

Breast/chestfeeding Food Packages

A guidance document for the breast/chestfeeding 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>	50
<u>PG Food Package Guidance</u>	4	<u>BE Scenarios</u>	63
<u>PG Scenarios</u>	7	<u>Multiples</u>	82
<u>NPP Food Package Guidance</u>	11	<u>Same Sex Couples</u>	95
<u>NPP Scenarios</u>	17	<u>Human Milk Donation</u>	100
<u>BP Food Package Guidance</u>	28	<u>Mid-Month Benefit Change</u>	106
<u>BP Scenarios</u>	34		

Food Package Policy Information

- For breast/chestfeeding dyads, the CPA must evaluate lactation 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



This Photo by Unknown Author is licensed under [CC BY-SA-NC](#)

PG Client

Standard food package= PG/BP Max

Formula Name:

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

Description
search ...
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN HALF GALLONS) 2020
PG/BP MAX (LOWFAT MILK IN HALF GALLONS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (2% RED FAT MILK IN HALF GALLONS) 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

1 - 10 of 32 records

1 2 3 4 Next

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	\$47 CVB (refer to A.3.) for pregnant clients \$52 CVB (refer to A.3.) for partially breastfeeding clients
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

Breast/chestfeeding infant *under* age 1

- System assigns risk [338.01](#) (Pregnant Client Currently Breastfeeding).
- Assign BE Max food package. (The pregnant client is eligible for the BE food package if they are breast/chestfeeding, regardless of the infant's category.)
- The CPA must manually change the BE Max food package End Date to the day before the infant turns one year old and assign the PG/BP Max food package.

Prenatal - PG:

Hx 1. Have you had any breast/chestfeeding/pumping experience?* ☒ Yes ☐ No

Hx 2. Are you currently breast/chestfeeding or expressing your milk?* ☒ Yes ☐ No

Hx 2a. Who?*

Formula Name:

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

Description
BE MAX (1# CHEESE) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN HALF GALLONS/YOGURT) OZ 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX OZ 2020
BE MAX (YOGURT) OZ 2020
BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN QUARTS) OZ 2020
BE MAX (MILK IN QUARTS/YOGURT) OZ 2020
BE MAX (INFANT CEREAL) OZ 2020

1 - 10 of 32 records

PG Client

Parent is breast/chestfeeding an infant *under* age 1, but infant needs more formula than IBP maximum.

Parent

Category: PG

Package: BE Max

* CPA must manually enter PG/BP Max food package after child's 1st birthday

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 human milk while pregnant.
- On the infant's BF Info screen, mark "Yes" to the question "Is this child currently being fed any human milk?" to capture BF statistics.

PG Client

Breast/chestfeeding child(ren) *over* age 1

- Risk code [338.01](#) (Pregnant Client Currently Breastfeeding) will be assigned.
- Assign PG/BP Max package.
(Food package is not impacted if the breast/chestfed child is over age 1.)

Prenatal - PG:

Hx 1. Have you had any breast/chestfeeding/pumping experience?* ☒ Yes ☐ No

Hx 2. Are you currently breast/chestfeeding or expressing your milk?* ☒ Yes ☐ No

Hx 2a. Who?*

Formula Name:

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

Description
search ...
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN HALF GALLONS) 2020
PG/BP MAX (LOWFAT MILK IN HALF GALLONS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (2% RED FAT MILK IN HALF GALLONS) 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

1 - 10 of 32 records

Non-Lactating Postpartum (NPP)

Food Package Guidance



This Photo by Unknown Author is licensed under [CC BY-SA](#)

NPP Client

Standard food package= NPP Max

Formula Name:

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

Description
search ...
NPP MAX (LOWFAT MILK) 2020
NPP MAX (LOWFAT MILK/YOGURT) 2020
NPP MAX (LOWFAT MILK IN HALF GALLONS/YOGURT) 2020
NPP MAX (LOWFAT MILK IN HALF GALLONS) 2020
NPP MAX (LOWFAT MILK/NO CHEESE) 2020
NPP MAX (2% RED FAT MILK IN HALF GALLONS) 2020
NPP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
NPP MAX (LOWFAT MILK IN QUARTS) 2020
NPP MAX (LOWFAT MILK IN QUARTS) 2020
NPP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020

1 - 10 of 38 records

1 2 3 4 Next

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	\$47 CVB (refer to A.3.)
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 February 1, 2025**

CONTRACT/STANDARD INFANT 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	
Class I Formulas	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	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 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)																		
Class II Formulas	Enfamil AR	12.9 oz can	Powd	91	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4
	Extensive HA	14.1 oz can	Powd	96	9	9	9	9	10	10	7	7	7	7	7	7	9	I, 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
		19.8 oz can	Powd	139	6	6	6	6	7	6	5	5	5	5	5	5	6	I, C1-C4
	Pepticate	13.2 oz can	Powd	86	10	10	10	10	11	11	8	8	8	8	8	8	10	I, 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
		2 fl oz bottle	RTF	2	408	408	408	408	444	444	312	312	312	312	312	312	455	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	
Class III Formulas	Alfamino Infant	14.1 oz can	Powd	94	9	9	9	9	10	10	7	7	7	7	7	7	9	I, C1
	Alfamino Junior	14.1 oz can	Powd	62	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	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	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Boost Kid Essentials 1.5 w/ Fiber	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Boost Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Compleat Pediatric	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Compleat Pediatric Organic Blends	10.1 fl oz pouch	RTF	10.1	-	-	-	-	-	-	-	-	-	-	-	-	90	C1-C4
	Compleat Pediatric Reduced Calorie	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Compleat Pediatric Standard 1.0	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4

	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	
Class III Formulas	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
	Enfaport	6 fl oz bottle	RTF	6	138	138	138	138	150	150	108	108	102	102	102	102	151	I, C1
	Ensure	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Ensure Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Fortini	4 fl oz carton	RTF	4	202	202	202	202	221	221	156	156	156	156	156	156	227	I, C1 (18 mo)
	Kate Farms Pediatric Blended Meals	250 ml pouch	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Kate Farms Pediatric Peptide 1.0	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Kate Farms Pediatric Peptide 1.5	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Kate Farms Pediatric Standard 1.2	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Kate Farms Standard 1.0	325 ml tetra prisma	RTF	11	-	-	-	-	-	-	-	-	-	-	-	-	82	W, C1-C4
	Neocate Infant	400 g (14.1 oz) can	Powd	97	9	9	8	8	10	9	7	7	7	7	7	7	9	I, C1
	Neocate Junior (w/ or w/out Prebiotics)	400 g (14.1 oz) can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	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, C1
	Neocate Syneo Junior	400 g (14.1 oz) can	Powd	62	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	Neocate Splash	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	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	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Pediasure with Fiber	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
	Puramino	14.1 oz can	Powd	99	9	8	8	8	9	9	7	7	7	7	7	7	9	I, C1
	Puramino Jr	14.1 oz can	Powd	66	-	-	-	-	-	-	-	-	-	-	-	-	13	C1-C4
	Similac Neosure	13.1 oz can	Powd	87	10	10	10	10	11	11	8	8	8	8	8	8	10	I, C1
		32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1
	Similac PM 60/40	14.1 oz (400 g) can	Powd	102	8	8	8	8	9	9	7	6	6	6	6	6	8	I, C1

Non-Lactating Postpartum (NPP)

Category and Package Assignment *Scenarios*

Assessing for NPP/IFF Status

IFF infants receiving any human milk (as documented in BF Info Question #2) should be categorically changed to IBP.

---brooke release test, iff te

BF Info **BF Assessment**

Hx 1. Was this child ever fed human milk, even colostrum?* ☒ Yes ☐ No ☐ Unknown/Refused

Hx 2. Is this child currently being fed any human milk?* ☒ Yes ☐ No

Hx 3. Has this child been fed anything other than human milk? (i.e., formula, water, infant cereal, etc.): ☒ Yes ☐ No

Hx 4. How old was this child when they were first fed something other than human milk? (i.e., formula, water, infant cereal, etc.):*

Months:* Weeks:* Days:*
Age:* 0 1 0 ☐ Unknown/Refused

Hx 5. How much and how often is this child being fed in a 24-hour period of time?*

Number of feeds at breast/chest: 1 # Times/24 hours

Bottles of human milk: 1 # Times/24 hours 3 # Ounces per feed

Bottles of formula: 8 # Times/24 hours 3 # Ounces per feed 24 Total Ounces Formula/24 Hours

Hx 6. How old was this child when they completely stopped breast/chestfeeding or being fed human milk?

Months Weeks Days
Age ☐ Unknown/Refused

Reason breast/chestfeeding ended

NPP Client

Parent stops breast/chestfeeding *prior to* 6 months

Parent

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 breast/chestfeeding *after* 6 months

Parent

Terminate

Infant

Category: IFF

Package: IFF

Rationale

Once notified, LA must terminate the parent as they are no longer eligible to participate after their IFF infant turns 6 months old.

NPP Client

Parent experienced a poor pregnancy outcome but is *exclusively* breast/chestfeeding an older infant from a previous pregnancy who is *under* age 1.

Parent

Category: NPP

Package: BE Max

* CPA must manually enter NPP food package
after child's 1st birthday

Older infant

Category: IBE

Package: IBE

Rationale

NPP clients who experienced a poor pregnancy or birth outcome (such as stillbirth or neonatal death) but are currently exclusively breast/chestfeeding their older IBE baby are eligible for the BE Max food package.

NPP Client

Parent experienced a poor pregnancy outcome but is *partially* breast/chestfeeding an older infant from a previous pregnancy who is *under* age 1.

