amount provided by WIC | | | |
| 4. Intended length of use: | <input type="checkbox"/> 1 month <input type="checkbox"/> Until 1 year of age | <input type="checkbox"/> 3 months <input type="checkbox"/> Until 1 year ADJUSTED age | <input type="checkbox"/> 6 months <input type="checkbox"/> Other: _____ |
| 5. Contraindicated foods: Starting at 6 months of age, WIC routinely provides supplemental foods in addition to WIC formula. Please check the appropriate box below. <input type="checkbox"/> Delay supplemental foods until: _____ <input type="checkbox"/> Allow WIC RD to assess for and provide the appropriate supplemental WIC foods. | | | |

INFANT FORMULAS – Exempt Formulas (Prescription Required)

Provided by the Wisconsin WIC Program to Partially Breastfed and Fully Formula Fed Infants (Birth to 12 Months of Age)

A Prescription is required using the WIC Prescription/Clinical Data form for Infants (with required components completed). The prescription is subject to WIC RD approval.

| Formulas | Use and Contraindications | Kcal /oz | Protein Sources | Carbohydrate Sources | Fat Sources | Product Form, Size, Amount | By Age, Maximum Number Cans Per Month and Prepared Ounces Per Day | | | | | |
|--|--|----------|---|--|---|---|---|--------|---------|--------|-----------------------|--------|
| | | | | | | | 0-3 Mos | | 4-5 Mos | | 6-11 Mos ¹ | |
| | | | | | | | cans | max oz | cans | max oz | cans | max oz |
| Enfamil EnfaCare LIPIL Mead Johnson | Description: Infant formula with extra nutrients for premature infants greater than 1800 grams and typically used until 9-12 months postnatal adjusted age. Allowable medical conditions for WIC provision: Prematurity and other special medical conditions (e.g. Bronchopulmonary dysplasia or BPD) that increase nutrient needs of protein, vitamin, mineral, calcium, phosphorus. Unallowable: General use for term infants as concentrated calorie formula to gain weight. Contraindications: Cow's milk allergy, lactose intolerance. See powder formula caution. ² | 22 | 60:40 whey protein concentrate, nonfat dry milk | Lactose, corn syrup solids in powder, maltodextrin in liquid | Vegetable oils (high oleic, sunflower, soy, coconut), MCT oil, DHA, ARA | Powder 12.8 oz can 82 fl oz | 10 | 27 | 11 | 30 | 8 | 22 |
| | | | | | | Ready to Feed ² 32 fl oz can | 26 | 28 | 28 | 30 | 20 | 21 |
| Similac NeoSure DHA & ARA Abbott Nutrition | Description: Infant formula with extra nutrients for premature infants greater than 1800 grams and typically used until 9-12 mos postnatal adjusted age. Allowable medical conditions for WIC provision: Prematurity and other medical conditions (e.g. Bronchopulmonary dysplasia or BPD) when higher levels of protein, vitamins, minerals, calcium, and phosphorus are needed. Unallowable: General use for term infants as concentrated calorie formula to gain weight. Contraindications: Cow's milk allergy, lactose intolerance. See powder formula caution. ² | 22 | Non fat dry milk, whey protein concentrate | Lactose, corn syrup solids (glucose polymers) | Vegetable oils (soy, high oleic safflower), MCT oil, DHA, ARA | Powder 12.8 oz can 85 fl oz | 10 | 28 | 11 | 31 | 8 | 23 |
| | | | | | | Ready to Feed ² 32 fl oz can | 26 | 28 | 28 | 30 | 20 | 21 |
| Nutramigen LIPIL w/Enflora LGG Mead Johnson | Description: Iron fortified, lactose-free, sucrose-free hypoallergenic formula for term infants who are sensitive to intact protein in cow's milk, soy formulas and other foods. Contains cow's milk and soy but extensive hydrolyzed casein reduces possibility of allergic reaction. Allowable medical conditions for WIC provision: Intact milk protein intolerance, severe or multiple food allergies, galactosemia. Contraindications: See powder formula caution. ² | 20 | Casein hydrolysate, amino acids w/L-Cystine, L-Tyrosine, L-Tryptophan | Corn syrup solids, modified corn starch | Vegetable oils (palm, soy, coconut, high oleic sunflower), DHA, ARA | Powder 12.6 oz can 87 fl oz | 10 | 29 | 11 | 32 | 8 | 23 |
| | | | | | | Concentrate 13 fl oz can 26 fl oz | 31 | 27 | 34 | 29 | 24 | 21 |
| | | | | | | Ready to Feed ² 32 fl oz can | 26 | 28 | 28 | 30 | 20 | 21 |



