

# **.NET JAD SESSIONS 2009**

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*Highlighted text are comments from Face to Face Jan. 2010*

# 1. Appointment Scheduler / Precertification

September 22-23, 2009

## 1.2 Precertification

1.2.2 Once you've typed in a client's name and birth date, it would be helpful if you could see a indicator of their name and clinic number if already enrolled in another clinic within the agency you are working or within the state? – Discussed during Certification JAD session

1.2.3 Would like to have the ability to complete a precertification logged in under LAXX, Clinic00 so that they do not have to go back and forth and assign a clinic. Currently, an ID number is only generated with clinic and agency.

1.2.4 When you are doing pre-cert, enter notes which will appear in scheduler i.e. will need waiver form, no proof of income, etc.

### 1.2.5 Income waivers

1.2.5.1 Date of collection and date signed

### 1.2.6 Phone number- needed for disaster

1.2.6.1 Those clients that are on the Do Not Call List will not display the phone number in the appointment scheduler.

## 1.3 Scheduling appointments

1.3.2 Show language participant speaks

1.3.3 If multiple appointments are scheduled at the same time for the same time, it does not notify appointment has been taken. Need to verify save, notify if cannot save, must reschedule.

1.3.4 Indicator reminders when scheduling client

- Health check if due when scheduling the client.
- Nutrition Ed if not completed in previous session.
- Documents they need to bring.

1.3.5 If the system tells you what kind of appointment, it would eliminate headaches. Should auto-populate what they need.

1.3.6 System should allow a high risk and non high risk appointment from the same family.

1.3.7 System should allow flexibility for where certification is being scheduled. Allow scheduling to another clinic from 00.

1.3.8 Add a check box to show if they are an advance appointment or same day appointment.

1.3.9 Show who made that appointment, by family.

1.3.10 If a child is over 6-years-old, do not have his record appear in the Appointment scheduler or Client/Family Look up screens. (F2F: Change to 6-years-old per CSFP)

1.3.11 When building the appoint calendar, program an appointment slot so that the software accepts more than one type of appointment

1.3.12 Create a small notes field for each day to record any special circumstances on that day. This should be for the whole day.

*Highlighted text are comments from Face to Face Jan. 2010*

**1.3.13** Ask questions first – then you will know the time you will need to schedule for that client/family.

#### **1.4 Group/Class Appointments**

- 1.4.2** Show what group classes a client has attended during appointment scheduler, so they do not schedule them for completed classes.
- 1.4.3** Graham County WIC staff requested in the appointment scheduler when making group appt that they would like to insert family id# by double clicking on top of screen
- 1.4.4** The Family ID number is located at the top of the Class Attendance screen. Currently, we have to type in the Family ID number into the Class Families section in order to add a family. It would be easier if we could just click a button and the family would be added to the class.
- 1.4.5** When a family reschedules their class appointment, it would be easier if the original appointment was automatically deleted.
- 1.4.6** To record attendance, it would be nice to be able to select or deselect which family members are in the class or topics are inappropriate.

#### **1.5 Appointment Notices**

- 1.5.2** Option to print appointment notice to be given to clients.
- 1.5.3** Summary to tell participant what to bring to the next appointment.
- 1.6** Include if they need to bring in the baby
- 1.7** Things to bring should auto fill
- 1.8** Might be helpful to see things to bring from family screen and appointment scheduler too.
- 1.9** If the system cannot do it automatically, have the staff check what they told them to bring (plus a fill in the blank), and give it a history.
- 1.10** Get rid of Things to Bring/Appt Notice and replace with Notes Button.
- 1.11 Automated reminders**
  - 1.11.2** Okay to call field should be required, so all clients who allow calls can be auto dialed... or an email capability.
  - 1.11.3** Email and text messaging reminders. Must obtain permission to contact for both.
  - 1.11.4** Allowing a client to be scheduled from one clinic to another clinic without transferring (EX: a client from a smaller town outside of Flagstaff is in Flagstaff and would like to be seen while she is in town.)

## **2. Breastfeeding**

**December 14, 2009**

#### **Attendees:**

AZDHS – Marianne Johnson,  
Angelita Lopez, Taffery Lowery,  
Alice Beckstead, Rod Setnes,

Ryan Sadler, Evan Brom, Christa  
Bridges-Jones, Cynthia Melde,  
Tasha Foster

*Highlighted text are comments from Face to Face Jan. 2010*

Guam – Dave  
N. Nation – Leota Begay  
Maricopa – Cheryl , Rachel  
Sanchez  
A. Samoa – Lupe, Taiai, Thelma

Yavapi – Pam Montgomery,  
Sheela  
CNMI – Pauline  
Pima County - Laura

## 2.1 Suggestions:

- 2.1.1 Carry the information over from mom to baby
- 2.1.2 Add an indicator for a woman issued a Hospital Grade Pump
  - Like a premature button that pops up.
  - A pump indicator on the home screen
  - Keep track of pumps
- 2.1.3 Update and make the Breastfeeding Peer Counselor screen functional.
  - Add the pregnancy screen
  - Link a pregnancy section to that
  - Access the BPC screen when mom is pregnant
  - Start BPC Education while mom is still pregnant
- 2.1.4 Add the age right next to the birthday
  - Calculate automatically
- 2.1.5 Add length of visit
  - In contact information history (for possible monitoring tool)
- 2.1.6 Add counselor name
  - Have each visit linked to the specific counselor
- 2.1.7 Add promo items
  - Link to pump management software
- 2.1.8 If you are linking the “referred by” information, then maybe we need a more detailed referral screen. We currently use a form that is sent by email.
  - Agree
- 2.1.9 Need a function to ask about the Breast Pump
  - Remind staff to ask the question regarding a breast pump.
- 2.1.10 Could we include a referral from CLINIC STAFF with name Identification?
  - That is already working; it is just hidden from the user.
- 2.1.11 Add a Breast Pump tacking functionality
  - Mock the Oregon Tracking System
  - We would like to develop State Wide.

## 3. Certification

September 14, 2009

### Attendees:

- ADHS – Marianne Johnson, Rod Setnes, Taffery Lowry, Jaclyn Burm
- American Samoa - Lupe Mata
- CNMI - Erin Camacho
- Coconino – Lorraine Ornelas
- Guam – Thelma Ramoso and Godfrey Wong
- Marana – Linda Nielsen
- Maricopa - Veronica Vargas
- Mountain Park - Rene Herrera and Claudia Carrola
- Navajo Nation - Leota Begay

*Highlighted text are comments from Face to Face Jan. 2010*

- Guam - Stephen Weiss
- Yavapai County - Nita Marlette
- September 15, 2009**
- ADHS – Marianne Johnson, Rod Setnes, Taffery Lowry, Jaclyn Burm
- Guam – Thelma Ramoso and Godfrey Wong
- Yavapai County - Nita Marlette
- American Samoa - Lupe Mata
- Marana-Melissa Delfenthal
- Maricopa - Veronica Vargas
- September 21, 2009**
- ADHS – Marianne Johnson, Rod Setnes, Taffery Lowry, Jaclyn Burm, Alice Beckstead, Marie Tymrack, Susie Leo, Cynthia Melde, Terry Green, Linda Yee
- Maricopa - Veronica Vargas
- Mohave - Deborah Conter
- Mountain Park - Leticia Graham
- Mountain Park - Rene Herrera and Claudia Carrola
- Mohave - Deborah Conter
- Navajo Nation - Leota Begay
- CNMI - Erin Camacho
- Guam – Thelma Ramoso, Godfrey Wong and Stephen Weiss
- CNMI - Erin Camacho, Pauline Mulligan
- Stephen Weiss
- Lupe Mata
- Mountain Park - Rene Herrera

### 3.1 Flow

#### 3.1.1 Less logins to get into AIM

- **Increase the number of days to change your password**
- Eliminate having to logout of each clinic
- Appointment scheduler should have access to all databases your agency
- How possible is it for .NET to detect, using the computer's IP address, to automatically log the user into the appropriate clinic? Then, use the drop downs to perform other miscellaneous tasks.
- there might be restrictions in Oracle but will have to ask the developer
- If clinic site jumping were confined to the scheduler module, only it should take care of most of the problems. Otherwise, logging in and out prevents checks from being printed from the wrong clinic by mistake.
  - good idea

**3.1.1** Make AIM flow in a logical manner and fit for a good interview. Since some agencies do it differently, perhaps explore the option of allowing you to do it in a varied order.

#### 3.1.2 Tab View

Family  
Medical  
FIs  
Record

**3.1.3** Has seen sample about a year ago. Will that be the direction we are going from?

- CMA built the prototype. We may have different developer which will be completely built from scratch.

**3.1.4** Hoping it looks something similar to Southwest Airlines or Amazon.com

**3.1.5** Possibly change the flow of the system so that the necessary screens for the different types of health checks and certifications would be highlighted and the user would know what was needed by looking at the Family screen. For instance,

*Highlighted text are comments from Face to Face Jan. 2010*

if the radio buttons were red then the user would know to click on the Health screen but know that the nutrition questionnaire was not needed.

- Great idea. Shown in CMA prototype. What application online would show an example?
  - Apply to entire family
- 3.1.6** Being able to tab to all of the relevant questions and not have to “click” on the specific field.
- 3.1.7** Order of Radio Buttons – change?
- Flexibility to change order by clinic
  - How would that work with transfers if we have different flows
  - The underlining fields would be the base. It would only change the order it is displayed.
  - As a dietitian, what do you want the order to be? Possible guide of PCE model
  - Adjust flow for more natural order and guide
  - Set perimeters for users. (i.e. clerks unable to enter HG)
- 3.1.8** Have access to the radio buttons while in the Income Eligibility screen, instead of having to select the green exit door.
- 3.1.9** Be able to Change screen while in a client record. Reason it would be helpful to change: When in the Family screen, you will lose the record if you jump to the Cert Action screen. It would save time if you could go to any of the screens and not lose the record.
- Use drop down client select list to enable switching from client to client within family
  - Ability to change clients in all screens
- 3.1.10** It was discussed that some fields may not be used in one agency but are used in other agencies so it will be difficult to eliminate many. – Look at turning on and off tables.
- Review options for turning questions off/on at the state level possibly local but dependent on reporting
  - State will review option of turning off certain questions based on agency requirements

## **3.2 Client/Family Look up Screen**

### **3.2.1 Revamp the Order of the Results Section of the Client/Family Lookup**

- Reason it would be helpful to change: When replacing an ID folder, you have to scroll to find the cert dates and you have to change screens to find the risks. It would save time if all the information needed to replace an ID folder was listed in this section without having to scroll or go to another screen.
- Recommended order:
  - Client ID,
  - Family ID,
  - Client Last Name,
  - Client First Name,
  - MII,
  - Cert Dates,
  - Maximum of 2 Risk Codes,
  - DOB,

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Category,  
Authorized Representative,  
LA,  
Clinic.

- Not sure if we need to include address on this screen. Make the Results box longer so that it fits the whole screen horizontally and you do not need to scroll in order to see all the information.
- Group agrees, order will have to be determined by task force. Taffery noted there may need to be more than two risk codes. Replacing ID folder, High Risk priority. May need address too.

**3.2.2** Delete or archive inactive/ineligible clients from the family info screen

- User to define search criteria based on their needs

**Family Screen**

**3.3** Phone number should be a mandatory field only at a Certification appointment.

- Should be verified at every appointment. Some clients numbers change or have been disconnected. Asked in only one place.
- Should be a clinic policy instead of program policy
- Agencies – should be left as clinic policy
- Cell phone/text alert option
- Have home phone or cell phone shown when over name during appointment scheduler
- Keep Phone Confidentiality visually displayed on family screen and global overview
- No call or call question verified before certification
- Add no phone option if client has no phone or does not want to be contacted by phone
  - Must have telephone number listed or no phone/do not contact option selected

**3.4** Email field will be added – discuss during appointment scheduler JAD Session

**3.5** Do You Want To Register To Vote Today? Should only be a mandatory field at a Certification appointment and change of address. Currently the prompt to update this field comes up inappropriately. We waste a lot of time answering the question, “Do you want to register to vote today?” when it is not a certification appointment.

- Should be added to verification/proof of address and identification
- Collect voter registration at certification and address change only

**3.6** 2) Add GED to the Education Level drop-down.

- They want phone to be mandatory at the cert. Jaclyn suggested to have a checkbox asking if it is okay to call on family screen. Lorraine suggested from the scheduler, ask has your phone number changed? Regulations need to be checked for the requirements of register to vote prompt. Make the feature able to be turned on and off, to accommodate island partners. 2) State will check with CDC for requirements.

**3.7** Remove pick up interval from family screen

- remember that pick up changed for one family member changes it for all family members

**3.8** Proxy

**3.8.2** Leave on family screen

**3.8.3** Can first name be displayed first?

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- 3.8.4 could be added to food package screen
- 3.8.5 print proxy from family screen
- 3.8.6 Add print proxy form. add note regarding each proxy.
- 3.8.7 add notes tab or put under history tab
  - 3.8.7.1 ability to view notes by type, date, category, individual, family, etc
  - 3.8.7.2 notes currently already linked
- 3.8.8 next visit reminders
  - 3.8.8.1 can be linked with appt scheduler
- 3.9 VOC
  - 3.9.2 move to history tab
- 3.10 Authorized Rep
  - 3.10.2 AZ uses 2<sup>nd</sup> rep
  - 3.10.3 Add 2<sup>nd</sup> auth rep as optional for state agency needs
- 3.11 Middle Initial 2 (MI2)
  - Get rid of the second middle initial for the authorized representative on the Family Information screen. Get rid of the second middle initial for the client on the Client Registration + Client/Family Lookup screens + all other screens that include two initials for the client
  - Group agrees, no one uses it.
  - Do our island partners still use? Add as optional for state agency needs
- 3.3 Add the non-nutrition education topics to this screen (WIC rules and regs needs to be separate from actually nutrition education.)

## **Client Reg**

- 3.12 Client Reg Screen: Eligibility
  - Eliminate the Eligibility indicator.
  - Primary Provider – leave as default
  - Remove SS#
  - History of income currently stored in AIM. Repair adjunctive eligibility rules.
    - auto-fill option when no income changes are needed
- 3.13 Make income its own screen, and put all the income stuff together, documentation of zero income, adjunctive income, etc.
  - make income and adjunctive eligibility one screen
  - if foster child, add check box to calculate for only for that child not family
  - Add option for migrant family as well
  - On income screen add number of family and adjunctive programs. Select which adjunctive program before moving on.
  - yes put it all together also can we put # of family members with
  - still must complete income screen even if zero
- 3.14 Put zero income on income screen so when it is used it will be easier to see than going into communications or notes screens
- 3.15 In the eligibility sub-screen, you have to hit “OK” three times to move off the “Query Mode Only” message. Is it possible that when you enter the first individual or family screen, you only see this message once, instead of on every screen that follows? (State Level Issue Only)
- 3.16 Once a client is marked as Adjunct eligible- Program Selections needs to be wiped clean (moved to history) before the next cert (or at end of current certification). The adj eligibility cert end date will not impact those who are currently certified.

*Highlighted text are comments from Face to Face Jan. 2010*

- 3.17** Get rid of Other Programs button (AHCCCS (Medicare), SNAP, TANF, Section 8)
- this is to be used when they say they are on food stamps but do not bring proof so the participant record can be documented but not selected until proof is brought in.
  - Add option to select Proof of Eligibility from this screen that would update the Income Screen
  - rarely uses
  - needs to be kept but limit to one location
  - move to income screen
  - Add check box for brought proof or self declared
- 3.18** Communications.
- eliminate previous names section but add to audit report/history of participant any time a name is changed
- 3.19** There is a Communications button on the Family screen and this is sufficient. The Communications button on the Family screen is NOT connected to the 5) *Client Reg screen*. The Communications button on the Client Reg screen is only for the individual client only.
- only to see if they were in foster care or in a mothers file but are now with grandma or another family member but are not considered a foster child
  - add history tab to view previous families, previous names, previous risks, previous nutrition educations
  - yes tab or pop up
- 3.20** Race/Ethnicity
- State partners need additional questions asked. Have option to turn questions on/off depending on state requirements. Customized by State
- 3.21** Health Care
- community health centers would like to use
  - Mountain Park needs it
  - What if we keep only the codes for places we refer to. Good tool to avoid having to type every time; we haven't used it much, though
  - I have never seen our rd use it
  - yes get rid or put it some where else
  - make optional per agency
- 3.22** Transfer Info
- Add to history tab
  - Currently only states clinic name/number. Include city and state location.
- 3.23** Communications
- move to history tab
  - keep communications in one location
  - use for complaints, breast pump issued, etc
  - could be used on supervisor level only
  - change name of communications? Discuss during program integrity JAD Session
- 3.24** There needs to be an option for "no phone" in the phone number section, so Program Integrity can determine that the worker did not forget to ask for it.

### **Cert Action**

- 3.25** Certification Screen: Category Change
- 3.25.2** It would save time if we do not have to answer whether or not the client is present when doing a Category Change.

*Highlighted text are comments from Face to Face Jan. 2010*

- AIM recognized the category change as a new certification, and so this drop down was updated to allow AIM to recognize it as a category change, not cert change. Group agrees, will make sure it wasn't a STAR finding, and look into changing.
  - Terminate participant – add as link
    - have 2<sup>nd</sup> step verify: are you sure you want to terminate this participant?
    - Takes you to another page with ability to terminate or un-terminate
    - Change term changes
      1. ability to do that at State Agency level
- 3.26** Identify duplicate enrollments before staff get to the “Cert Action” screen – Where do we want to be notified? Precert and Client Reg Screen.
- 3.27** Put all the family members in the cert action screen so you do not have to jump back and forth.
- 3.28** Could there be a message that Mom is not a participant where Mom’s ID usually shows up? Or a box next to it that is checked when there is no mother ID? Eg.: Mom not a Participant ✓.
- 3.29** Hide the ‘Proof of PG’ checkbox
- 3.30** Change name of ‘Category Change’ to ‘Breastfeeding Status Change’ since it’s only for women and infants; or gray it out so you can’t click on it for children or PG women.

### Medical Screen

- 3.31** On the medical screen it would be great if there was a “notifier” that a blood test was needed. (For example, when an infant turns 12 months and does not have blood work done.)
- 3.32** Make the “standing” measurement an automatic change after 2 years old versus the staff having to do it, but can be changed if necessary – Currently changes at 3 years old.
- 3.33** Correct the graph for pregnant women so that it selects the appropriate graph based on the client’s pre-pregnancy weight. For example, if the client’s pre-pregnancy weight was underweight, then have the graph display the recommended weight gain range for a pre-pregnancy underweight woman. Also, show the acceptable range. Currently, only the high end of the range is shown. Show an obese pre-pregnancy graph and one for twins that is appropriate.
- 3.33.2** Extend the graph so you can see the minus, to see the weight loss.
- 3.34** Move the ‘Infant Conditions’ screen to the medical screen- that way you enter weights/heights in one place- and then the birth measurement will be graphed as well.
- 3.35** Hide the Blood Pressure field
- 3.36** Add obese category to the graph
- 3.37** For premies- be able to graph at any age (right now it only starts at 40 weeks)- also show ‘actual age’ line and ‘adjusted age’ line.
- 3.37.2** Graph infants under 40 weeks
- 3.38** Show the reason why blood work is not completed when you hover over the field or make more noticeable. Ex. When you hover over the blank hgb filed you see all reasons such as ‘99.5 Pending Blood work
- 3.39** Ability to add blood work code at the state level for and have specified reason.
- 3.40** Move infant screen to medical field
- 3.40.2** Maintain functionality that short stature can not be assessed from birth length.
- 3.41** Make the graphs similar to each other
- Health History/Nutrition Questionnaire**

*Highlighted text are comments from Face to Face Jan. 2010*

**3.42** Suggestion: Eliminate redundant questions in the nutrition questionnaire, example: alcohol use in pregnancy/postpartum.

**3.43** Health History and Nutrition Questionnaire Screens

- Streamline questions for the infant especially. The questions are too repetitive.
- On the health history screen, make everything a question, or yes/no radio buttons, but make it consistent. Example, having multiples, etc
- It would be helpful to have a full screen so you don't have to scroll down to hit "OK" or exit.
- Tobacco use: limit question to is there household smoking? