

# CT-WIC Enhancement of Extra Can Configuration

When Tailoring and Rounding UP Methodology  
calculation is needed

March 19, 2021

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# Objectives

- Review History of the maximum monthly issuance in CT Food Packages
- Review transition from Rounding Up Methodology calculation in all formulas to Monthly Issuance calculation to most formulas
- Review directives given to issue formulas
- Review CT-WIC enhancement
- Practice tailoring formulas in CT-WIC

## FNB (Full Nutrition Benefit) and MMA (Maximum Monthly Allowances)

Timeframes	Food Packages			
	Fully Formula FNB fl oz	MMA fl oz	Partially (mostly)Breastfed FNB fl oz	MMA fl oz
<b>0 to 1 month</b>			<b>104</b>	
<b>1 through 3 months</b>			<b>364</b>	<b>388 Concentrate 384 RTF 435 Powder</b>
<b>0 through 3 months</b>	<b>806</b>	<b>823 Concentrate 832 RTF 870 Powder</b>		
<b>4 to 5 months</b>	<b>884</b>	<b>896 Concentrate 913 RTF 960 Powder</b>	<b>442</b>	<b>460 Concentrate 474 RTF 522 Powder</b>
<b>6 to 11 months</b>	<b>624</b>	<b>630 Concentrate 643 RTF 696 Powder</b>	<b>312</b>	<b>315 Concentrate 338 RTF 384 Powder</b>

## Hx of Formula Issuance

- When SWIS system was changed to CT WIC programming same formula benefits were entered into CT-WIC.

# Numbered Memorandum 19 – 001

- Local agencies reported concerns that CT-WIC was not defaulting to the correctly.
- The nutritionists were provided with a guidance document developed to assist in checking the Maximum Monthly Allowances per month.
- The nutritionist were expected to end the food package and then add another food package for subsequent months to reflect the correct MMA.

This spreadsheet provides a breakdown of the Maximum Monthly Allowances (MMA) per Month for all participant categories (women, infants and children) and includes the most commonly issued supplemental and exempt infant formulas as well as medical foods\*.

Maximum Monthly Allowances per Month of Supplemental Infant Formula, Exempt Infant Formula, and Medical Food for Partially Breastfeeding and Fully Breastfeeding for Women and Children											
Name of formula	Reconstituted Oz.										
Similac Advance, Soy Isomil, Sensitive, For Spit-Up, Total Comfort / Powder	90										
Category	Age (months)	Period in months	FNB Reconst. oz./month	Average # Cans per month	# Cans spanning period	# Cans Month 1	# Cans Month 2	# Cans Month 3	# Cans Month 4	# Cans Month 5	# Cans Month 6
IBP (mostly BF)	0-1	1	78	0.867	1	1					
	1-3	3	364	4.044	13	5	4	4			
	4-5	2	442	4.911	10	5	5				
	6-11	6	312	3.467	21	4	4	4	3	3	3
IFF (full formula)	0-3	4	806	8.956	36	9	9	9	9		
	4-5	2	884	9.822	20	10	10				
	6-11	6	624	6.933	42	7	7	7	7	7	7
Woman/Child	n/a		910	10.111							



United States  
Department of  
Agriculture

Food and Nutrition  
Service

March 2018

# Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

## Food Package Policy and Guidance



# Numbered Memorandum WIC 20-017 – Formula Monthly Issuance Updates

In 2020, the State Nutrition Unit concluded that most formulas' issuance needed to be calculated using the

Monthly Issuance Method Calculation

Use only when needed

Rounding Up Methodology Calculation

This change helps to provide a consistent number of cans of formulas within the infant timeframes.