- ✓ Prescription forms are required for:
 - ✓ Exempt formulas for infants & children
 - ✓ Formulas and medical foods for children
 - ✓ Medical foods for women
 - ✓ **Whole milk for children 2-4 and women**
 - ✓ **Soy beverage (when available) for children**



Child's Prescription form, #2:

| | | |
|--|--|--|
| 2. Product prescribed: | | |
| <input type="checkbox"/> Good Start Gentle Plus <input type="checkbox"/> Good Start Soy Plus <input type="checkbox"/> Good Start Protect Plus <input type="checkbox"/> Good Start Nourish Plus <input type="checkbox"/> Similac NeoSure DHA & ARA <input type="checkbox"/> Enfamil EnfaCare LIPIL | <input type="checkbox"/> Enfamil AR LIPIL <input type="checkbox"/> Nutramigen LIPIL with Enflora LGG <input type="checkbox"/> Similac Alimentum DHA&ARA <input type="checkbox"/> Enfamil Pregestimil LIPIL <input type="checkbox"/> Neocate Infant, check kind below: <input type="checkbox"/> with DHA & ARA <input type="checkbox"/> w/o DHA & ARA | <input type="checkbox"/> Elecare Unflavored, check kind and dilution: <input type="checkbox"/> with DHA&ARA <input type="checkbox"/> w/o DHA&ARA <input type="checkbox"/> 20 kcal/oz <input type="checkbox"/> 30 kcal/oz <input type="checkbox"/> PediaSure: <input type="checkbox"/> with fiber <input type="checkbox"/> w/o fiber <input type="checkbox"/> Whole milk (age 2-4 years) |

Women's Prescription form, #2:

| | | | | | |
|---|--|--|--|--|---------------------------------------|
| 2. Product prescribed: | | | | | |
| <input type="checkbox"/> Ensure: <input type="checkbox"/> Boost: <input type="checkbox"/> Whole milk | <input type="checkbox"/> Regular <input type="checkbox"/> Regular | <input type="checkbox"/> Fiber <input type="checkbox"/> Fiber | <input type="checkbox"/> High Protein <input type="checkbox"/> High Protein | <input type="checkbox"/> Plus <input type="checkbox"/> Plus | <input type="checkbox"/> High Calcium |

ELIMINATING...

Neocate Junior

Neocate One +

**EO28 Splash/
Pediatric EO28**

Similar PM 60/40

Portagen

**Pediasure
Enteral**



WHY?

- Per USDA, MA is payer before WIC
- Justifications should be adequate for MA approval
- Cost
- Extra trips for caregiver
- Not enough info from prescriber to provide appropriate nutrition education
- “Focus” is breastfeeding support



HOW?

List of participant IDs, products, health care source



Sample letters to send prescribers

Information on BC+ Prior Authorization

List server messages



No conversion in ROSIE



Prescribed Products + Regular Foods

Infants:

- If 6+ mos of age and cannot consume regular foods, same formula quantity as 4-5 month olds

Children and Women:

- up to maximum prescribed product
- up to maximum regular foods

CPAs must tailor the quantities!

What would you do
with this mom who has **Hyperemesis**?



