

Breastfeeding Food Packages

A guidance document for the breastfeeding dyad package and category assignment, including unique breastfeeding scenarios



Table of Contents & Quick Links

<u>Food Package Policy</u>	3	<u>BE Food Package Guidance</u>	51
<u>PG Food Package Guidance</u>	4	<u>BE Scenarios</u>	64
<u>PG Scenarios</u>	7	<u>Same Sex Couples</u>	86
<u>NPP Food Package Guidance</u>	13	<u>Breast Milk Donation</u>	90
<u>NPP Scenarios</u>	17	<u>Mid-Month Benefit Changes</u>	96
<u>BP Food Package Guidance</u>	25		
<u>BP Scenarios</u>	31		

Food Package Policy Information

- For breastfeeding dyads, the CPA must evaluate breastfeeding status at each visit and assign or change the food package as appropriate.
- Michigan's food package assignment policy information can be found [here](#).

Pregnant (PG)

Food Package Guidance



PG Client

Normal food package= PG/ BP Max

Formula Name: **Search**

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

Table E Maximum Monthly Food Package for Pregnant and Partially Breastfeeding Women

	Pregnant Women and Partially Breastfeeding Women Up to 1 Year
Juice	144 fl oz
Milk or Milk and Yogurt	19 qt* or 18 qt and 1 qt (32 oz)
Cheese	1 lb
Breakfast cereal	36 oz
Eggs	1 dozen
Fruits and vegetables	\$11.00 cash value
Whole grains	1 lb
Legumes and Peanut butter	2 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz

*To remove a single quart, the maximum is 20 qts in odd months and 18 qts in even months.

Pregnant (PG)

Category and Package Assignment *Scenarios*

PG Client

Breastfeeding child *under* age 1

- Assigns risk 338.01 (pregnant woman currently breastfeeding)
- Assign BE Max food package. (The BE food package is independent of the infant's food category. – even if the infant is IFF.)
 - The BE food package should be discontinued when the infant turns one year old. **This is not auto-assigned. Verify child's birthday and manually change food package.**

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: ☒ Yes ☐ No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: ☒ Yes ☐ No

Hx a. Is the baby less than one year old?*: ☒ Yes ☐ No Infant Id: 000000000

Hx b. Are you breastfeeding or pumping milk for more than one child?*: ☐ Yes ☒ No

PG client is eligible to receive BE Packages as a child under age one is being breastfed.

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

? Display OK Cancel

PG Client

Parent is breastfeeding a child *under* age 1, but child needs more formula than IBP package can provide

Mom

Category: PG

Package: BE Max

Infant

Category: IFF

Package: IFF (tailor to needs)

Guidance/ Rationale:

- Parent remains eligible for the BE max package (see previous slide) when parent is providing any amount of breast milk while pregnant.
- The fact that the parent is pregnant *and* breastfeeding allows us to unlink the parent and infant's food packages and categories.
- Under the infant's breastfeeding information, mark "Yes" to the question "Is this child currently breastfed or fed breast milk?"

PG Client

Exclusively breastfeeding multiples *under* age 1

- Parent receives 1.5 times the BE Max food package.

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: ☒ Yes ☐ No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: ☒ Yes ☐ No

Hx a. Is the baby less than one year old?*: ☒ Yes ☐ No Infant Id:

Hx b. Are you breastfeeding or pumping milk for more than one child?*: ☒ Yes ☐ No

☒ From same pregnancy (multiples)?
☐ From different pregnancies?

PG client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is breastfeeding

Formula Name:

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
BE Max
BE MAX 2020
BE MAX (1# CHEESE) 2020
BE MAX OZ 2020
BE MAX (1# CHEESE) 2020
OLD BE MAX (2% REDUCED FAT MILK) 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) OZ 2020

49 matching records

1 2 3 4 5 Next

PG Client

Partially breastfeeding multiples *under* age 1

- Parent receives the BE Max food package.

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: ☒ Yes ☐ No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: ☒ Yes ☐ No

Hx a. Is the baby less than one year old?*: ☒ Yes ☐ No Infant Id:

Hx b. Are you breastfeeding or pumping milk for more than one child?*: ☒ Yes ☐ No

☒ From same pregnancy (multiples)? ☐ From different pregnancies?

PG client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is breastfeeding

Formula Name:

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
BE Max
BE MAX 2020
BE MAX (1# CHEESE) 2020
BE MAX OZ 2020
BE MAX (1# CHEESE) 2020
OLD BE MAX (2% REDUCED FAT MILK) 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) OZ 2020

49 matching records

PG Client

Breastfeeding child(ren) *over* age 1

- Risk code 338.01 (pregnant woman currently breastfeeding) will *not* be assigned
- Assign PG/ BP Max package. Breastfeeding status does not affect package for infants over age 1.

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: ☒ Yes ☐ No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: ☒ Yes ☐ No

Hx a. Is the baby less than one year old?*: ☐ Yes ☒ No Infant Id:

Hx b. Are you breastfeeding or pumping milk for more than one child?*: ☐ Yes ☒ No

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

Display OK Cancel

Non-Lactating Postpartum (NPP)

Food Package Guidance



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NPP Client

Normal food package= NPP Max

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

	Description
<input type="checkbox"/>	NPP MAX (LOWFAT MILK) 2020
<input type="checkbox"/>	NPP MAX (LOWFAT MILK/YOGURT) 2020
<input type="checkbox"/>	NPP MAX (LOWFAT MILK/NO CHEESE) 2020
<input type="checkbox"/>	NPP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
<input type="checkbox"/>	NPP MAX (LOWFAT MILK IN QUARTS) 2020
<input type="checkbox"/>	NPP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
<input type="checkbox"/>	NPP MAX (LOWFAT MILK/INFANT CEREAL) 2020
<input type="checkbox"/>	PG/BP MAX (LOWFAT MILK/INFANT FOODS)
<input type="checkbox"/>	NPP MAX (LOWFAT MILK/INFANT FOODS)
<input type="checkbox"/>	NPP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
<input type="checkbox"/>	NPP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
<input type="checkbox"/>	PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

? Display OK Cancel

Table F Maximum Monthly Food Package for Postpartum Women

	Non-Lactating Postpartum Women and Breastfeeding Women of Infants Receiving more than the Maximum amount of Formula for Partially Breastfed Infants (Up to 6 Months)
Juice	96 fl oz
Milk or Milk and Yogurt	13 qt* or 12 qt and 1 qt (32 oz)
Cheese	1 lb
Breakfast cereal	36 oz
Eggs	1 dozen
Fruits and vegetables	\$11.00 cash value
Legumes and Peanut butter	1 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz

*To remove a single quart, the maximum is 14 qts in odd months and 12 qts in even months.

Table C1 Maximum Monthly Food Package for Fully Formula Fed Infants

	Fully Formula Fed Infants		
	0-3 months	4-5 months	6-11 months
WIC formula	823 fl oz reconstituted liquid concentrate or 832 fl oz RTF or 870 fl oz reconstituted powder	896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder	630 fl oz reconstituted liquid concentrate or 643 fl oz RTF or 696 fl oz reconstituted powder
Infant cereal	0		24 oz
Infant fruits and vegetables	0		128 oz

Table C2 Maximum Monthly Food Package for Fully Formula Fed Infants with CVB Option

	Fully Formula Fed Infants			
	0-3 months	4-5 months	6-8 months	9-11 months
WIC formula	823 fl oz reconstituted liquid concentrate or 832 fl oz RTF or 870 fl oz reconstituted powder	896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder	630 fl oz reconstituted liquid concentrate or 643 fl oz RTF or 696 fl oz reconstituted powder	
Infant cereal	0		24 oz	24 oz
Infant fruits and vegetables and Fresh fruits and vegetables	0		128 oz	64 oz and \$4.00 cash value

**Michigan WIC
Formula Maximums - IFF
Effective August 4, 2022**

CONTRACT FORMULAS (Require Medical Documentation only for a child ≥ 12 months)																	
Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month													WIC Eligible Category
				0 mo IFF	1 mo IFF	2 mo IFF	3 mo IFF	4 mo IFF	5 mo IFF	6 mo IFF	7 mo IFF	8 mo IFF	9 mo IFF	10 mo IFF	11 mo IFF	≥ 1 yr	
Similac Advance	12.4 oz can	Powd	90	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4
	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4
	13 fl oz can	Conc	26	31	31	31	31	34	34	24	24	24	24	24	24	35	I, C1-C4
Similac Sensitive	12.5 oz can	Powd	90	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4
	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4
Similac Soy Isomil	12.4 oz can	Powd	90	9	9	9	9	10	10	7	7	7	7	7	7	26	I, C1-C4
	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4
	13 fl oz can	Conc	26	31	31	31	31	34	34	24	24	24	24	24	24	35	I, C1-C4
Similac for Spit Up	12.5 oz can	Powd	90	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4
Similac Total Comfort	12.6 oz can	Powd	90	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4
SPECIAL FORMULAS (Require Medical Documentation)																	
Boost	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
Boost Breeze	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4
Boost Glucose Control	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
Boost High Protein	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4
Boost Kid Essentials 1.0	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Boost Kid Essentials 1.5 CAL	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Boost Kid Ess. 1.5 CAL w/ Fiber	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Boost Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
Compleat Ped. Organic Blends	10.1 fl oz pouch	RTF	10.1	-	-	-	-	-	-	-	-	-	-	-	-	90	C1-C4
Compleat Pediatric	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Compleat Pediatric Reduced Cal	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Elecare Infant	14.1 oz can	Powd	95	9	9	9	9	10	10	7	7	7	7	7	7	9	I, C1
Elecare Jr.	14.1 oz can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
Enfamil Neuropro Enfacare	13.6 oz can	Powd	82	10	10	10	10	11	11	8	8	8	8	8	8	11	I, C1
Enfamil Premature 24 CAL	2 fl oz bottle	RTF	2	403	403	403	403	442	442	-	-	-	-	-	-	-	I
Enfaport	6 fl oz bottle	RTF	6	135	135	135	135	148	148	104	104	104	104	104	104	151	I, C1
Ensure	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W

Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month														WIC Eligible Category
				0 mo IFF	1 mo IFF	2 mo IFF	3 mo IFF	4 mo IFF	5 mo IFF	6 mo IFF	7 mo IFF	8 mo IFF	9 mo IFF	10 mo IFF	11 mo IFF	≥ 1 yr		
Ensure Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Good Start Extensive HA	14.1 oz can	Powd	96	9	9	9	9	10	10	7	7	7	7	7	7	9	I, C1-C4	
Hypoallergenic Store Brand	12.6 oz can	Powd	89	10	9	9	9	10	10	8	7	7	7	7	7	10	I, C1-C4	
Ketocal 4:1	300 g (11 oz) can	Powd	70	-	-	-	-	-	-	-	-	-	-	-	-	12	W, C1-C4	
Ketocal 4:1 Liquid	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4	
Neocate Infant	400 g (14.1 oz) can	Powd	97	9	9	8	8	10	9	7	7	7	6	6	6	9	I, CI	
Neocate Syneo Infant	400 g (14.1 oz) can	Powd	95	9	9	9	9	10	10	7	7	7	7	7	7	9	I, CI	
Neocate Junior (w/ or w/out Prebiotics)	400 g (14.1 oz) can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4	
Neocate Splash	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Nutramigen	13 fl oz can	Conc	26	31	31	31	31	34	34	24	24	24	24	24	24	35	I, C1-C4	
	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4	
Nutramigen with Probiotic LGG	12.6 oz can	Powd	87	10	10	10	10	11	11	8	8	8	8	8	8	10	I, C1-C4	
Nutren Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Nutren Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Pediasure (Retail)	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Pediasure with Fiber (Retail)	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Pediasure 1.5	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Pediasure 1.5 with Fiber	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Pediasure Peptide 1.0	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Pediasure Peptide 1.5	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Peptamen Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Peptamen Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Peptamen Junior 1.5	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Pregestimil	16 oz (1 lb) can	Powd	112	8	7	7	7	8	8	6	6	6	6	6	6	8	I, C1-C4	
Puramino	14.1 oz can	Powd	99	9	8	8	8	9	9	7	7	7	7	7	7	9	I, CI	
Puramino Jr	14.1 oz can	Powd	66	-	-	-	-	-	-	-	-	-	-	-	-	13	C1-C4	
RCF	13 fl oz can	Conc	26	31	31	31	31	34	34	24	24	24	24	24	24	35	I, C1-C4	
Similac Alimentum	12.1 oz can	Powd	87	10	10	10	10	11	11	8	8	8	8	8	8	10	I, C1-C4	
	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4	
Similac Neosure	13.1 oz can	Powd	87	10	10	10	10	11	11	8	8	8	8	8	8	10	I, CI	
	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, CI	
Similac PM 60/40	14.1 oz (400 g) can	Powd	102	8	8	8	8	9	9	7	6	6	6	6	6	-	I, C1	
Similac Special Care 24	2 fl oz bottle	RTF	2	403	403	403	403	442	442	-	-	-	-	-	-	-	I	