# FNB (Full Nutrition Benefit) and MMA (Maximum Monthly Allowances)

Timeframes	Food Packages			
	<b>Fully Formula</b>  <b>FNB fl oz</b>	<b>MMA fl oz</b>	<b>Partially (mostly) Breastfed</b>  <b>FNB fl oz</b>	<b>MMA fl oz</b>
<b>0 to 1 month</b>			<b>104</b>	
<b>1 through 3 months</b>			<b>364</b>	<b>388 Concentrate</b> <b>384 RTF</b> <b>435 Powder</b>
<b>0 through 3 months</b>	<b>806</b>	<b>823 Cocentrate</b> <b>832 RTF</b> <b>870 Powder</b>		
<b>4 to 5 months</b>	<b>884</b>	<b>896 Concentrate</b> <b>913 RTF</b> <b>960 Powder</b>	<b>442</b>	<b>460 Concentrate</b> <b>474 RTF</b> <b>522 Powder</b>
<b>6 to 11 months</b>	<b>624</b>	<b>630 Concentrate</b> <b>643 RTF</b>	<b>312</b>	<b>315 Concentrate</b> <b>338 RTF</b>

# Policy 400-13 Newly created in July 2020

**Connecticut WIC Program Manual**

**WIC 400-13**

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**SECTION: 400**

**SUBJECT: Formula Issuance Using Monthly Issuance and Rounding Up  
Methodology including issuance of specialized formulas in Food Package III for  
children and women not exceeding Maximum Monthly Allowance.**

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**Federal Regulation: 246.10**

# Policy 400-13

- CT State Agency will use MONTHLY ISSUANCE calculation as the first option
- Rounding up Methodology when the can size and its reconstitution in fluid ounces exceeds the MMA.

The *Monthly Issuance* calculation provides a steady amount of formula packages per timeframe (0-3 months, 4-5 months, 6-11 months).

For example, for Similac Alimentum Powder (12.1 oz can yields 87 reconstituted fluid ounces) the following Monthly Issuance food package changes occurred for Infant Fully Formula Fed (IFF) and Infant Breastfeeding Partially (IBP):

**Previous Issuance:**

Timeframes	0	1	2	3	4	5	6	7	8	9	10	11
FF	10	10	9	9	11	10	8	8	7	7	7	7
IBP	1	5	4	4	6	5	4	4	4	4	3	3

**New Issuance:**

Timeframes	0	1	2	3	4	5	6	7	8	9	10	11
FF	10	10	10	10	11	11	8	8	8	8	8	8
IBP	1	5	5	5	6	6	4	4	4	4	4	4

# Policy 400-13

## **Monthly Issuance**

Steps to calculate the monthly container issuance

1. Determine FNB as per infant's food package and feeding option (fully formula feeding or partially breastfeeding).
2. Divide FNB by the reconstitution yield of the product container.
3. Round up to the next whole container amount (e.g. 8.57 rounds up to 9 containers).
4. Multiply the whole container amount (Step 3) once again by the reconstitution yield of the container.
5. Compare the figure of step 4 with the Maximum Monthly Allowance for the formula form, infant's food package and feeding option to make sure does not exceed the maximum monthly allowance.

# Policy 400-13

**Rounding Up Methodology** -The State Office will use the rounding up methodology for a formula product when the reconstitution yield of an infant formula container is such that the FNB cannot be provided without exceeding the MMA. The FNB is determined over the timeframe (the number of months that the participant receives the food package). In any given month of the timeframe, the monthly issuance of reconstituted fluid ounces of infant formula may exceed the maximum monthly allowance or fall below the FNB; however, the cumulative average over the timeframe may not fall below the FNB.

Steps for rounding up methodology:

Step 1. Multiply the FNB by the number of months in food package as per infant category (IFF, IBP)

Step 2. Determine the yield (in reconstituted fluid ounces) per container of formula to be issued.

Step 3. Divide the total amount of formula to be issued (Step 1 calculation) by the yield or reconstituted fluid ounces (Step 2). The result is the number of containers to issue during the time frame.

Step 4. If the result (Step 3 calculation) is not a whole number, round up to the next whole same size container. (Example, 33.3 containers would round up to 34 containers)

Step 5. Distribute the total containers across the food package timeframe (number of months) as evenly as possible, with the most benefit provided in the beginning months of the food package timeframe (e.g. 9,9, 8, 8).

