

Procedure Update Webinar



September 29, 2016

10:00 – 12:00 CST



Navigating Adobe Connect



AGENDA

- ❖ Documenting Ineligibility & Terms in Journey
- ❖ Dual Participation in Journey
- ❖ Using the New Referral Code
- ❖ Medicaid On-Line Access
- ❖ Food Operations Update
- ❖ Out of State Transfers
- ❖ Additional Benefits Procedure & Workaround



AGENDA (cont.)

- ❖ New Foods & Changes for FY2017
- ❖ Nine Month Old's Education Visit
- ❖ Giving Out that Formula in Your Cupboard
- ❖ Issuing 1, 2 or 3 Months of Checks
- ❖ Civil Rights Poster
- ❖ WIC-CSFP 2017 Conference
- ❖ FY2017 Webinar Dates - Mark your Calendar



Documenting Ineligibility & Terms In Journey

NEW

USDA Requirement

Document in
Journey When:

- Term Notice
- Ineligibility Notice

Were Given

Termination

Record Date 03/31/2016 1 of 1 + New Edit X

Termination Reason Not BF 6 mo postpartum

Effective Date 03/31/2016

Staff Member: System System

Use the Comment Panel

Comments/Alerts

Record Dates 09/26/2016

*Staff Member Marge Blankenship

Display as Alert

Expiration Date

*Comment Term Notice Given for Jasmine

Comments/Alerts

Record Dates 09/26/2016 1 of 1

*Staff Member Marge Blankenship

Display as Alert

Expiration Date

*Comment Ineligibility Notice Given for Marie

Questions



Dual Participation in Journey

REMINDER

Every Local Agency Has Multiple Pages of Matches

Name #/Name #/	Class	Family ID	Person ID	Sex	DOB	Status	Match Date	Resolved
M HANSEN, JULISA Hansen, Julia	55-00 25-5	21174	10991 30912	F		Terminated Active	10/02/2015	No
M HANSEN, BRYSON Hansen, Byron	95-00 25-5	21174	10984 30814	M		Terminated Active	10/02/2015	No
HADJIAN, MYSSA Hudson, Nelechi	25-5 45-00	8300	20179 30213	F		Active Active	07/02/2015	No
M HAUZER, ANYAH Hauer, Anya	25-11 25-4	1220	8730 30452	F		Terminated Active	10/02/2015	No
M HAUZER, AMARION Hauer, Amaran	25-11 25-5	1220	8731 30451	M		Terminated Active	10/02/2015	No
M HEEK, ZADYNN Hess, Zady	25-5 25-20	8095	29398 30250	M		Terminated Active	09/02/2015	No
M HESE, ASHLEY Hess, Ashley	25-5 25-10	8812	33593 30284	F		Terminated Terminated	09/02/2015	No
M HERNANDEZ, ANTHONY HERNANDEZ, ANTHONY	25-8 10-333	6301	21730 44596	M		Terminated Active	09/02/2015	No
M HERBERLA-GITZ, ERICA HERBERLA-GITZ, ERICA	25-10 25-4	1262	1582 24194	F		Terminated Terminated	09/02/2015	No
M HORN, GRASON HORN, GRASON	25-10 25-4	3899	9447 21280	F		Terminated Terminated	09/02/2015	No
M HORTON, MELISSA HORTON, MELISSA	25-8 25-8	7955	32040 20254	F		Terminated Terminated	09/02/2015	No
HOWARD, DEBRAJ HOWARD, DEBRAJ	25-20 25-5	1102	9214 20368	F		Terminated Terminated	09/02/2015	No
M HOWARD, TOSHIMA HOWARD, TOSHIMA	25-8 25-8	1102	9248 20306	F		Terminated Terminated	09/02/2015	No
HOWLAND, TANESHA HOWLAND, TANESHA	25-5 25-5	10173	18949 20719	F		Invalid Terminated	09/02/2015	No
M HUNT, KRASH HUNT, KRASH	25-8 25-4	10088	21094 20583	F		Active Terminated	09/02/2015	No
M HURON, NEROL HURON, NEROL	25-10 25-5	20748	10452 30442	M		Invalid Active	09/02/2015	No
M JASSO, EMBERT Jasso, Emma	25-5 25-20	8947	20191 30221	M		Terminated Active	09/02/2015	No
JANSON, BRAYTON JOHNSON, BRAYTON	50-00 25-1	28782	21821 30238	M		Active Active	09/02/2015	No
M JONES, INTSAR Jones, Intsar	25-5 25-10	8930	20818 30154	F		Terminated Terminated	09/02/2015	No
JOHNSON, JAME Johnson, Jame	25-8 09-10	7072	21222 30120	F		Active Invalid	09/02/2015	No
JOHNSON, JOEY Johnson, Joey	25-1 09-10	7072	21220 30950	M		Active Invalid	09/02/2015	No
JOHNSON, KANDICE JOHNSON, KANDICE	25-1 09-10	7072	22200 30348	F		Terminated Invalid	09/02/2015	No
KARSA, JAMIA Karrs, Javia	25-12 25-5	8784	20288 30150	F		Invalid Active	09/02/2015	No
KIDD, ALAYNA KIDD, ALAYNA	25-1 45-5	6909	26470 10291	F		Terminated Active	09/02/2015	No
M KENNEDY, CHRISTOPHER KORNE, Christopher	45-10 25-5	4488	10298 30229	M		Terminated Pending	11/02/2015	No
KORTH, HALEY Korth, Haley	25-5 25-10	8779	18808 30100	F		Invalid Terminated	09/02/2015	No
LE BLANC, SYBILLE LH, OLY	25-0 10-100	20228	30729 30719	M		Active Active	09/02/2015	No
LEAZER, MICHELLA Lester, Michelle	25-5 25-10	6467	24942 30142	F		Terminated Invalid	09/02/2015	No
M LEAZER, MICHELLA LEAZER, MICHELLA	25-20 25-5	5094	7089 24942	F		Terminated Terminated	09/02/2015	No
LEONHARDY, ELENBETH LEONHARDY, ELENBETH	25-5 50-30	10124	18868 90207	F		Invalid Terminated	10/02/2015	No
M LESLIE, CALVIN LESLIE, CALVIN	25-10 25-5	5209	8008 26820	M		Terminated Terminated	09/02/2015	No

NEBRASKAland Magazine

WIC
Journey Training

Using the New Referral Code

UPDATE

Mental Health Provider

THIS IS THE NEW REFERRAL ORGANIZATION TYPE

YOU CAN USE THIS REFERRAL WHEN A CPA FINDS A PARTICIPANT WITH AN ISSUE THAT MIGHT BENEFIT FROM COUNSELING.