Non-Lactating Postpartum (NPP)

Category and Package Assignment *Scenarios*

NPP Client

Parent stops breastfeeding *prior to* 6 months

Mom

Category: NPP

Package: NPP Max

Infant

Category: IFF

Package: IFF

Guidance/ Rationale:

- Parent's eligibility will not be affected prior to 6 months.
- Ensure food benefits are not over-issued
 1. Prorate new food packages
 2. Void and re-issue benefits for future months

NPP Client

Parent stops breastfeeding *after* 6 months

Mom

Terminate

Infant

Category: IFF

Package: IFF

Rationale

Once notified, LA must remove the parent from the program as they are no longer eligible to participate after the baby turns 6 months old if NPP.

NPP Client

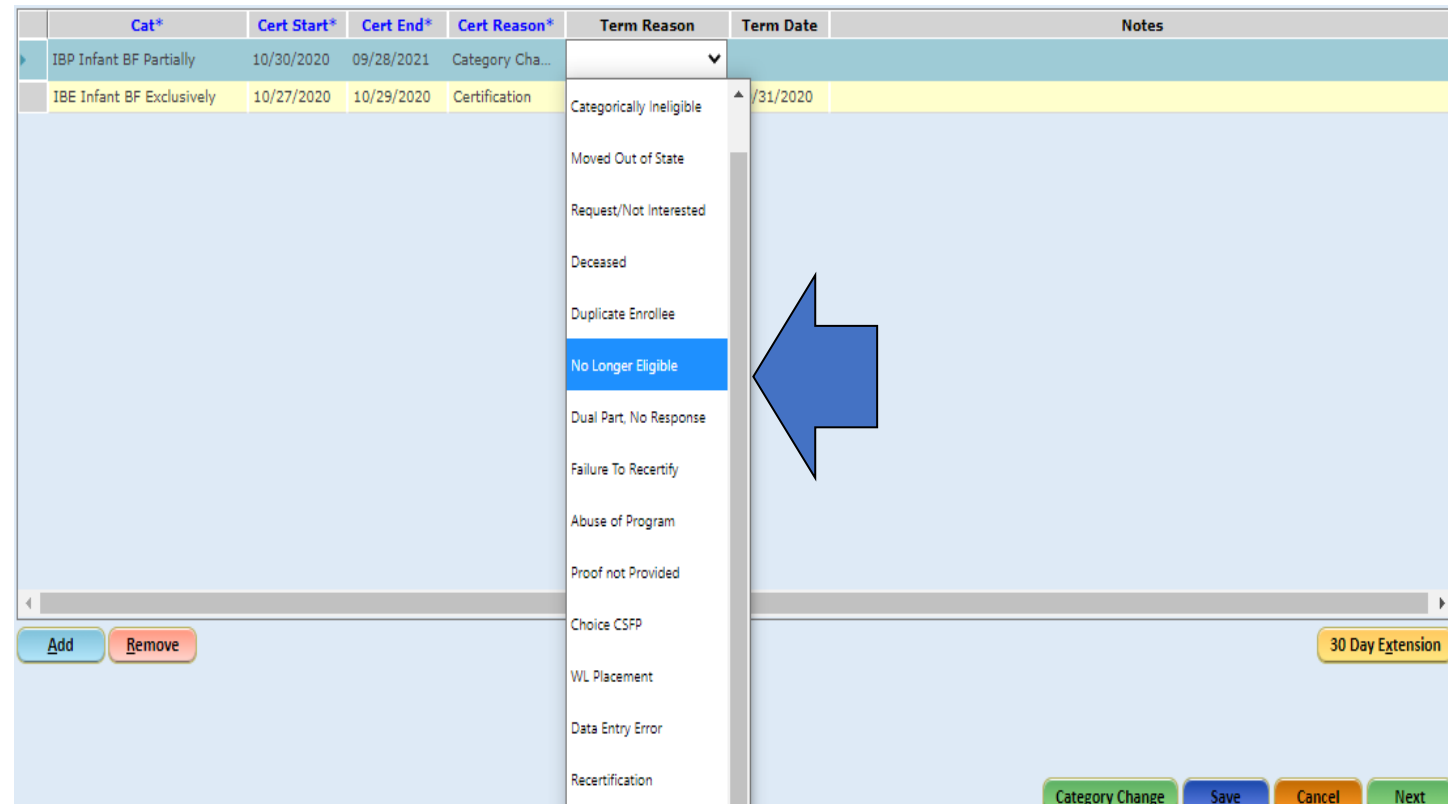
How to term a parent who is no longer breastfeeding

1. Void benefits
 - Per Policy 2.20 [Notification of Ineligibility, Mid-Certification Termination and Expiration of Certification](#), benefits shall be issued if the benefit start date precedes the termination/ certification end date.
2. Terminate NPP client in Cert Action screen
3. Print Termination & Right to Fair Hearing Notice for parent
4. Change infant category from IBE/IBP to IFF
5. Update Breastfeeding Statistics in infant's record
6. Select new IFF food package
7. Re-issue benefits for infant

NPP Client

How to term a parent who is no longer breastfeeding

1. Select term reason
“No Longer Eligible”
2. System will calculate
termination date
3. Add term reason
note: (ex: no longer
breastfeeding)



The screenshot displays the NPP Client interface with a table of client records. The table has columns for Cat*, Cert Start*, Cert End*, Cert Reason*, Term Reason, Term Date, and Notes. The first row shows 'IBP Infant BF Partially' with a term date of 10/30/2020. The second row shows 'IBE Infant BF Exclusively' with a term date of 10/27/2020. A dropdown menu is open for the 'Term Reason' column of the second row, showing a list of reasons. The 'No Longer Eligible' option is highlighted in blue. A large blue arrow points to this option. At the bottom of the interface, there are buttons for 'Add', 'Remove', 'Category Change', 'Save', 'Cancel', and 'Next'. A '30 Day Extension' button is also visible in the bottom right corner.

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
IBP Infant BF Partially	10/30/2020	09/28/2021	Category Cha...			
IBE Infant BF Exclusively	10/27/2020	10/29/2020	Certification	Categorically Ineligible Moved Out of State Request/Not Interested Deceased Duplicate Enrollee No Longer Eligible Dual Part, No Response Failure To Recertify Abuse of Program Proof not Provided Choice CSFP WL Placement Data Entry Error Recertification	/31/2020	

NPP Client

How to term a parent who is no longer breastfeeding

- Once termed, any breastfeeding-related notes should be documented in the Breastfeeding Tab under the red notepad in Mom's chart (for example: pump follow up, peer contacts, awards, etc.)

The screenshot displays the NPP Client interface with four tabs at the top: Alert*, Family*, Client*, and Breastfeeding*. The Breastfeeding* tab is highlighted with a red rectangular border. Below the tabs is a table with three columns: Date, Staff ID, and Breastfeeding Note. The table is currently empty. At the bottom left of the table area are two buttons: Add (light blue) and Remove (light red). At the bottom right of the interface are three buttons: Save (blue), Cancel (orange), and Close (green).

NPP Client

Parent resumes breastfeeding after the 6-month termination date

- When would this scenario be applicable?
 - Infant is between 6 to 11 months of age
 - Parent switched to NPP and was terminated after infant turned 6 months (term date will be in the past)
 - Parent may be working toward re-lactation due to personal preference, goals to provide breast milk for its additional benefits, infant is showing signs of formula or food intolerance/ allergies, etc.
 - After the infant evaluation or Breastfeeding Peer follow-up, a termed NPP parent indicates baby is still receiving breast milk.

NPP Client

Parent resumes breastfeeding after the 6-month termination date

1. Recertify parent
2. Assign breastfeeding category (BE/BP)
3. Change infant category to breastfeeding (IBE/IBP)
4. Update Breastfeeding Statistics in infant's record
5. Assign packages
 - Refer to Ghost Package guidance if baby needs a full formula package
6. Re-issue benefits

Breastfeeding Partial (BP)

Food Package Guidance



BP Client

Normal food package= PG/ BP Max

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

? Display OK Cancel

Table E Maximum Monthly Food Package for Pregnant and Partially Breastfeeding Women

	Pregnant Women and Partially Breastfeeding Women Up to 1 Year
Juice	144 fl oz
Milk or Milk and Yogurt	19 qt* or 18 qt and 1 qt (32 oz)
Cheese	1 lb
Breakfast cereal	36 oz
Eggs	1 dozen
Fruits and vegetables	\$11.00 cash value
Whole grains	1 lb
Legumes and Peanut butter	2 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz

*To remove a single quart, the maximum is 20 qts in odd months and 18 qts in even months.

Table B1 Maximum Monthly Food Package for Partially Breastfed Infants

	Partially Breastfed Infants			
	Birth up to 1 month	1-3 months	4-5 months	6-11 months
WIC formula	Closest to 104 fl oz reconstituted powder	388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder	460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	315 fl oz reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder
Infant cereal	0			24 oz
Infant fruits and vegetables	0			128 oz

Table B2 Maximum Monthly Food Package for Partially Breastfed Infants with CVB Option

	Partially Breastfed Infants				
	Birth up to 1 month	1-3 months	4-5 months	6-8 months	9-11 months
WIC formula	Closest to 104 fl oz reconstituted powder	388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder	460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	315 fl oz reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder	
Infant cereal	0			24 oz	24 oz
Infant fruits and vegetables and Fresh fruits and vegetables	0			128 oz	64 oz and \$4.00 cash value

**Michigan WIC
Formula Maximums - IBP
Effective August 4, 2022**

CONTRACT FORMULAS (Require Medical Documentation only for a child ≥ 12 months)																	
Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month													WIC Eligible Category
				0 mo IBP	1 mo IBP	2 mo IBP	3 mo IBP	4 mo IBP	5 mo IBP	6 mo IBP	7 mo IBP	8 mo IBP	9 mo IBP	10 mo IBP	11 mo IBP	≥ 1 yr	
Similac Advance	12.4 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
	13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4
Similac Sensitive	12.5 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
Similac Soy Isomil	12.4 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
	13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4
Similac for Spit Up	12.5 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
Similac Total Comfort	12.6 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
SPECIAL FORMULAS (Require Medical Documentation)																	
Boost	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
Boost Breeze	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4
Boost Glucose Control	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
Boost High Protein	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4
Boost Kid Essentials 1.0	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Boost Kid Essentials 1.5 CAL	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Boost Kid Ess. 1.5 CAL w/ Fiber	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Boost Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
Compleat Ped. Organic Blends	10.1 fl oz pouch	RTF	10.1	-	-	-	-	-	-	-	-	-	-	-	-	90	C1-C4
Compleat Pediatric	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Compleat Pediatric Reduced Cal	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C5
Elecare Infant	14.1 oz can	Powd	95	1	4	4	4	5	5	4	4	4	4	4	4	9	I, C1
Elecare Jr.	14.1 oz can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
Enfamil NeuroPro Enfacare	13.6 oz can	Powd	82	1	5	5	5	6	6	4	4	4	4	4	4	11	I, C1
Enfamil Premature 24 CAL	2 fl oz bottle	RTF	2	-	182	182	182	221	221	-	-	-	-	-	-	-	I
Enfaport	6 fl oz bottle	RTF	6	-	61	61	61	74	74	52	52	52	52	52	52	151	I, C1

Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month														WIC Eligible Category
				0 mo IBP	1 mo IBP	2 mo IBP	3 mo IBP	4 mo IBP	5 mo IBP	6 mo IBP	7 mo IBP	8 mo IBP	9 mo IBP	10 mo IBP	11 mo IBP	≥ 1 yr		
Ensure	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Ensure Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Good Start Extensive HA	14.1 oz can	Powd	96	1	4	4	4	5	5	4	4	4	4	4	4	9	I, C1-C4	
Hypoallergenic Store Brand	12.6 oz can	Powd	89	1	5	4	4	5	5	4	4	4	4	4	4	9	I, C1-C4	
Ketocal 4:1	300 g (11 oz) can	Powd	70	-	-	-	-	-	-	-	-	-	-	-	-	12	W, C1-C4	
Ketocal 4:1 Liquid	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4	
Neocate Infant	400 g (14.1 oz) can	Powd	97	1	4	4	4	5	5	4	4	3	3	3	3	9	I, C1	
Neocate Syneo Infant	400 g (14.1 oz) can	Powd	95	1	4	4	4	5	5	4	4	4	4	4	4	9	I, C1	
Neocate Junior (w/ or w/out Prebiotics)	400 g (14.1 oz) can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4	
Neocate Splash	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Nutramigen	13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4	
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4	
Nutramigen with Probiotic LGG	12.6 oz can	Powd	87	1	5	5	5	6	6	4	4	4	4	4	4	10	I, C1-C4	
Nutren Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Nutren Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Pediasure (Retail)	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Pediasure with Fiber (Retail)	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Pediasure 1.5	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	114	C1-C4	
Pediasure 1.5 with Fiber	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	115	C1-C4	
Pediasure Peptide 1.0	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Pediasure Peptide 1.5	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Peptamen Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Peptamen Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Peptamen Junior 1.5	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Pregestimil	16 oz (1 lb) can	Powd	112	1	4	3	3	4	4	3	3	3	3	3	3	8	I, C1-C4	
Puramino	14.1 oz can	Powd	99	1	4	4	4	5	5	4	3	3	3	3	3	9	I, CI	
Puramino Jr	14.1 oz can	Powd	66	-	-	-	-	-	-	-	-	-	-	-	-	13	C1-C4	
RCF	13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4	
Similac Alimentum	12.1 oz can	Powd	87	1	5	5	5	6	6	4	4	4	4	4	4	10	I, C1-C4	
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4	
Similac Neosure	13.1 oz can	Powd	87	1	5	5	5	6	6	4	4	4	4	4	4	10	I, CI	
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, CI	
Similac PM 60/40	14.1 oz (400 g) can	Powd	102	1	4	4	4	5	5	4	3	3	3	3	3	8	I, C1	
Similac Special Care 24	2 fl oz bottle	RTF	2	-	182	182	182	221	221	-	-	-	-	-	-	-	I	

Breastfeeding Partial (BP)

Category and Package Assignment *Scenarios*

BP Client

When IBP needs more formula than MI-WIC will allow (Ghost Package)

- A partially BF infant (IBP) can only receive 1 can of formula in the 1st month so if they want *more* than that they must be categorized as a formula fed infant (IFF).

- After the 2nd month, they can be changed back to an IBP.
 - It is possible to capture if a formula-fed infant is receiving any breast milk to help with our statistics.

The screenshot shows the BP Client software interface. The top navigation bar has tabs for BF Info, BF Assessment, BF Support, and BF Aids. The BF Assessment tab is selected. The form contains several questions:

- 1. Was this child ever breastfed or fed breast milk, even for a short period of time?*
☒ Yes ☐ No ☐ Unknown
- 2. Is this child currently breastfed or fed breast milk?* ☒ Yes ☐ No
- 3. Was this child given any formula in the hospital?* ☐ Yes ☒ No ☐ Unknown
- Is this child being fed anything other than breast milk? ☒ Yes ☐ No
- 4. How old was this child when he/she was first fed something other than breast milk? (i.e., formula, water, infant cereal, etc.)
Months: Age: 0 Weeks: 0 Days: 1 ☐ Unknown
- 5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?:
Months: Age: Weeks: Days: ☐ Unknown

Below the questions, there is a dropdown menu for 'Reason Breastfeeding Ended' and a text area for 'Notes'. At the bottom right, there are buttons for 'Save', 'Cancel', and 'Next'.

BP Client

Ghost Package



We understand this is a complicated situation, but the Ghost package allows the parent to remain certified.

6-11mos (Ghost Package)

Mom

- Category: BP
- Package: IBE/ IBP/ NPP (No Food benefits)

Infants

- Categories: IBP
- Packages: IFF (tailor to needs)

BP Client

Ghost Package

- Parent will no longer receive a food package after 6 months postpartum, BUT...
- A Ghost Package allows:
 - Breastfeeding Peers to continue scheduling call-backs for follow-up support.
 - Parent to continue to receive other WIC benefits such as nutrition education and health care referrals.
 - Eligibility for parent to receive a multi-user breast pump.
 - Parent may decide her baby needs less formula after introduction to solids and her package could be changed to the BP food package.
 - Parent to remain eligible to receive Project Fresh.

BP Client

Ghost Package

- Can infant's full formula package be "tailored down" to meet the specific needs of the infant?
 - Yes. WIC staff are expected to assess and assign the minimal amount of formula that does not exceed the infant's nutritional needs.
 - Providing the minimal formula supplementation helps mothers maintain milk production.
 - Breastfeeding support and counseling should be provided to minimize infants receiving full formula packages.

BP Client

Ghost Package

- Documentation
 - Under the parent's BF Support tab, include documentation on breastfeeding and formula use under Breastfeeding Notes.
 - Copy and paste these notes into the baby's Breastfeeding Notes.

The screenshot displays the 'BP Client' software interface, specifically the 'BF Support' tab. The interface is divided into four main sections: 'BF Info', 'BF Assessment', 'BF Support', and 'BF Aids'. The 'BF Support' section is active and contains a 'Contact History' table and a 'Breastfeeding Notes' section.

Contact History Table:

Date*	Provider*	Provi... Init	Method*	Contact Made	Topic/No Contact*	Populate to NE	Call Back Date	Achieved Date	Eval	Link Child
08/09/20...	SAKPALM		Individual	<input checked="" type="checkbox"/>	Breastfeeding: Basics	<input type="checkbox"/>				heathcliff, linton (IBP)

Below the table are 'Add' and 'Remove' buttons.

Breastfeeding Notes Section:

The 'Breastfeeding Notes' section is highlighted with a red box. It contains a table with the following data:

Date*	Staff*	P.C. SUPPORT*	Note*
08/09/2022	SAKPALM	No	Breast pump education given.
08/09/2022	SAKPALM	Yes	Re-Test WIC-330

Below the table are 'Add' and 'Remove' buttons.

BP Client

Ghost Package

< 1 month

Mom

Category: NPP

Package: NPP Max

Infant

Categories: IFF

Packages: IFF (tailor to needs)

1-5 months

Mom

Category: BP

Package: NPP Max

Infant

Categories: IBP

Packages: IFF (tailor to needs)

6-11 months (Ghost Package)

Mom

Category: BP

Package: IBE/ IBP/ NPP (No Food benefits)

Infant

Categories: IBP

Packages: IFF (tailor to needs)

BP Client

Ghost Package

- Parent & baby must be linked:
 - Under Infant's Client Information screen

Client Information		Additional Information	
Authorized Person Testerra, CHRISTIAN		Family ID 2469778	
Client ID	Last Name* Testerra	First Name* Pear	MI
Birth Date* 5/5/2015	Age 6 months, 0 weeks		Proof of Identity*: Birth Certificate
Gender*: <input type="radio"/> Male <input checked="" type="radio"/> Female		Proof of Pregnancy*: Not Applicable	
Medicaid Number:		Education Level*: Not Applicable	
<input type="checkbox"/> Adjunct Eligibility <input checked="" type="checkbox"/> Income Eligibility		Marital Status*: Not Applicable	
<input type="checkbox"/> Foster Care		Reason for Ineligibility:	
<input type="checkbox"/> Mother Not in Family		Physician Name: Phone: () --	
Mother's ID: 300		Testerra, CHRISTIAN	

BP Client

Ghost Package: Package Change Steps 1-6 months

1. Select BP/ IBP categories. (If already BP, do not change the category)
2. Void current and future benefits for both parent and baby
3. Change parent's food package *FIRST*.
4. Assign infant's food package.
5. Re-issue benefits.

BP Client

Ghost Package: Package Change Steps 1-6 months

- Parent's food package screen:

1. Select "Show NPP packages:
2. Assign NPP food package

The screenshot displays the MI-WIC Management Information System interface. The main window is titled "Standard Food Package Selection -- Webpage Dialog". It features a "Formula Name:" dropdown menu, a "Search" button, and three checkboxes: "Show all eligible food packages", "Selected food packages only", and "Show NPP Packages". The "Show NPP Packages" checkbox is checked and highlighted with a red box. Below these options is a list of food packages with descriptions, including "NPP MAX (2% REDUCED FAT MILK)", "NPP MAX (EVAP FAT FREE MILK)", "NPP MAX (2% REDUCED FAT MILK/NO CHEESE)", "NPP MAX (2% REDUCED FAT LACTOSE FREE MILK/NO CHEESE)", "NPP MAX (2% REDUCED FAT MILK IN QUARTS)", "NPP MAX (2% REDUCED FAT MILK/INFANT CEREAL)", "NPP MAX (2% REDUCED FAT LACTOSE FREE MILK)", "NPP MAX (2% REDUCED FAT EVAP MILK)", "NPP MAX (LOWFAT MILK)", "NPP MAX (LOWFAT MILK/NO CHEESE)", and "NPP MAX (LOWFAT MILK /INFANT CEREAL)". At the bottom of the dialog are "Display", "OK", and "Cancel" buttons. The background shows the client record for "wic,wendy" with details like "Cat: BP (female)", "ID: 301 147 258", "DOB: 12/12/1981", "Age: 32 yrs, 9 mos", "Cert: 07/22/14 - 07/16/15", and "Status: Certified". The interface also includes a menu bar with options like "File", "Scheduler", "Certification", "Benefits", "Miscellaneous", "Reports", "Help", and "Messages". The bottom status bar shows "Version: 6.1.0.18", "RIEMENSCHNEIDERT", "000000 State Agency", and "miwicp".

BP Client

Ghost Package: Package Change Steps 6-11 months

- Change parent's package *FIRST*.
- Parent will not receive food benefits
 - Assign "IBE/ IBP/ NPP (No Food Benefits)"
- Selecting this package will generate the IFF package.

The screenshot displays the MI-WIC Management Information System interface. On the left, the 'Active Record' for 'testterri, terri' is shown, including details like 'Cat: BP (female)', 'ID: 300 973 504', 'DOB: 9/8/1973', 'Age: 41 yrs, 0 mos', 'Cert: 09/23/14 - 11/25/14', and 'Status: Certified'. The main area features a 'Standard Food Package Selection -- Webpage Dialog' window. This dialog has a 'Formula Name' dropdown and a 'Search' button. Below these are three checkboxes: 'Show all eligible food packages' (checked), 'Selected food packages only', and 'Show NPP Packages'. A list of food packages follows, with 'IBE / IBP / NPP (NO FOOD BENEFITS)' highlighted at the bottom. To the right of the dialog, there are buttons for 'Display', 'OK', and 'Cancel'. At the bottom of the main window, there are buttons for 'Formula Calculator', 'Void Benefits', 'Save', 'Cancel', and 'Next'. The status bar at the very bottom shows 'Version: 6.1.0.18', 'TESTER1M2000', '980000 Test Agency 2', and 'miwicp'.