# Policy 400-13

## **Individual Tailoring of Infant Formulas**

The food packages for partially breastfeeding mothers and infants are designed to provide for the supplemental nutrition needs of the breastfeeding dyad, provide minimal formula supplementation to help mothers maintain milk supply and provide incentives for continued breastfeeding.

For partially breastfed infants, WIC staff are expected to individually tailor the amount of infant formula based on the assessed needs of the breastfeeding infant and provide the minimal amount of formula that meets but does not exceed the infant's nutritional needs (this amount will be less than the FNB).

**CT WIC Maximum Monthly Issuance of Standard Contract Formula and Specialized Formula in Cans/Bottles/Package Based on Formula Packages' Time Frames in Months (0-3 Months, 4-5 Months, 6-11 Months)^**

**POWDER FORM**

Formula Name/Can Size/ Reconstituted Ounces	Formula category	0	1	2	3	4	5	6	7	8	9	10	11
BCAD 1* **	Fully Formula	8	7	7	7	8	8	6	6	6	6	6	6
16 ounces makes 113 fl oz	Partial Formula	1	4	3	3	4	4	3	3	3	3	3	3
Calcilo XD	Fully Formula	9	9	9	9	10	10	7	7	7	7	7	7
13.2 ounces makes 96 fl oz	Partial Formula	1	4	4	4	5	5	4	4	4	4	4	4
Elecare	Fully Formula	9	9	9	9	10	10	7	7	7	7	7	7
14.1 ounces makes 95 fl oz	Partial Formula	1	4	4	4	5	5	4	4	4	4	4	4
Enfamil NeuroPro Enfacare	Fully Formula	10	10	10	10	11	11	8	8	8	8	8	8
12.8 ounces makes 82 fl oz	Partial Formula	1	5	5	5	6	6	4	4	4	4	4	4
GA* **	Fully Formula	8	7	7	7	8	8	6	6	6	6	6	6
16 ounces makes 113 fl oz	Partial Formula	1	4	3	3	4	4	3	3	3	3	3	3
GA-1 Anamix Early Years**	Fully Formula	9	9	9	9	10	10	7	7	7	7	7	7
14 ounces makes 90.5 fl oz	Partial Formula	1	5	4	4	5	5	4	4	4	4	4	4
HCU Anamix Early Years**	Fully Formula	9	9	9	9	10	10	7	7	7	7	7	7
14 ounces makes 90.5 fl oz	Partial Formula	1	5	4	4	5	5	4	4	4	4	4	4
HCY 1* **	Fully Formula	8	7	7	7	8	8	6	6	6	6	6	6
16 ounces makes 113 fl oz	Partial Formula	1	4	3	3	4	4	3	3	3	3	3	3
IVA Anamix Early Years**	Fully Formula	9	9	9	9	10	10	7	7	7	7	7	7
14 ounces makes 90.5 fl oz	Partial Formula	1	5	4	4	5	5	4	4	4	4	4	4
LMD* **	Fully Formula	8	7	7	7	8	8	6	6	6	6	6	6
16 ounces makes 113 fl oz	Partial Formula	1	4	3	3	4	4	3	3	3	3	3	3
MMA-PA Anamix Early Years**	Fully Formula	9	9	9	9	10	10	7	7	7	7	7	7
14 ounces makes 90.5 fl oz	Partial Formula	1	5	4	4	5	5	4	4	4	4	4	4
MSUD Anamix Early Years**	Fully Formula	9	9	9	9	10	10	7	7	7	7	7	7
14 ounces makes 90.5 fl oz	Partial Formula	1	5	4	4	5	5	4	4	4	4	4	4
Neocate Infant* **	Fully Formula	9	9	8	8	10	9	7	7	7	7	7	7
14.1 ounces makes 97 fl oz	Partial Formula	1	4	4	4	5	5	4	4	3	3	3	3
Nutramigen Enflora LGG	Fully Formula	10	10	10	10	11	11	8	8	8	8	8	8
12.6 ounces makes 87 fl oz	Partial Formula	1	5	5	5	6	6	4	4	4	4	4	4
OA 1* **	Fully Formula	8	7	7	7	8	8	6	6	6	6	6	6
16 ounces makes 113 fl oz	Partial Formula	1	4	3	3	4	4	3	3	3	3	3	3
Phenex-1	Fully Formula	9	9	9	9	10	10	7	7	7	7	7	7
14.1 ounces makes 96 fl oz	Partial Formula	1	4	4	4	5	5	4	4	4	4	4	4
Phenyl-free 1* **	Fully Formula	8	7	7	7	8	8	6	6	6	6	6	6