Parent

Category: NPP

Package: BP Max

* CPA must manually enter NPP food package
after child's 1st birthday

Older infant

Category: IBP

Package: IBP

Rationale

NPP clients who experienced a poor pregnancy or birth outcome (such as stillbirth or neonatal death) but are currently partially breast/chestfeeding their older IBP baby are eligible for the BP food package.

NPP Client

How to terminate a parent & re-issue infant's benefits for a dyad who is no longer breast/chestfeeding

1. Select "No Longer Eligible" as Term Reason on Cert Action screen.
2. Void future 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.
3. Print Ineligibility Notice & Fair Hearing Notice for parent.
4. Change infant category from IBE/IBP to IFF.
5. Update BF Info screen in infant's record.
6. Select new IFF food package.
7. Re-issue benefits for infant.

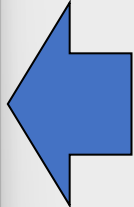
NPP Client

How to terminate a parent & re-issue infant's benefits for a dyad who is no longer breast/chestfeeding

1. Select term reason "No Longer Eligible".
2. System will calculate termination date 15 days from today.
3. Add a note (Ex: no longer breast/chestfeeding).

	Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
	IBP Infant BF Partially	11/25/2024	08/29/2025	Category Chan...			
	IFF Infant Formula Fed	11/22/2024	11/24/2024	Certification		11/26/2024	

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
EOD Category Change



AddRemove

30 Day Extension

Category ChangeSaveCancelNext

NPP Client

How to terminate a parent & re-issue infant's benefits for a dyad who is no longer breast/chestfeeding

Once terminated, any breastfeeding-related notes must be documented in the Breastfeeding Tab in the BF Notes section in the parent and/or infant's chart depending on your agency's process.

The screenshot displays the NPP Client software interface, specifically the 'Breastfeeding' tab. The header bar contains four tabs: 'Alert', 'Family', 'Client', and 'Breastfeeding', with the latter being the active tab. Below the header is a table with three columns: 'Date', 'Staff ID', and 'Breastfeeding Note'. The table is currently empty, showing '0 - 0 of 0 records'. At the bottom of the interface are five buttons: 'Add', 'Remove', 'Save', 'Cancel', and 'Close'.

Date	Staff ID	Breastfeeding Note
On...	search ...	search ...

0 - 0 of 0 records

Add Remove Save Cancel Close

NPP Client

Parent resumes breast/chestfeeding after the 6-month termination date

- When would this scenario be applicable?
 - During the Mid-certification Health Evaluation or lactation follow-up, a terminated parent indicates infant is still receiving human milk.
 - Infant is between 6 to 11 months of age.

NPP Client

Parent resumes breast/chestfeeding after the 6-month termination date

1. Call the MI-WIC Help Desk at 1-800-942-1636, Opt. #1 to reinstate.
2. Staff change parent category (BE/BP).
3. Change infant category to breast/chestfeeding (IBE/IBP).
4. Update BF Info screen in infant's record.
5. Assign packages.
 - Refer to [Ghost Package](#) guidance if infant needs a full formula package.
6. Re-issue benefits.

Breastfeeding Partial (BP)

Food Package Guidance



BP Client

Standard food package= PG/BP Max

Formula Name:

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

Description
search ...
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN HALF GALLONS) 2020
PG/BP MAX (LOWFAT MILK IN HALF GALLONS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (2% RED FAT MILK IN HALF GALLONS) 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

1 - 10 of 33 records

1 2 3 4 Next

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	\$47 CVB (refer to A.3.) for pregnant clients \$52 CVB (refer to A.3.) for partially breastfeeding clients
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		
	0-3 months	4-5 months	6-11 months
WIC formula	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			
	0-3 months	4-5 months	6-8 months	9-11 months
WIC formula	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 February 1, 2025**

CONTRACT/STANDARD INFANT 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	
Class I Formulas	Similac Advance	12.4 oz can	Powd	90	5	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
		32 fl oz bottle	RTF	32	12	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
		13 fl oz can	Conc	26	14	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4
	Similac Sensitive	12.5 oz can	Powd	90	5	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
		32 fl oz bottle	RTF	32	12	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
	Similac Soy Isomil	12.4 oz can	Powd	90	5	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
		32 fl oz bottle	RTF	32	12	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
		13 fl oz can	Conc	26	14	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4
	Similac Total Comfort	12.6 oz can	Powd	90	5	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
SPECIAL FORMULAS (Require Medical Documentation)																		
Class II Formulas	Enfamil AR	12.9 oz can	Powd	91	4	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
	Extensive HA	14.1 oz can	Powd	96	4	4	4	4	5	5	4	4	4	4	4	4	9	I, C1-C4
	Nutramigen	13 fl oz can	Conc	26	14	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4
		32 fl oz bottle	RTF	32	12	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	5	5	5	5	6	6	4	4	4	4	4	4	10	I, C1-C4
		19.8 oz can	Powd	139	3	3	3	3	4	3	3	3	2	2	2	2	6	I, C1-C4
	Pepticate	13.2 oz can	Powd	86	5	5	5	5	6	6	4	4	4	4	4	4	10	I, C1-C4
	Pregestimil	16 oz (1 lb) can	Powd	112	4	3	3	3	4	4	3	3	3	3	3	3	8	I, C1-C4
		2 fl oz bottle	RTF	2	186	186	186	186	222	222	156	156	156	156	156	156	455	I, C1-C4
	Similac Alimentum	12.1 oz can	Powd	87	5	5	5	5	6	6	4	4	4	4	4	4	10	I, C1-C4
		32 fl oz bottle	RTF	32	12	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
Class III Formulas	Alfamino Infant	14.1 oz can	Powd	94	4	4	4	4	5	5	4	4	4	4	4	4	9	I, C1
	Alfamino Junior	14.1 oz can	Powd	62	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	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	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Boost Kid Essentials 1.5 w/ Fiber	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Boost Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Compleat Pediatric	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Compleat Pediatric Organic Blends	10.1 fl oz pouch	RTF	10.1	-	-	-	-	-	-	-	-	-	-	-	-	90	C1-C4
	Compleat Pediatric Reduced Calorie	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Compleat Pediatric Standard 1.0	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4

	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	
Class III Formulas	Elecare Infant	14.1 oz can	Powd	95	4	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 Enficare	13.6 oz can	Powd	82	5	5	5	5	6	6	4	4	4	4	4	4	11	I, C1
	Enfaport	6 fl oz bottle	RTF	6	66	60	60	60	78	78	54	54	54	54	54	54	151	I, C1
	Ensure	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Ensure Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Fortini	4 fl oz carton	RTF	4	91	91	91	91	111	111	78	78	78	78	78	78	227	I, C1 (18 mo)
	Kate Farms Pediatric Blended Meals	250 ml pouch	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Kate Farms Pediatric Peptide 1.0	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Kate Farms Pediatric Peptide 1.5	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Kate Farms Pediatric Standard 1.2	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Kate Farms Standard 1.0	325 ml tetra prisma	RTF	11	-	-	-	-	-	-	-	-	-	-	-	-	82	W, C1-C4
	Neocate Infant	400 g (14.1 oz) can	Powd	97	4	4	4	4	5	5	4	4	3	3	3	3	9	I, C1
	Neocate Junior (w/ or w/out Prebiotics)	400 g (14.1 oz) can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	Neocate Syneo Infant	400 g (14.1 oz) can	Powd	95	4	4	4	4	5	5	4	4	4	4	4	4	9	I, C1
	Neocate Syneo Junior	400 g (14.1 oz) can	Powd	62	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	Neocate Splash	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	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	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Pediasure with Fiber	8 fl oz can	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
	Puramino	14.1 oz can	Powd	99	4	4	4	4	5	5	4	3	3	3	3	3	9	I, C1
	Puramino Jr	14.1 oz can	Powd	66	-	-	-	-	-	-	-	-	-	-	-	-	13	C1-C4
	Similac Neosure	13.1 oz can	Powd	87	5	5	5	5	6	6	4	4	4	4	4	4	10	I, C1
		32 fl oz bottle	RTF	32	12	12	12	12	14	14	10	10	10	10	10	10	28	I, C1
	Similac PM 60/40	14.1 oz (400 g) can	Powd	102	4	4	4	4	5	5	4	3	3	3	3	3	8	I, C1

Breastfeeding Partial (BP)

Category and Package Assignment *Scenarios*

BP Client

When IBP needs more formula than IBP maximum

- Question #5 on the Infant BF Info screen will help staff determine if and how much formula is needed.
- The infant should remain IBP until they are no longer fed human milk.

The screenshot shows the 'BF Info' tab of a form. Question #5, 'How much and how often is this child being fed in a 24-hour period of time?', is highlighted with a red border. The form includes fields for 'Number of feeds at breast/chest', 'Bottles of human milk', and 'Bottles of formula', each with a frequency and volume input. A 'Total Ounces Formula/24 Hours' field is also present. Other questions on the form include whether the child was ever fed human milk, is currently being fed human milk, and has been fed anything other than human milk.

BF Info

Hx 1. Was this child ever fed human milk, even colostrum? ☒ Yes ☐ No ☐ Unknown/Refused

Hx 2. Is this child currently being fed any human milk? ☒ Yes ☐ No

Hx 3. Has this child been fed anything other than human milk? (i.e., formula, water, infant cereal, etc.): ☒ Yes ☐ No

Hx 4. How old was this child when they were first fed something other than human milk? (i.e., formula, water, infant cereal, etc.):*

Months:* Weeks:* Days:*
Age:* 0 1 0 ☐ Unknown/Refused

Hx 5. How much and how often is this child being fed in a 24-hour period of time?*

Number of feeds at breast/chest: 1 # Times/24 hours

Bottles of human milk: 1 # Times/24 hours 3 # Ounces per feed

Bottles of formula: 8 # Times/24 hours 3 # Ounces per feed 24 Total Ounces Formula/24 Hours

Hx 6. How old was this child when they completely stopped breast/chestfeeding or being fed human milk?