Description
PG/BP MAX (LOWFAT MILK/INFANT CEREAL)
PG/BP MAX (LOWFAT MILK IN QUARTS)
PG/BP MAX (LACTOSE FREE MILK)
PG/BP MAX (LACTOSE FREE MILK/NO CHEESE)
PG/BP MAX (LACTOSE FREE WHOLE MILK)
PG/BP MAX (LACTOSE FREE WHOLE MILK/NO CHEESE)
PG/BP MAX (WHOLE MILK)
PG/BP MAX (NFDM / 1# CHEESE)
PG/BP MAX (NFDM/NO CHEESE)
PG/BP MAX (SOY BEVERAGE/NO CHEESE)
IBE / IBP / NPP (NO FOOD BENEFITS)

BP Client

Ghost Package: Package Change Steps 6-11 months

- IBP food package screen:
 - Assign “IFF package”

The screenshot displays the MI-WIC Management Information System interface. At the top, a red-bordered yellow box contains the text: "IBP client is eligible to receive IFF food package since BP client (mom) is not receiving any food package." Below this, the main interface is divided into several sections. On the left, the "Active Record" section shows client information for "testerni, tabitha", including ID: 301 302 744, DOB: 11/15/2013, Age: 10 mos, 1 wk, Cert: 09/23/14 - 11/25/14, and Status: Certified. The "Current" tab is selected, showing a "Standard Food Package Selection -- Webpage Dialog" window. This window also displays the eligibility message and a list of food packages. The "Formula Name" field is empty, and the "Search" button is visible. Below the list, there are checkboxes for "Show all eligible food packages", "Selected food packages only", and "Show NPP Packages". The list of food packages includes: IFF ENFAMIL PROSOBEE POWD (6-11 MOS), IFF ENFAMIL PREM INFANT POWD (6-11 MOS), IFF PREGESTIMIL POWD (6-11 MOS), IFF SIMILAC NEOSURE POWD (6-11 MOS), IFF ELECARF INFANT POWD (6-11 MOS), IFF ENFAMIL GENTLEASE POWD (6-11 MOS), IFF ENFACARE POWD (6-11 MOS), IFF NUTRAMIGEN ENFLORA LGG (6-11 MOS), IFF SIMILAC ALIMENTUM POWD (6-11 MOS), IFF ENFAMILAR POWD (6-11 MOS), and IFF GENTLEASE RTF (6-11 MOS). The "Display", "OK", and "Cancel" buttons are at the bottom of the dialog. The main interface also includes a "History" tab, a "Scheduling Tasks" button, a "Guided Script" button, a "Client Care" button, and a "Logoff" button. The bottom status bar shows "Version: 6.1.0.18", "TESTER1M2000", "980000 Test Agency 2", and "mhwicp".

IBP client is eligible to receive IFF food package since BP client (mom) is not receiving any food package.

MI-WIC Management Information Michigan WIC

testerni, tabitha

Cal: IBP (female)

ID: 301 302 744

DOB: 11/15/2013

Age: 10 mos, 1 wk

Cert: 09/23/14 - 11/25/14

Status: Certified

Scheduling Tasks

Guided Script

Client Care

Logoff

Current

History

Standard Food Package Selection -- Webpage Dialog

IBP client is eligible to receive IFF food package since BP client (mom) is not receiving any food package.

Formula Name: [Search]

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
IFF ENFAMIL PROSOBEE POWD (6-11 MOS)
IFF ENFAMIL PREM INFANT POWD (6-11 MOS)
IFF PREGESTIMIL POWD (6-11 MOS)
IFF SIMILAC NEOSURE POWD (6-11 MOS)
IFF ELECARF INFANT POWD (6-11 MOS)
IFF ENFAMIL GENTLEASE POWD (6-11 MOS)
IFF ENFACARE POWD (6-11 MOS)
IFF NUTRAMIGEN ENFLORA LGG (6-11 MOS)
IFF SIMILAC ALIMENTUM POWD (6-11 MOS)
IFF ENFAMILAR POWD (6-11 MOS)
IFF GENTLEASE RTF (6-11 MOS)

Display OK Cancel

Formula Calculator Void Benefits Save Cancel Next

Version: 6.1.0.18 TESTER1M2000 980000 Test Agency 2 mhwicp

BP Client

Breastfeeding more than one child from the *same* pregnancy (multiples)

Mom

- Category: BP
- Package: BE Max

Infants

- Categories: IBP
- Packages: IBP

Rationale

- Parent may be eligible for BE food package (if the infant is not receiving IFF food package)

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* ☒ Yes ☐ No

☒ From same pregnancy (multiples)?

☐ From different pregnancies?

BP Client is eligible to receive BE Packages as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

BP Client

Breastfeeding multiple children from *different* pregnancies

- Assign PG/ BP Max package.
- Breastfeeding status does not affect package when breastfeeding infants from different pregnancies.

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* ☒ Yes ☐ No

☐ From same pregnancy (multiples)?

☒ From different pregnancies?

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

Display OK Cancel

BP Client

Baby is receiving breast milk, but baby is *not* receiving WIC formula

Mom

Category: BE

Package: BE Max

Infant

Category: IBE

Package: IBE

Rationale:

As long as the parent is providing some amount of breast milk, parent and infant may be categorized as BE/IBE in this situation.

BP Client

Baby is receiving breast milk, but baby is *not* receiving WIC formula

- Infant's Nutrition History Screen
 - #4 will be greyed out when the IBE category is assigned

Hx 1. Infant has/had*:

☐ Jaundice

☐ A weak suck

☐ Poor weight gain

☐ Good weight gain

☐ Has inadequate bowel movements for age

☒ None apply

Hx 2. If breastfeeding, who ends the nursing session: ☐ Mom ☒ Child

Hx 3. Expressed breast milk: ☐ Tell me how you store breast milk after pumping?

Hx 4. Formula now: ☐ Formula Name:

BP Client

Baby is receiving breast milk, but baby is *not* receiving WIC formula

- Infant's Breastfeeding Screen
 - Formula feeding status can be captured here.

Hx 1. Was this child ever breastfed or fed breast milk, even for a short period of time?*

☒ Yes ☐ No ☐ Unknown

Hx 2. Is this child currently breastfed or fed breast milk?*

☒ Yes ☐ No

Hx 3. Was this child given any formula in the hospital?*

☐ Yes ☒ No ☐ Unknown

Hx 4. Is this child being fed anything other than breast milk?*

☒ Yes ☐ No

Hx 4. How old was this child when he/she was first fed something other than breast milk?
(i.e., formula, water, infant cereal, etc.)

Months: Weeks: Days: ☐ Unknown

Age:

Hx 5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?:

Months: Weeks: Days: ☐ Unknown

Age:

Reason Breastfeeding Ended:

select...

Notes:

BP Client

Baby is receiving breast milk, but baby is *not* receiving WIC formula

- Documentation
 - Under the parent's BF Support tab, include documentation on breastfeeding and formula use under Breastfeeding Notes.
 - Copy and paste these notes into the baby's Breastfeeding Notes.

The screenshot displays the 'BP Client' interface with the 'BF Support' tab selected. It features two main sections: 'Contact History' and 'Breastfeeding Notes'.

Contact History

Date*	Provider*	Provi... Init	Method*	Contact Made	Topic/No Contact*	Populate to NE	Call Back Date	Achieved Date	Eval	Link Child
08/30/20...	DOYLEK0413	kd	Individual	<input checked="" type="checkbox"/>	Breastfeeding: Com...	<input type="checkbox"/>	09/02/2022		Needs Review	
08/09/20...	SAKPALM		Individual	<input checked="" type="checkbox"/>	Breastfeeding: Basics	<input type="checkbox"/>				heathcliff, linton (IBP)

Breastfeeding Notes

Date*	Staff*	P.C. SUPPORT*	Note*
08/30/2022	DOYLEK0413	No	Assigned BE/IBE as non-WIC formula preferred. Nursing q 2hrs, formula after pm. Referred to BFPC.
08/09/2022	SAKPALM	No	Breast pump education given.
08/09/2022	SAKPALM	Yes	Re-Test WIC-330

BP Client

IBP stops breastfeeding and baby is *not* receiving WIC formula

0-6 months

Mom

Category: NPP

Package: NPP Max

Infant

Category: IFF

Package: IBE/ IBP/ NPP (no food benefits)

Rationale:

A parent whose infant is receiving non-WIC formula must also receive some amount of breast milk in order to be categorized as BE/ IBE and receive BE Max/ IBE packages.

Formula Name: Search

☒ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
IBE / IBP / NPP (NO FOOD BENEFITS)
IBP ENFAMIL INFANT PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL GENTLEASE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL AR PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL PROSOBEE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL REGULINE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP NUTRAMIGEN ENFLORA PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIM ALIMENTUM PWD (0-0 MOS, 1-1 MOS, 2-3 MOS, 4-5 MOS)
IBP PURAMINO PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIMILAC NEOSURE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP NEUROPRO ENFACARE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL INFANT PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)

Display OK Cancel

BP Client

IBP stops breastfeeding and baby is *not* receiving WIC formula

6-11 months

Mom

Terminate

Infant

Category: IFF

Package: IBP/IFF (infant cereal, fruit/ veg only)

Rationale:

A parent whose infant is receiving non-WIC formula must also receive some amount of breast milk in order to be categorized as BE/ IBE and receive BE Max/ IBE packages. Otherwise, parent is termed after 6 months postpartum.

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
IBP ENFAMIL INFANT CONC CVB (9-11 MOS)
IBP PROSOBEE CONC CVB (9-11 MOS)
IBP NUTRAMIGEN CONC CVB (9-11 MOS)
IBP ENFAMIL INFANT 32 OZ RTF CVB (9-11 MOS)
IBP ENFAMIL NEUROPRO INFANT 8 OZ RTF (6-11 MOS)
IBP ENFAMIL NEUROPRO INFANT 8 OZ RTF CVB (9-11 MOS)
IBP NEUROPRO GENTLEASE 8 OZ RTF (6-11 MOS)
IBP NEUROPRO GENTLEASE 8 OZ RTF CVB (9-11 MOS)
IBP NUTRAMIGEN RTF CVB (9-11 MOS)
IBP SIMILAC ALIMENTUM RTF CVB (9-11 MOS)
IBP SIMILAC NEOSURE RTF CVB (9-11 MOS)
IBP/IFF (INFANT CEREAL, FRUIT/VEG ONLY)
IBP/IFF CVB (INFANT CEREAL, FRUIT/VEG ONLY 9-11 MOS)

Display OK Cancel

Breastfeeding Exclusive (BE)

Food Package Guidance



BE Packages

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

? Display OK Cancel

Table G Maximum Monthly Food Package for Fully Breastfeeding Women

	Exclusively Breastfeeding Women and Partially Breastfeeding Women of Multiple Infants from the same pregnancy Up to 1 Year Postpartum, Women who are both Breastfeeding and Pregnant and Pregnant Women with two or more Fetuses
Juice	144 fl oz
Milk or Milk and Yogurt	18 qt or 17 qt* and 1 qt (32 oz)
Breakfast cereal	36 oz
Cheese	3 lb
Eggs	2 dozen
Fruits and vegetables	\$11.00 cash value
Whole grains	1 lb
Fish (canned)	30 oz
Legumes and Peanut butter	2 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz



*To remove a single quart, the maximum is 18 qts in odd months and 16 qts in even months.

