

Procedure Update Webinar



January 29, 2016
10:00 – 12:00 CST



NAVAGATING Adobe Connect



AGENDA

- ❖ Income Documentation (proof) - new policy
- ❖ Check Issuance reminders
- ❖ Certifying Infants
- ❖ Recertification of VOC Participants
- ❖ Notices of Ineligibility & Termination
- ❖ Breastfeeding & Food Packages
- ❖ Food Package Milestones
- ❖ Future Webinar Dates
- ❖ Other Items – 2016 Annual Meeting



Income Documentation

NUMBER OF PROOFS NEEDED

New Policy



ALL APPLICANTS MUST SHOW INCOME PROOF FOR THE LAST 30 DAYS

Paid Weekly – Same Amount Each Week

Must Show Four Paystubs as Proof

Week 1	Week 2	Week 3	Week 4
\$200	\$200	\$200	\$200

Entering Into Journey

Economic Unit Momma Vikings

1 of 1

Record Dates 01/28/2016

3 of 3

+ New Edit X Delete

ts
y

Household Size 2

Summary Period

Annual

Monthly

Total Income: \$10,400.00

Eligibility

Income Determination

Sources	Proof	Amount	Period
▶ Employment	Pay stub (paper or elec...	\$200.00	Weekly

New

Paid Weekly – Different Amount Each Week

Must Show Four Paystubs as Proof

Week 1

Week 2

Week 3

Week 4

\$250

\$198

\$225

\$250

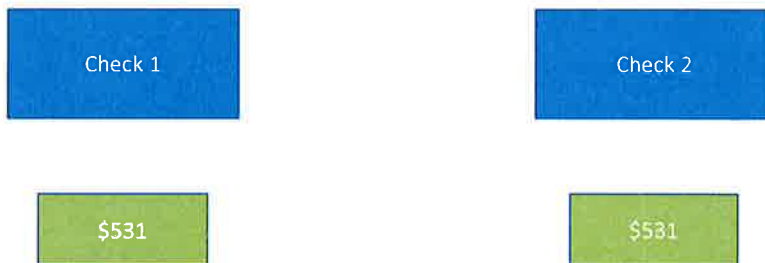
Entering Into Journey

Sources	Proof	Amount	Period
Employment	Pay stub (paper or elec...)		Weekly

Weekly Income	Bi-Weekly Income	Semi-Monthly Income	Monthly Income	Hourly Income
Enter up to four weekly income amounts. Income Calculator will compute the average weekly income. Click the Close button to return to the Income panel.				
Amount 1				
Amount 2				
Amount 3				
Amount 4				
Average Weekly Income				\$230.75

Paid Bi-Weekly (Every Other Week)

Must Show Two Or Three Paystubs as Proof –
Paid Three Times/Month 2 Times Each Year



Paid Bi-Monthly (Two Times/Month)

Must Show Two Paystubs as Proof

Check 1

Check 2

\$915

\$1234

Paid Monthly

Must Show One Paystub as Proof

Check 1

\$3568

When Does The Change Begin???



New Clients/Recert
Appointments

- **Immediately**

Clients Who Have
Appointments
Scheduled

- **Next Certification**

Other Changes to Journey

*** English Appointment Reminder Has Been Updated**

*** Spanish Appointment Reminder Update Is In Process**

Questions




Check Issuance

MICR LINE

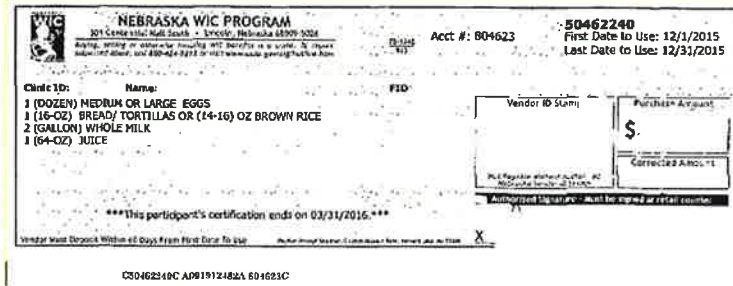
MICR LINE

- ❖ Printed line on the bottom of the food instrument that contains banking information.
- ❖ A proper MICR line makes the food instrument valid and can be processed by automated check readers.

 NEBRASKA WIC PROGRAM <small>101 East Center Street, Omaha, Nebraska 68102-3029</small> <small>Money drawn on this check is subject to a 3% service charge. To request more information, call 402-491-9310 or visit www.wicprogram.net/nebraska</small>		11/18 WIC	Acct #: 804623	50005699 First Date to Use: 5/1/2015 Last Date to Use: 5/31/2015
Clinic ID #: _____ Name: _____ 1 (DOZEN) MEDIUM OR LARGE EGGS 24 (OUNCES OR LESS) CEREAL 1 (16-18 OZ) PEANUT BUTTER OR DRIED BEANS -or- 4 (15-16 OZ) CANNED BEANS 2 (GALLON) MILK - 1% OR FAT FREE SKIM 1 (11.5-12 OZ) FROZEN OR POURABLE CONCENTRATE JUICE	Window ID 11177 Point of Sale: _____ \$ _____ Corrected: _____ <small>WIC Program # 50005699 MICR LINE TO BE USED</small> <small>Number/Date Separated - Must be signed at point of sale</small>			

⑆50005699⑆ ⑆091142⑆ ⑆84623⑆

Distorted MICR LINE



- ❖ Always Check the MICR Line to make sure it is correct.
- ❖ If you have food instruments that have this type of MICR line call the help desk immediately!

Lost & Stolen Checks

- ❖ Only replace infant formula or formula issued from a food package III.
- ❖ One time replacement (6 month period).
- ❖ Procedure
 - ❖ Use the “Reprint” Function, to replace formula only.
 - ❖ DO NOT VOID other food checks that you are not replacing.
 - ❖ Complete a “lost and stolen check report and scan into the client record.

Nebraska WIC Program
Lost or Stolen Check Report

Client ID Number: _____ Family ID Number: _____
 Check Issued Name: _____ Check Print Name: (M/M/YY) _____
 I certify that the following information is true: LMF: _____

Check Numbers (List Individually)	
Original Checks	Replacement Checks
Date of Issue: (M/M/YY)	Date of Issue: (M/M/YY)

If I receive replacement checks and the lost/stolen checks are found, I will not use the previously lost/stolen checks at the store and will return them to the clinic to be voided.