Determining Organizations

Regional Behavioral Health Authorities

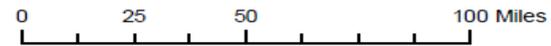
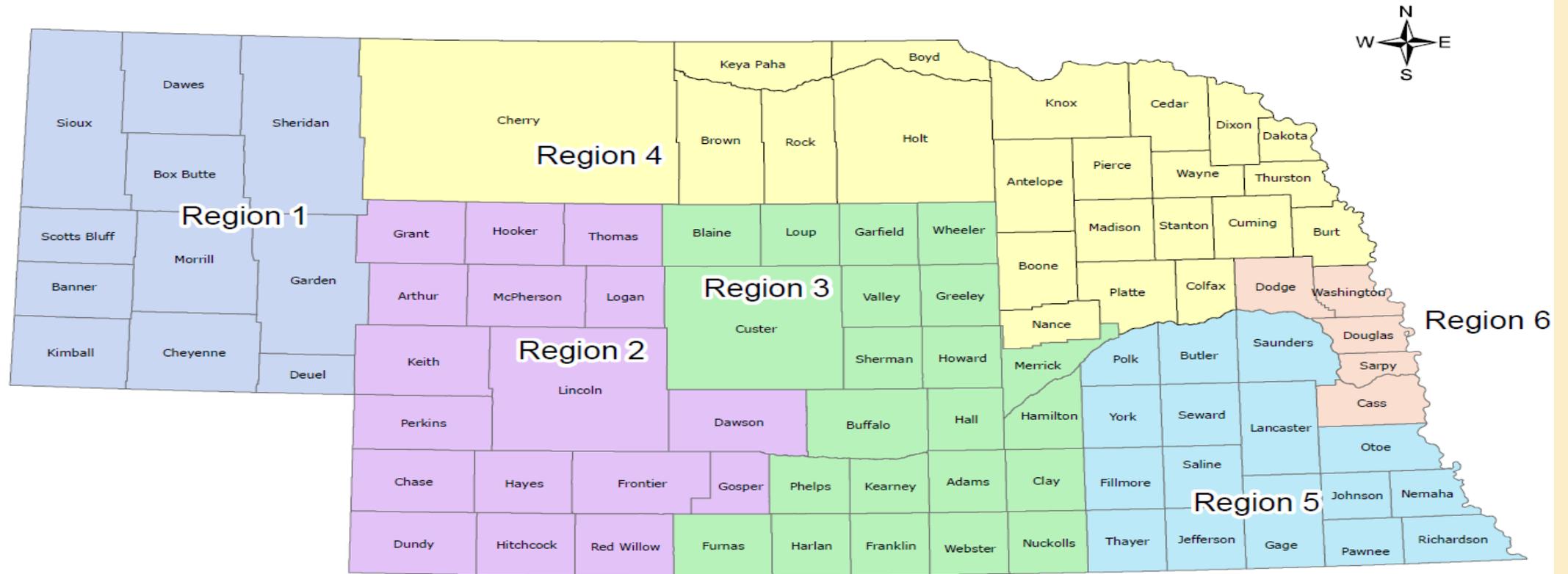
Nebraska is split into six "regions." These are local units of governments that the state partners with to do planning and service implementation.

Each county taking part in a region appoints one county commissioner to sit on a regional board. They will represent that county and participate in the decision making of the board. The region is staffed by an administrator who in turn hires additional personnel.

The map below shows Nebraska Behavioral Health Regions. The Table that follows provides a list of Administrators.

The regions purchase services from providers in their area. If necessary, services are purchased from other service providers across the state.

Behavioral Health Regions



Behavioral Health Regions Contacts

Region	Administrator and Address	Contact Information
Region 1	Barbara Vogel, Acting Reg. Admin. Region 1 Regional Administrator 18 West 16th Street Scottsbluff, NE 69361	Phone: (308) 633-2079 FAX: (308) 633-2326 Website: www.pmhc.net/ Email: bvogel@region1bhs.net
Region 2	Kathy Seacrest Region 2 Regional Administrator 110 North Bailey Street P.O. Box 1208 North Platte, NE 69103	Phone: (308) 534-0440 FAX: (308) 534-6961 Website: www.r2hs.com/ Email: kathy@r2hs.com
Region 3	Beth Baxter, M.S. Region 3 Regional Administrator 4009 6th Avenue, Suite 65 P.O. Box 2555 Kearney, NE 68848	Phone: (308) 237-5113 FAX: (308) 236-7669 Website: www.Region3.net Email: bbaxter@region3.net

Region	Administrator and Address	Contact Information
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Behavioral Health Regions Contacts

REGION	ADMINISTRATOR/ADDRESS	CONTACT INFORMATION
Region 4	Ingrid Gansebom Region 4 Regional Administrator 206 Monroe Avenue Norfolk, NE 68701	Phone: (402) 370-3100 x 120 FAX: (402) 370-3125 Website: www.region4bhs.org/story.html Email: igansebom@region4bhs.org
Region 5	C.J. Johnson Region 5 Regional Administrator 1645 "N" Street Suite A Lincoln, NE 68508	Phone: (402) 441-4343 FAX: (402) 441-4335 Web: www.region5systems.net Email: cjj@region5systems.net
Region 6	Patti Jurjevich Region 6 Regional Administrator 3801 Harney Street Omaha, NE 68131-3811	Phone: (402) 444-6573 FAX: (402) 444-7722 WEB: www.Regionsix.com Email: pjurjevich@regionsix.com

Sample 1

Organizations

Organization Name Region 1 Behavioral Health Authority 510 of 663 [New](#) [Edit](#)

Show All Deactivate

Organization Designation

Organization Name: Region 1 Behavioral Health Authority

Organization Type: Mental Health Provider

Use By WIC: WIC Refers To

Contact Information

Business Phone Number: (308) 633-2070 Ext: 2123

Business Fax Number: (308) 633-2095

E-Mail: fmills@region1bhs.net

Clinic Assignment

- 5 CENTRAL NEBRASKA COMMUNITY ACTION PARTNERSHIP
- 10 DOUGLAS COUNTY HEALTH DEPARTMENT
- 20 FAMILY HEALTH SERVICES
- 26 FAMILY SERVICE WIC
- 28 LINCOLN/LANCASTER COUNTY HEALTH DEPART.
- 30 NORTHEAST NE COMMUNITY ACTION PARTNERSHIP
- 35 CENTRAL DISTRICT HEALTH DEPARTMENT
- 40 BLUE VALLEY COMMUNITY ACTION
- 45 COMM. ACTION PARTNERSHIP OF MID NEBRASKA
- 50 COMM ACTION PARTNERSHIP OF WESTERN NE
- 65 PEOPLE'S FAMILY HEALTH SERVICES
- 70 EAST CENTRAL DISTRICT HEALTH DEPT.
- 75 WESTERN COMMUNITY HEALTH RESOURCES

Address

Attention Name:

Address Line 1: 3707 Ave D

Address Line 2:

Suite:

P.O.Box:

City: Scottsbluff

State: Nebraska

ZIP: 69361 (+4)