# Numbered Memorandum WIC 21-005

Rounding Up Methodology Formula Calculator Extra Can Configuration Enhancement.

To prevent the monthly issuance going over the Maximum Monthly Allowance.

Similac Advance (Maximums) <b>BEFORE THE ENHANCEMENT</b>												
Food Package	Time Frames (age in months)											
	0	1	2	3	4	5	6	7	8	9	10	11
Fully Formula (IFF and IBP Limited)	9	9	9	9	10	10	7	7	7	7	7	7
Partial Formula (IBP Mostly)	1	5	4	4	5	5	4	4	4	4	4	4

# Enhancement: Before and After

Similac Advance (Maximums) <b>ADJUSTED DUE TO ENHANCEMENT</b>												
Food Package	Time Frames (age in months)											
	0	1	2	3	4	5	6	7	8	9	10	11
Fully Formula (IFF and IBP Limited)	9	9	9	9	10	10	7	7	7	7	7	7
Partial Formula (IBP Mostly)	1	4	4	4	5	5	4	4	4	4	4	4

Food Package Maximum Changes

## Food Package: After the Enhancement

The default Prescription Max and default Quantity for Similac Advance 20 cal 12.4 oz can is now 4 cans.

This means that even though the Formula Maximum during Month 1 for an IBP 1-3 months is 5 cans, the food package will only default to 4 cans.

### Core Package - Infant, Mostly BF 1-3 months (FP I-B)

#### Flags

Medical Condition	Milk Allergy	Peanut Allergy	Kosher
Inadequate Storage	Egg Allergy	Soy Allergy	

#### Group Max Tally

MILK/CHEESE	▼
Maximum:	0
Allocated:	0
Remaining:	0

	Food Category	Prescription Min (Units)	Prescription Max (Units)	Food Item Selected	Quantity	Physical Fo...
	Infant Formula (IF)	0	4	Similac Advance powder 20 cal 12.4 oz can	4	CAN

# Powdered Formula Add-On

## Formula Details Pop-up

Powdered Formula Add-On Amount - Internet Explorer  
https://wicapp.3sigmasoftware.com/CTTEST/Clinic/WebForms/Intake/AddCanInfo.aspx

Formula Calculator | Powdered Formula Add-On Amount

\* Category: IBP Infant Bf  
\* Formula: Similac Advance powder 20 cal 12.4 oz can [Go]

Age In Months	Extra Can(s)
1	1

## Preview Functionality

Participants

Participant ID	Participant Name	BLT Date	BVT Date
300955370	MOUSE, MICKEY	3/17/2021	5/17/2021

Benefits

Start Date: 3/18/2021

Issue Month	Issue Year	Start Date	End Date
March	2021	3/18/2021	4/17/2021
April	2021	4/18/2021	5/17/2021

Quantity	Package Size	Food Item
5	CAN	Similac Advance powder 20 cal 12.4 oz can
4	CAN	Similac Advance powder 20 cal 12.4 oz can