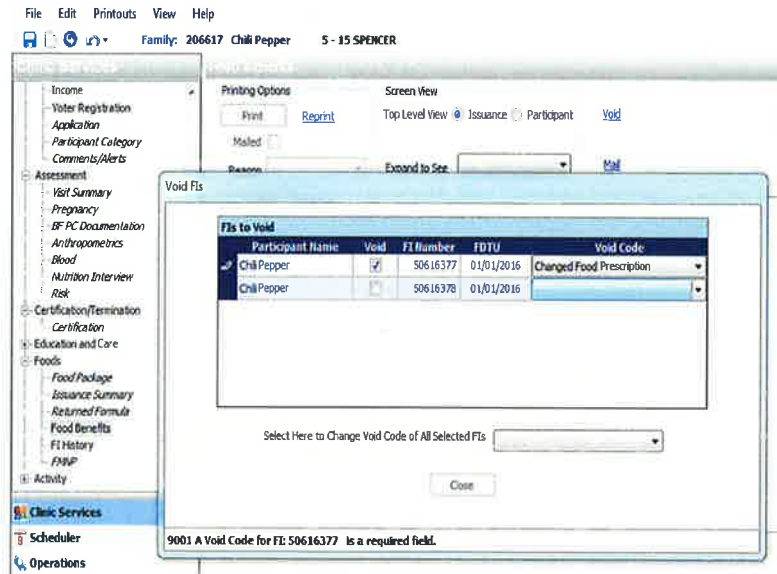
Responsible Party Signature/Date: _____ Authorized WIC Staff Signature: _____

Check One: _____ (circle) None/Yes and replacement have been replaced. _____ (circle) None/No has not been replaced.

Check Replacement

When to VOID

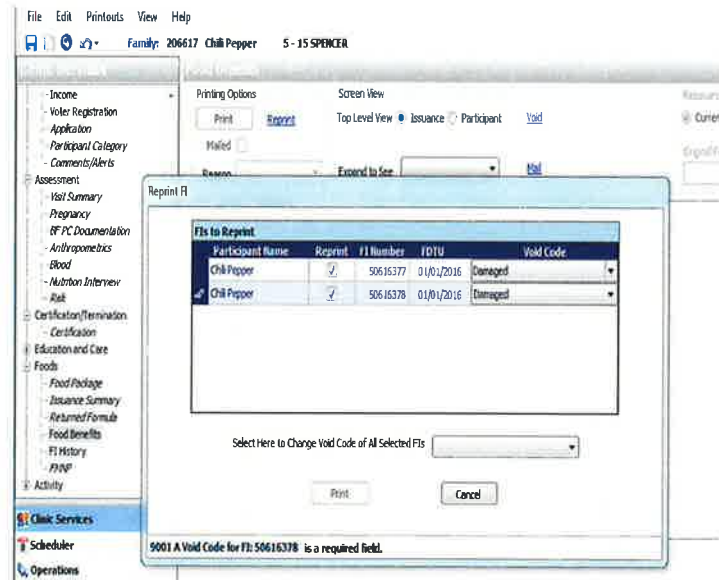
- Changed Food prescription
- Not issued FI's
- Returned not redeemed
- Cannot reverse a Voided check



Check Replacement

WHEN TO REPRINT

- Damaged Checks
- Lost & Stolen checks
- Custody Change



Formula Check Issuance

❖ General rule of thumb when **TAILORING** food packages is **only 5 cans** of infant formula per food instrument.

❖ If you have a model food package that gives you a full package on one FI, notify the State WIC staff.

NEBRASKA WIC PROGRAM
 201 Commercial Park South • Lincoln, Nebraska 68509-9018
 Agency: 402-478-2222 • Fax: 402-478-2222 • Website: www.wic.ne.gov

Acct #: 804623
 50088592
 First Date to Use: 8/1/2015
 Last Date to Use: 8/31/2015




Clinic FI: 9 (14.1 OZ) ELEGARE FOR INFANTS POWDER
 Name:
 FI:

This participant's certification ends on 03/31/2016.

⑈50088592⑈ ⑆091912482⑆ 804623⑆

Check Issuance

OF MONTHS TO ISSUE

	<p>Any participant that needs to come to clinic every month</p>
	<p>First issuance for new participants Infants under 6 months of age Most Pregnant women Breastfeeding and Not Breastfeeding women with infant under 6 months</p> <p><i>Clinics that are only open every other month</i></p>
	<p>Infants 6-12 months Most Children (if not in family with infant or higher risk participant)</p> <p><i>New baby or new participant in clinics that are only open every other month</i></p>

Questions



Recertifying Infant to Child

Cert in month before birthday

- Need to cert early
- Modify cert end date
- Food package

Cert in birthday month

- Cert end date is last day of current month

Cert in month after birthday

- Need to extend cert
- Modify cert end date
- Food package

Recert in Birthday Month

Participant: **Sammi Snowflake** Category: **Infant (Female)** No Longer BF BW [Edit](#)
Date of Birth: 01/30/2015 (11 m 28 d) WIC Status: Active **Cert. End: 01/2016** Last FB: Jan 16
10/8/2015, cont to grow ***FB Issuance** 3 Months



Effective Date: 02/01/2016 4 of 4 [New](#) [Edit](#) [Delete](#)
End Date: Do Not Auto-Update No WIC Formula [Documentation](#)
Verified Special Diet (Prescribed Formula/Food, Religious Reason) [Details](#)

Model Food Package: **Toddler - Standard Milk**
View: Full 2/3 1/3 ***FB Issuance** 3 Months **1st Day: 1**
Food Package Name: Toddler - Standard Milk

Cert in month
before birthday

Recert in Month BEFORE Birthday Month

Participant: **Winter Storm** Category: **Infant (Male)** No Longer BF BW [Edit](#)
 Date of Birth: **02/14/2015 (11 m 13 d)** WIC Status: Active Cert. End: 02/2016 Last FB: Jan 16
 8/27/2015, Start solid foods. **FB Issuance** 3 Months

- Cert ends in February and we need to do the cert in January
- When was Last FB issuance?
- Modify Cert End Date

Modify Cert End Date

Participant: Winter Storm 2 of 2

Category: **Infant (Male)** No Longer BF BW
 Date of Birth: **02/14/2015 (11 m 13 d)** WIC Status: Active Cert. End: 02/2016 Last FB: Jan 16

Certification Dates: 02/20/2015 1 of 1

Certification End Date: 02/29/2016 Initial Certification Date: 02/20/2015
 Application Type: Regular Modified CED: 01/31/2016
 Categorical Elg End Date: 02/29/2020

Modify Certification End Date

⚠ Modify Certification End Date is not equal to Certification End Date 02/29/2016. Do you want to save it?

