

**Subject: Therapeutic Formula and WIC-Eligible Nutritionals****Item: Coordinating with Medi-Cal**

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**PURPOSE:**

To provide requirements for referring WIC participants to Medi-Cal for the provision of prescribed therapeutic formula (TF) and WIC-eligible nutritionals (WEN). Medi-Cal is the primary payer for TF and WEN for WIC participants who are also Medi-Cal beneficiaries.

**POLICY:**

- I. Local agency (LA) staff must provide TF/WEN in the following situations when the participant:
  - A. Does not have healthcare coverage.
  - B. Has private or military insurance.
  - C. Has pending application for Medi-Cal health coverage.
  - D. Is required to pay a share of cost to Medi-Cal.
  - E. Is waiting for Medi-Cal to process coverage for TF/WEN.
  - F. Is denied TF/WEN coverage or only partially covered by Medi-Cal.
  - G. Has been prescribed standard non-contract formula that can be issued on the WIC Card as TF.
- II. Before providing the prescribed TF/WEN, LA staff must verify that the participant has valid medical documentation and meets all the requirements for TF/WEN issuance. Refer to WPPM 390-10 and WPPM 330-10.
- III. If the participant does not have health coverage, the LA must refer the participant to Medi-Cal and must issue the prescribed TF/WEN while the Medi-Cal application is being processed.
- IV. LA staff must inform participants that they cannot receive TF/WEN from both Medi-Cal and WIC, with the exception being if Medi-Cal provides less than the WIC federal maximum monthly amount. Refer to Formula Job Aid with WIC Card Benefits.

**PROCEDURES:**

- I. Referral to Medi-Cal for Health Care Coverage
  - A. If the participant does not have healthcare coverage, LA staff must:
    1. Refer the participant to apply for Medi-Cal. Refer to WPPM 700-02.

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2. Issue the prescribed TF/WEN for up to two months if all food benefit issuance requirements are met. LA staff may double-issue food benefits if appropriate. Refer to WPPM 390-10 and 330-10.
  3. If healthcare coverage with Medi-Cal has not been established after two months, LA staff must:
    - a. Document this information in the WIC Web Information System Exchange (WIC WISE) "General Notes".
    - b. Single-issue the TF/WEN until the participant's Medi-Cal status is determined.
    - c. Request updates on the status of the participant's Medi-Cal application at each appointment.
  4. If Medi-Cal denies healthcare coverage for the participant, LA staff must:
    - a. Document the denial in WIC WISE "General Notes".
    - b. Continue to issue the prescribed TF/WEN to the participant as long as all food benefit issuance requirements are met. LA staff may double or triple-issue benefits if appropriate.
  5. If Medi-Cal approves healthcare coverage for the participant and the participant does not have to pay a share of cost, LA staff must:
    - a. Document the approval in WIC WISE "General Notes".
    - b. Direct the participant to coordinate with their HCP/pharmacy to request the prescribed TF/WEN from Medi-Cal.
    - c. Single-issue the TF/WEN while waiting for Medi-Cal to initiate coverage of the TF/WEN.
- II. Referral to Medi-Cal for TF and WEN Coverage
- A. If the participant is a Medi-Cal beneficiary, LA staff must ask the participant if they are required to pay a share of cost to Medi-Cal.
    1. If yes, LA staff must issue the prescribed TF/WEN to the participant. No coordination with Medi-Cal for TF/WEN coverage is required.
    2. If no, LA staff must instruct the participant to coordinate with their HCP/pharmacy to request the prescribed TF/WEN from Medi-Cal. The LA must single-issue the TF/WEN while waiting for Medi-Cal to initiate coverage of the TF/WEN. If Medi-Cal has not initiated coverage of the TF/WEN after two months, LA staff must:

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- a. Document this information in WIC WISE “General Notes”.
  - b. Request updates on the status of TF/WEN coverage at each appointment.
  - c. Continue to single-issue the TF/WEN until denial is received or Medi-Cal provides coverage of the TF/WEN.
- B. If Medi-Cal denies coverage of TF or WEN, LA staff must:
1. Document the receipt of the Medi-Cal denial in WIC WISE “General Notes”. Verbal or written denial is accepted.
  2. Scan the following documents into WIC WISE:
    - a. Denial letter, if written denial received.
    - b. Consent form.
    - c. WIC Pediatric Referral Form/medical documentation.
  3. Notify CDPH/WIC of the denial and provide contact information including local agency and site number by:
    - a. Email [Formula@cdph.ca.gov](mailto:Formula@cdph.ca.gov) or,
    - b. Fax (916) 636-6238
- C. CDPH/WIC will contact the LA if it is determined that Medi-Cal may have incorrectly denied coverage for the TF/WEN. In this situation, LA staff must:
1. Ask the participant or the family representative/caretaker to appeal the denial with the [CA Department of Social Services’ State Hearing Division](#) at 855-795-0634.
  2. Request updates on the status of the appeal and document in WIC WISE “General Notes” at each appointment.
  3. Continue to issue the TF/WEN until Medi-Cal provides a decision on the appeal. LA staff must stop issuing the TF/WEN if the appeal is successful.

**AUTHORITY:**

[7 CFR §246.10\(d\)](#)

[7 CFR §246.10\(e\)\(3\)](#)

22 CCR §51313.3(e)(2)

[WIC Policy Memorandum #2015-07](#)

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**RESOURCE:**

Formula Job Aid with WIC Card Benefits (on Local Agency SharePoint Site (LASS))

[California Children's Services](#)

[California Department of Developmental Services Regional Centers](#)

[Child Health and Disability Prevention \(CHDP\)](#)

**CROSS REFERENCE:**

WPPM 330-10 Single/Double/Triple Food Benefit Issuance

WPPM 390-10 Provision of Therapeutic Formulas and WIC Eligible Nutritionals

WPPM 700-02 Outreach and Referrals