Months Weeks Days
Age ☐ Unknown/Refused

Reason breast/chestfeeding ended

BP Client

Ghost Package



0-5 months

Parent

Category: BP

Package: NPP Max

Infant

Category: IBP

Package: IBP (tailor up to IFF maximum)

6-11 months (Ghost Package)

Parent

Category: BP

Package: IBE/IBP/IFF/NPP/BP (No Food Benefits)

Infant

Category: IBP

Package: IBP (tailor up to IFF maximum)

For information on Ghost Package when breast/chestfeeding multiples, click [here](#).

BP Client

Ghost Package

- Parent will remain certified (ineligible to receive food benefits) after 6 months postpartum.
- Why is the ghost package a benefit to clients?
 - Peers can continue scheduling call-backs for follow-up support.
 - Remains eligible for other WIC benefits such as nutrition education, community referrals and Produce Connection.
 - Remains eligible to receive breast pumps/supplies.
 - Parent may decide their infant needs less formula after introduction to solids and their package could be changed to the BP food package.

BP Client

Ghost Package

- Can infant's IBP package be “tailored up” 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 parents maintain milk production.
 - Lactation support and counseling should be provided to minimize infants receiving full formula packages.

BP Client

Ghost Package

Documentation:

- Under the parent and/or infant's BF Support tab, include documentation on lactation and formula use under BF Notes.
- Copy and paste these notes into the infant's BF 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 currently active and contains a Contact History table and a Breastfeeding Notes section.

Contact History Table:

Date*	Provider*	Provl... Init	Method*	Contact Made	Topic/No Contact*	Populate to NE	Call Back Date	Achieved Date	Eval	Link Child
08/09/20...	SAKPALM		Individual	☒	Breastfeeding: Basics	☐				heathcliff, linton (IBP)

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 WTC-330

Below the table, there are 'Add' and 'Remove' buttons for managing the notes.

BP Client

Ghost Package

Parent and infant must be linked on Infant's Client Information screen.

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

BP Client

Ghost Package: Package Change Steps

1. Leave clients as BP/ IBP categories.
2. Void current and future benefits for both parent and infant.
3. Change parent's food package *FIRST*.
4. Assign infant's food package.
5. Re-issue benefits:
 - Refer to [Mid-Month Benefit Changes](#) for benefit issuance guidance when changes occur mid-month.

BP Client

Ghost Package for Infants aged 0-5 months

Parent's food package screen:

1. Select "Show NPP packages" and press Search.
2. Assign NPP food package.

Standard Food Package Selection - Google Chrome

miwic-uat.state.mi.us/MIWICS/Clinic/WebForms/Intake/FoodPackage_StdDlg.aspx?fiFAllyRT...

Formula Name:

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

Description
NEW POSTPARTUM MAX (LOWFAT MILK)
NPP MAX (LOWFAT MILK IN HALF GALLONS) 2020
NPP MAX (LOWFAT MILK IN HALF GALLONS/YOGURT) 2020
NPP MAX (LOWFAT MILK/NO CHEESE) 2020
NPP MAX (2% RED FAT MILK IN HALF GALLONS) 2020
2024 FINAL RULE NPP MAX (LF MILK/YOGURT)
NPP MAX (LOWFAT MILK IN QUARTS) 2020
NPP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
NPP MAX (LOWFAT MILK/INFANT CEREAL) 2020
NPP MAX (LOWFAT MILK/INFANT FOODS)

1 - 10 of 36 records

Prev 1 2 3 4 Next

Display Ok Cancel

BP Client

Ghost Package for Infants aged 0-5 months

- Edit the BP client's NPP food package to 1 day before the infant is 6 months old.
- Assign the "Ghost Package" to cover remainder of client's cert period.

The screenshot displays the 'Michigan's Management Information for WIC' interface. On the left, the 'Active Record' sidebar shows client details for 'perry ghost, ghost package': Cat: BP (female), ID: 300 877 255, DOB: 1/1/2000, Age: 25 yrs, 2 mos, Cert: 03/05/25 - 01/14/26, Status: Certified. An orange arrow points from this sidebar to the main form. The main form has tabs for 'Current' and 'History'. Under 'Current', fields include 'Authorized Person' (Ghost Package Perry Ghost), 'Benefits Start Date', 'Pickup Int' (Three Mo), 'Client Name' (Perry Ghost, Ghost Package), 'Expected Infants' (0), 'Needs LA RD App' (checkbox), 'Needs State RD App' (checkbox), 'Certification Complete*' (checkbox), 'Completed By*' (BROOKE, PERRY), and 'Pickup Interval' (Thr). Below these is a table with columns: Description, Effect Date, End Date, Disable, Note, Created, and Last Modified. The table contains one row: 'NPP MAX (LOWFAT MILK IN HA...' with 'Effect Date' 3/5/2025 and 'End Date' 7/14/2026. An orange box highlights the 'End Date' field.

Description	Effect Date	End Date	Disable	Note	Created	Last Modified
NPP MAX (LOWFAT MILK IN HA...	3/5/2025	7/14/2026				

BP Client

Ghost Package for Infants aged 6-11 months

- Change parent's package *FIRST*.
- Parent is not eligible to receive food benefits.
- Filter default list for Benefits.
- Assign "IBE/IBP/IFF/NPP/BP (No Food Benefits)".

Standard Food Package Selection - Google Chrome

miwic-uat.state.mi.us/MIWICS/Clinic/WebForms/Intake/FoodPackage_StdDlg.aspx?fiFAlYRT...

Formula Name: Search

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

Description
IBE / IBP / IFF / NPP / BP (NO FOOD BENEFITS)

1 matching records

Display Ok Cancel

BP Client

Ghost Package for Infants aged 0-11 months

After assigning the BP client the NPP Package or “Ghost Package”:

- Customize the IBP food package up to the IFF maximum based on assessed need documented in BF Info Q5 How much and how often is this child being fed in a 24-hour period of time.
- The system will enforce all IFF maximums per each age range.

The IBP infant will NOT be assigned an IFF food package.

miwic-uat.state.mi.us says

Food Maximums:

→Standard Infant Formula PWD Exceeds the food maximum of quantity 9

OK

1 - 1 of 1 records

Formulary Search Remove Assign Cancel

	Description	Effect Date	End Date
	Custom - IBP STANDARD INFA...	3/5/2025	5/14/2025
	Custom - IBP STANDARD INFA...	5/15/2025	7/14/2025
	Custom - IBP STANDARD INFA...	7/15/2025	1/14/2026

BP Client

Infant is receiving human milk, but is *not* receiving WIC formula

Parent

Category Change: BP to BE

Package: BE Max

Infant

Category Change: IBP to IBE

Package: IBE

Rationale:

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

BP Client

Infant is receiving human milk, but is *not* receiving WIC formula

Infant's BF Info Screen:

- Formula feeding status can be captured here.

BF Info

BF Assessment

Hix 1. Was this child ever fed human milk, even colostrum? ☒ Yes ☐ No ☐ Unknown/Refused

Hix 2. Is this child currently being fed any human milk? ☒ Yes ☐ No

Hix 3. Has this child been fed anything other than human milk? (i.e., formula, water, infant cereal, etc.): ☒ Yes ☐ No

Hix 4. How old was this child when they were first fed something other than human milk? (i.e., formula, water, infant cereal, etc.):*

Months:* Weeks:* Days:*
Age:* ☐ Unknown/Refused

Hix 5. How much and how often is this child being fed in a 24-hour period of time?*

Number of feeds at breast/chest: # Times/24 hours

Bottles of human milk: # Times/24 hours # Ounces per feed

Bottles of formula: # Times/24 hours # Ounces per feed Total Ounces Formula/24 Hours

Hix 6. How old was this child when they completely stopped breast/chestfeeding or being fed human milk?

Months: Weeks: Days:
Age: ☐ Unknown/Refused

Reason breast/chestfeeding ended:

BP Client

Infant is receiving human milk, but is *not* receiving WIC formula

Documentation:

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

The screenshot displays the 'BP Client' interface with the 'BF Support' tab selected. The 'Contact History' table shows two entries for breastfeeding support. Below this, the 'Breastfeeding Notes' section is highlighted with a red box, showing a table with three entries of notes related to breastfeeding support.

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	☒	Breastfeeding: Com...	☐	09/02/2022		Needs Review	
08/09/20...	SAKPALM		Individual	☒	Breastfeeding: Basics	☐				heathcliff, linton (IBP)

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 breast/chestfeeding and is *not* receiving WIC formula

0-5 months

Parent

Category Change: BP to NPP

Package: NPP Max

Infant

Category Change: IBP to IFF

Package: IBE/IBP/IFF/NPP/BP (No Food Benefits)

Rationale:

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

Formula Name:

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

	Description
	ibe
>	IBE / IBP / IFF / NPP / BP (NO FOOD BENEFITS)

1 matching records

BP Client

IBP stops breast/chestfeeding and is *not* receiving WIC formula

6-11 months

Parent

Terminate. Refer to [parent stops breast/chestfeeding prior to 6 months](#) scenario.

Infant

Category Change: IBP to 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 human milk in order to be categorized as BE/ IBE and receive BE Max/ IBE packages.