Issue Benefits Cancel

FBL Signature Preview eWIC Benefits List Issue Benefits Cancel Next

Practice Food Package  
Assignment, NO Tailoring:  
IBP Mostly Breastfeeding

## Example #1

### Practice Food Package Assignment, NO Tailoring: IBP Mostly Breastfeeding

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When discussing the amount of formula that a 1-month-old IBP Mostly BF infant is fed, the Authorized Person provides the following information:

---

Breast milk 5 times per day at the following times:

9AM, 11AM, 1PM, 4PM, 6PM

---

Formula, Similac Advance, 3 ounces 5 times per day at the following times:

8PM, 10PM, 12AM, 3AM, 6AM

---

How much formula, in cans, will be needed at Month 1?

## Example #1

Practice Food  
Package  
Assignment,  
NO Tailoring:  
IBP Mostly  
Breastfeeding

---

Similac Advance Powder 1 can  
= 90 reconstituted fluid ounces

---

Infant drinks 15 ounces daily  
or 450 ounces per month.

---

**Will need 5 cans of formula.**

---

NOTE: At 1 month old, the  
maximum WIC provides for  
mostly breastfeeding is 5 cans

# #1: Check the Maximum Monthly Issuance Document

The 1-3 month food package has different maximum amounts:

Month 1 = 5 cans

Month 2 = 4 cans

Month 3 = 4 cans

**CT WIC Maximum Monthly Issuance of Standard Contract Formula and Specialized Formula in Cans/Bottles/Package Based on Formula Packages' Time Frames in Months (0-3 Months, 4-5 Months, 6-11 Months)^**

## POWDER FORM

Formula Name/Can Size/ Reconstituted Ounces	Formula category	0	1	2	3	4	5	6	7	8	9	10	11
Similac Advance**	Fully Formula	9	9	9	9	10	10	7	7	7	7	7	7
12.4 ounces makes 90 fl oz	Partial Formula	1	5	4	4	5	5	4	4	4	4	4	4



## #2: Check the Powdered Formula Add-On Amount Pop-up on the Food Prescription Screen

- Select a Category
- Select a Formula
- Click Go
- \*When an extra can is added, it will be displayed here.
- This shows that for an IBP Mostly, 1 Extra Can will be added at **ISSUANCE (NOT the Food Package)** when the infant is 1 month old.

The screenshot shows a web browser window with the URL <http://dph-ap083/>. The page title is "Powdered Formula Add-On Amount - Interne...". The main content area is titled "Formula Calculator" and "Powdered Formula Add-On Amount".

Fields for selection:

- \* Category: IBP Infant Bf (dropdown menu)
- \* Formula: Similac Advance powder 20 cal 12.4 oz can (dropdown menu)

A green "Go" button is located to the right of the Formula field.

Age In Months	Extra Can(s)
1	1

At the bottom right, there is a "Cancel" button. At the bottom center, there is a "Formula Details" button, which is highlighted with a red box. To its right are "Void Benefits" and "Save" buttons. A search icon and "100%" zoom level are visible in the bottom right corner.

# #3 Check the Food Package Quantity

- Default Quantity for an IBP Mostly BF 1-3 months = 4 cans
- This quantity can be tailored down based on BF assessment!
- Remember: For the 1-3 month period, take into consideration the 1 Extra Can that will be issued for Month 1.

The screenshot shows a software interface for managing food packages. At the top, a table lists two packages:

Description	Effect Date	End Date	Exp. Date	Disable	Note	Create
Infant, Mostly BF 0 months (FP I-A)	2/18/2021	3/14/2021		<input type="checkbox"/>		BEAULIEUP
Infant, Mostly BF 1-3 months (FP I-B)	3/15/2021	6/14/2021		<input type="checkbox"/>		BEAULIEUP

Below this is a browser address bar showing the URL: <http://dph-ap083/?fiFAlyRDZnBwSWQ9MCZQYWNrYWdISWQ9U1MwNDE1NzYmRGVzY3JpcHRpb249S...>

The main content area displays the details for the selected package: "Core Package - Infant, Mostly BF 1-3 months (FP I-B)".