Reason: _____

Staff Member: _____

Finish Assessment & Certify

Participant Winter Storm 2 of 2

Category: **Infant (Male)** No Longer BF BW
 Date of Birth: **02/14/2015** (11 m 13 d) WIC Status: **Active** Cert. End: **07/2016** Last FB: **Jan 16**

Record Dates 01/27/2015 1 of 3 New Edit Delete

Health Care Provider: dave No Health Care Provider Certification Category: Child
 Do you give WIC permission to share Winter's WIC information with this health care provider? Yes No

Current Summary Health/Medical

1a. What concerns do you have?

1b. Does Winter have any medical conditions?
 347 - Cancer 354 - Celiac Disease

Starters/Prompts

Do you want a Child Certification?
 Yes No

Jukeann Boyle 01/27/2016

New food package for month AFTER birthday month

Participant Winter Storm 2 of 2

Category: **Infant (Male)** No Longer BF BW
 Date of Birth: **02/14/2015** (11 m 13 d) WIC Status: **Active** Cert. End: **07/2016** Last FB: **Jan 16**

Effective Date: 03/01/2016 7 of 7 New Edit Delete

End Date: Do Not Auto-Update Full Formula

Verified Special Diet (Prescribed Formula/Food, Religious Reason) Documentation
 Verify Self-Reported Details
 Copy

Model Food Package: **Toddler - Standard Milk**
 View Full 2/3 1/3 **FB Issuance** 3 Months 1st Day: 1

Food Package Name: Toddler - Standard Milk

Category	Item Description	F11	F12	F13	Month	Total	Doc ID
03 Eggs	(DOZEN) MEDIUM OR LARGE EGGS			1	All	1	
05 Cereal (Adult)	(OUNCES OR LESS) CEREAL		36		All	36	
06 Legumes	(16-18 OZ) PEANUT BUTTER OR DRI...		1		All	1	
16 Grains	(16-OZ) BREAD/ TORTILLAS OR (14...	1	1		All	2	
19 Fruits and Veget...	FRESH FRUITS AND VEGETABLES M...	1			All	1	
51 Milk - Whole	(GALLON) WHOLE MILK	2	2		All	4	

Add Food Remove Food Add F1 Remove F1

Issue Food Benefits

Participant: **Winter Storm** Category: **Infant (Male)** No Longer BF BW [Edit](#)
Date of Birth: 02/14/2015 (11m 13 d) WIC Status: Active Cert. End: 07/2016 Last FB: Jan 16
8/27/2015, Start solid foods. **FB Issuance** 2 Months

New cert period
Feb-July

- 3/1/2016 - 3/31/2016
 - Winter Storm
 - Toddler - Standard Milk
 - 1 (Full)
 - 2 (Full)
 - 3 (Full)
- 2/1/2016 - 2/29/2016
 - Winter Storm
 - Enfamil Infant 9-11 mo CVV + Jars Full Formula
 - 1 (Full)
 - 2 (Full)
 - 3 (Full)
 - 4 (Full)

Cert in month
after birthday

Recert in Month AFTER Birthday Month

Participant: **Thunder Snow** Category: **Child (Male)** No Longer BF: **HR** [Edit](#)
 Date of Birth: **01/27/2015 (1 y 0 m)** WIC Status: **Active** Cert. End: **01/2016** Last FB: **Nov 15**
 TO Issuance: **3 Months**

- Cert ends in January and we need to do the cert in February
- Modify Cert End Date

Modify Cert End Date

Participant: Thunder Snow 2 of 2

Category: **Child (Male)** No Longer BF: **HR**
 Date of Birth: **01/27/2015 (1 y 0 m)** WIC Status: **Active** Cert. End: **01/2016** Last FB: **Nov 15**

Certification Dates: 02/17/2015 1 of 1

Certification End Date: 01/31/2016 Initial Certification Date: 02/17/2015
 Application Type: Regular Modified CED: 02/29/2016
 Categorical Elg End Date: 01/31/2020
 Termination
 Record Date

Restate

Reason:

Staff Member:

Modify Certification End Date

Modify Certification End Date is not equal to Certification End Date 01/31/2016. Do you want to save it?

New food package for month AFTER birthday month

Participant: Thunder Snow

Category: Child (Male) No Longer BF HR

Date of Birth: 01/27/2015 (1 y 0 m) WIC Status: Active Cert. End: 02/2016 Last FB: Nov 15

Effective Date: 02/01/2016

End Date: Do Not Auto-Update

Special Diet (Prescribed Formula/Food, Religious Reason)

Self-Reported Details

Model Food Package: Toddler - Standard Cheese

View: Full 2/3 1/3 *FB Issuance 2 Months 1st Day: 1

Food Package Name: Toddler - Standard Cheese

Category	Item Description	F11	F12	F13	Month	Total	Doc ID
02 Cheese	(16-OZ) STORE BRAND CHEESE	1			All	1	
03 Eggs	(DOZEN) MEDIUM OR LARGE EGGS		1		All	1	
05 Cereal (Adult)	(OUNCES OR LESS) CEREAL		36		All	36	
06 Legumes	(16-18 OZ) PEANUT BUTTER OR DRI...	1			All	1	
16 Grains	(16-OZ) BREAD/ TORTILLAS OR (14...	1	1		All	2	
19 Fruits and Veget...	FRESH FRUITS AND VEGETABLES M...	1			All	1	

Issue Food Benefits

Participant: Thunder Snow Category: Child (Male) No Longer BF HR

Date of Birth: 01/27/2015 (1 y 0 m) WIC Status: Active Cert. End: 02/2016 Last FB: Nov 15