Otherwise, parent is termed after 6 months postpartum.

The screenshot shows a software interface for searching formula packages. At the top, there is a 'Formula Name:' dropdown menu and a green 'Search' button. Below this, there are three checkboxes: 'Show all eligible food packages' (checked), 'Selected food packages only' (unchecked), and 'Show NPP Packages' (unchecked). A table with the header 'Description' displays two results. The first result is 'IBP/IFF (INFANT CEREAL, FRUIT/VEG ONLY)' highlighted in green. The second result is 'IBP/IFF CVB (INFANT CEREAL, FRUIT/VEG ONLY 9-11 MOS)' highlighted in yellow. At the bottom of the table, it says '2 matching records'. Navigation buttons include 'Prev', '1' (selected), 'Next', and a right arrow. At the very bottom, there are three buttons: 'Display' (orange), 'Ok' (blue), and 'Cancel' (orange).

Description
ibp
IBP/IFF (INFANT CEREAL, FRUIT/VEG ONLY)
IBP/IFF CVB (INFANT CEREAL, FRUIT/VEG ONLY 9-11 MOS)

Breastfeeding Exclusive (BE)

Food Package Guidance



BE Packages

Formula Name: Search

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

Description
search ...
BE MAX (1# CHEESE) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN HALF GALLONS/YOGURT) OZ 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX OZ 2020
BE MAX (YOGURT) OZ 2020
BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN QUARTS) OZ 2020
BE MAX (MILK IN QUARTS/YOGURT) OZ 2020
BE MAX (INFANT CEREAL) OZ 2020

1 - 10 of 31 records

1 2 3 4 Next

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	\$52 CVB (refer to A.3.)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 Oz 2020

Food Package:		BE MAX OZ 2020	
	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	36	OZ	CEREAL
	3	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	30	OZ	FISH
	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) Oz 2020 Package

Compared to BE Max Oz 2020 package:

- 1.5 gallons more milk
- 2 lbs. less cheese

Food Package: BE MAX (1# CHEESE) OZ 2020			
	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	36	OZ	CEREAL
	1	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	30	OZ	FISH
	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) Oz 2020

Food Package:		BE MAX (YOGURT) OZ 2020	
	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	36	OZ	CEREAL
	3	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	30	OZ	FISH
	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) Oz 2020 Package

Compared to BE Max (Yogurt) Oz 2020

- Half gallon more milk
- 1lb less cheese
- No change in yogurt amount

Food Package:		BE MAX (2# CHEESE/YOGURT) OZ 2020	
	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	36	OZ	CEREAL
	2	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	30	OZ	FISH
	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

BE Package

1.5 times the BE Max package

Available if the parent is exclusively breast/chestfeeding multiples less than one year old from the *same* pregnancy

Postpartum client is eligible to receive 1.5X BE Max food package because more than one infant from the same pregnancy is being exclusively fed human milk.

Formula Name:

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

Description
search ...
BE MAX (1# CHEESE) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN HALF GALLONS/YOGURT) OZ 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX OZ 2020
BE MAX (YOGURT) OZ 2020
BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN QUARTS) OZ 2020
BE MAX (MILK IN QUARTS/YOGURT) OZ 2020
BE MAX (INFANT CEREAL) OZ 2020

1 - 10 of 31 records

1 2 3 4 Next

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...

1/25/2025		2/24/2025				
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	78	
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	78	
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
5	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR, LB DRY, 15-16OZCNBEAN
45	OZ	FISH
2	LB	WHOLE GRAINS
78	\$\$\$	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
4	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR, LB DRY, 15-16OZCNBEAN
45	OZ	FISH
1	LB	WHOLE GRAINS
78	\$\$\$	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	\$78 CVB (refer to A.3.)	\$78 CVB (refer to A.3.)
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 infant 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

Formula Name:

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

Description
search ...
BE MAX (1# CHEESE) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN HALF GALLONS/YOGURT) OZ 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX OZ 2020
BE MAX (YOGURT) OZ 2020
BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN QUARTS) OZ 2020
BE MAX (MILK IN QUARTS/YOGURT) OZ 2020
BE MAX (INFANT CEREAL) OZ 2020

1 - 10 of 31 records

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

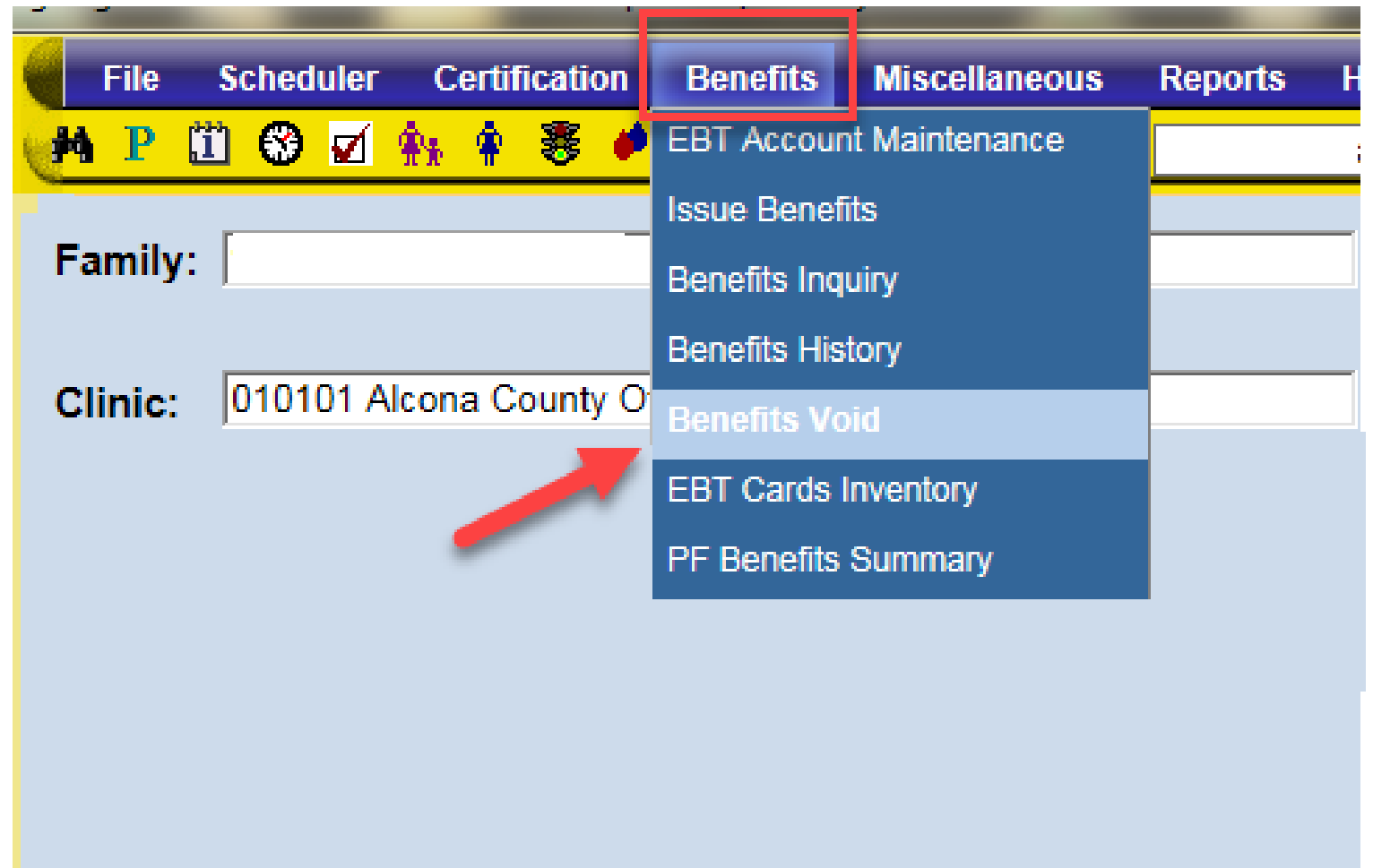
1. Void future benefits.
2. Change category of the parent to BP and assign food package.
3. Change category of the infant to IBP and assign food package.
 - Don't forget to update statistics on the BF Info screen.
4. Re-issue benefits.

(The following 15 slides show staff how to do each of these steps.)

BE Client

Parent would like formula: Voiding Benefits

Go to Benefits drop
down and select
“Benefits Void.”



BE Client

Parent would like formula: Voiding Benefits

Void ALL current &
future benefits

Benefits: ☐ Current ☒ Future Select All ☒

Start Date		End Date					
3/29/2025		4/28/2025					
Client		Benefit Issue Number					
000000000 – BE Parent							
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial
GAL	Skim, 1/2% or 1% Milk	5	0	0	5	☒	
LB	CHEESE (\$8.00 MAX PER LB.)	2	0	0	2	☒	
DOZ	EGGS	2	0	0	2	☒	
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	0	0	3	☒	
OZ	CEREAL	36	0	0	36	☒	
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	2	0	0	2	☒	
OZ	FISH	30	0	0	30	☒	
LB	WHOLE GRAINS	1	0	0	1	☒	
\$\$\$	FRUITS AND VEGETABLES	52	0	0	52	☒	
OZ	Low Fat or Non Fat Yogurt	32	0	0	32	☒	
000000000 – IBE Baby							
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial
OZ	INFANT CEREAL	24	0	0	24	☒	
JAR	4 oz INFANT FRUIT OR VEGETABLES	64	0	0	64	☒	
JAR	2.5 OZ INFANT MEATS	31	0	0	31	☒	

BE Client

Parent would like formula: Parent Category Change

- *Always* start with the parent.
- Go to parent's Cert Action screen and (1) select the "BE" category line, then (2) "Category Change."