BE Package

BE Max 2020

Food Package:

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	6	CAN	5oz Chunk Lt Tuna or Pink Salmon
	36	OZ	CEREAL
	3	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	11	\$\$\$	FRUITS AND VEGETABLES
	3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
	4	GAL	Skim, 1/2% or 1% Milk
	1	HGL	Skim, 1/2%, 1% or Buttermilk
	1	LB	WHOLE GRAINS

BE Package


BE Max (1# Cheese) 2020 Package

Compared to BE Max
2020 package:

- 1.5 gallons more milk
- 2 lbs. less cheese

Food Package:

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	6	CAN	5oz Chunk Lt Tuna or Pink Salmon
	36	OZ	CEREAL
	1	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	11	\$\$\$	FRUITS AND VEGETABLES
	3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
	6	GAL	Skim, 1/2% or 1% Milk
	1	LB	WHOLE GRAINS





BE Package

BE Max (Yogurt) 2020

Food Package:

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	6	CAN	5oz Chunk Lt Tuna or Pink Salmon
	36	OZ	CEREAL
	3	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	11	\$\$\$	FRUITS AND VEGETABLES
	3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
	32	OZ	Low Fat or Non Fat Yogurt
	4	GAL	Skim, 1/2% or 1% Milk
	0.5	HGL	Skim, 1/2%, 1% or Buttermilk
	1	LB	WHOLE GRAINS



BE Package

BE Max (2# Cheese/ Yogurt) 2020 Package

- Compared to BE Max (Yogurt) 2020
 - Half gallon more milk
 - 1lb less cheese
 - No change in yogurt amount

Food Package: BE MAX (2# CHEESE/YOGURT) 2020

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	6	CAN	5oz Chunk Lt Tuna or Pink Salmon
	36	OZ	CEREAL
	2	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	11	\$\$\$	FRUITS AND VEGETABLES
	3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
	32	OZ	Low Fat or Non Fat Yogurt
	5	GAL	Skim, 1/2% or 1% Milk
	1	LB	WHOLE GRAINS

?

Cancel

BE Package

1.5 times the BE Max package

- Generated for clients breastfeeding more than one child from the *same* pregnancy.

BE Client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is being breastfed.

Formula Name:

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

- If the package selected does not show 1.5 times the BE Max food package when “display” is selected in the food prescription screen, you will need to go to either benefit inquiry...

1/25/2021		2/24/2021				
	Package Size	Food Item	Issued	Redeemed	Voided	Remain
	GAL	Skim, 1/2% or 1% Milk	64	0	56	8
	HGL	Skim, 1/2%, 1% or Buttermilk	10.75	0	10.75	0.00
	LB	CHEESE (\$8.00 MAX PER LB.)	33	0	30	3
	DOZ	EGGS	26	0	23	3
	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	33	0	28	5
	OZ	CEREAL	576	0	522	54
	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	26	0	23	3
	CAN	5oz Chunk Lt Tuna or Pink Salmon	60	0	51	9
	LB	WHOLE GRAINS	25	0	23	2
	\$\$\$	FRUITS AND VEGETABLES	164	0	147.50	16.50
	OZ	Low Fat or Non Fat Yogurt	416	0	352	64
	BTL	64 OZ JUICE	12	0	12	0

2/25/2021		3/24/2021				
	Package Size	Food Item	Issued	Redeemed	Voided	Remain
	GAL	Skim, 1/2% or 1% Milk	61	0	54	7
	HGL	Skim, 1/2%, 1% or Buttermilk	0.75	0	0.75	0.00
	LB	CHEESE (\$8.00 MAX PER LB.)	30	0	27	3
	DOZ	EGGS	26	0	23	3
	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	27	0	23	4
	OZ	CEREAL	576	0	522	54
	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	26	0	23	3
	CAN	5oz Chunk Lt Tuna or Pink Salmon	26	0	51	9
	LB	WHOLE GRAINS	19	0	18	1
	\$\$\$	FRUITS AND VEGETABLES	164	0	147.50	16.50
	OZ	Low Fat or Non Fat Yogurt	224	0	192	32
	BTL	64 OZ JUICE	12	0	12	0

... or the shopping list.

You can anticipate receiving the following WIC foods for January 25, 2021 to February 24, 2021.

However, if the WIC status of a family member changes before the benefits are available, the foods you receive may also change.



8	GAL	SKIM, 1/2% OR 1% MILK
3	LB	CHEESE (\$8.00 MAX PER LB.)
3	DOZ	EGGS (\$3.00 MAX PER DOZ.)
5	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR, LB DRY, 15-16OZCNBEAN
9	CAN	5OZ CHUNK LT TUNA OR PINK SALMON
2	LB	WHOLE GRAINS
16.50	\$\$\$	FRUITS AND VEGETABLES
64	OZ	LOW FAT OR NON FAT YOGURT



You can anticipate receiving the following WIC foods for February 25, 2021 to March 24, 2021.

However, if the WIC status of a family member changes before the benefits are available, the foods you receive may also change.



7	GAL	SKIM, 1/2% OR 1% MILK
3	LB	CHEESE (\$8.00 MAX PER LB.)
3	DOZ	EGGS (\$3.00 MAX PER DOZ.)
4	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR, LB DRY, 15-16OZCNBEAN
9	CAN	5OZ CHUNK LT TUNA OR PINK SALMON
1	LB	WHOLE GRAINS
16.50	\$\$\$	FRUITS AND VEGETABLES
32	OZ	LOW FAT OR NON FAT YOGURT

Table H Maximum Monthly 1.5X Food Package for Fully Breastfeeding Women

	Exclusively Breastfeeding Women Breastfeeding Multiple Infants from the same pregnancy Up to 1 Year Postpartum	
	 Odd Month	 Even Month
Juice	230 fl oz	184 fl oz
Milk or Milk and Yogurt	28 qt or 26 qt and 2 qt (64 oz)	26 qt or 25 qt and 1 qt (32 oz)
Breakfast cereal	54 oz	54 oz
Cheese	5 lb	4 lb
Eggs	3 dozen	3 dozen
Fruits and vegetables	\$16.50 cash value	\$16.50 cash value
Whole grains	2 lb	1 lb
Fish (canned)	45 oz	45 oz
Legumes and Peanut butter	3 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz	3 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz

WIC E-Notice #2017-87: BE Food Package Update

- Staff should no longer assign the yogurt food packages below for a BE parent exclusively breastfeeding more than one child from the same pregnancy. The system issues unredeemable quantities of milk in half gallons.
- Do Not select
 - BE MAX (YOGURT) 2020
 - BE MAX (INFANT CEREAL/YOGURT) 2020
 - BE MAX (INFANT FOODS/YOGURT)
- Do select
 - BE MAX (2# CHEESE/YOGURT) 2020
 - BE MAX (MILK IN QUARTS/YOGURT) 2020
 - BE MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

BE Client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

? Display OK Cancel

Table A1 Maximum Monthly Food Package for Fully Breastfed Infants

	Fully Breastfed Infants	
	0 - 5 months	6 - 11 months
WIC formula	0	0
Infant cereal	0	24 oz
Infant fruits and vegetables	0	256 oz
Infant meat	0	77.5 oz

Table A2 Maximum Monthly Food Package for Fully Breastfed Infants with CVB Option

	Fully Breastfed Infants		
	0 - 5 months	6 - 8 months	9 - 11 months
WIC formula	0	0	0
Infant cereal	0	24 oz	24 oz
Infant fruits and vegetables and Fresh fruits and vegetables	0	256 oz	128 oz and \$8.00 cash value
Infant meat	0	77.5 oz	77.5 oz



Breastfeeding Exclusive (BE)

Category and Package Assignment
Scenarios



BE Client

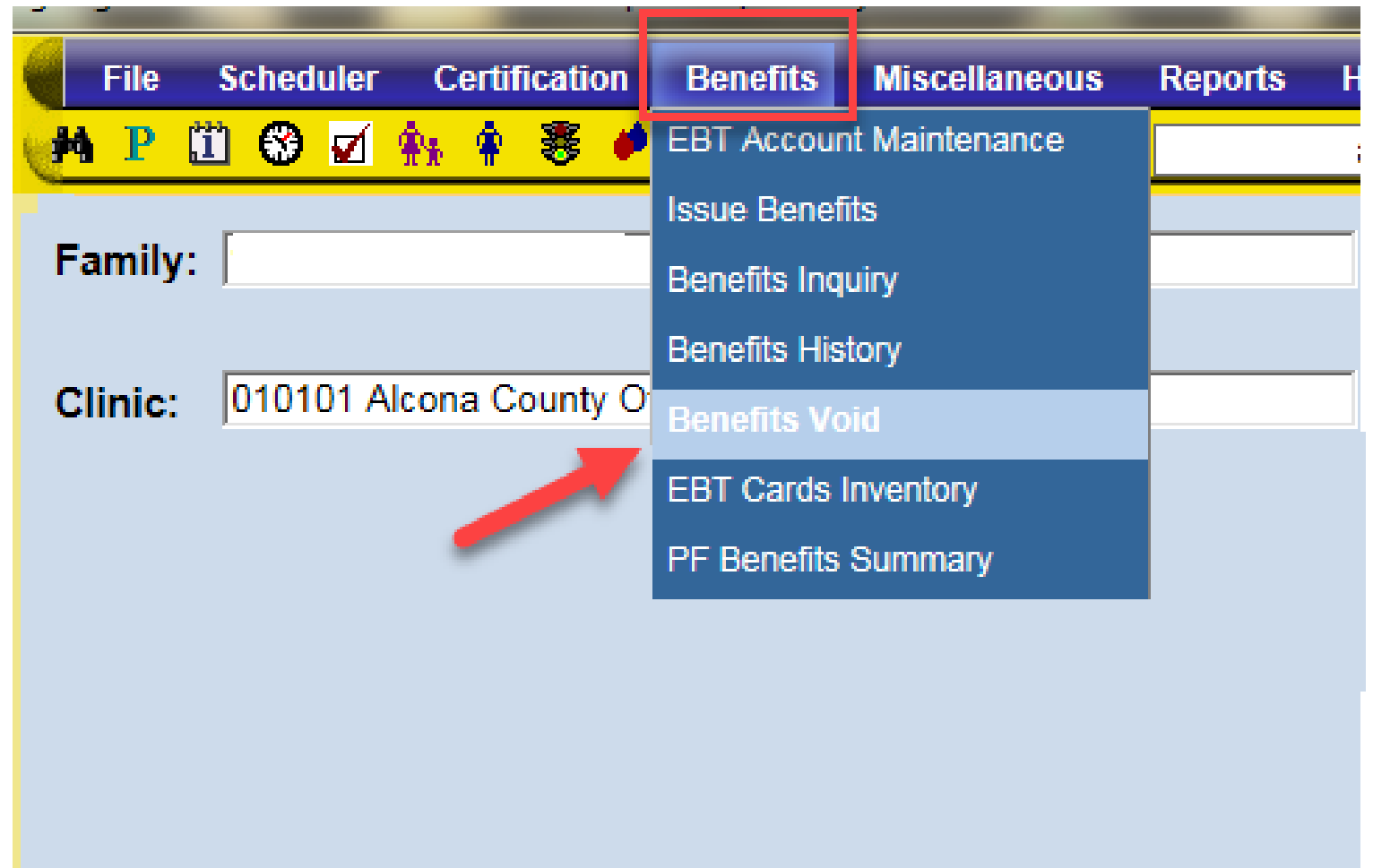
Parent would like formula for their infant

1. Void benefits
2. Change categories for *both* parent and infant to partially breastfeeding
3. Update breastfeeding statistics
4. Assign food packages
5. Re-issue benefits