*FB Issuance 2 Months

- 2/1/2016 - 2/29/2016
 - Thunder Snow
 - Toddler - Standard Cheese
 - 1 (Full)
 - 2 (Full)
 - 3 (Full)
- 1/1/2016 - 1/31/2016
 - Thunder Snow
 - Enfamil Infant 9-11 mo CVV + Jars Full Formula
 - 1 (Full)
 - 2 (1/3)
 - 3 (1/3)

Recert in Month AFTER Birthday Month

Auth Rep: HELLO HAWAII Date of Birth: 11/01/1988 (27 y)	Category: Breastfeeding WIC Status: Active	HR Cert. End: 01/2016 Last FB: Dec 15	Edit
Participant: Aloha Hawaii Date of Birth: 01/29/2015 (11 m 29 d)	Category: Infant (Male) WIC Status: Active	Prim Excl/Comp Cert. End: 01/2016 Last FB: Dec 15	BW Edit

- Fully Breastfeeding Infant
- Cert ends in January and we need to do the cert in February
- Modify Cert End Date

Modify Cert End Date

Participant: Aloha Hawaii

Category: **Infant (Male)** **Prim Excl/Comp** BW

Date of Birth: 01/29/2015 (11 m 29 d) WIC Status: Active Cert. End: 01/2016 Last FB: Dec 15

Certification Dates: 02/11/2015 1 of 1

Certification End Date: 01/31/2016 Initial Certification Date: 02/11/2015
 Application Type: Regular Modified CED: 02/29/2016
 Categorical Elg End Date: 01/31/2020

Modify Certification End Date

⚠ Modify Certification End Date is not equal to Certification End Date 01/31/2016. Do you want to save it?

Yes No

New food package for month AFTER birthday month

Participant: Aloha Hawaii

Category: **Infant (Male)** Prim Excl/Comp BW
 Date of Birth: 01/29/2015 (11 m 29 d) WIC Status: Active Cert. End: 02/2016 Last FB: Dec 15

Effective Date: 02/01/2016

Model Food Package: Toddler - Standard Milk

Food Package Name: Toddler - Standard Milk

Category	Item Description	F11	F12	F13	Month	Total	Doc ID
03 Eggs	(DOZEN) MEDIUM OR LARGE EGGS			1	All	1	
05 Cereal (Adult)	(OUNCES OR LESS) CEREAL	36			All	36	
06 Legumes	(16-18 OZ) PEANUT BUTTER OR DRI...	1			All	1	
16 Grains	(16-OZ) BREAD/ TORTILLAS OR (14...	1	1		All	2	
19 Fruits and Veget...	FRESH FRUITS AND VEGETABLES M...	1			All	1	
51 Milk - Whole	(GALLON) WHOLE MILK	2	2		All	4	

Issue Food Benefits

Auth Rep: HELLO HAWAII Category: **Breastfeeding** WIC Status: Active Cert. End: 01/2016 Last FB: Jan 16
 Date of Birth: 11/01/1988 (27 y)

Participant: **Aloha Hawaii** Category: **Infant (Male)** Prim Excl/Comp BW WIC Status: Active Cert. End: 02/2016 Last FB: Feb 16
 Date of Birth: 01/29/2015 (11 m 29 d)

- 2/1/2016 - 2/29/2016
 - Aloha Hawaii
 - Toddler - Standard Milk
 - 1 (Full)
 - 2 (Full)
 - 3 (Full)
- 1/1/2016 - 1/31/2016
 - HELLO HAWAII
 - FBF-Women - Standard Cheese
 - 1 (Full)
 - 2 (1/3)
 - 3 (1/3)
 - 4 (1/3)
 - Aloha Hawaii
 - Infant Foods-Full BF 6-11 mos
 - 1 (1/3)

Questions




Recertification of VOCs

Family

Auth Rep: Momma Cardinals		Edit
Participant: Brylee Cardinals	Category: Infant (Female) Never BF	Edit
Date of Birth: 02/05/2015 (11 m 23 d)	WIC Status: Active - VOC	Cert. End: 02/2016 Last FB: Jan 16
11/06/2015, Slowly introduce table foods.	FB Issuance	3 Months
Proxy: Carson Phoenix		Edit

TAP....TAP....TAP....TAP....TAP....TAP....TAP



Terminate Participant

- EFFECTIVE DATE = Today's Date

Participant **Brylee Cardinals** 1 of 1

Age: Infant (Female) **Never BF**

Birth: 02/05/2015 (11 m 23 d) **WIC Status:** Terminated **Cert. End:** 02/29/2016

Certification Dates: 11/06/2015 1 of 1

Certification End Date: 02/29/2016 Initial Certification Date: 11/06/2015
 Application Type: VOC Modified CED: 02/29/2016
 Categorical Elig End Date: 02/29/2020
 Termination

Record Date: 01/28/2016 1 of 1

*Termination Reason: **VOC - Actvte**

*Effective Date: **01/28/2016**

Application

- Choose NEW

WIC Status History				
Date	WIC Status	Reason	Staff Person	
01/28/2016	Pending	Application Created	Marge Blankenship	

Participant Category

- Change If Needed



REMEMBER

Journey will Allow You To Complete ALL the Steps to Certify a Client



BUT

You Will Not Be Able to Print Checks For That Person



Questions



Notice of Ineligibility & Termination

When To Use:

Notice of Ineligibility

Notice of Termination

Notice of Ineligibility

- **Over Income**
- **Requires a Signature**

Notice of Termination

- All Other Reasons
- When Someone wants to know when their benefits ended
- **No Signature Required**

Notice of Ineligibility

Family			
Auth Rep: Momma Panthers		IN	Edit
Participant: Go Panthers	Category: Child (Female)	IN	Edit
Date of Birth: 02/12/2012 (3 y 11 m)	WIC Status: Ineligible	Cert. End: 08/2015	Last FB: Aug 15
		*FB Issuance	2 Months <input type="button" value="v"/>
Additional Auth Rep: Cam Panthers		IN	Edit
Proxy: Coach Carolina			Edit
Proxy: Grandma Panthers			Edit

Enter Income

2396 Momma Panthers 40 - 16 CRETE

Economic Unit Momma Panthers 1 of 1

Record Dates 01/27/2016 2 of 2 New Edit Delete

Household Size 4

Summary Period Annual Monthly Total Income: \$52,000.00

Import Sources

Check Income Eligibility

Link

Autofunct Eligibility

Add Row

Remove Row

Income Determination					
Sources	Proof	Amount	Period	Note	
Employment	Pay stub (paper or elec...	\$2,000.00	Bi-weekly		