Food Package

- **18 6-Pack 8 oz cans or bottles Ensure (No milk)**
- **36 or less ounces cereal**
- **3 11.5 or 12 oz frozen or 46-48 oz containers Juice**
- **Dozen eggs**
- **18 oz or less Peanut Butter**
- **4 14-16 oz cans Beans/Peas Or 1 lb dried Beans/Peas**
- **16 oz (1 lb) or less Whole Wheat/Whole Grain Food**
- **\$8 Fruit and Vegetable check**

What would you do with this child who
is **allergic to milk protein, eggs, soy** ?



Food Package

- **8 cans Alimentum (7 in the 6th month)**
- **36 or less ounces cereal**
- **2 64 oz bottles Juice**
- **18 oz or less Peanut Butter (OR Beans/Peas)**
- **2 16 oz (1 lb) or less Whole Wheat/Whole Grain Food**
- **\$6 Fruit and Vegetable check**



Ready to Feed

- RTF of “prescription-required” formulas allowed if:
 - **Better accommodates participant’s condition**
 - **Improves participant’s compliance**

◆ CPA Decides ◆



Revisions

ROSIE

Forms

Policies

Publications





ROSIE: Model Food Packages

Infants:

- Nutramigen LIPIIL w/LGG Enflora
- Fully Formula Fed: 0-3 Mos, 4-5 Mos/6-11 Mos
No Foods, 6-11 Mos
- Some BF: 1-3 Mos, 4-5 Mos/6-11 Mos No
Foods, 6-11 Mos
- Mostly BF: 0-5 Mos/6-11 Mos No Foods, 6-11
Mos



Children:

- Nutramigen LIPIL w/LGG Enflora
- 1 year olds: + whole milk, cereal, etc.
- 2-4 year olds: + low fat or fat free milk, cereal, etc.



Women:

- Ensure + low fat or fat free milk, etc.
- Mostly BF/Pregnant, Postpartum/Some BF, Fully BF/Mostly BF Multiples/Pregnant with Multiples, Fully BF Multiples Even Months, Fully BF Multiples Odd Month



ROSIE: Tabs, Dropdowns

- Benefits Tab: “Prescription-Required” field
- “Prescription-Required dropdown:
 - updated ICD-9 codes
 - “written documentation needed” allowed for 1 month



ROSIE: “Add a Can”

- Must provide FNB, \Rightarrow “Rounding”
- Result: different numbers of cans/month
- “Add a Can”: checkbox that allows adding can to months



Example: Pregestimil for an infant:

- 0-3 months of age: FNB is 806 fl oz/month or 3,224 fl oz/4 months
- $3,224 \div 113$ can Pregestimil (113 fl oz reconstituted) = 28.5 cans \Rightarrow 29 cans
- **# cans for those 4 months: 8, 7, 7, 7**
- Need to do “Add a Can” for 1st month



Forms

Clinical Data/Prescription Forms:

1. Infant, child, and woman forms
2. WIC web site in the Instructions
3. Medical diagnosis codes updated; Not allowed examples
4. “Whole milk” on children’s and women’s form
5. Prescribed amount per day (current use)
6. Intended length of use: checkboxes
7. “Contraindicated foods”
8. Signature section, WIC Use Only section

Can start using in June.

Infant Prescription Form

WIC web site:

INSTRUCTIONS: To provide clinical data (to facilitate WIC enrollment), complete the Clinical Data section. To prescribe an exempt WIC-approved formula, complete Prescription sections 1 through 5. Indicate additional concerns in the Growth/Nutrition/Health Concerns section, as appropriate. For more information on WIC-approved formulas and foods, go to <http://dhs.wisconsin.gov/wic>.