County: Scotts Bluff

Susan Schoen 09/15/2016

Sample 2

Organizations

Organization Name Children's Behavioral Health Clinic

8 of 44 + New Edit

Show All

Deactivate

Organization Designation

Organization Name Children's Behavioral Health Clinic

Organization Type Mental Health Provider

Use By WIC Outreach and Refers To

Contact Information

Business Phone Number (402) 955-3900

Ext

Business Fax Number () -

E-Mail

Clinic Assignment

- 5 CENTRAL NEBRASKA COMMUNITY ACTION PARTNERSHIP
- 10 DOUGLAS COUNTY HEALTH DEPARTMENT
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- 70 EAST CENTRAL DISTRICT HEALTH DEPT.
- 75 WESTERN COMMUNITY HEALTH RESOURCES

Address

Attention Name

Address Line 1 8200 Dodge Street

Address Line 2

Suite

P.O.Box

City Omaha

State Nebraska

ZIP 68114

(+4) 4113

County Douglas

Susan Schoen 09/26/2016

Develop your Agency's list of providers

ORGANIZATION NAME:

ORGANIZATION TYPE: MENTAL HEALTH PROVIDER

USE BY WIC: REFERS TO OUTREACH BOTH

BUSINESS PHONE:

BUSINESS FAX: (IF AVAILABLE)

ADDRESS:

ZIP CODE:

WHICH CLINIC ASSIGNMENTS:

SEND LIST TO SUSAN.SCHOEN@NEBRASKA.GOV

Questions



Medicaid On-Line Access

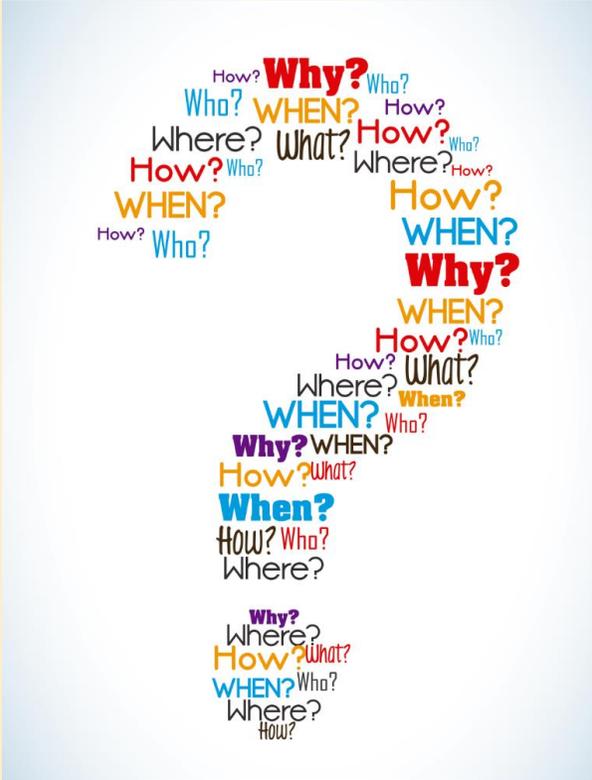
NEW



Its Happening !!!

**WIC has Web Access to Check Medicaid
Eligibility**

Questions



Food Operations Update

- PAF – Extra formula
- Milestone Packages
- Part Breastfeeding



PAF for Extra Formula

- Must have medical documentation of a medical/developmental condition that contraindicates the introduction of solid foods and requires an increased amount of infant formula.
- Required by PAF – not determined by staff
- Only for infants on special formula
- Not appropriate for clients to get additional formula without an existing medical/developmental reason
- Likely needed for a limited time: 2-3 months only
- Will be available in Journey on October 3rd

D. WIC Foods (6-12 months of age, only): All WIC infant foods will be issued if nothing is marked.	
<input checked="" type="checkbox"/> No WIC Infant Foods – cereal/fruits/vegetables <ul style="list-style-type: none">• <i>Infant is not developmentally ready for solid foods AND needs additional formula</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All WIC Infant Foods are allowed

Infants 6-12 months can get same amount of formula as 4-5 month infant

Is not a choice between more formula or food

Must have developmental or medical need

Monitor infant ability to tolerate solid foods and continued need for additional formula at 9 month nutrition ed visit



**Nebraska WIC Nutrition Program
Physician Authorization Form
For Specialty Formulas and WIC Supplemental Foods
Infants up to 12 months**

Formula and food cannot be issued until **all** appropriate sections are completed. Thank You!

WIC Clinic:
Phone #:
Fax #:
Attention:

A. Patient Information

Name: _____ DOB: _____

Parent/Caregiver's Name: _____

B. Medical Reason/Diagnosis – (required)

DX: _____

Specialty formulas are not allowed for non-specific conditions such as: poor appetite, picky eater, parental preference, spitting up, colic, constipation, fussiness, or gas.

C. Formula

WIC Provides approximately: **28 oz/day:** birth-3 mo. **30 oz/day:** 4-5 mo. **22 oz/day:** 6-11 mo.

Name of Formula

Formula Amount (oz/day) Maximum allowable OR _____ oz per day

Special Instructions

D. WIC Foods (6-12 months of age, only): All WIC infant foods will be issued if nothing is marked.

- No WIC Infant Foods – cereal/fruits/vegetables
- Infant is not developmentally ready for solid foods AND needs additional formula Yes No
- All WIC Infant Foods are allowed

E. Requested Length of Issuance 6 months will be issued if nothing is marked.

1 mo. 2 mo. 3 mo. 4 mo. 5 mo. 6 mo.

F. Health Care Provider Information (required)

Date: _____ Phone No.: _____ Fax No.: _____

Provider's Name (Please Print): _____

Signature/Stamp of Health Care Provider (MD, DO, PA, NP): _____

For WIC Use Only

Approved by:

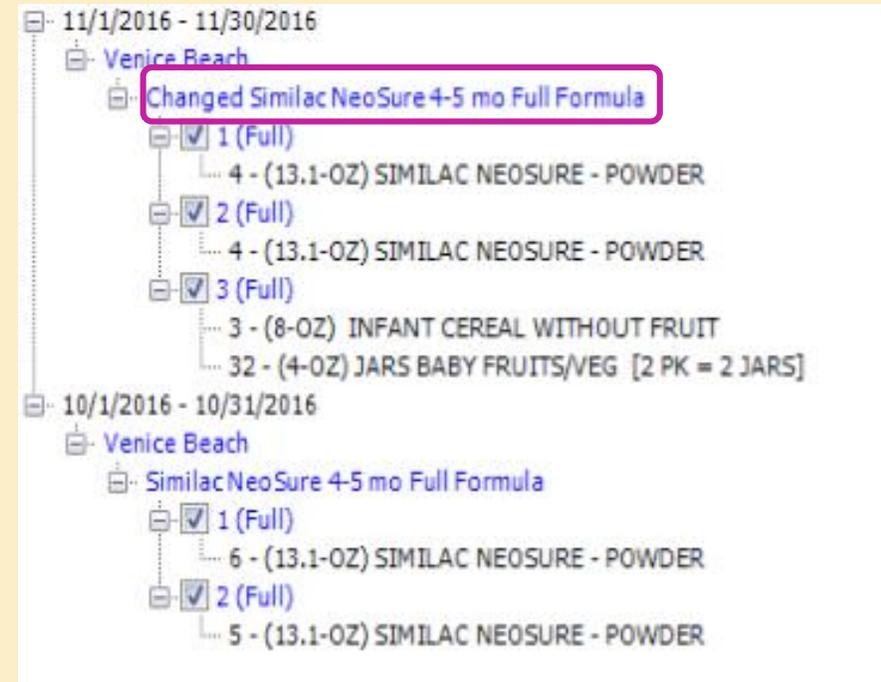
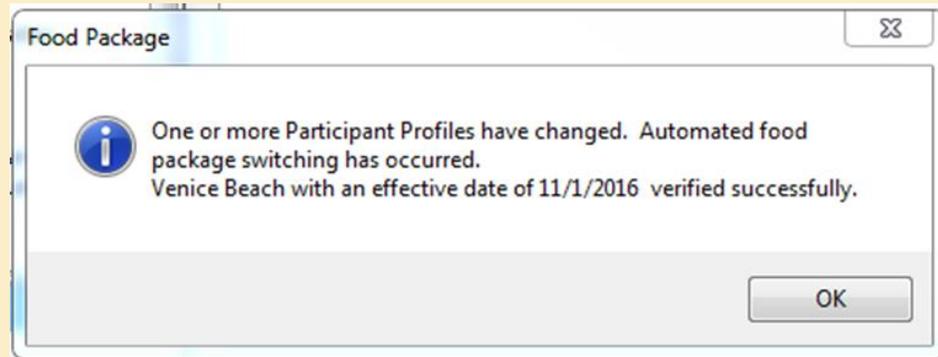
Date