The screenshot shows a software interface for managing a client's certification. At the top, there are input fields for 'Last Menstrual Period(LMP):', 'Expected Delivery Date(EDD)*:', and 'Actual Delivery Date(ADD)*:', all set to 9/10/2024. To the right, 'Present for Cert:' is checked, and 'Reason not present:' has a dropdown menu. Below these is a table with columns: Cat*, Cert Start*, Cert End*, Cert Reason*, Term Reason, Term Date, and Notes. The first row is highlighted in green and contains 'BE Woman BF Exclusively', '11/22/2024', '09/09/2025', and 'Certification'. A red box labeled '1' is around the selection checkbox for this row. At the bottom, there are buttons for 'Add', 'Remove', '30 Day Extension', and a 'Category Change' button which is highlighted with a red box and labeled '2'. Other buttons at the bottom are 'Save', 'Cancel', and 'Next'.

	Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
☒	BE Woman BF Exclusively	11/22/2024	09/09/2025	Certification			

Buttons: Add, Remove, 30 Day Extension, **Category Change**, Save, Cancel, Next

BE Client

Parent would like formula: Parent Category Change

Change BE to BP (from dropdown) and Save.

Current Category:

New Category: ▼

New Cert Start Date:

New Cert End Date:



BE Client

Parent would like formula: Parent Package Change

- Old food package(s) will be sent to history.
- Under parent's food prescription screen, select "Packages" and Save.

The screenshot displays the 'Parent Package Change' screen in the BE Client software. At the top, there is a section for 'Certification Complete*' with a checkbox checked, 'Completed By*' set to 'RAJAKUMAR, ILAKKIYA', and a 'Pickup Interval' dropdown set to 'Three Months'. Below this is a table with columns: Description, Effect Date, End Date, Disable, Note, and Created. The table is currently empty, displaying the message 'No Records Exist in Data Source'. To the right of the table, the 'Packages' button is highlighted with a red box, and below it are 'Remove' and 'Customize' buttons. At the bottom of the table area, there are buttons for 'Display' and 'Formulary', along with checkboxes for 'Approved' and 'Not Approved', and an 'Expiration Date' dropdown. The bottom of the screen features a navigation bar with buttons for 'Formula Calculator', 'Void Benefits', 'Save', 'Cancel', and 'Next'.

Description	Effect Date	End Date	Disable	Note	Created
No Records Exist in Data Source					

Buttons: Packages, Remove, Customize, Display, Formulary, Approved, Not Approved, Expiration Date, Formula Calculator, Void Benefits, Save, Cancel, Next

BE Client

Parent would like formula: Parent Package Change

- Select PG/BP Max package.
- 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

On infant's Cert Action screen, (1) select the "IBE" category line, then (2) "Category Change" and Save.

Present for Cert: ☒

Reason not present:

	Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
1	IBE Infant BF Exclusively	11/22/2024	09/09/2025	Certification			

1

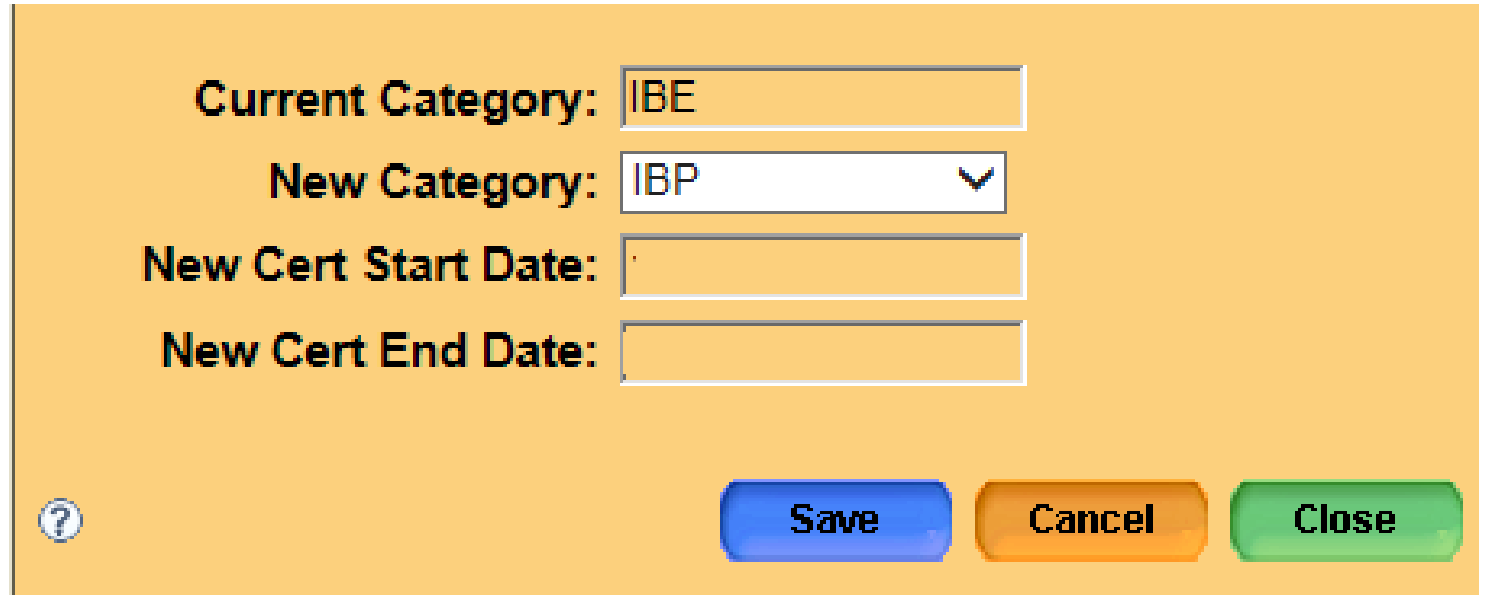
Add Remove 30 Day Extension

2 Category Change Save Cancel Next

BE Client

Parent would like formula: Infant Category Change

Change IBE to IBP (from dropdown) and Save.



A screenshot of a software interface for a 'BE Client'. The form has an orange background and contains the following fields and buttons:

- 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.
- Buttons:** At the bottom right, there are three buttons: 'Save' (blue), 'Cancel' (orange), and 'Close' (green).
- Help:** A small circular icon with a question mark is located at the bottom left of the form.

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 BF Info screen in infant's record

On BF Info tab, update statistics and Save.

The screenshot displays the 'BF Info' tab in a software interface. The tab is highlighted in orange. Below the tab, there are six numbered questions with corresponding input fields and checkboxes. Question 1 asks if the child was ever fed human milk, with 'Yes' checked. Question 2 asks if the child is currently being fed any human milk, with 'Yes' checked. Question 3 asks if the child has been fed anything other than human milk, with 'Yes' checked. Question 4 asks how old the child was when first fed something other than human milk, with 'Months' set to 0, 'Weeks' to 2, and 'Days' to 0. Question 5 asks how much and how often the child is being fed in a 24-hour period, with 'Number of feeds at breast/chest' set to 6, 'Bottles of human milk' set to 0, and 'Bottles of formula' set to 1. Question 6 asks how old the child was when they completely stopped breast/chestfeeding or being fed human milk, with 'Months' set to 0, 'Weeks' to 0, and 'Days' to 0. There is also a dropdown menu for 'Reason breast/chestfeeding ended'.

BF Info

1. Was this child ever fed human milk, even colostrum? ☒ Yes ☐ No ☐ Unknown/Refused

2. Is this child currently being fed any human milk? ☒ Yes ☐ No

3. Has this child been fed anything other than human milk? (i.e., formula, water, infant cereal, etc.): ☒ Yes ☐ No

4. How old was this child when they were first fed something other than human milk? (i.e., formula, water, infant cereal, etc.):*

Age:* Months:* Weeks:* Days:* ☐ Unknown/Refused

5. How much and how often is this child being fed in a 24-hour period of time?*

Number of feeds at breast/chest: # Times/24 hours

Bottles of human milk: # Times/24 hours # Ounces per feed

Bottles of formula: # Times/24 hours # Ounces per feed Total Ounces Formula/24 Hours

6. How old was this child when they completely stopped breast/chestfeeding or being fed human milk?

Age: Months: Weeks: Days: ☐ Unknown/Refused

Reason breast/chestfeeding ended:

BE Client

Parent would like formula: Infant Package Change

- Old food package will be sent to history.
- Under infant's food prescription screen, 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 content area is empty, displaying "No Records Exist in Data Source". To the right of the table, a vertical sidebar contains three buttons: "Packages" (highlighted with a red box), "Remove", and "Customize". At the bottom of the interface, there is a footer 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: Infant Package Change

Select the desired IBP package.

Formula Name:

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

Description
search ...
IBP STANDARD INFANT FORMULA PWD (0-0, 1-3, 4-5MOS)
IBP ENFAMIL AR PWD (0-3 MOS, 4-5 MOS)
IBP STANDARD INFANT FORMULA CONC (0-3, 4-5 MOS)
IBP STANDARD INFANT FORMULA RTF (0-3, 4-5 MOS)
IBP EXTENSIVE HA PWD (0-3, 4-5 MOS)
IBP NUTRAMIGEN PWD (0-3 MOS, 4-5 MOS)
IBP NUTRAMIGEN 19.8 OZ PWD (0-3, 4-4, 5-5 MOS)
IBP PEPTICATE PWD (0-3, 4-5 MOS)
IBP NUTRAMIGEN CONC (0-3 MOS, 4-5 MOS)
IBP SIMILAC ALIMENTUM PWD (0-3 MOS, 4-5 MOS)

1 - 10 of 23 records

BE Client

Parent would like formula: Infant Package Change

Customize each line generated by selecting “Customize.”