Intended length of use:

| | | | |
|-----------------------------------|--|---|--|
| 4. Intended length of use: | <input type="checkbox"/> 1 month <input type="checkbox"/> Until 1 year of age | <input type="checkbox"/> 3 months <input type="checkbox"/> Until 1 year ADJUSTED age | <input type="checkbox"/> 6 months <input type="checkbox"/> Other: _____ |
|-----------------------------------|--|---|--|

Contraindicated foods:

| |
|---|
| <p>5. Contraindicated foods: Starting at 6 months of age, WIC routinely provides supplemental foods in addition to WIC formula. Please check the appropriate box below.</p> <p><input type="checkbox"/> Delay supplemental foods until: _____</p> <p><input type="checkbox"/> Allow WIC RD to assess for and provide the appropriate supplemental WIC foods.</p> |
|---|

Signature:

| |
|--|
| SIGNATURE of Health Care Provider _____ <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> NP |
| Printed Name of Health Care Provider _____ |
| Medical Office/Clinic _____ |
| Telephone number _____ FAX number _____ Date _____ |

WIC Use Only:

| | | |
|--------------|---|------------------------------------|
| WIC USE ONLY | <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: _____ | Date: Date new Rx needed: _____ |
|--------------|---|------------------------------------|



Publications

WIC Formula and Medical Food Tables:

- 4 tables: Infant, Infant Exempt, Children, Women
- Uses & contraindications, nutrient info, maximum average amounts/day
- Children & Women still being developed
- To be posted in WIC web site

INFANT FORMULAS – Contract Standard Formulas
 Provided by the Wisconsin WIC Program Infants (Birth to 12 Months of Age)

| Formulas | Use and Contraindications | Kcals /oz | Protein Sources | Carbo-hydrate Sources | Fat Sources | Product Form, Size, Amount | By Age, Maximum Number Cans Per Month and Prepared Ounces Per Day ¹ | | | | | |
|---|---|-----------|------------------------------------|-----------------------------|---|---|--|--------|---------|--------|----------|--------|
| | | | | | | | 0-3 Mos | | 4-5 Mos | | 6-11 Mos | |
| | | | | | | | cans | max oz | cans | max oz | cans | max oz |
| GOOD START® GENTLE PLUS (formerly SUPREME DHA & ARA) Nestlé | Description: Cow's milk-based Use: Routine feeding for infants with normal GI tract Contraindications: Cow's-milk allergy, lactose intolerance | 20 | 100% hydro-lyzed whey ² | Lactose, corn malto-dextrin | Vegetable oils (palm olein, soy, coconut, high oleic sunflower), DHA, ARA | Powder 12 oz can 87 fl oz | 10 | 29 | 11 | 32 | 8 | 23 |
| | | | | | | Concentrate, 13 fl oz can 26 fl oz | 31 | 27 | 34 | 29 | 24 | 21 |
| | | | | | | Ready to Feed ³ 32 fl oz can | 26 | 28 | 28 | 30 | 20 | 21 |
| GOOD START® SOY PLUS (formerly SUPREME SOY DHA & ARA) Nestlé | Description: soy-based, lactose-free Use: Vegetarians, galactosemia, hereditary lactase deficiency, documented lactose intolerance, IgE-mediated allergy to cow milk protein Contraindications: Documented cow's milk protein-induced enteropathy or enterocolitis, soy allergy, preterms who weigh <1800 gm. No proven value in prevention of atopic disease or colic. | 20 | Hydro-lyzed soy | Corn malto-dextrin | Vegetable oils (palm olein, soy, coconut, high oleic sunflower or safflower), DHA, ARA | Powder 12.9 oz can 91 fl oz | 9 | 27 | 10 | 30 | 7 | 21 |
| | | | | | | Concentrate 13 fl oz can 26 fl oz | 31 | 27 | 34 | 29 | 24 | 21 |
| | | | | | | Ready to Feed ³ 32 fl oz can | 26 | 28 | 28 | 30 | 20 | 21 |
| GOOD START® PROTECT PLUS (formerly SUPREME NAT- URAL CULTURES DHA & ARA) Nestlé | Description: Cow's milk-based Use: routine feeding for infants with normal GI tract Contraindications: Cow's-milk allergy, lactose intolerance. Contains probiotic <i>Bifidus lactis</i> cultures (Nestlé states these may decrease frequency, duration, or severity of diarrhea and colic.) | 20 | 100% hydro-lyzed whey | Lactose, corn malto-dextrin | Vegetable oils (palm olein, soy, coconut, high oleic sunflower or safflower), DHA, ARA | Powder 12 oz can 87 fl oz | 10 | 29 | 11 | 32 | 8 | 23 |
| GOOD START® NOURISH PLUS (formerly SUPREME) Nestlé | Description: Cow's milk-based Use: Routine feeding for infants with normal GI tract Contraindications: Cow's milk allergy, lactose intolerance | 20 | 100% whey | Lactose, corn malto-dextrin | Vegetable oils (palm olein, soy, coconut, high oleic sunflower or safflower). <u>No DHA & ARA</u> | Powder 12 oz can 87 fl oz | 10 | 29 | 11 | 32 | 8 | 23 |