BE Client

Parent would like formula: Voiding Benefits

1. Go to Benefits drop down
2. Select "Benefits Void"



BE Client

Parent would like formula: Voiding Benefits

- Void ALL current & future benefits

Benefits:		<input checked="" type="radio"/> Current	<input type="radio"/> Future	Void all benefits				
		Start Date			End Date			
		Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All
		LB	CHEESE (\$8.00 MAX PER LB.)	3	0	0	3	<input checked="" type="checkbox"/>
		DOZ	EGGS	2	0	0	2	<input checked="" type="checkbox"/>
		CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	0	0	3	<input checked="" type="checkbox"/>
		OZ	CEREAL	36	0	0	36	<input checked="" type="checkbox"/>
		JAR	16-18ozPnutBtr,lb Dry,15-16ozCnB...	2	0	0	2	<input checked="" type="checkbox"/>
		CAN	5oz Chunk Lt Tuna or Pink Salmon	6	0	0	6	<input checked="" type="checkbox"/>
		QT	Skim, 1/2% 1% or Buttermilk	18	0	0	18	<input checked="" type="checkbox"/>
		LB	WHOLE GRAINS	1	0	0	1	<input checked="" type="checkbox"/>
		\$\$\$	FRUITS AND VEGETABLES	11	0	0	11	<input checked="" type="checkbox"/>
	▼	300873523 - IBE FEMALE IBE FEMALE			97011010941133			
		Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All
		OZ	INFANT CEREAL	24	0	0	24	<input checked="" type="checkbox"/>
		JAR	4 oz INFANT FRUIT OR VEGETABLES	64	0	0	64	<input checked="" type="checkbox"/>
	▶	JAR	2.5 OZ INFANT MEATS	31	0	0	31	<input checked="" type="checkbox"/>

BE Client

Parent would like formula: Parent Category Change

1. *Always* start with the parent.
2. Go to parent's Cert Action screen.
3. Select the "BE" category line, then "Category Change"

Last Menstrual Period(LMP): Present for Cert: ☒

Expected Delivery Date(EDD)*: 9/30/ Reason not present:

Actual Delivery Date(ADD)*: 9/30/

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
BE Woman BF Exclusively	10/6/	9/29/	Certification			

1.

2.

Category Change

Save Cancel Next

30 Day Extension

BE Client

Parent would like formula: Parent Category Change

1. Change BE to BP
(from dropdown)
2. Save

The screenshot shows a form with a yellow background. It contains four input fields with labels to their left: 'Current Category:' with a text box containing 'BE'; 'New Category:' with a dropdown menu showing 'BP' and a downward arrow; 'New Cert Start Date:' with a text box containing '10/9/'; and 'New Cert End Date:' with a text box containing '9/29/'. At the bottom left is a small circular help icon with a question mark. At the bottom right are three buttons: a blue 'Save' button, an orange 'Cancel' button, and a green 'Close' button.

BE Client

Parent would like formula: Parent Package Change

- Old food package will be sent to history
- Under parent's food prescription screen:
 1. Select "Packages"

The screenshot displays the BE Client software interface. At the top, there is a header bar with a checkbox labeled "Certification Complete*" and a text field "Completed By*" containing "RAJAKUMAR, ILAKKIYA". To the right is a "Pickup Interval:" dropdown menu set to "Three Months". Below this is a table with columns: "Description", "Effect Date", "End Date", "Disable", "Note", and "Created". The table area is currently empty, displaying the message "No Records Exist in Data Source". On the right side of the table, there is a vertical toolbar with three buttons: "Packages" (highlighted with a red box), "Remove", and "Customize". At the bottom of the interface, there is a navigation bar with several buttons: "Display", "Formulary", "Approved" (checkbox), "Not Approved" (checkbox), "Expiration Date:" (dropdown), "Formula Calculator", "Void Benefits", "Save", "Cancel", and "Next".

BE Client

Parent would like formula: Parent Package Change

2. Select PG/ BP Max package
3. Click OK, then Save

Formula Name:

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

BE Client

Parent would like formula: Infant Category Change

1. Start with infant's Cert Action screen.
2. Select the "IBE" category line, then "Category Change"

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
IBE Infant BF Exclusively	10/6/:	9/29/:	Certification			

< >

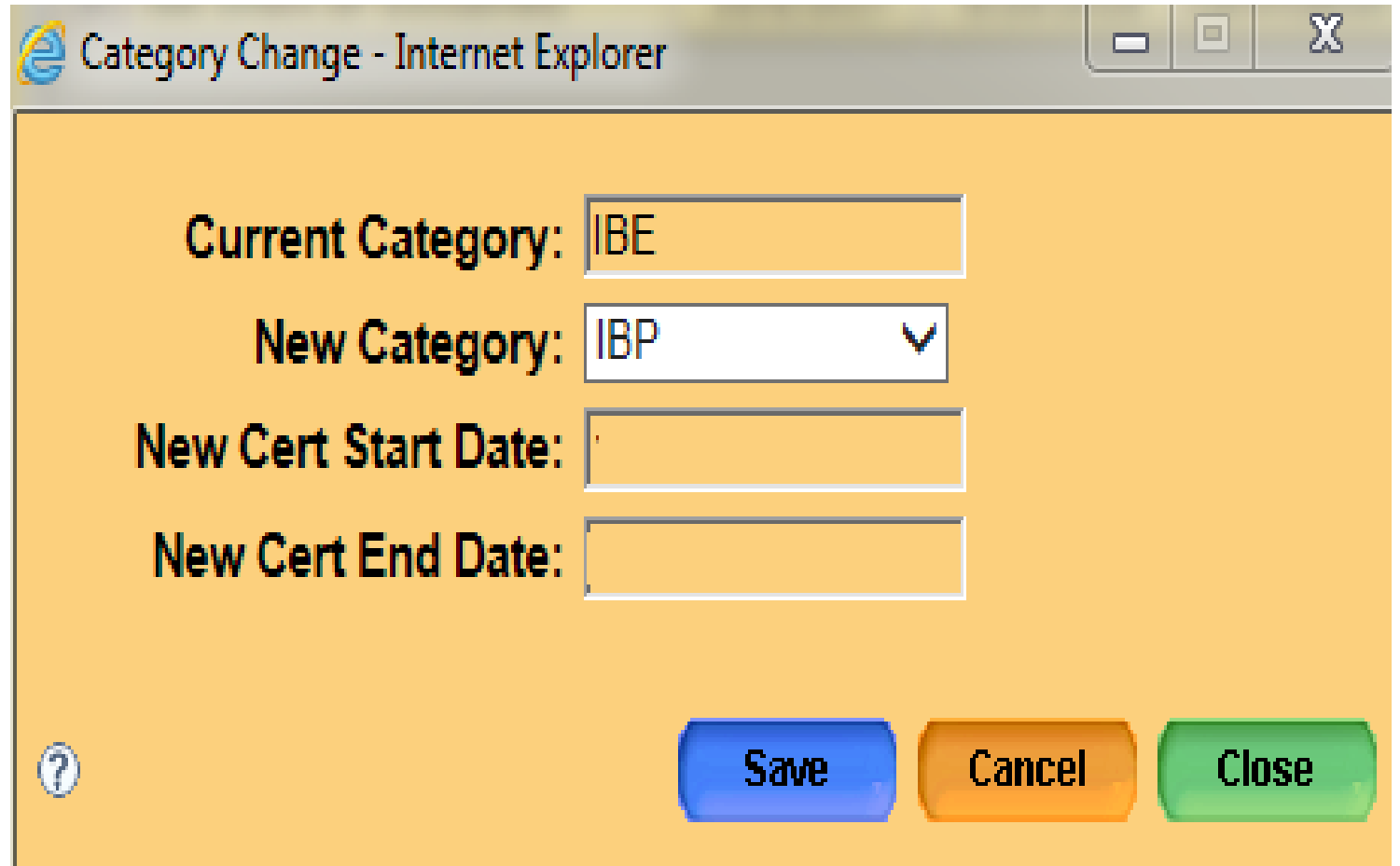
Add Remove 30 Day Extension

Category Change Save Cancel Next

BE Client

Parent would like formula: Infant Category Change

3. Change IBE to IBP
(from dropdown)
4. Save



The screenshot shows a web browser window titled "Category Change - Internet Explorer". The page has an orange background and contains the following form fields:

- Current Category:** A text input field containing the value "IBE".
- New Category:** A dropdown menu with "IBP" selected and a downward arrow icon.
- New Cert Start Date:** An empty text input field.
- New Cert End Date:** An empty text input field.

At the bottom of the form, there are three buttons: a blue "Save" button, an orange "Cancel" button, and a green "Close" button. A small help icon (a question mark in a circle) is located in the bottom left corner of the form area.


BE Client

Parent would like formula: Infant Category Change

- Today's date will display the new IBP category

Present for Cert: ☒

Reason not present:

	Cat*	Cert Start*	Cert End*	Cert Reason*	
	IBP Infant BF Partially	Today's Date	9/29/.	Category Change	
	IBE Infant BF Exclusively	10/6/.	Yesterday	Certification	

BE Client

Parent would like formula: Update Breastfeeding Statistics

1. Select infant's record
2. Select Breastfeeding tab, then BF Info
3. Update screen
4. Click Save

The screenshot shows the 'BF Info' tab of the BE Client interface. The form contains the following questions and options:

- 1. Was this child ever breastfed or fed breast milk, even for a short period of time?*
☒ Yes ☐ No ☐ Unknown
- 2. Is this child currently breastfed or fed breast milk?* ☒ Yes ☐ No
- 3. Was this child given any formula in the hospital?* ☐ Yes ☒ No ☐ Unknown
- 4. Is this child being fed anything other than breast milk?* ☒ Yes ☐ No
- 4. How old was this child when he/she was first fed something other than breast milk? (i.e., formula, water, infant cereal, etc.)
Months: Weeks: Days: ☐ Unknown
- 5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?:
Months: Weeks: Days: ☐ Unknown

Below the questions, there is a 'Reason Breastfeeding Ended:' dropdown menu with 'select...' as the current selection, and a 'Notes:' text area.

BE Client

Parent would like formula: Infant Package Change

- Old food package will be sent to history
- Under infant's food prescription screen:
 1. Select "Packages"

The screenshot displays the BE Client software interface. At the top, there is a header bar with a checkbox labeled "Certification Complete*" which is checked, followed by "Completed By:" and a text field containing "RAJAKUMAR, ILAKKIYA". To the right of this is a "Pickup Interval:" dropdown menu set to "Three Months". Below the header is a table with columns: "Description", "Effect Date", "End Date", "Disable", "Note", and "Created". The table content area is empty, displaying the message "No Records Exist in Data Source". To the right of the table, there is a vertical sidebar with three buttons: "Packages" (highlighted with a red box), "Remove", and "Customize". At the bottom of the interface, there is a footer bar containing several buttons: "Display", "Formulary", "Approved" (with an unchecked checkbox), "Not Approved" (with an unchecked checkbox), "Expiration Date:" followed by a date picker, "Formula Calculator", "Void Benefits", "Save", "Cancel", and "Next".