	Description	Effect Date	End Date	Disable	Note	Created	Last Modified	
▶	Custom - IBP STANDARD INFANT...	3/6/2025	3/30/2025	☐				Packages
	Custom - IBP STANDARD INFANT...	4/1/2025	6/30/2025	☐				Remove
	Custom - IBP STANDARD INFANT...	7/1/2025	8/31/2025	☐				Customize
	Custom - IBP STANDARD INFANT...	9/1/2025	2/27/2026	☐				

BE Client

Parent would like formula: Infant Package Change

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

Food Package: IBP STANDARD INFANT FORMULA PWD (0-0, 1-3, 4-5MOS)

	Quantity	Package Size	Description
	Equals.	search ...	search ...
	5	CAN	Similac Infant Formula PWD

1 - 1 of 1 records

Formulary Search Remove

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 current benefits

Parent

Category Change: BE to BP

Package: PG/BP Max

Issue future benefits only.

Infant

Category Change: IBE to IBP

Package: IBP (tailor to needs)

Issue current (prorated) and future benefits.

Rationale:

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

BE Client

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

Parent

Category Change: BE to 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 parent's current month's benefits.

Infant

Category Change: IBE to IBP

Package: IBP (tailor to needs)

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

Multiples

Category and Package Assignment *Scenarios*



PG Client

Expecting multiples

Parent

Category: PG

Package: BE Max

The screenshot shows a software interface for searching food packages. At the top, there is a 'Formula Name:' dropdown menu and a green 'Search' button. Below this, there are three checkboxes: 'Show all eligible food packages' (checked), 'Selected food packages only' (unchecked), and 'Show NPP Packages' (unchecked). The main area is a list of food packages, each with a checkbox on the left and a description on the right. The first row is highlighted with a red border and contains the text 'BE Max' in the description field. The list includes various milk and cereal options, all followed by 'OZ 2020'. At the bottom of the list, it says '32 matching records'. Navigation buttons include 'Prev', '1', '2', '3', '4', 'Next', and arrows. At the very bottom, there are three buttons: 'Display' (orange), 'Ok' (blue), and 'Cancel' (orange).

	Description
☒	BE Max
☐	BE MAX (EVAPORATED MILK) OZ 2020
☐	BE MAX (LACTOSE FREE MILK) OZ 2020
☐	BE MAX (LACTOSE FREE MILK) OZ 2020
☐	BE MAX (2% RED FAT LACTOSE FREE MILK) OZ 2020
☐	BE MAX (MILK IN HALF GALLONS/YOGURT) OZ 2020
☐	BE MAX (YOGURT) OZ 2020
☐	BE MAX (INFANT CEREAL) OZ 2020
☒	BE MAX OZ 2020
☐	BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020

PG Client

Exclusively breast/chestfeeding multiples *under* age 1

- System assigns risk [338.01](#) (Pregnant Client Currently Breastfeeding).
- Parent eligible for 1.5 times the BE Max food package.
- The CPA must manually change the BE Max food package End Date to the day before the infants turn one year old and assign the PG/BP Max food package.

Prenatal - PG:

Hx 1. Have you had any breast/chestfeeding/pumping experience?* ☒ Yes ☐ No

Hx 2. Are you currently breast/chestfeeding or expressing your milk?* ☒ Yes ☐ No

Hx 2a. Who?*

✓ Test, BabyA, IBE, 000000000, 05/20/2024, Certified

✓ Test, BabyB, IBE, 000000000, 05/20/2024, Certified

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

Formula Name	End Date
BE A NEW TEST PACKAGE	
BE MAX (1# CHEESE)	
BE MAX (EVAPORATED MILK)	
BE MAX (MILK IN HALF GALLONS)	
BE MAX (MILK IN HALF GALLONS)	
MRINAL'S TEST PACKAGE	
BE MAX (2# CHEESE/YOGURT)	
BE MAX OZ 2020	
BE MAX (YOGURT) OZ 2020	
BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020	

1 - 10 of 40 records

Prev 1 2 3 4 Next

Display Ok Cancel

Dialog - Google Chrome

miwic-uat.state.mi.us/MIWICS/Clinic/...

The Client is eligible to receive 1.5 times the BE food item maximums. Do you wish to assign these quantities?

Yes No

PG Client

Partially breast/chestfeeding multiples *under* age 1

- System assigns risk [338.01](#) (Pregnant Client Currently Breastfeeding).
- Assign BE Max food package. (The pregnant client is eligible for the BE food package if they are breast/chestfeeding, even if the infants are IBP.)
- The CPA must manually change the BE Max food package End Date to the day before the infants turn one year old and assign the PG/BP Max food package.

Prenatal - PG:

Hx 1. Have you had any breast/chestfeeding/pumping experience?* ☒ Yes ☐ No

Hx 2. Are you currently breast/chestfeeding or expressing your milk?* ☒ Yes ☐ No

Hx 2a. Who?*

- ✓ Test, BabyA, IBP, 000000000, 05/20/2024, Certified
- ✓ Test, BabyB, IBP, 000000000, 05/20/2024, Certified

Formula Name:

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

Description
BE MAX (1# CHEESE) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN HALF GALLONS/YOGURT) OZ 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX OZ 2020
BE MAX (YOGURT) OZ 2020
BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN QUARTS) OZ 2020
BE MAX (MILK IN QUARTS/YOGURT) OZ 2020
BE MAX (INFANT CEREAL) OZ 2020

1 - 10 of 32 records

BP Client

Partially breast/chestfeeding more than one infant from the *same* pregnancy (multiples)

Parent

- Category: BP
- Package: BE Max

Infant 1

- Category IBP
- Package: IBP

Infant 2

Category: IBP
Package: IBP

Rationale

Parent is eligible for BE food package because they are partially breastfeeding infant multiples.

BF Info

Postpartum - NPP/BE/BP:

6. Did you ever provide any human milk, even colostrum, to your baby?* ☒ Yes ☐ No

7. Are you currently breast/chestfeeding or expressing your milk?* ☒ Yes ☐ No

7a. Who?

BF Assessment

Formula Name:

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

Description
BE MAX (1# CHEESE) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN HALF GALLONS/YOGURT) OZ 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX OZ 2020
BE MAX (YOGURT) OZ 2020
BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN QUARTS) OZ 2020
BE MAX (MILK IN QUARTS/YOGURT) OZ 2020
BE MAX (INFANT CEREAL) OZ 2020

1 - 10 of 31 records

BP Client

Breast/chestfeeding more than one child from *different* pregnancies

- Assign PG/BP Max package.
- Lactation status does not affect package when breast/chestfeeding infants are from different pregnancies.

Postpartum - NPP/BE/BP:

Hx 6. Did you ever provide any human milk, even colostrum, to your baby?* ☒ Yes ☐ No

Hx 7. Are you currently breast/chestfeeding or expressing your milk?* ☒ Yes ☐ No

Hx 7a. Who?*

- ✓ Test, Baby, IBE, 000000000, 08/15/2024, Certified
- ✓ Test, Child, C1, 000000000, 05/15/2023, Certified

Formula Name:

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

Description
search ...
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN HALF GALLONS) 2020
PG/BP MAX (LOWFAT MILK IN HALF GALLONS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (2% RED FAT MILK IN HALF GALLONS) 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

1 - 10 of 33 records

1 2 3 4 Next

BP Client

Breast/chestfeeding multiples that need more formula than the IBP maximum (ghost package)

Parent

Food package depends on the age of the infants. Refer to [Ghost Package](#) scenario.

The screenshot shows the 'BF Assessment' tab in the BP Client software. It contains two questions with checkboxes for 'Yes' and 'No'. Question 6 asks if the parent ever provided human milk, and question 7 asks if they are currently breast/chestfeeding or expressing milk. Both are checked 'Yes'. Question 7a asks 'Who?' and has a dropdown menu with two selected options: 'Brooke Release Test, IBP Twin 2, IBP, 302214106, 11/01/2024, Certified, Brc' and 'Brooke Release Test, IBP Twin 1, IBP, 302214107, 11/01/2024, Certified, Brc'. A third option is partially visible: 'Brooke Release Test, IFF Test Q1, IFF, 302226410, 10/29/2024, Certified, Brc'.

The screenshot shows the 'Formula Selection' dialog box. It has a 'Formula Name' search field with a 'Search' button. Below the search field are three checkboxes: 'Show all eligible food packages' (unchecked), 'Selected food packages only' (unchecked), and 'Show NPP Packages' (checked). A table lists various formula packages with alternating green and yellow rows. The table has a 'Description' header and a search bar. The packages listed are:

Description
NPP MAX (LOWFAT MILK) 2020
NPP MAX (LOWFAT MILK/YOGURT) 2020
NPP MAX (LOWFAT MILK IN HALF GALLONS) 2020
NPP MAX (LOWFAT MILK IN HALF GALLONS/YOGURT) 2020
NPP MAX (LOWFAT MILK/NO CHEESE) 2020
NPP MAX (2% RED FAT MILK IN HALF GALLONS) 2020
NPP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
NPP MAX (LOWFAT MILK IN QUARTS) 2020
NPP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
NPP MAX (LOWFAT MILK/INFANT CEREAL) 2020

At the bottom, it says '1 - 10 of 36 records' and has navigation buttons: 'Prev', '1', '2', '3', '4', 'Next', and a right arrow. There are also 'Display', 'Ok', and 'Cancel' buttons at the bottom right.