Follow-up Nutrition Ed Needed

- Infants with a PAF for extra formula with no foods – require a follow up nutrition education contact at 9-month visit
- Once infant begins solid foods, the additional amount of formula food package can no longer be provided
 - Even if not getting the foods from WIC
- Must have a continued need for the additional formula amount
- Update the food package for benefit issuance after 9 months of age

Milestone Package - Special Diet 6 months of age

- Food packages for 5 month old formula fed infants on specialty formula will begin to be updated to a food package for 6-11 month old.



“Changed” food package

11/1/2016 - 11/30/2016

- Venice Beach
 - Changed Similac NeoSure 4-5 mo Full Formula
 - 1 (Full)
 - 4 - (13.1-OZ) SIMILAC NEOSURE - POWDER
 - 2 (Full)
 - 4 - (13.1-OZ) SIMILAC NEOSURE - POWDER
 - 3 (Full)
 - 3 - (8-OZ) INFANT CEREAL WITHOUT FRUIT
 - 32 - (4-OZ) JARS BABY FRUITS/VEG [2 PK = 2 JARS]

10/1/2016 - 10/31/2016

- Venice Beach
 - Similac NeoSure 4-5 mo Full Formula
 - 1 (Full)
 - 6 - (13.1-OZ) SIMILAC NEOSURE - POWDER
 - 2 (Full)
 - 5 - (13.1-OZ) SIMILAC NEOSURE - POWDER

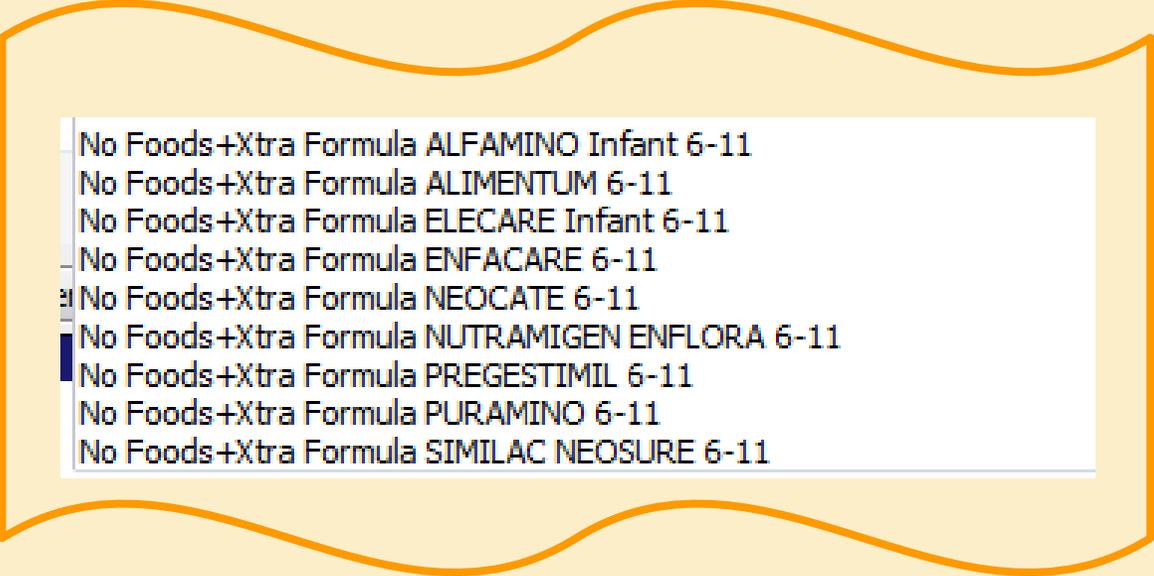
- 32 jars of baby food will be on 1 check

CPA staff can assign a new model food package:

1. To split the 32 jars of baby food onto 2 checks
2. To provide a food package with additional formula and no infant foods with appropriate medical documentation

New Model Food Packages

- Available starting October 3rd
- Food packages have the increased amount of formula and no infant foods
- Model packages for the most commonly used special formulas
- Other formulas the package will have to be tailored to remove the foods and increase the amount of formula
- Use formulary or product guide for correct number of cans to issue



No Foods+Xtra Formula ALFAMINO Infant 6-11
No Foods+Xtra Formula ALIMENTUM 6-11
No Foods+Xtra Formula ELECARE Infant 6-11
No Foods+Xtra Formula ENFACARE 6-11
No Foods+Xtra Formula NEOCATE 6-11
No Foods+Xtra Formula NUTRAMIGEN ENFLORA 6-11
No Foods+Xtra Formula PREGESTIMIL 6-11
No Foods+Xtra Formula PURAMINO 6-11
No Foods+Xtra Formula SIMILAC NEOSURE 6-11

Standard Model Food Packages

- Use these to split baby food onto 2 checks

	Infant Foods- No BF 6-11 mos
r	Alimentum 6-11 Full Formula
	Alimentum RTF 6-11 mo Full Formula
	EleCare 6-11 mo Full Formula
	Enfacare 6-11 mo Full Formula
	Neocate 6-11 mo Full Formula
L	Nutramigen Enflora 6-11 mo Full Formula
Z	Nutramigen (CONC) 6-11 Full Formula
	Nutramigen RTF 6-11 mo Full Formula
Z	Nutramigen RTF 6-pks 6-11 mo Full Formula
	Pregestimil 6-11 mo Full Formula
	Similac NeoSure 6-11 mo Full Formula
	Similac NeoSure RTF 6-11 mo Full Formula
	Alfamino Infant 6-11 mo Full Formula
	PurAmino 6-11 mo Full Formula
	Similac PM 60/40 6-12 mo Full Formula
	Calcilo XD 6-12 mo Full Formula
	No Foods+Xtra Formula ALFAMINO Infant 6-11
	No Foods+Xtra Formula ALIMENTUM 6-11
	No Foods+Xtra Formula ELECARE Infant 6-11
	No Foods+Xtra Formula ENFACARE 6-11
	No Foods+Xtra Formula NEOCATE 6-11
	No Foods+Xtra Formula NUTRAMIGEN ENFLORA 6-11
	No Foods+Xtra Formula PREGESTIMIL 6-11
	No Foods+Xtra Formula PURAMINO 6-11
	No Foods+Xtra Formula SIMILAC NEOSURE 6-11

Changes to Infant Food Packages for Specialty Formulas

Oct 2016

Starting October 3rd, there will be new model food packages available for infants who have medical documentation requiring an increased amount of infant formula with no issuance of infant foods, because of a developmental delay or medical condition.

D. WIC Foods (6-12 months of age, only): All WIC infant foods will be issued if nothing is marked.

No WIC Infant Foods – cereal/fruits/vegetables All WIC Infant Foods are allowed

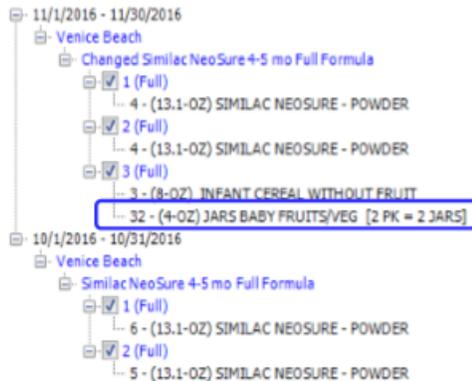
Infant is not developmentally ready for solid foods AND needs additional formula Yes No

Also on October 3rd, food packages for 5 month old formula fed infants on a specialty formula, will begin to be automatically updated to a food package for 6-11 month old infant, the month after the infant turns 6 months.

When WIC staff access either the Food Benefits Panel or the Food Package Panel, the pop-up will appear. This is similar to the change that takes place when infants are changed to the 4-5 month package.



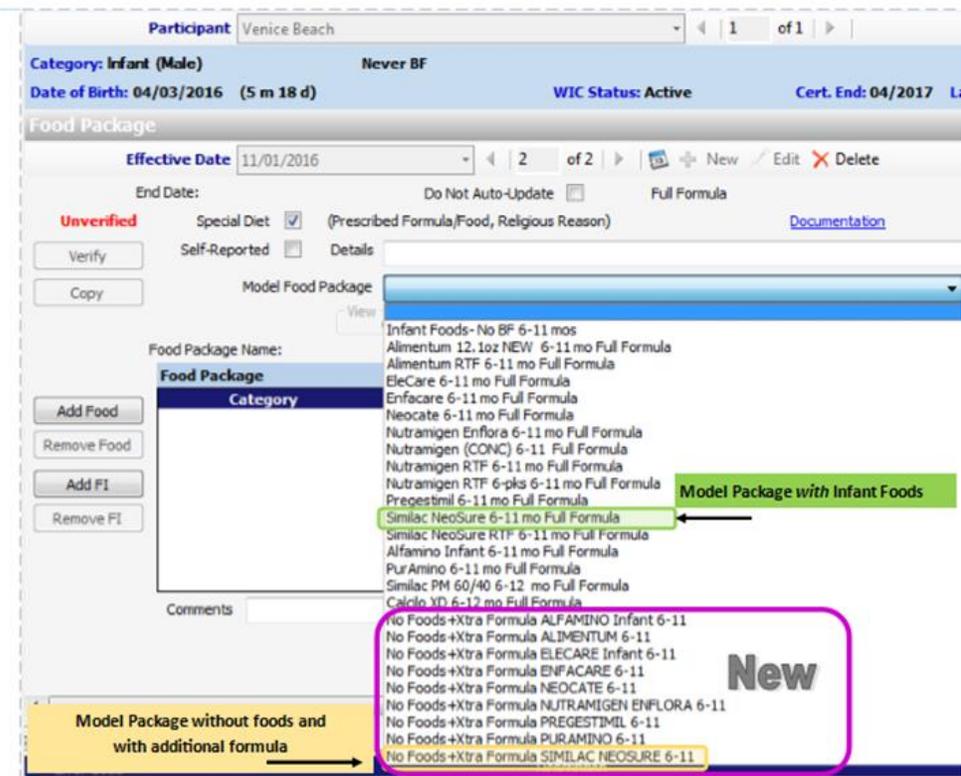
Food Benefits Panel will show the name of the 4-5 month food package with the word "Changed"



* 32 jars of baby food will be on 1 check.

CPA staff can assign a new model food package at the Midcert visit:

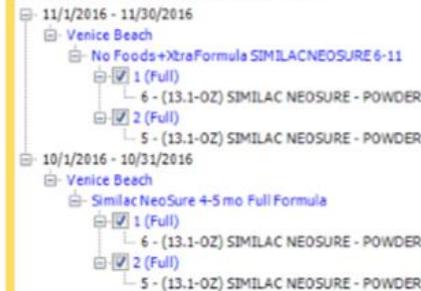
1. To split the 32 jars of baby food onto 2 checks
2. To provide a food package with additional formula and no infant foods with appropriate medical documentation



The model package is selected that **does not** have infant foods, and has additional formula.

- **Can only be issued with medical documentation.**

FOOD BENEFITS PANEL LOOKS LIKE THIS:



The basic model food package **with** the infant foods and the amount of formula for 6-11 month old infant is selected.

FOOD BENEFITS PANEL LOOKS LIKE THIS:



Part Breastfeeding Model Food Packages



Breastfeeding Description – Part BF

Part BF	Infant is breastfeeding AND receiving WIC formula. May also be getting complimentary foods.	
	Infant receives partial WIC formula package, tailored to appropriate amount of cans.	
	Part BF Within Range <i>(Mostly Breastfeeding)</i>	Part BF Out of Range <i>(Some Breastfeeding)</i>
	Infant is breastfeeding and gets WIC formula less than or equal to approximately 1/2 WIC formula package.	Infant is breastfeeding but gets more than approximately 1/2 WIC formula package.