**Flags:** Medical Condition (Milk Allergy, Peanut Allergy, Kosher), Inadequate Storage (Egg Allergy, Soy Allergy).

**Group Max Tally:** MILK/CHEESE (Maximum: 0, Allocated: 0, Remaining: 0).

At the bottom, a table shows the food items included in the package:

Food Category	Prescription Min (Units)	Prescription Max (Units)	Food Item Selected	Quantity	Physical Fo...
Infant Formula (IF)	0	4	Similac Advance powder 20 cal 12.4 oz can	4	CAN

## #4 Add the Food Package

This table shows how many cans will be issued to the infant when the assigned food package quantity is NOT customized or tailored down.

- **Even though 4 cans are assigned in Month 1 the infant will have 5 cans issued at the time of issuance due to the Extra Can added.**
- **The Extra Can added functionality is system generated.**
- **Staff cannot add extra cans of formula on the Issue Benefits screen.**

Age (in months)	Food Package Assigned Quantity # Cans	Extra Can? If yes, how many?	Issued Amount # Cans
1	4	1	5
2	4	NO	4
3	4	NO	4

# #5 Preview the Food Package (Before Issuing)

**Participants**

Participant ID	Participant Name	BLT Date	BVT Date
300955370	MOUSE, MICKEY	4/17/2021	6/17/2021

**Benefits**

Family  Participant  Start Date: 3/18/2021

Issue Month	Issue Year	Start Date	End Date
March	2021	3/18/2021	4/17/2021
April	2021	4/18/2021	5/17/2021
May	2021	5/18/2021	6/17/2021

Quantity	Package Size	Food Item
5	CAN	Similac Advance powder 20 cal 12.4 oz can
4	CAN	Similac Advance powder 20 cal 12.4 oz can
4	CAN	Similac Advance powder 20 cal 12.4 oz can

Issue Benefits Cancel

FBL Signature **Preview** eWIC Benefits List Issue Benefits Cancel Next

Use the Preview functionality. If there is a mistake, you can fix it before you issue benefits.

## NOTE:

If 5 cans of formula needs to be assigned and issued at Months 2 and 3, a Category Change from Mostly to Limited BF must be done prior to Months 2 and 3 being assigned and issued.

# Changing the End Date on a Food Package

Example:  
Category Change and  
Changing the End Date on  
a Food Package

DOB: 2/15/21

2 months old on 4/15/21

**End the Month 1 Food Package the day before the baby turns  
2 months old: 4/14/21**

**Selected Record**

MOUSE, MICKEY  
Cat: IBP (female)  
ID: 300 955 370  
**DOB: 2/15/2021**  
Age: 1 mos, 3 days  
Cert: 02/18/21 - 02/14/22  
BVT: 3/17/2021  
Status: Active

Scheduling Tasks  
Guided Script  
Family Info.\*  
Participant Info.\*

**Current** | **History**

\* Certification Complete \* Completed By: \_\_\_\_\_

Benefits Start Date: 2/18/2021 | Frequency: 3 |  Assign 4-5 mo Pkg |  Assign BE Pkg  
 Assign BE Multiples Pkg |  No Formula

Flags:  Prescription Formula |  Contract  
Medical Condition: Inadequate Storage | Milk Allergy: Egg Allergy | Peanut Allergy: Soy Allergy | Kosher

Description	Effect Date	End Date	Exp. Date	Disable	Note
Infant, Mostly BF 0 months (FP I-A)	2/18/2021	3/14/2021		<input type="checkbox"/>	
▶ Custom - Infant, Mostly BF 1-3 months (...)	3/15/2021	6/14/2021		<input type="checkbox"/>	

## Example: Category Change and Changing the Food Package End Date

1. Complete Category Change on BF Status Change Pop-up – change BF Frequency from Mostly to Limited.
2. On the Food Prescription screen, change the End Date of the “Custom – Infant, Mostly BF 1-3 months...” food package to 4/14/21.
3. Add a new food package row to cover Months 2 and 3.
4. Change the Quantity from 9 to 5 cans.