Ineligible Pop - Up

2396 Momma Panthers 40 - 16 CRETE

Economic Unit Momma Panthers 1 of 1

Record Dates 01/27/2016 2 of 2 New Edit

Import Sources

Check Eligibility

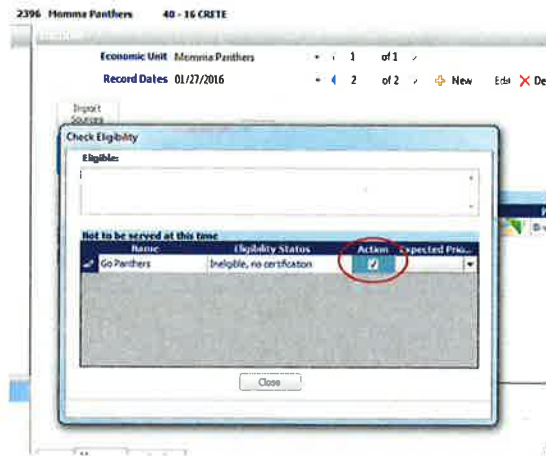
Eligible:

Not to be served at this time

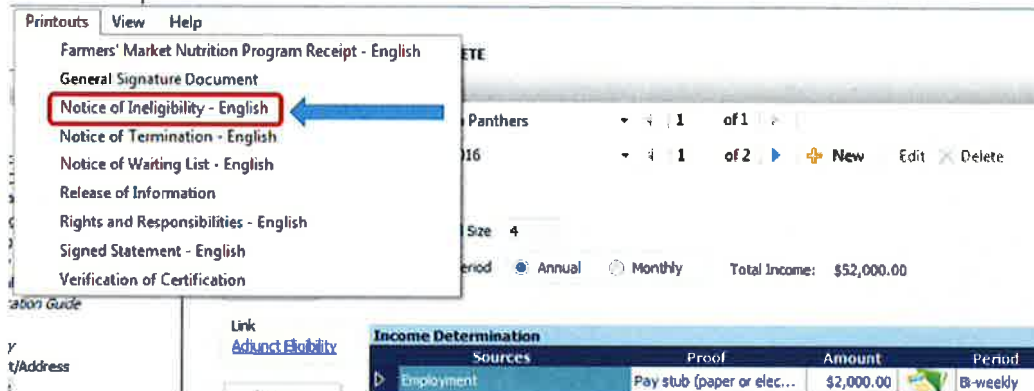
Name	Eligibility Status	Action	Expected Pro...
Go Panthers	Ineligible, no certification		

Close

Using Action Check Box



Print Notice



Notice of Ineligibility



Nebraska WIC Program Notice of Ineligibility

01/27/2016

The following is/are not eligible for the WIC Program for the following reason

Go Panthers - Over income

CRETE
620 5th St
PO Box 273
Fairbury, NE 68352
(402) - 729-2278

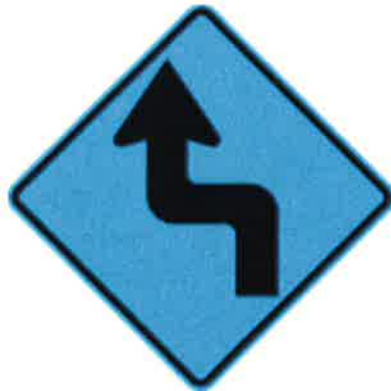
If you disagree with this decision, you have 60 days from the date of this notice to appeal the decision by requesting a Fair Hearing.

Notice of Termination

Termination Notice:

- Prints Name and Term Reason ON or AFTER Date of Termination
- WIC Must Provide 15 days Notice to Termed Clients

Notice of Termination Work Around



Work Around Steps

Family			
Auth Rep: Momma Broncos Edit			
Participant: Go Broncos	Category: Child (Male)	BW	Edit
Date of Birth: 09/09/2011 (4 y 4 m)	WIC Status: Active	Cert. End: 03/2016	Last FB: Oct 15
		*FB Issuance	2 Months
Additional Auth Rep: Peyton Denver Edit			
Proxy: Coach Broncos Edit			
Proxy: Grandma Denver Edit			

Step 1: Open Cert Panel/Choose New Record

The screenshot displays the 'Certification Dates' panel for a participant named 'Go Broncos'. The interface includes a navigation menu on the left with options like 'Search', 'New Family', and 'Certification/Termination'. The main area shows certification details such as 'Certification End Date: 03/31/2016' and 'Initial Certification Date: 09/29/2011'. A 'New' button is highlighted in a red box, and a green arrow points to the 'Termination Reason' dropdown menu. Other options include 'Reinstate', 'Signature', and 'PUFE Prov'.

Step 2: Term Using TODAY's Date

Participant: Go Broncos 1 of 1

Category: Child (Male)
Date of Birth: 09/09/2011 (4 y 4 m) WIC Status: Terminated Cert. End: 03/2016

Certification Dates: 09/24/2015 1 of 9

Certify
Summary
Signature
Fulfill Prov
Modify Cert End Date

Certification End Date: 03/31/2016 Initial Certification Date: 09/29/2011
Application Type: Regular Modified CED: 03/31/2016
Categorical Elig End Date: 09/30/2016

Termination
Record Date: 01/28/2016 2 of 2 New Edit X

*Termination Reason: Voluntary Withdrawal
*Effective Date: 01/28/2016

Step 2: Term Using TODAY's Date

Participant: Go Broncos 1 of 1

Category: Child (Male)
Date of Birth: 09/09/2011 (4 y 4 m) WIC Status: Terminated Cert. End: 03/2016

Certification Dates: 09/24/2015 1 of 9

Certify
Summary
Signature
Fulfill Prov
Modify Cert End Date

Certification End Date: 03/31/2016 Initial Certification Date: 09/29/2011
Application Type: Regular Modified CED: 03/31/2016
Categorical Elig End Date: 09/30/2016

Termination
Record Date: 01/28/2016 2 of 2 New Edit X

*Termination Reason: Voluntary Withdrawal
*Effective Date: 01/28/2016

DO NOT SAVE

Step 3: Print Notice of Termination

The screenshot shows a software application window with a 'Printouts' menu open. The menu items are: Farmers' Market Nutrition Program Receipt - English, General Signature Document, Notice of Ineligibility - English, Notice of Termination - English (highlighted with a blue arrow), Notice of Waiting List - English, Release of Information, Rights and Responsibilities - English, Signed Statement - English, and Verification of Certification. Below the menu, there are buttons for 'Signature', 'Fulfill Prov', and 'Modify Cert End Date'. The main area of the application displays 'Termination' details for 'Go Broncos', including 'Certification End Date: 03/31/2016', 'Application Type: Regular', 'Categorical Elig End Date: 09/30/2016', and 'Record Date 01/28/2016'. A red asterisk indicates a 'Termination Reason' dropdown menu.

