

Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program		
TITLE: Medical Documentation for Supplemental Food	POLICY NO.: NS-08	Page 1 of 3
APPROVED BY: _____ Arthur U. San Agustin, DPHSS Director	DATE OF ORIGINAL APPROVAL:	
	DATE REVISED/REVIEWED:	
Endorsed By: Deputy Director: Laurent Duenas, BSN, MHA Acting Chief Public Health Officer: Annette Aguon, MPH Guam WIC Director: Cydsel Toledo, MD, MHA		

PURPOSE:

To provide guidance on the issuance of food package III for clients with qualifying conditions and other supplemental food requiring medical documentation; ensuring that medical documentation contains all the required elements in compliance with 7 CFR 246 10 (d).

POLICY:

- A. Pursuant to 7 CFR 246.10(d) (3), Guam WIC program requires participants who need therapeutic formula or medical food to be assessed by their primary physician with a completed medical documentation form.
- B. Medical documentation is required for the issuance of the following supplemental food as articulated in 7 CFR 246 10 (d) (1):
 - a. Any non-contract brand infant formula.
 - b. Any formula prescribed to an infant, child, or adult who receives Food Package III
 - c. Any exempt infant formula.
 - d. Any WIC-eligible nutritional.
 - e. Any authorized supplemental food issued to participants who receive Food Package III.
 - f. Any contract brand infant formula that does not meet the minimum requirements and specifications for supplemental food. This is in compliance with 7 CFR 246.10(d).

DEFINITION

Medical Determination	The process of determining that participants have a qualifying condition that dictates the use of the supplemental food, and proper written documentation is provided.
Food Package III	Food package for issuance to women, infants and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or WIC-eligible nutritional) because the use of conventional food is precluded, restricted, or inadequate to address their special nutritional needs.

PROCEDURE

1. Participants requesting non-contract or medical formula/nutritionals
 - a. Nutrition Assistants (NA) shall assess the participants' concerns regarding medical formula.
 - b. NA shall refer participants to their primary care physician (PCP) for medical determination.
 - c. NA shall advise participants to bring back medical documentation form that was completed by the PCP.
 - d. NA shall check completeness of the form and forward to the clinic supervisor to review.
 - e. Clinic supervisor shall approve or disapprove the medical documentation request based on the alignment of medical diagnosis to the medical formula/nutritionals.
 - i. If approved, issued 1-3 months benefits based on participant risk level. (refer to policy Benefits Issuance under policy B).
 - ii. If disapproved, clinic supervisor will explain to participant why medical documentation form was disapproved.
 1. Clinic supervisor may reach out to medical provider to discuss alternatives for the participant if requested. (refer to participants Rights and Obligations form for consent)
 - f. Community Program Aide shall scan Medical Documentation Form (MDF) into the participants file in the Health And Nutrition Delivery System (HANDS) and file the printed MDF in the clinic binder.
2. Participants with Medical Prescriptions for medical formulas/nutritionals
 - a. NA shall bring the medical prescription to the clinic supervisor for review.
 - b. Once clinic supervisor approves the request, NA shall issue 1-month benefit.
 - c. NA shall provide the participants with GU WIC medical documentation form to be completed by their PCP.
 - d. NA shall instruct participants to fax, email, or submit the completed Medical Documentation form.
 - e. Clinic supervisor to review GU WIC's medical documentation form received and follow procedure 1e.
 - f. Community Program Aide shall log, scan, and file participants Medical Documentation form.
3. Incomplete medical documentation forms
 - a. NA or Clinic supervisor shall contact participant or PCP if required fields on the MDF are incomplete.
 - b. Verbal orders from participants PCP to complete MDF may be accepted for one month.
 - c. Clinic supervisor shall review verbally completed MDF and may approved one month of medical formula/nutritionals.
 - d. NA shall issue benefits for one month and inform participant a completed medical documentation form must be resubmitted by next appointment to continue medical formula/nutritionals.
 - e. Completed MDF may be faxed, emailed, or resubmitted by participants or PCP.
 - f. Community Program Aide shall log, scan, and file participants Medical Documentation form.
4. Expiring Medical Documentation

- a. Participants will be notified of their expiring medical documentation 1-3 months before the last benefit issued prior to expiration of MDF and be provided with another WIC Clinic MDF.
 - b. No extensions will be allowed when MDF are expired.
- 5. Clinic Monitoring
 - a. Quality Assurance staff shall review all medical documentation forms for completeness and check compliance to the issuance of medical formulas and nutritionals.
 - b. Quality Assurance staff shall include clinic monitoring findings in the QA quarterly report to the WIC Director and in the Nutrition Services monthly meeting.

REFERENCES

SUPERSEDES:

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

ATTACHMENTS:



medical doc form
3-14-23 for FNS sub



medical doc form
3-15-23 for FNS sub



Chart Review Form
revised 11-17-22.docx



MEDICAL
DOCUMENTATION L