Description	Effect Date	End Date	Exp. Date	Disable	Note	Create
Infant, Mostly BF 0 months (FP I-A)	2/18/2021	3/14/2021		<input type="checkbox"/>		BEAULIEUP
Custom - Infant, Mostly BF 1-3 months (...)	3/15/2021	4/14/2021		<input type="checkbox"/>		BEAULIEUP
Infant, Limited BF 0-3 months (FP I-A)	4/15/2021	6/14/2021		<input type="checkbox"/>		BEAULIEUP

http://dph-ap083/?fiFAlyRDZnBwSWQ9MCZQYWNrYWdISWQ9U1MwNDE1NzkmRGVzY3JpcHRpb249S...

Core Package - Infant, Limited BF 0-3 months (FP I-A)

Flags

Medical Condition: Milk Allergy, Peanut Allergy, Kosher

Inadequate Storage: Egg Allergy, Soy Allergy

Group Max Tally

MILK/CHEESE

Maximum: 0

Allocated: 0

Remaining: 0

Food Category	Prescription Min (Units)	Prescription Max (Units)	Food Item Selected	Quantity	Physical Fo...
Infant Formula (IF)	0	9	Similac Advance powder 20 cal 12.4 oz can	5	CAN

# Tailoring Formula: Partial Breastfeeding Infant

- Local agency staff should not rely on CT-WIC to assign formula quantity for partially breastfeeding infants.
- Tailoring **MUST** be done for **ALL** partially breastfeeding infants after an assessment of breastfeeding and formula intake is completed.
- Even though there is a maximum for the partially breastfeeding categories, food package tailoring will depend on the frequency of breastfeeding.
- The calculation of the amount of formula the infant consumes will determine the number of cans issued to the participant, **which can be lower than the Full Nutrition Benefit (FNB)**.



Practice Food Package  
Assignment, Tailoring Formula:  
IBP Mostly Breastfeeding

**Practice  
*Tailoring*  
Formula:  
IBP Mostly  
Breastfeeding**

---

When discussing the amount of formula that a 1 month old IBP Mostly BF infant is fed, the Authorized Person provides the following information:

---

Breast milk 5 times per day at the following times:

6AM, 9AM, 12PM, 4PM, 8PM

---

Similac Advance 3 ounces 3 times per day at the following times:

10 PM, 12AM, 3AM

---

How much formula in cans will need for one month?

Practice  
*Tailoring*  
Formula:  
IBP Mostly  
Breastfeeding

---

Similac Advance Powder 1 can  
= 90 reconstituted fluid ounces

---

Infant drinks 9 ounces daily or  
270 ounces per month.

---

**Will need 3 cans of formula.**

---

NOTE: At 1 month old, the  
maximum WIC provides for  
mostly breastfeeding is 5 cans

# #1

## Check the Food Package Quantity

- Default Quantity for an IBP Mostly BF 1-3 months = 4 cans
  - This quantity can be tailored down based on BF assessment.
- NOTE: Since the food package will be tailored down for the 1-3 month period, the 1 Extra Can does not apply in this case.

Description	Effect Date	End Date	Exp. Date	Disable	Note	Create
Infant, Mostly BF 0 months (FP I-A)	2/18/2021	3/14/2021		<input type="checkbox"/>		BEAULIEUP
Infant, Mostly BF 1-3 months (FP I-B)	3/15/2021	6/14/2021		<input type="checkbox"/>		BEAULIEUP

http://dph-ap083/?fiFAlyRDZnBwSWQ9MCZQYWNrYWdISWQ9U1MwNDE1NzYmRGVzY3JpcHRpb249S...