Notice of Termination



Nebraska WIC Program Notice of Program Termination

1/28/2016
Momma Broncos
50846 B41ST RD
ELGIN, NE 68636

Dear Momma:

Go Broncos

will be terminated from WIC 15 days from

01/27/2016

for the following reason: Voluntary Withdrawal.

This notice only affects Go Broncos.

Please pick up checks and keep WIC appointments for other family members.

If you disagree with this decision, you have 75 days from the date of this notice to appeal the decision by requesting a Fair Hearing.

If you appeal this notice within 15 days of termination Go Broncos will continue to receive WIC checks during the appeal process until the end of the current certification.

Step 4: DO NOT SAVE

Termination

Record Date 01/28/2016 2 of 2 New Edit

*Termination Reason Voluntary Withdrawal

*Effective Date 01/28/2016

Staff Member: Marge Blankenship

Reinstate Date

Save Confirmation

? You have unsaved data on this screen. Would you like to save your data?

↓

Yes No Cancel

Step 5: Change Term Date

Option 1:

- Calculate New Term Date
- Enter into Effective Date Field (15 days from today)

Option 2:

- Delete Term Record
- Choose New
- Enter Term Reason

Record Date 01/28/2016 2 of 2 New Edit

*Termination Reason Voluntary Withdrawal

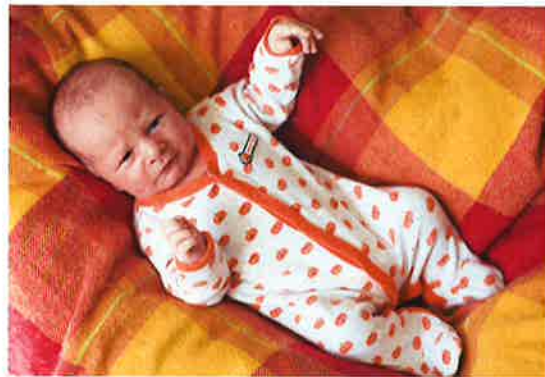
*Effective Date 02/12/2016

Questions



Food Packages

FOR PART BREASTFEEDING INFANTS



Part BF Infants

WITHIN RANGE

- Infant is both breastfeeding and getting formula
- Provides the number of cans of formula that will still allow the mom to receive the BF food package
- Approximately 1/2 the amount of a full formula package

Part BF infant after 1 month of age

OUT OF RANGE

- Infant is getting formula AND breastfeeding on the average of at least 1 time per day
- Provides the maximum number of cans of formula available for issuance
- Same number of cans as in a full formula package

Any Part BF infant 0-1 month of age

Model Food Packages Part BF

Participant: Bahama Blue 2 of 2

Category: Infant (Male) Part BF BW
 Date of Birth: 12/30/2015 (0 m 28 d) WIC Status: Active Cert. End: 12/2016 Last FB:

Effective Date: 02/01/2016 2 of 2 New Edit Delete
 End Date: Do Not Auto-Update Partial BF Within Range

Verified Special Diet (Prescribed Formula/Food, Religious Reason) Documentation
 Self-Reported Details

Model Food Package: **Enfamil Gentlease 0-3 mo Part BF Within range**
 View Full 2/3 1/3 *FB Issuance 1 Month 1st Day: 1 (Contract)

Food Package Name: Enfamil Gentlease 0-3 mo Part BF Within range

Category	Item Description	FII	Month	Total	Doc ID
21 Infant Formula (IF)	(12.4-02) ENFAMIL GENTLEASE - P...	4	All	4	

Buttons: Add Food, Remove Food, Add FI, Remove FI

Model Package Part BF – Concentrate Formula

Participant: Bahama Blue

Category: Infant (Male) Part BF WIC Status: Active Cert. End: 12/2016 Last FB: BW

Date of Birth: 12/30/2015 (0 m 29 d)

Effective Date: 02/01/2016

End Date: Do Not Auto-Update Partial BF Within Range

Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Model Food Package: Enfamil ProSobee (CONC) 0-3 mo Part BF

Food Package Name: Enfamil ProSobee (CONC) 0-3 mo Part BF

Category	Item Description	F11	Month	Total	Doc ID
21 Infant Formula (IF)	(13-02) ENFAMIL PROSOBEE - CON...	14	All	14	

Part BF Infant 1 month of age

Category: Infant (Male) Part BF WIC Status: Active Cert. End: 12/2016 Last FB: HR BW

Date of Birth: 12/12/2015 (1 m 3 d)

Effective Date: 01/15/2016

End Date: 01/31/2016 Do Not Auto-Update Partial BF Out of Range

Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Model Food Package: Enfamil Infant 0-3 mo Part BF Within range

Food Package Name: Enfamil Infant 0-3 mo Part BF Within range

Category	Item Description	F11	Month	Total	Doc ID
21 Infant Formula (IF)	(12.5 QZ) ENFAMIL INFANT POWDER	4	All	4	

MOM

Category: Breastfeeding WIC Status: Active Cert. End: 12/2016 Last FB: HR BW

Date of Birth: 01/18/1998 (25 y)

Effective Date: 01/15/2016

End Date: 01/31/2016 Do Not Auto-Update Partial BF Out of Range

Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Model Food Package: Not BF/Part BF Out - Standard HL