BP Client

Breast/chestfeeding multiples that need more formula than the IBP maximum (ghost package)

Infants

Refer to [Ghost Package](#) scenario (applies to both infants).

The food package must be assigned for each infant according to what they *actually* need. If the infant needs a full formula package, and the parent is providing any amount of human milk, the ghost package scenario is the most appropriate.

The screenshot shows a software interface for selecting formula packages. At the top, there is a 'Formula Name:' dropdown menu and a green 'Search' button. Below this are three checkboxes: 'Show all eligible food packages' (checked), 'Selected food packages only', and 'Show NPP Packages'. The main area is a table with a 'Description' header. The table contains 11 rows of formula packages, alternating between green and yellow background colors. At the bottom of the table, it says '1 - 10 of 24 records'. Below the table are navigation buttons: 'Prev', '1' (selected), '2', '3', 'Next', and a right arrow. At the very bottom are three buttons: 'Display' (orange), 'Ok' (blue), and 'Cancel' (orange).

Description
IBP STANDARD INFANT FORMULA PWD (0-0, 1-3, 4-5MOS)
IBP ENFAMIL AR PWD (0-3 MOS, 4-5 MOS)
IBP STANDARD INFANT FORMULA CONC (0-3, 4-5 MOS)
IBP STANDARD INFANT FORMULA RTF (0-3, 4-5 MOS)
IBP EXTENSIVE HA PWD (0-3, 4-5 MOS)
IBP NUTRAMIGEN PWD (0-3 MOS, 4-5 MOS)
IBP NUTRAMIGEN 19.8 OZ PWD (0-3, 4-4, 5-5 MOS)
IBP PEPTICATE PWD (0-3, 4-5 MOS)
IBP NUTRAMIGEN CONC (0-3 MOS, 4-5 MOS)
IBP SIMILAC ALIMENTUM PWD (0-3 MOS, 4-5 MOS)

BP Client

Parent is breast/chestfeeding multiples. One partially and the other fully formula fed.

Parent

Category: BP

Package: BP Max

BF partial infant

Category: IBP

Package: IBP

Fully formula fed infant

Category: IFF

Package: IFF

Rationale:

As long as at least one of the infants is partially breast/chestfed (and receives up to the IBP max), parent is eligible to receive the BP Max package.

BE Client

Exclusively breast/chestfeeding more than one infant from the *same* pregnancy (multiples)

Assign BE Max package.

(System will assign 1.5 times the BE Max package.)

The screenshot displays a software interface with two main sections: 'BF Info' and 'BF Assessment'.

BF Info Section:

- Postpartum - NPP/BE/BP:**
- Hx 6. Did you ever provide any human milk, even colostrum, to your baby?*** ☒ Yes ☐ No
- Hx 7. Are you currently breast/chestfeeding or expressing your milk?*** ☒ Yes ☐ No
- Hx 7a. Who?***
- Test, BabyA, IBE, 000000000, 05/20/2024, Certified
- Test, BabyB, IBE, 000000000, 05/20/2024, Certified

BF Assessment Section:

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 p

BE Packages List:

BE A NEW TEST PACK
BE MAX (1# CHEESE)
BE MAX (EVAPORATED
BE MAX (MILK IN HAL
BE MAX (MILK IN HAL
MRINAL'S TEST PACKA
BE MAX (2# CHEESE/Y
BE MAX OZ 2020
BE MAX (YOGURT) OZ 2020
BE MAX (2% RED EAT MILK IN HALF GALLONS) OZ 2020

1 - 10 of 40 records

Dialog - Google Chrome:

miwic-uat.state.mi.us/MIWICS/Clinic/...

The Client is eligible to receive 1.5 times the BE food item maximums. Do you wish to assign these quantities?

Buttons: Display, Ok, Cancel

BE Client

Breast/chestfeeding more than one child from *different* pregnancies

- Assign BE Max package if at least one infant is IBE.
- The 1.5 x BE Max food package is only assigned when both infants are exclusively breast/chestfed and from the same pregnancy.

The screenshot shows the 'BF Info' tab with the following content:

Postpartum - NPP/BE/BP:

Hx 6. Did you ever provide any human milk, even colostrum, to your baby?* ☒ Yes ☐ No

Hx 7. Are you currently breast/chestfeeding or expressing your milk?* ☒ Yes ☐ No

Hx 7a. Who?*

Below the dropdown menu, there are two checked items:

- ✓ Test, Baby, IBE, 000000000, 05/20/2024, Certified
- ✓ Test, Child, C1, 000000000, 01/30/2023, Certified

The screenshot shows the food package selection interface. At the top, there is a 'Formula Name:' dropdown and a 'Search' button. Below this, there are three checkboxes: 'Show all eligible food packages', 'Selected food packages only', and 'Show NPP Packages'. The main area is a table with a 'Description' header and a search bar. The table contains the following items:

Description
BE MAX (1# CHEESE) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN HALF GALLONS/YOGURT) OZ 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX OZ 2020
BE MAX (YOGURT) OZ 2020
BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN QUARTS) OZ 2020
BE MAX (MILK IN QUARTS/YOGURT) OZ 2020
BE MAX (INFANT CEREAL) OZ 2020

At the bottom, there is a pagination bar showing '1 - 10 of 31 records' and navigation buttons: 'Prev', '1', '2', '3', '4', 'Next', and a right arrow. There are also 'Display', 'Ok', and 'Cancel' buttons at the bottom right.

BE Client

Parent is breast/chestfeeding multiples. One exclusively and the other partially.

Parent

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 breast/chestfed (does not receive formula from WIC), parent is eligible to receive the BE Max package.

The 1.5 x BE Max food package is only assigned when *both* infants are exclusively breast/chestfed and from the same pregnancy.

BE Client

Parent is breast/chestfeeding multiples. One exclusive and the other fully formula fed.

Parent

Category: BE

Package: BE Max

BF exclusive infant

Category: IBE

Package: IBE

Fully formula fed infant

Category: IFF

Package: IFF

Rationale:

As long as at least one of the infants is fully breast/chestfed (does not receive formula from WIC), parent is eligible to receive the BE Max package.

Same Sex Couples

Category and Package Assignment *Scenarios*



Same Sex Couples

Both birth parent and non-birth parent are partially breast/chestfeeding, so infant is exclusively breast/chestfed

Parent A

Category: BE

Package: BE Max

*This parent must be linked
with infant

Parent B

Category: NPP

Package: NPP Max

Infant

Category: IBE

Package: IBE

Rationale:

Only one parent (doesn't matter who) may be certified as breast/chestfeeding the infant. The other parent must be certified as NPP.

Same Sex Couples

Birth parent is not lactating. The non-birth parent is either breast/chestfeeding or attempting to start lactation.

Lactating Parent

Category: BE or BP

Package: BE Max or BP Max

*This parent must be linked with infant.

Birth Parent

Category: NPP

Package: NPP Max

Infant

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 breast/chestfeeding (up to 1 year).

Same Sex Couples

Both parents are non-birth parents. They are *both* partially breast/chestfeeding so their adopted infant can be exclusively breast/chestfed.

Parent A

Category: BE

Package: BE Max

*This parent must be linked with infant.

Parent B

Cannot be certified.

Infant

Category: IBE

Package: IBE

Rationale:

When neither parent is the birth parent, only one parent can be certified as breast/chestfeeding and eligible to receive benefits. The second parent cannot be certified based on the infant's feeding status.

Same Sex Couples

Both parents are non-birth parents. One is partially or exclusively breast/chestfeeding their adopted infant, the other is not lactating.

Parent A

Category: BE or BP

Package: BE Max or BP Max

*This parent must be linked with infant.

Parent B

Cannot be certified.

Infant

Category: IBE or IBP

Package: IBE or IBP

Rationale:

When neither parent is the birth parent, only one parent can be certified as breast/chestfeeding and eligible to receive benefits. The second parent cannot be certified based on the infant's feeding status.

Human Milk Donation

Parents who either donate or receive
pumped human milk



Human Milk Donation

Parent is not breast/chestfeeding, but infant is receiving donor milk exclusively

Parent

Category: NPP

Package: NPP Max

Infant

Category: IBE

Package: IBE

Rationale:

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

Human Milk Donation

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

Parent

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breast/chestfeeding their *own* infant who is also a WIC participant.

Human Milk Donation

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

Parent

Category: BE or BP

Package: BE Max or BP Max

*This parent must be linked with infant.

Infant (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 infant and both are WIC participants, the parent may be certified as breast/chestfeeding.

Human Milk Donation

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

Parent and Infant must be linked under the infant's Client Information screen.

The screenshot shows a web form with two main sections: "Client Information" and "Additional Information".

Client Information:

- Authorized Person:** Edge, PG
- Family ID:** 9345459
- Client ID:** 300 875 540
- Last Name*:** Edge
- First Name*:** IBP
- MI:** (empty)
- Birth Date*:** 6/15/2020
- Age:** 7 months, 2 weeks
- Gender*:** ☐ Male ☒ Female
- Medicaid Number:** (empty)
- ☐ Adjunct Eligibility ☒ Income Eligibility
- ☐ Foster Care
- ☒ Mother Not in Family
- Mother's ID:** 000 000 000

Additional Information:

- Proof of Identity*:** (dropdown menu)
- Proof of Pregnancy*:** Not Applicable
- Education Level*:** Not Applicable
- Marital Status*:** Not Applicable
- Reason for Ineligibility:** (dropdown menu)
- Physician:**
 - Name:** (empty)
 - Phone:** () --

At the bottom right, there are three buttons: "Save", "Cancel", and "Next".