**Core Package - Infant, Mostly BF 1-3 months (FP I-B)**

Flags

Medical Condition	Milk Allergy	Peanut Allergy	Kosher
Inadequate Storage	Egg Allergy	Soy Allergy	

Group Max Tally

MILK/CHEESE

Maximum: 0

Allocated: 0

Remaining: 0

Food Category	Prescription Min (Units)	Prescription Max (Units)	Food Item Selected	Quantity	Physical Fo...
Infant Formula (IF)	0	4	Similac Advance powder 20 cal 12.4 oz can	4	CAN

## #2

### Add the Food Package

This table shows how many cans will be issued to the infant when the assigned food package quantity IS customized or tailored down.

**The Extra Can added functionality will NOT apply when tailoring down.**

Age (in months)	Food Package Assigned Quantity # Cans	Extra Can? If yes, how many?	Issued Amount # Cans
1	3	NO	3
2	3	NO	3
3	3	NO	3

## #2, cont. Change the Food Package Quantity

- Change the Quantity to 3
- \*This functionality is not different

Core Package - Infant, Mostly BF 1-3 months (FP I-B)

Flags

Medical Condition	Milk Allergy	Peanut Allergy	Kosher
Inadequate Storage	Egg Allergy	Soy Allergy	

Group Max Tally

MILK/CHEESE	▼
Maximum:	0
Allocated:	0
Remaining:	0

	Food Category	Prescription Min (Units)	Prescription Max (Units)	Food Item Selected	Quantity	Physical Fo...
▶	Infant Formula (IF)	0	4	Similac Advance powder 20 cal 12.4 oz can	3	CAN

Participant ID	Participant Name	BLT Date	BVT Date
300955370	MOUSE, MICKEY	4/17/2021	6/17/2021

**Benefits**

Family
  Participant
 Start Date:

Issue Month	Issue Year	Start Date	End Date
▼ March	2021	3/18/2021	4/17/2021
<b>Quantity</b>	<b>Package Size</b>	<b>Food Item</b>	
3	CAN	Similac Advance powder 20 cal 12.4 oz can	
▼ April	2021	4/18/2021	5/17/2021
<b>Quantity</b>	<b>Package Size</b>	<b>Food Item</b>	
3	CAN	Similac Advance powder 20 cal 12.4 oz can	
▼ May	2021	5/18/2021	6/17/2021
<b>Quantity</b>	<b>Package Size</b>	<b>Food Item</b>	
3	CAN	Similac Advance powder 20 cal 12.4 oz can	

#3 Preview the Food Package (Before Issuing)

What happens when 4 cans  
is needed at Month 1 for an  
IBP Mostly Breastfeeding?



# Ex. 4 Cans Similac Advance needed at Month 1

## Option #1

If you leave the Assigned Quantity at 4 cans, the system will automatically add 5 cans at benefit issuance.

## Option #2

If you tailor Month 1 down to 3 cans, the system does not add the extra can at issuance.

Age (in months)	Food Package Assigned Quantity # Cans	Extra Can? If yes, how many?	Issued Amount # Cans
1	4	1	5
2	4	NO	4
3	4	NO	4

# Solution: Option #1

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Leave the Assigned Quantity at 4 cans

---

1 Extra Can will be added at benefit issuance

---

A total of 5 cans will be issued to the participant

---

**Solution: Void the 1 extra can and document**

# Reminders on Partially Voiding Current Benefits for Tailoring as a Last Resort

1

Partially voiding  
Current benefits  
can occur

2

Keep in mind  
that you **CANNOT**  
partially void  
Future benefits

3

**ALWAYS**  
document when:  
Voiding benefits



## **Policy:**

The State Agency will use monthly issuance as the first option and then rounding up methodology (when the can size is such that it will exceed the MMA) to provide the FNB without exceeding the monthly allowance for WIC formulas authorized on the Connecticut Food Guide.

However, WIC staff are expected to individually tailor the amount of infant formula based on the assessed needs of the breastfeeding infant and provide the minimal amount of formula that meets but does not exceed the infant's nutritional needs (this amount will be less than the FNB).