BE Client

Parent would like formula: Infant Package Change

2. Select the desired IBP package

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
IBE / IBP / NPP (NO FOOD BENEFITS)
IBP ENFAMIL INFANT PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL GENTLEASE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL AR PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL PROSOBEE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL REGULINE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP NUTRAMIGEN ENFLORA PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIM ALIMENTUM PWD (0-0 MOS, 1-1 MOS, 2-3 MOS, 4-5 MOS)
IBP PURAMINO PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIMILAC NEOSURE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP NEUROPRO ENFACARE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL INFANT PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)

Display OK Cancel

BE Client

Parent would like formula: Infant Package Change

3. Customize each line generated by selecting “Customize”

	Description	Effect Date	End Date	Disable	Note	Created	Packages
	IBP ENFAMIL GENTLEASE PWD (6-11 MO...	7/6/2018	11/13/2018	<input type="checkbox"/>			<div>Remove</div> <div>Customize</div>

BE Client

Parent would like formula: Infant Package Change

4. Manually customize formula to meet the needs of the infant, but not to exceed the formula maximums for [IBP](#).

Food Package: IBP ENFAMIL GENTLEASE PWD (6-11 MOS)

	Quantity	Package Size	Description
▶	4	CAN	12.4 oz PWD Gentlease
	32	JAR	4 oz INFANT FRUIT OR VEGETABLES
	24	OZ	INFANT CEREAL

Formulary Search Remove Calculate **Assign** Cancel

BE Client

Parent would like formula: Re-issue Benefits

- Re-issue infant's current and future benefits
 - Current benefits will be issued in full within 10 days of the current month's Benefit Start Date (BSD).
 - When issued 11 or more days after BSD, benefits will be prorated
 - Don't adjust the infant's formula issuance based upon the food the parent has already redeemed in the current benefit month.
- Re-issue parent's future benefits

BE Client

Infant needs formula, but parent has already redeemed all of current benefits

Mom

Category: BP

Package: PG/ BP Max

Issue future benefits only

Infant

Category: IBP

Package: IBP (tailor to not exceed needs)

Issue current (prorated) and future benefits

Rationale:

If parent has used all their food benefits for the current month, parent may not receive another package until the next benefit cycle.

BE Client

Infant needs formula, but parent has already redeemed some of their current benefits

Mom

Category: BP

Package: PG/ BP Max

Don't touch current benefits. Void future benefits. Issue new benefits starting on the next month. Don't take food away from the mom's current month's benefits.

Infant

Category: IBP

Package: IBP (tailor to not exceed needs)

Change the infant's package immediately. Even if mom has used all her food, the baby can still get all desired formula (prorated for the month)

BE Client

Fully breastfeeding multiple children from the *same* pregnancy

- Assign BE Max package
- System will assign 1.5 times the BE Max package

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* ☒ Yes ☐ No

☒ From same pregnancy (multiples)?
☐ From different pregnancies?

BE Client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

BE Client

Breastfeeding multiple children from *different* pregnancies

- Assign BE Max package.
- Breastfeeding status does not affect package when breastfeeding infants from different pregnancies.

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* ☒ Yes ☐ No

☐ From same pregnancy (multiples)?

☒ From different pregnancies?

Formula Name: Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

? Display OK Cancel

BE Client

Parent is breastfeeding twins. One exclusively and the other partially.

Mom

Category: BE

Package: BE Max

BF exclusive Infant

Category: IBE

Package: IBE

BF partial infant

Category: IBP

Package: IBP

Rationale:

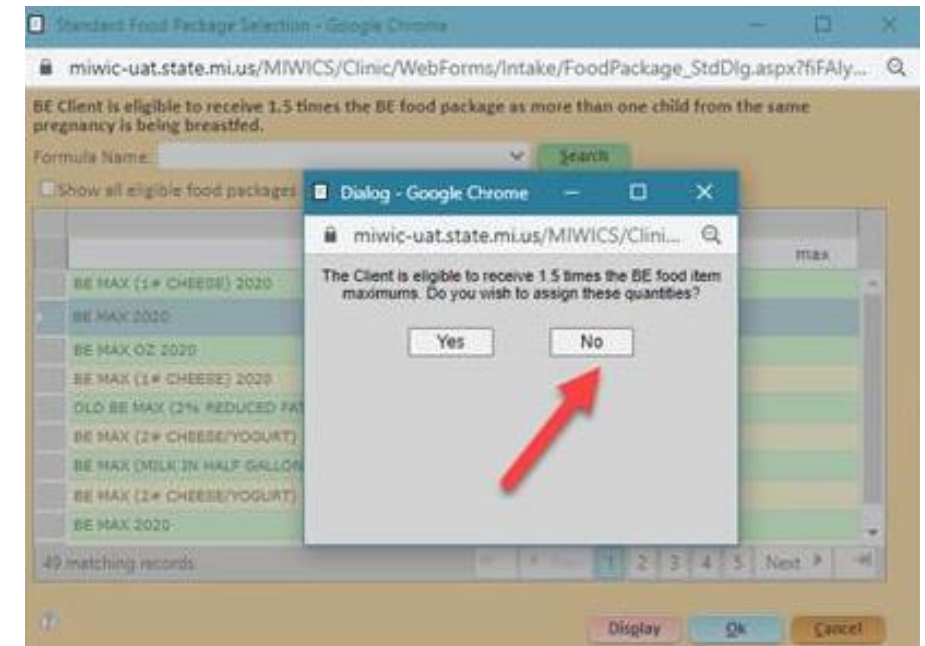
As long as at least one of the infants is fully breastfed (does not receive formula from WIC), parent may receive the BE Max package. Parent may not receive 1.5 times the BE Max food package in this case as parent is only eligible when *both* babies are exclusively breastfed.

BE Client

Parent is breastfeeding twins. One exclusively and the other partially.

MI-WIC does not make a differentiation based on the client category of the infants but rather looks at question 10 in the BF Info screen for the BE category. If parent has been documented as breastfeeding multiples from the same pregnancy the system offers the BE 1.5 food packages.

In this scenario, the BE client is *not* eligible for the increased amounts since one infant is receiving formula. WIC staff need to select “No” on the pop-up “Client is eligible to receive 1.5 times the BE food item maximums. Do you wish to assign these quantities?”.



Same Sex Couples

Category and Package Assignment *Scenarios*



Same Sex Couples

Both partners are breastfeeding partially so baby is exclusively breastfed

Parent A

Category: BE

Package: BE Max

*This parent must
be linked with baby

Parent B

Category: NPP

Package: NPP Max

Baby

Category: IBE

Package: IBE

Rationale:

Only one parent may be certified as breastfeeding the infant. The other parent must be certified as NPP.

Same Sex Couples

Birth parent is not breastfeeding. The non-birth parent is either breastfeeding or attempting to start lactation.

Lactating Parent

Category: BE or BP

Package: BE Max or BP Max

*This parent must be linked with baby

Birth Parent

Category: NPP

Package: NPP Max

Baby

Category: IBE or IBP

Package: IBE or IBP

Rationale:

Both parents may be certified, if eligible. The birth parent would be certified as NPP up to 6 months and the non-birth parent as breastfeeding (up to 1 year).

Same Sex Couples

Both parents are breastfeeding partially so their adopted baby can be exclusively breastfed

Parent A

Category: BE

Package: BE Max

*This parent must
be linked with baby

Parent B

Cannot be certified

Baby

Category: IBE

Package: IBE

Rationale:

When neither parent is the birth mother, only one parent can be certified as breastfeeding and receive benefits. The second parent cannot be certified based on the infant's breastfeeding status.

Breast Milk Donation

Parents who either donate or receive pumped breast milk



Breast milk Donation

Parent is not breastfeeding, but baby is receiving donor milk exclusively

Mom

Category: NPP

Package: NPP

Infant

Category: IBE

Package: IBE

Rationale:

If parent is not providing any breast milk, they cannot be categorized as BP/BE. This unique situation necessitates mismatched categories.

Breast milk Donation

Parent lost her baby at birth and wants to donate her pumped milk to a milk bank

Mom

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breastfeeding their own infant who is also a WIC participant. In addition, a parent in this situation would *not* be eligible for a breast pump from WIC, but may still receive breastfeeding support if interested.

Breast milk Donation

A WIC participating parent is pumping their milk for their WIC participating infant not in their custody

Mom

Category: BE or BP

Package: BE or BP Max

*This parent must be linked with baby

Baby (separate account)

Category: IBE or IBP

Package: IBE or IBP

Rationale:

In cases of open adoption, foster care, living with grandparents, surrogacy, etc. where the parent is pumping to provide their own milk for their baby and both are WIC participants, the parent may be certified as breastfeeding.

Breast milk Donation

A WIC participating parent is pumping their milk for their WIC participating infant not in their custody

- Parent and Baby must be linked under the infant's Client Information screen

The screenshot shows a web form titled "Client Information" with a yellow "Additional Information" tab. The form is divided into several sections. The "Authorized Person" section includes a text field for "Edge, PG" and a "Family ID" field with the value "9345459". The "Client ID" is "300 875 540", "Last Name*" is "Edge", "First Name*" is "IBP", and "MI" is empty. The "Birth Date*" is "6/15/2020" and "Age" is "7 months, 2 weeks". The "Gender*" is "Female". The "Medicaid Number" field is empty. There are checkboxes for "Adjunct Eligibility" (unchecked), "Income Eligibility" (checked), and "Foster Care" (unchecked). A red box highlights the "Mother Not in Family" checkbox (checked) and the "Mother's ID" field with the value "000 000 000". The "Proof of Identity*", "Proof of Pregnancy*", "Education Level*", and "Marital Status*" fields all show "Not Applicable". The "Reason for Ineligibility" field is empty. The "Physician" section includes "Name:" and "Phone:" fields. At the bottom right are "Save", "Cancel", and "Next" buttons.

Client Information		Additional Information	
Authorized Person Edge, PG		Family ID 9345459	
Client ID 300 875 540	Last Name* Edge	First Name* IBP	MI
Birth Date* 6/15/2020	Age 7 months, 2 weeks		
Gender*: <input type="radio"/> Male <input checked="" type="radio"/> Female			
Medicaid Number:			
<input type="checkbox"/> Adjunct Eligibility <input checked="" type="checkbox"/> Income Eligibility			
<input type="checkbox"/> Foster Care			
<input checked="" type="checkbox"/> Mother Not in Family		Mother's ID: 000 000 000	
Proof of Identity*:			
Proof of Pregnancy*: Not Applicable			
Education Level*: Not Applicable			
Marital Status*: Not Applicable			
Reason for Ineligibility:			
Physician			
		Name:	
		Phone: () --	
Save Cancel Next			

Breast milk Donation

A WIC participating parent is pumping their milk for a *non-WIC* infant not in their custody

Mom

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breastfeeding their own infant who is also a WIC participant. In addition, a parent in this situation would *not* be eligible for a breast pump from WIC, but may still receive breastfeeding support if interested.

Mid-Month Benefit Changes

as outlined in [Policy 8.01 Benefit Issuance](#)

Mid-Month Benefit Changes

When a category and food package change occur from an IBE/IBP to an IBP/IFF mid-benefit month

- The full benefit month formula and food quantity cannot exceed the [maximum monthly allowances](#) for the new client category. Staff shall void benefits to prevent over-issuance, if applicable.
- The infant is eligible to receive formula for the current month regardless of the parent's benefit redemption.

Mid-Month Benefit Changes:

When a category and food package change occur as a result of a change in breastfeeding status or a change from PG to BE/NPP mid-benefit month

- The woman should be assigned the food package with the maximum amount of benefits available.
- The woman is eligible to receive her maximum food package regardless of the infant's formula redemption for the current benefit month.
- If the new food package contains fewer items, allow the system to implement the change with the next month's Benefit Start Date.
- If the new food package contains additional items, i.e., category change from PG to BE, the full benefit month food quantities cannot exceed the maximum monthly allowances for the new client category. (See Policy 7.04, [Maximum Food Package](#).) Staff shall void benefits to prevent over-issuance, if applicable.

Mid-Month Benefit Changes

Steps for Updating MI-WIC

1. Change the categories of parent and infant(s).
 - In the Guided Script, select Cert Action.

The screenshot displays the MI-WIC system interface. At the top, there is a menu bar with options: File, Scheduler, Certification, Benefits, Miscellaneous, Reports, Help, and Messages. Below the menu bar is a toolbar with various icons. The main area shows a table with columns: Cat*, Cert Start*, Cert End*, Cert Reason*, Term Reason, and Term Date. A single row is visible with the following data: IBP Infant BF Partially, 08/17/2022, 07/31/2023, Certification. A dialog box titled 'Category Change - Google Chrome' is open in the foreground. It contains the following fields: Current Category: IBP, New Category: IFF (with a dropdown arrow), New Cert Start Date: 9/2/2022, and New Cert End Date: 7/31/2023. At the bottom of the dialog box are 'Save' and 'Cancel' buttons. The background interface also shows a 'Present for Cert' checkbox and a 'Reason not present' dropdown menu.