¹Partially breastfed babies receive less formula; the amount is adjusted to help mothers maintain an adequate milk supply.

²Similac Advance is 52:48 casein:whey, Enfamil LIPIL is 40:60, and the lactose-free milk-based Similac and Enfamil are 100% casein. Human milk is estimated to be 40:60, but because cow's milk whey is primarily lactoglobulin and human milk whey is primarily lactalbumin, an advantage of a particular casein:whey ratio has not been established.

³Ready to Feed (RTF) may be provided *only* when the WIC nutritionist verifies water supply is unsafe to drink or caregiver has difficulty mixing powder or concentrate properly.

Reference Sheet #2

Formulas and Medical Nutritionals

Maximum # of Cans

Average FL OZ/Day

Add a Can



Policies

4.10 Food Package: General (revised)

**4.15 Special Formulas for Infants ⇨
Prescription- Required Foods and Food
Packages (revised)**

4.18 Ready to Feed Formulas (revised)

4.21 Foods for Special Needs (eliminated)



Food Benefits/FI Issuance

4 FOOD PACKAGE /FI

Effective: 3/1/98

4.15 Prescription-Required Foods and Food Packages

Revised: 8/1/09

POLICY: WIC foods requiring medical documentation using the appropriate WIC Clinical Data/Prescription form and WIC RD approval are: 1) exempt infant formulas for infants; 2) standard contract formulas, exempt infant formulas, and medical foods for children; 3) medical foods for women; 4) whole milk for children age 2-4 years and women; and 5) when available retail, soy beverages for children. Only WIC-approved products listed in WIC reference materials and in ROSIE Help may be provided. Quantities of foods and formulas or medical foods must be tailored per medical documentation and assessment information for children and women.

BACKGROUND: The new WIC Regulation for "Food Package III" includes infants, children, and women; includes additional requirements for prescriptions; allows greater flexibility for combinations of formula/medical foods and regular foods; and includes a new method for determining quantities which may result in differing numbers of containers per month.

PROCEDURE:

A. WISCONSIN WIC-APPROVED PRESCRIPTION-REQUIRED PRODUCTS

1. Definitions:

- a) **Infant Formula** – Designed for healthy full-term infants, but may be issued to children (e.g., for those born premature and receiving formula until 12 months adjusted age). Must provide at least 10 mg iron per liter and at least 67 kilocalories per 100 milliliters at standard dilution.
- b) **Exempt Infant Formula** – Infant formula designed and labeled for use by infants who have low birthweight, medical or dietary problems, or inborn errors of metabolism. (Formerly referred to as "special formula.") Some exempt formulas are also labeled as medical foods and are thus appropriate for children, as well.
- c) **Medical Food** – Food (liquid or semi-solid) intended for the specific dietary



Transition

- “Old” infant packages will convert; “old” children and women packages will not.
- New Prescription needed for new foods.
- Email to all Projects with Checklist, sample letter to prescribers.
- Prescription forms and Formulas/Medical Foods tables in ROSIE Help and WIC web site (June: form-fillable prescription forms).



Additional Training

- JIT Wisline Web - July
- Statewide WIC Teleconference (tentative; if have more info on tailoring by then)