Model Food Package Selection – Part BF

Category: Infant (Male) **Part BF** **BW**
Date of Birth: 07/02/2016 (2 m 21 d) **WIC Status: Active - VOC** **Cert. End: 08/2017** **Last FB:**

Food Package

Effective Date: 10/01/2016 | 1 of 1 | New Edit Delete

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

Unverified Special Diet (Prescribed Formula/Food, Religious Reason) [Documentation](#)
Self-Reported Details

Verify Copy

Model Food Package

Food Package Name:

Food Package

Category
Enfamil Infant 0-3 Part BF Within Range
Enfamil Infant 0-3 Part BF Out of Range
Enfamil Gentlease 0-3 Part BF Within Range
Enfamil Gentlease 0-3 Part BF Out of Range
Enfamil ProSobee 0-3 Part BF Within Range
Enfamil ProSobee 0-3 Part BF Out of Range
Enfamil AR 0-3 Part BF Out of Range
Enfamil AR 0-3 Part BF Within Range
Enfamil ProSobee (CONC) 0-3 mo Part BF
Enfamil Infant (CONC) 0-3 mo Part BF
Enfamil Infant RTF 0-3 mo Part BF
Enfamil Infant RTF 6-pks 0-3 mo Part BF
Enfamil Gentlease RTF 6-pks 0-3 Part BF
Enfamil ProSobee RTF 6-pks 0-3 mo Part BF
Enfamil AR RTF 6-pks 0-3 Part BF

Add Food Remove Food Add FI Remove FI

Part BF Within Range

Participant Storm September 4 of 4

Category: Infant (Male) Part BF
Date of Birth: 07/02/2016 (2 m 20 d) WIC Status: Active - VOC Cert. End: 08/2017

Food Package

Effective Date 10/01/2016 1 of 1 + 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

Verify Copy

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

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

Food Package Name: Enfamil Infant 0-3 Part BF Within Range (Contract

Category	Item Description	FI1	Month	Total	Do
21 Infant Formula (IF)	(12.5 OZ) ENFAMIL INFANT POWDER	4	All	4	

Part BF Within Range package will have the number of cans an infant can get to still be considered “within range” = about half of a full formula package

Mom will get the food package: Preg/Part BF

Part BF Out Range

Participant Storm September 4 of 4

Category: Infant (Male) Part BF
Date of Birth: 07/02/2016 (2 m 20 d) WIC Status: Active - VOC Cert. End: 08/2017

Food Package

Effective Date 10/01/2016 1 of 1 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 Infant 0-3 Part BF Out of Range

View Full 2/3 1/3 *FB Issuance 2 Months 1st De

Food Package Name: Enfamil Infant 0 3 Part BF Out of Range (Contract

Category	Item Description	F11	F12	Month	Total
21 Infant Formula (IF)	(12.5 OZ) ENFAMIL INFANT POWDER	5	4	All	9

Part BF Out of Range package will have the maximum number of cans an infant can get = same as full formula package

**Mom will get the food package:
Not BF/Part BF Out**

Select Part BF Package & Tailor Down

Food Package Name: Tailored Enfamil Infant 0-3 Part BF Out of Range

Food Package						
Category	Item Description	FI1	FI2	Month	Total	
21 Infant Formula (IF)	(12.5 OZ) ENFAMIL INFANT POWDER	5	4	All	9	
▶ 21 Infant Formula (IF)	(12.5 OZ) ENFAMIL INFANT POWDER	5	1	All	6	

Food Package Name: Tailored Enfamil Infant 0-3 Part BF Out of Range

Food Package						
Category	Item Description	FI1	FI2	Month	Total	
▶ 21 Infant Formula (IF)	(12.5 OZ) ENFAMIL INFANT POWDER	5	2	All	7	

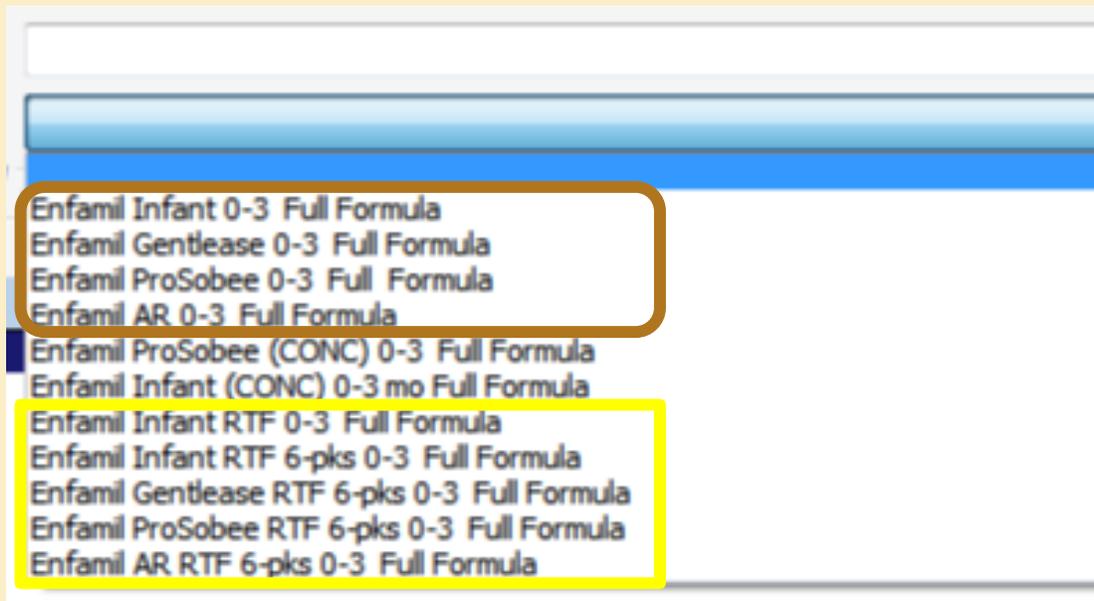
Methods for tailoring food package:

1. Use “Add Food” button and select the category and item description and enter the number of cans.
 - Then use “Remove Food” button to take off the row not needed
 - This method will adjust the proration
2. Decrease the amount of cans to the correct number of cans needed.
 - Remember to also change the number of cans in the 2/3 and 1/3 view

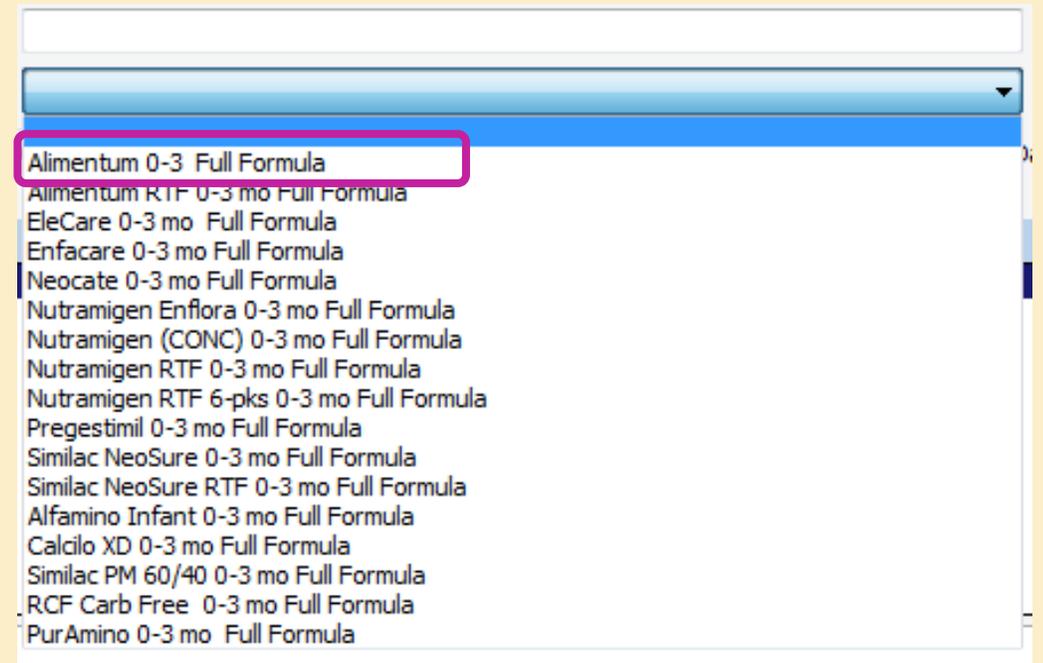
Other revisions - Food Package Selection