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date
IBP Infant BF Partially	08/17/2022	07/31/2023	Certification		

Category Change - Google Chrome

miwic-uat.state.mi.us/MIWICS/Clinic/WebForms/Intake/CategoryChange.as...

Current Category: IBP

New Category: IFF

New Cert Start Date: 9/2/2022

New Cert End Date: 7/31/2023

Save **Cancel**

Mid-Month Benefit Changes

Steps for Updating MI-WIC

2. Review current and future benefits.

- Go to Benefits > Benefits Void
- Select the Future benefits button.
- Hit Save to void all future benefits.
- Select the Current benefits button and note any benefit redemption.

The screenshot shows the 'Benefits' section of the MI-WIC software. At the top, there is a menu bar with options: File, Scheduler, Certification, Benefits, Miscellaneous, Reports, Help, and Messages. Below the menu bar, there are fields for 'Family:' and 'Clinic:'. The 'Benefits' tab is selected, and the 'Future' button is highlighted with a red arrow. The interface displays a table of food items with columns for Package Size, Food Item, Issued, Redeemed, Voided, Remain, Void All, and Void Partial. The table is divided into sections for different dates (9/6/2022, 10/5/2022, 11/5/2022) and includes a 'Client' field and a 'Benefit Issue Number' field.

Start Date	End Date						
9/6/2022	10/5/2022						
Client: [Redacted] Benefit Issue Number: 1043832365							
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial
GAL	Skim, 1/2% or 1% Milk	3	0	0	3	<input checked="" type="checkbox"/>	
LB	CHEESE (\$8.00 MAX PER LB.)	1	0	0	1	<input checked="" type="checkbox"/>	
DOZ	EGGS	1	0	0	1	<input checked="" type="checkbox"/>	
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	2	0	0	2	<input checked="" type="checkbox"/>	
OZ	CEREAL	36	0	0	36	<input checked="" type="checkbox"/>	
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	1	0	0	1	<input checked="" type="checkbox"/>	
\$\$\$	FRUITS AND VEGETABLES	43	0	0	43	<input checked="" type="checkbox"/>	
OZ	Low Fat or Non Fat Yogurt	32	0	0	32	<input checked="" type="checkbox"/>	
Client: [Redacted] Benefit Issue Number: 1043832363							
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial
CAN	13.1oz PWD SIMILAC NEOSURE	11	0	0	11	<input checked="" type="checkbox"/>	
10/6/2022	11/5/2022						
Client: [Redacted] Benefit Issue Number: [Redacted]							

Mid-Month Benefit Changes

Steps for Updating MI-WIC

3. Assign new food packages.

- *Always update the parent's package first!*
- Go to Guided Script > Food Prescription.
- Select Packages jellybean.
- Select desired food package
- Click OK and Save.
- Repeat for the infant(s).
 - Refer to [Ghost Package](#) if an IBP needs more formula than MI-WIC allows

The screenshot shows the MI-WIC system interface. The main window displays client information and a table of food packages. A dialog box titled 'Standard Food Package Selection' is open, showing a list of food packages. A red arrow points to the 'Packages' button on the right side of the main window.

Authorized Person: [Redacted] Benefits Start Date: 6/6/2016 Pickup Interval: Three Months

Client Name: [Redacted]

☒ Certification Complete* Completed By*: [Redacted]

Description	Effect Date	End Date
IFF SIMILAC NEOSURE POWD (0-3 MOS)	5/9/2022	8/31/2022
IFF SIMILAC NEOSURE POWD (4-5 MOS)	9/1/2022	10/31/2022
IFF SIMILAC NEOSURE POWD (6-11 MOS)	11/1/2022	4/27/2023

Display Formulary ☒ Approved ☐ Not Approved

Standard Food Package Selection - Google Chrome

Formula Name: [Search] Search

☐ Show all eligible food packages ☐ Selected food packages only ☐ Show NPP Packages

Description
IFF SIMILAC NEOSURE POWD (6-11 MOS)
IFF SIMILAC NEOSURE POWD CVB (9-11 MOS)
IFF NEUROPRO ENFACARE PWD (6-11 MOS)
IFF NEUROPRO ENFACARE PWD CVB (9-11 MOS)
IFF ELECCARE INFANT POWD (6-11 MOS)
IFF ELECCARE INFANT POWD CVB (9-11 MOS)
IFF NEOCATE INFANT POWD (9-11 MOS)
IFF NEOCATE SYNEO INFANT POWD CVB (9-11 MOS)
IFF NEOCATE SYNEO INFANT POWD (6-11 MOS)

21 - 30 of 54 records

Display Ok Cancel

Mid-Month Benefit Changes

Steps for Updating MI-WIC

4. Reissue current and future benefits.

- Select the drop down for Issue Month and select the month where the current benefit month started. Hit Go.
- On the grid, click the box in the Issue column for the package being changed
- Be sure the Prorate box stays checked.

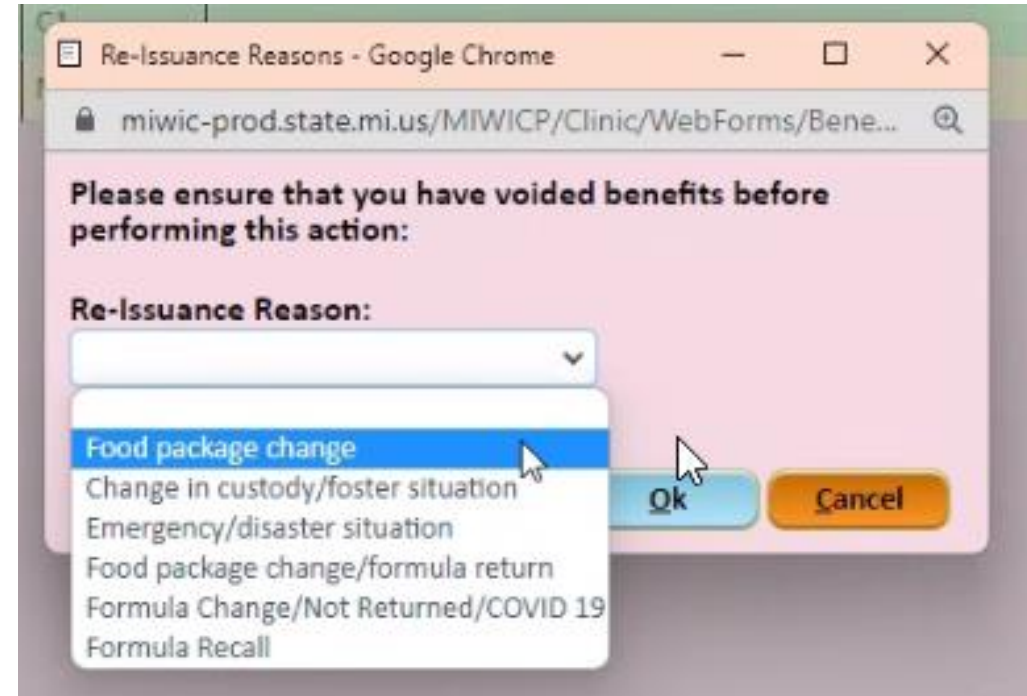
The screenshot shows the MI-WIC software interface. At the top, there are tabs for File, Scheduler, Certification, Benefits, Miscellaneous, Reports, Help, and Messages. Below these are fields for Family and Clinic, both containing redacted information. To the right of these fields are dropdowns for Issue Month (set to August) and Issue Year (set to 2022), followed by a green 'Go' button. Below these fields is a table with columns: Client ID, Client Name, Cat., Food Package, BVT Date, Months, Issue, and Prorate. The table contains four rows of data. The first row has a Client ID of 303001024 and a Food Package of IFF SIMILAC NEOSURE POWD (4-5 MOS). The second row has a Client ID of [redacted] and a Food Package of IFF. The third row has a Client ID of [redacted] and a Food Package of C1. The fourth row has a Client ID of [redacted] and a Food Package of NPP MAX (LOWFAT MILK/YOGURT) 2020. The BVT Date, Months, Issue, and Prorate columns are also populated. The 'Issue' column has checkboxes, and the 'Prorate' column has checkboxes with blue checkmarks. A red arrow points to the 'Issue Month' dropdown menu, which is open and showing 'August' selected. Another red arrow points to the 'Issue' column checkbox in the table.

Client ID	Client Name	Cat.	Food Package	BVT Date	Months	Issue	Prorate
303001024	[redacted]	IFF	IFF SIMILAC NEOSURE POWD (4-5 MOS)	10/5/2022	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[redacted]	[redacted]	IFF	[redacted]	8/5/2022	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[redacted]	[redacted]	C1	[redacted]	10/5/2017	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[redacted]	[redacted] J.	NPP	NPP MAX (LOWFAT MILK/YOGURT) 2020	11/5/2022	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Mid-Month Benefit Changes

Steps for Updating MI-WIC

4. Reissue future and current benefits (continued).
 - Select the Re-Issuance Reason, click Ok.
 - Select the appropriate amount of months to issue as outlined in [Policy 8.01 Benefit Issuance](#).
 - Issue benefits.



Mid-Month Benefit Changes

Steps for Updating MI-WIC

5. Check current benefits for over-issuance.
 - Go to Benefits Void and make sure that the re-issued formula and food benefits do not exceed the monthly maximums for the new packages assigned. Void down as needed.
 - Policy 7.04 [Maximum Food Package](#)
 - [IBP](#) formula maximums
 - [IFF](#) formula maximums

Benefits: <input checked="" type="radio"/> Current <input type="radio"/> Future Select All								
Start Date				End Date				
8/29/2022				9/28/2022				
Client				Benefit Issue Number				
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial	
GAL	Skim, 1/2% or 1% Milk	4	2	2	0	<input type="checkbox"/>		
HGL	Skim, 1/2%, 1% or Buttermilk	1	0	1	0	<input type="checkbox"/>		
LB	CHEESE (\$8.00 MAX PER LB.)	1	0.50	0.50	0	<input type="checkbox"/>		
DOZ	EGGS	1	1	0	0	<input type="checkbox"/>		
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	3	0	0	<input type="checkbox"/>		
OZ	CEREAL	36	36	0	0	<input type="checkbox"/>		
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	2	0	2	0	<input type="checkbox"/>		
LB	WHOLE GRAINS	1	1	0	0	<input type="checkbox"/>		
\$\$\$	FRUITS AND VEGETABLES	43	11.50	31.50	0	<input type="checkbox"/>		
OZ	Low Fat or Non Fat Yogurt	32	0	32	0	<input type="checkbox"/>		
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial	
GAL	Skim, 1/2% or 1% Milk	3	0	1	2	<input type="checkbox"/>		
HGL	Skim, 1/2%, 1% or Buttermilk	1	0	0	1	<input type="checkbox"/>		
LB	CHEESE (\$8.00 MAX PER LB.)	2	0	0	2	<input type="checkbox"/>		
DOZ	EGGS	2	0	1	1	<input type="checkbox"/>		
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	2	0	2	0	<input type="checkbox"/>		
OZ	CEREAL	36	0	36	0	<input type="checkbox"/>		
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	2	0	0	2	<input type="checkbox"/>		
OZ	FISH	20	0	0	20	<input type="checkbox"/>		
LB	WHOLE GRAINS	1	0	0	1	<input type="checkbox"/>		
\$\$\$	FRUITS AND VEGETABLES	47	0	0	47	<input type="checkbox"/>		
OZ	Low Fat or Non Fat Yogurt	32	0	0	32	<input type="checkbox"/>		

Example of PG > BE