Category	Item Description	F11	F12	F13	Month	Total	Doc ID
03 Eggs	COOKED MEDIAN OIL RANGE EGGS	1			All	1	
05 Cereal (Inf)	SOURCES OF MEDO CEREAL	36			All	36	
06 Liquors	(14-10-02) PEANUT BUTTER OR PNT...	1			All	1	
08 Fruit and Veg...	FRUIT FRUITS and VEGETABLES FR...	1			All	1	
12 Milk - Full Fat/1%	STANDARD MILK - FULL FAT/1% FRES...	2	2		All	4	
13 Juice - 100% Fr...	(11-9-12-02) 100% FRUIT OR JUICE...	1	1		All	2	

Food Package Milestones



Automated changes to a food package that happen when a participant reaches a certain “milestone” age



4-5 months of age



2 years of age

At 4 months of age

When an infant reaches 4 months of age - the maximum amount of formula provided in the food package increases

- Never BF or No Longer BF
- Contract Formula and Special Formula
- The month after infant turns 4 months



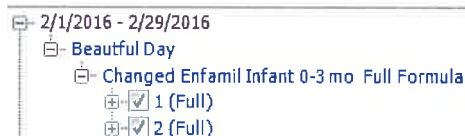
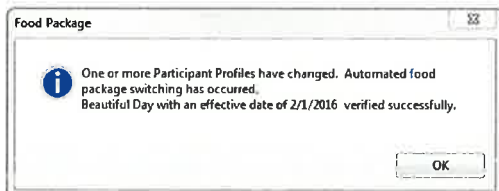
Example

Participant: Beautiful Day	Category: Infant (Female)	No Longer BF	HR	BW	Edit
Date of Birth: 09/11/2015 (4 m 15 d)	WIC Status: Active	Cert. End: 09/2016	Last FB: Nov 15		
10/1/2015, Gain recommended weight by next visit.		*FB Issuance	2 Months		

- Turns 4 months on 1/11/2016
- Milestone food package change on February checks

How do you know?

1. Pop up message on Food Package or Food Benefits Panel
2. Food Benefits Panel – Food Package name includes the word “Changed”



At 2 years old

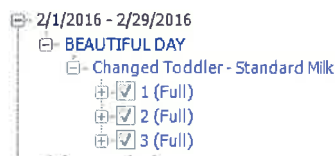
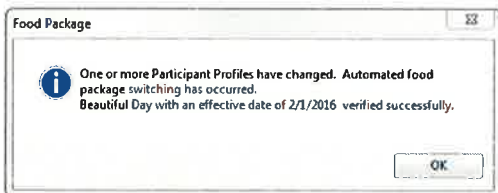


When a child reaches 2 years of age – standard milk package changes from whole milk to 1% or skim milk

- The month AFTER child's 2nd birthday month
- Will not change toddler package that was tailored to 2% milk
- Will not change toddler standard cheese
Option 1: Auto update toddler package with cheese to child package standard milk (no cheese)

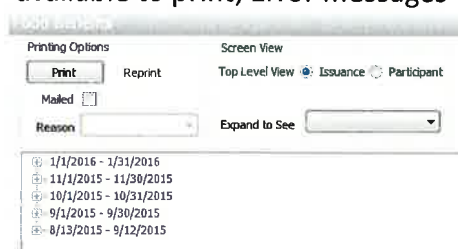
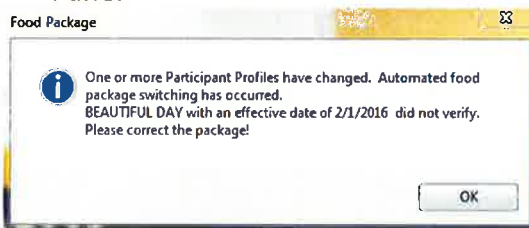
How do you know?

1. Pop up message on Food Package or Food Benefits Panel
2. Food Benefits Panel – Food Package name includes the word “Changed”



How do you know?

1. Pop up message on Food Benefits Panel
2. Food Benefits Panel – Checks not available to print; Error messages



Person ID: [REDACTED], Name: BEAUTIFUL DAY, FB Issuance: 3 Months

- 1/1/2016: Food Package 'Tailored Toddler - Standard Milk' - Warning: There is no Nutrition Interview Record for today.
- The food package that covers BEAUTIFUL DAY beginning 2/1/2016 is not verified. Go to the Food Package screen to verify the Participant's food package.

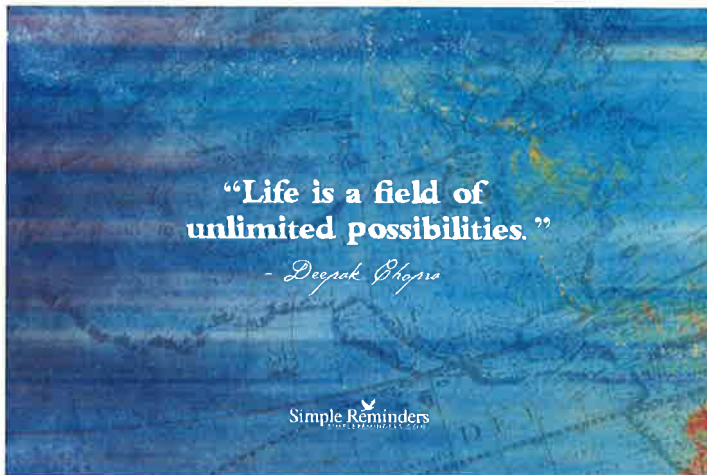
Questions



Food Packages

Changes

Comments & Suggestions



Part BF Out of Range Max

Participant: **Midnight Blue** 1 of 2

Category: **Infant (Male)** Part BF BW
 Date of Birth: **12/20/2015 (1 m 7 d)** WIC Status: **Active** Cert. End: **12/2016** Last FB:

Effective Date: 02/01/2016 2 of 2 New Edit Delete
 End Date: Do Not Auto-Update Partial BF Out of Range
 Verified Special Diet (Prescribed Formula/Food, Religious Reason) Documentation
 Self-Reported Details
 Model Food Package: **Enfamil Gentlease 0-3 mo Part BF Out of range max**
 Full 2/3 1/3 *FB Issuance 1 Month 1st Day: 1
 Food Package Name: **Enfamil Gentlease 0-3 mo Part BF Out of range max** (Contract)

Category	Item Description	F11	F12	Month	Total	Doc ID
21 Infant Formula (IF)	(12-4-02) ENFAMIL GENTLEASE - P...	5	4	All	9	

Buttons: Add Food, Remove Food, Add FI, Remove FI

Model package name includes number of cans

Participant: **Maya Mango** 1 of 1

Category: **Infant (Male)** Part BF
 Date of Birth: **7/25/2015 (1 m 3 d)** WIC Status: **Active** Cert. End: **12/2016**

Effective Date: 02/01/2016 1 of 2 New Edit Delete
 End Date: Do Not Auto-Update Partial BF Out of Range
 Special Diet (Prescribed Formula/Food, Religious Reason) Documentation
 Self-Reported Details
 Model Food Package: **Enfamil Gentlease 0-3 mo Part BF Out of range - 9**
 Full 2/3 1/3 *FB Issuance 1 Month 1st Day: 0
 Food Package Name: **Enfamil Gentlease 0-3 mo Part BF Out of range - 9** (Contract)

Category	Item Description	F11	F12	Month	Total	Doc ID
21 Infant Formula (IF)	(12-4-02) ENFAMIL GENTLEASE - P...	5	4	All	9	

Participant: **Maya Mango** 1 of 1

Category: **Infant (Male)** Part BF
 Date of Birth: **7/25/2015 (1 m 3 d)** WIC Status: **Active** Cert. End: **12/2016**

Effective Date: 02/01/2016 1 of 2 New Edit Delete
 End Date: Do Not Auto-Update Partial BF Within Range
 Special Diet (Prescribed Formula/Food, Religious Reason) Documentation
 Self-Reported Details
 Model Food Package: **Enfamil Gentlease 0-3 mo Part BF Within range - 4**
 Full 2/3 1/3 *FB Issuance 1 Month 1st Day: 0
 Food Package Name: **Enfamil Gentlease 0-3 mo Part BF Within range - 4** (Contract)

Category	Item Description	F11	Month	Total	Doc ID
21 Infant Formula (IF)	(12-4-02) ENFAMIL GENTLEASE - P...	4	All	4	

Special Diet – Formula Package Names

Effective Date: 02/01/2016 1 of 2 New Edit X Delete **Current**

End Date: Do Not Auto-Update Partial BF Within Range

Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Self-Reported Details

Model Food Package: Food Pkg III-Nutramigen Enflora 0-3 mo Part BF

Full 2/3 1/3 *FB Issuance 1 Month 1st Day: 1

Food Package Name: Food Pkg III-Nutramigen Enflora 0-3 mo Part BF (Non-Contract)

Category	Item Description	F11	F12	Month	Total	Doc ID
31 Exempt Infant F...	(12.6-OZ) NUTRAMIGEN WITH ENFL...	3	2	All	5	

Effective Date: 02/01/2016 1 of 2 New Edit X **Suggested**

End Date: Do Not Auto-Update Partial BF Within Range

Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Self-Reported Details

Model Food Package: Nutramigen Enflora 0-3 mo Part BF

Full 2/3 1/3 *FB Issuance 1 Month 1st Day: 1

Food Package Name: Nutramigen Enflora 0-3 mo Part BF (Non-Contract)

Category	Item Description	F11	F12	Month	Total	Doc ID
31 Exempt Infant F...	(12.6-OZ) NUTRAMIGEN WITH ENFL...	3	2	All	5	

Food Packages
Comments and
Suggestions

Email

Julieann.boyle@nebraska.gov



Questions



Upcoming Webinars

SAVE THE DATES

FUTURE TRAINING

WEBINAR

Date	Time (CST)	Tentative Topics
Feb 29, 2016	1:00 – 3:00	Foster children, Formula Changes, Documenting Medicaid, Acceptable Proofs for Address, Income, ID, Other TBD
June 30, 2016	10:00 – 12:00	TBD
Sept 29, 2016	10:00 – 12:00	TBD

Our Journey



Past, Present, Future

WIC & CSFP Conference
Holiday Inn, Kearney NE
April 12-13, 2016

Our Journey



Past, Present, Future

Potential Topics

- ❖ Civil Rights/Cultural Competency
- ❖ Workplace Safety
- ❖ Medicaid/Snap Update
- ❖ CPA Special Formula Update
- ❖ Journey Reports
- ❖ Internet Safety/Confidentiality
- ❖ World Cafe
- ❖ Our Journey past, Present, Future Celebration

Watch for this
Registration
form

2016 WIC & CSFP Conference		RETURN BY MARCH 10, 2016
Registration Form		
Local WIC/CSFP Agency Name:	Name:	
	Individual Work Email Address:	
Title/Job Position - Please check one		
WIC Program: <input type="checkbox"/> Director/Coordinator <input type="checkbox"/> Clerk/Support Staff <input type="checkbox"/> CPA <input type="checkbox"/> Vendor Manager <input type="checkbox"/> Breastfeeding Peer Counselor <input type="checkbox"/> State WIC Staff <input type="checkbox"/> Other	CSFP Program: <input type="checkbox"/> Director/Coordinator <input type="checkbox"/> CSFP staff <input type="checkbox"/> Other	Plated Lunch Options (Tuesday) - Choose one: <input type="checkbox"/> Sherry Glazed Chicken (with mashed potatoes) <input type="checkbox"/> Pasta Primavera (pasta & roasted vegetables)
<p>Mail this registration form & \$120 Registration Fee by March 10, 2016 to: Barb Packett WIC/CSFP Annual Meeting Registration 301 Centennial Mall South PO Box 9E026 Lincoln, NE 68509-8026</p> <p>Make checks payable to: CASHIERS OFFICE</p>		
		<p style="text-align: center; font-size: small;">Past, Present, Future</p>

Make Hotel Reservations

2016 WIC & CSFP Conference - Information

Conference Registration Fee: \$120

- Fee includes conference materials, breakfast, lunch & breaks
- Registration materials - **due March 10, 2016**

Hotel Accommodations



Make Your Reservations NOW!

- Call Holiday Inn at 308-237-5971
- Room rates are for 1-4 persons at \$89/night
- When reserving rooms, specify you are with "*WIC/CSFP, Nebraska Health & Human Services*" in order to guarantee the group rate for our block of rooms.
- Make your room reservations no later than March 10, 2016.

Infants



Infants under 6 months of age are welcome.

Please respect the learning needs of other participants and care for your baby outside the meeting room if your baby makes either "happy" or "sad" sounds.

Thanks for attending

REMEMBER TO COMPLETE THE ATTENDANCE POLL BEFORE LOGGING OUT