Order of Contract Formulas Listed

Grouping of all powder formulas first, then concentrate, then RTF



Special Diet Food Packages - Names



Updated Product Reference Guide

Nebraska WIC Formulary - Product Reference Guide

Infant Formula	Description	Reason for Issuance	Can Size	Yield	Max # Cans by Age			
					0-3 mo	4-5 mo	6-11 mo	12 mo+ and above
ALFAMINO INFANT - Nestle 	<ul style="list-style-type: none"> • 20 calories per ounce • Nutritionally complete • Hypoallergenic • Amino-acid based • Lactose-free, gluten-free • 43% of fat as MCT 	Cow's milk protein allergy, multiple food allergies, eosinophilic GI disorders, malabsorption, short bowel syndrome *PAF Required	14.1 oz powder	34 fl oz	9	10	7	9
ALFAMINO JUNIOR - Nestle 	<ul style="list-style-type: none"> • 30 calories per ounce • Nutritionally complete • Hypoallergenic • Amino acid-based • Lactose-free, gluten-free • 65% of fat as MCT 	Cow's milk protein allergy, multiple food allergies, eosinophilic GI disorders, malabsorption, short bowel syndrome *PAF Required	14.1 oz powder	62 fl oz				14
BOOST® KID ESSENTIALS - Nestle 	<ul style="list-style-type: none"> • 30 calories per ounce • Nutritionally complete • Gluten-free, low residue, kosher, appropriate for lactose intolerance • Flavors: Vanilla, Chocolate 	Nutritional support for inadequate oral intake, increased energy needs, failure to thrive, and malnutrition *PAF Required	8.25 fl oz	8.25 fl oz				27 4-packs

Questions



Out of State Transfers

NEW DATABASE



NEW USDA
DATABASE -
Coming Soon

Contacts for EVERY STATE who
can provide transfer information



NEW USDA
DATABASE -
Coming Soon

Call the State Contact for Transfer
Information



Out of State Transfers

JOURNEY REMINDER

Application

Application Dates 8/20/2013



1

of 4



New



Edit



Delete

End Date: 2/20/2014

Out-of-State VOC

Out-of-State VOC

Certification Start Date

Certification End Date

Last Benefits Start Date

Last Benefits End Date

When a Transfer Calls:

- Find or Add the Family to Journey
- Schedule Appointment
- Call For Transfer Information
- Scan or Enter information into Comments

DO NOT ENTER TRANSFER INFO INTO APPLICATION PANEL

UNTIL THEY ARRIVE FOR THE APPOINTMENT

Application

Application Dates

9/27/2016



5

of 5



New



Edit



Delete

End Date:

Out-of-State VOC

Out-of-State VOC

*Certification Start Date 05/15/2016

*Certification End Date 11/30/2016

*Last Benefits Start Date 10/01/2016

*Last Benefits End Date 10/31/2016

When a Transfer Walks in with Papers:

- Collect Remaining Checks or EBT Card
- Find or Add the Family to Journey
- Make Appointment
- Enter Transfer Information into Application Panel
- Scan Transfer Papers into Record

What to do With Checks/EBT Cards from Other States?

ALL Checks and EBT Cards should be destroyed

- Do Not return to the state/clinic they were issued from
- Do Not give them back to the client
- Do Not scan into the family's record

WHAT TO DO?

For a Transfer who Needs Special Formula, BUT has no PAF

- 😊 You can get the expiration date & details from the transferring state
- 😊 PAF is valid until the expiration date
- 😊 If you receive a faxed or emailed copy scan it into Journey

WHAT TO DO?

For a Transfer who Needs Special Formula, BUT has no **PAF**

AND

You cannot get the expiration date & details from the transferring state

   Give 30 days of the special formula

   Have them bring a new PAF within the 30 days

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Additional Benefits Procedure & Workaround

NEW GUIDANCE

Change Coming Soon

Additional
Benefits



- **NEW POLICY**

- **Coming in December 2016**

NEW Policy will be

Additional Benefits



- For Formula Only
- Used for
 - Custody Changes
 - Abandonment
 - Foster Care Placement

NEW Policy will

Additional Benefits



- Require State Approval
- Call WIC Help Desk



NEW Policy will

Additional Benefits



- Address:
 - Replacing Future Checks that have been issued
 - Replacing formula already purchased by previous Authorized Representative
 - How Often policy can be used
 - Other actions that need to be taken by local agency (ex. *Getting checks back from first Authorized Rep.*)

Questions



Changes to WIC Approved Foods

Coming in December 2016



Yogurt

What we are working on:

- Looking at brands of yogurt that will be approved
 - Only 32 ounce size
 - Regular or Greek
 - Brand Specific
- Materials for clients, WIC staff and WIC stores

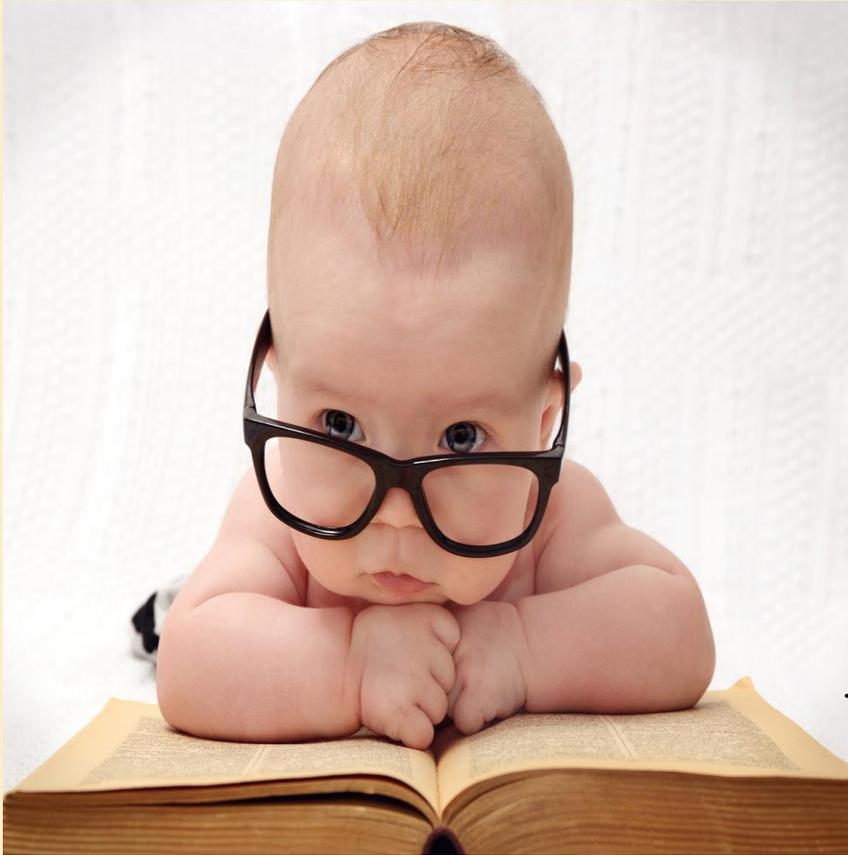
What will be available:

- 32 ounce yogurt as part of the standard food package with milk and cheese
- Instead of the can of evaporated milk
- Can only get 1 container
- Can only get with cheese
- Lowfat or Nonfat yogurt for children and women
- Whole fat yogurt for toddlers

More info to come

Nine Month Old's Education Visit

What's going on?



Currently....

- Rushed
- Close ended questions
- Focused on \$4 dollar Fresh fruit and vegetable check
- Heightened time of participants giving away or selling WIC formula and/or baby food

**REALLY IMPORTANT
TIME OF TRANSITION
FOR MOM AND BABY**

Education Suggestions

Investigate what the baby is eating

- Open ended questions... how much formula is baby drinking? What is baby eating?
 - Tailor the amount of baby foods and formula accordingly
- Provide suggestions on how they can use the baby foods
- What to do with extra formula or baby food?
 - Remind mom to not sell or give away any formula or baby food
 - Tell mom to bring it to the clinic



Education Suggestions

Fruit and Vegetable Check

- Opportunity to talk to mom about appropriate fresh fruits and veggies at this age

Providing table foods

- Textures
- Potential choking hazards



Education Suggestions

Weaning the bottle and transitioning to a cup

- Practicing with a cup-remind mom she can put formula in the cup
- Offer sippy cup recommendations-free flowing lid that is not spill proof and is only 4-6 ounces

Transitioning to whole milk

- Mix with formula in bottle/cup to help with transition
- Amount of whole milk that is recommended

Child food package



Questions



Giving Out that Formula in Your Cupboard

Things to Remember

- Clinics must keep an inventory of cans of formula returned and given out
- Don't issue all benefits from the formula inventory



- Remember to issue at least 1 check
 - To prevent over-issuance on food benefits panel
 - To count the client as participating
- Document in Comments/Alerts that formula was given from inventory



Issuing 1, 2 or 3 Months of Checks

1 month

When there is a reason for client to come back in one month

- Several formula changes
- Unstable living situation
- Other as determined by staff

To accommodate nutrition education schedule.

To help transition to 3-month issuance



2 months

New default months of issuance

Used for newborn infants who need to come back next month

Infants < 6 months of age

Pregnant women

Children involved in custody changes



3 months

Infants \geq 6 months of age

Children

Breastfeeding women with infants \geq 6 months

Some Pregnant women

- only when a 3 month issuance schedule will accommodate nutrition education contact requirements



2 Months

Beginning in October, Journey will default to a 2 month issuance for all new clients

- Program Integrity Requirements
- Experience with Journey/Calendar month issuance over time
- Policies and training materials are being updated

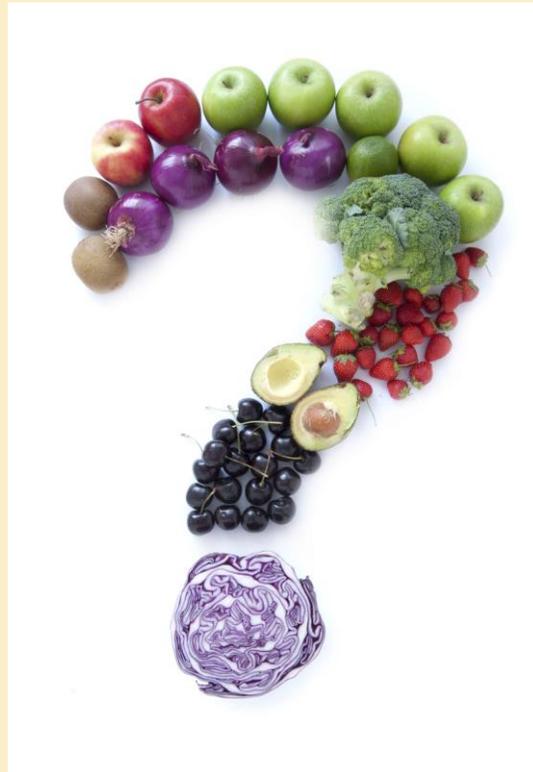
< October 2016 >						
S	M	T	W	T	F	S
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

< November 2016 >						
S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

3 months issuance is not appropriate for:

- Infants under 6 months of age
- Children involved in custody situations
- Foster children (unless they have a stable living situation)
- Any client who may need additional nutrition/health education contacts that cannot be accommodated during a 3 month check issuance schedule

Questions



Civil Rights Poster

NEW POSTERS ARRIVING IN THE MAIL SOON

Sample of NEW Civil Rights Poster

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

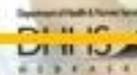
(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.



This institution is an equal opportunity provider.



2017 WIC-CSFP Conference

MAY 2ND AND 3RD, 2017

HOLIDAY INN

KEARNEY

Planned Topics:

(Topics are tentative based on speaker availability and funding)

CPAs

- * Breastfeeding
- * Maternal Depression
- * Motivational Interviewing
- * Helping Refugees/
Immigrants Acclimate
- * Food Allergies
- * Dairy vs Dairy Alternatives

CLERKS

- * Customer Service
- * Telephone Etiquette
- * Dealing with Difficult
Clients
- * Motivational
Interviewing for Clerks
- * Maternal Depression

Planned Topics:

(Topics are tentative based on speaker availability and funding)

ALL STAFF

- * Civil Rights – Cultural Sensitivity
- * Ethics in WIC
- * Medicaid Providers Panel
- * Opioids and the Impacts on WIC Families
- * Using an Interpreter
- * Impact of WIC on Families
- * Outreach: It's Everyone's Job

Upcoming Training

SAVE THE DATES

FUTURE TRAINING

Date	Time (CST)	Type of Training
Sept. 1 – Nov. 30, 2016	On-Line	2016 Maternal Nutrition Intensive Course (Minnesota)
Oct. 31, 2016	9 am – 11 am	WIC Director's Webinar
Jan. 31, 2017	1pm – 3 pm	Webinar
March 31, 2017	10 am – 12 pm	Webinar
May 2 & 3, 2017	1 ½ or 2 days	WIC/CSFP Conference
June 30, 2017	TBD	Webinar
Sept. 29, 2017	TBD	Webinar

Thanks for attending

REMEMBER TO COMPLETE THE ATTENDANCE POLL BEFORE
LOGGING OUT

Questions