Human Milk Donation

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

Parent

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breast/chestfeeding their own infant who is also a WIC participant.

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 lactation status or a change from PG to BE/NPP mid-benefit month

- The parent should be assigned the food package with the maximum amount of benefits available.
- The parent is eligible to receive the 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

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

The screenshot displays the MI-WIC software interface with a 'Category Change' dialog box open. The background interface includes a menu bar (File, Scheduler, Certification, Benefits, Miscellaneous, Reports, Help, Messages) and a toolbar. Below the menu bar, there are fields for 'Present for Cert:' (checked) and 'Reason not present:'. A table with columns 'Cat*', 'Cert Start*', 'Cert End*', 'Cert Reason*', 'Term Reason', and 'Term Date' is visible, containing one row: 'IBP Infant BF Partially', '08/17/2022', '07/31/2023', 'Certification'. The 'Category Change' dialog box is a yellow-orange window with the following fields: 'Current Category:' (IBP), 'New Category:' (IFF), 'New Cert Start Date:' (9/2/2022), and 'New Cert End Date:' (7/31/2023). It has 'Save' and 'Cancel' buttons at the bottom right. The main interface also has 'Add' and 'Remove' buttons at the bottom left.

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

Current Category: IBP

New Category: IFF

New Cert Start Date: 9/2/2022

New Cert End Date: 7/31/2023

Buttons: Save, Cancel

Mid-Month Benefit Changes

Steps for Updating MI-WIC

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.

Family: [REDACTED] Clinic: [REDACTED]

Benefits: ☐ Current ☒ Future

Start Date	End Date						
9/6/2022	10/5/2022						
Client	Benefit Issue Number						
[REDACTED]	1043832363						
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial
GAL	Skim, 1/2% or 1% Milk	3	0	0	3	☒	
LB	CHEESE (\$8.00 MAX PER LB.)	1	0	0	1	☒	
DOZ	EGGS	1	0	0	1	☒	
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	2	0	0	2	☒	
OZ	CEREAL	36	0	0	36	☒	
JAR	16-18oz Pwd/Bt; D; Dry; 15-16oz Cr/Bean	1	0	0	1	☒	
\$\$\$	FRUITS AND VEGETABLES	43	0	0	43	☒	
OZ	Low Fat or Non Fat Yogurt	32	0	0	32	☒	
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial
CAN	13.1oz PWD SIMILAC NEOSURE	11	0	0	11	☒	
Start Date	End Date						
10/6/2022	11/5/2022						
Client	Benefit Issue Number						
[REDACTED]	[REDACTED]						

Mid-Month Benefit Changes

Steps for Updating MI-WIC

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.

Standard Food Package Selection - Google Chrome

miwic-uat.state.mi.us:9443/MIWICT/Clinic/WebForms/Intake/FoodPackage_StdDlg.aspx?fiF...

Formula Name: Search

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

Description
IFF STANDARD INFANT FORMULA POWD (6-11 MOS)
IFF ENFAMIL AR PWD (6-11 MOS)
IFF STANDARD INFANT FORMULA POWD (6-8 MOS)
IFF ENFAMIL AR PWD (6-8 MOS)
IFF NUTRAMIGEN PWD (6-11 MOS)
IFF NUTRAMIGEN 19.8 OZ PWD (6-11 MOS)
IFF NUTRAMIGEN 19.8 OZ PWD (6-8 MOS)
IFF NUTRAMIGEN PWD (6-8 MOS)
IFF SIMILAC ALIMENTUM PWD (6-11 MOS)

1 - 10 of 46 records

Display Ok Cancel

Expiration Date:

Approved Not Approved

Packages Remove Customize

Mid-Month Benefit Changes

Steps for Updating MI-WIC

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.

Family: [Redacted]
Clinic: [Redacted]

Issue Month: **August** (selected)
Issue Year: 2022
Go

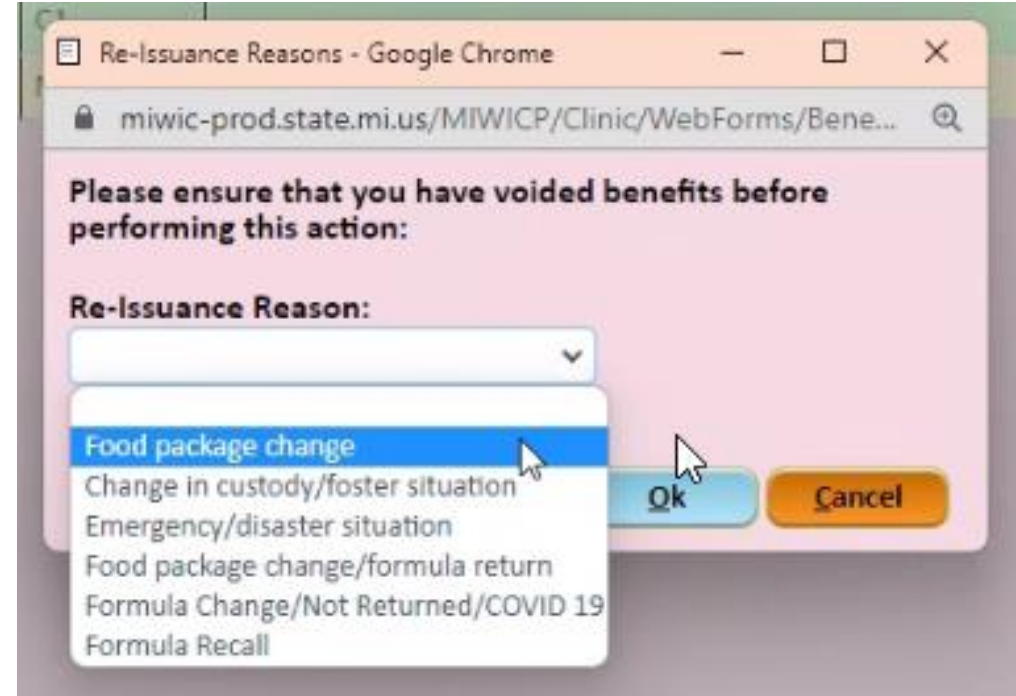
Client ID	Client Name	Cat.	Food Package	BVT Date	Months	Issue	Prorate
[Redacted]	[Redacted]	IFF	IFF SIMILAC NEOSURE POWD (4-5 MOS)	10/5/2022	3	☐	☒
[Redacted]	[Redacted]	IFF		8/5/2022	3	☐	☒
[Redacted]	[Redacted]	C1		10/5/2017	3	☐	☒
[Redacted]	[Redacted]	NPP	NPP MAX (LOWFAT MILK/YOGURT) 2020	11/5/2022	3	☐	☒

Mid-Month Benefit Changes

Steps for Updating MI-WIC

Reissue future and current benefits (continued):

- Select the Re-Issuance Reason, click Ok.
- Re-issue benefits according to [Policy 8.01 Benefit Issuance](#).



The screenshot shows a web browser window titled "Re-Issuance Reasons - Google Chrome". The address bar displays the URL "miwic-prod.state.mi.us/MIWICP/Clinic/WebForms/Bene...". The main content area has a pink background and contains the following text:

Please ensure that you have voided benefits before performing this action:

Re-Issuance Reason:

A dropdown menu is open, showing the following options:

- Food package change (highlighted with a blue background and a mouse cursor)
- Change in custody/foster situation
- Emergency/disaster situation
- Food package change/formula return
- Formula Change/Not Returned/COVID 19
- Formula Recall

To the right of the dropdown menu are two buttons: a blue "Ok" button and an orange "Cancel" button. A mouse cursor is also positioned over the "Ok" button.

Mid-Month Benefit Changes

Steps for Updating MI-WIC

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 as needed.

- Policy 7.04 [Maximum Food Package.](#)
- [IBP](#) formula maximums.
- [IFF](#) formula maximums.

Benefits: ☒ Current ☐ 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	☐	
	HGL	Skim, 1/2%, 1% or Buttermilk	1	0	1	0	☐	
	LB	CHEESE (\$8.00 MAX PER LB.)	1	0.50	0.50	0	☐	
	DOZ	EGGS	1	1	0	0	☐	
	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	3	0	0	☐	
	OZ	CEREAL	36	36	0	0	☐	
	JAR	16-18ozPhosDry, 15-16ozOnBean	2	0	2	0	☐	
	LB	WHOLE GRAINS	1	1	0	0	☐	
	\$\$\$	FRUITS AND VEGETABLES	43	11.50	31.50	0	☐	
	OZ	Low Fat or Non Fat Yogurt	32	0	32	0	☐	
▼								
	Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial
	GAL	Skim, 1/2% or 1% Milk	3	0	1	2	☐	
	HGL	Skim, 1/2%, 1% or Buttermilk	1	0	0	1	☐	
	LB	CHEESE (\$8.00 MAX PER LB.)	2	0	0	2	☐	
	▶ DOZ	EGGS	2	0	1	1	☐	
	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	2	0	2	0	☐	
	OZ	CEREAL	36	0	36	0	☐	
	JAR	16-18ozPhosDry, 15-16ozOnBean	2	0	0	2	☐	
	OZ	FISH	20	0	0	20	☐	
	LB	WHOLE GRAINS	1	0	0	1	☐	
	\$\$\$	FRUITS AND VEGETABLES	47	0	0	47	☐	
OZ	Low Fat or Non Fat Yogurt	32	0	0	32	☐		

Example of PG > BE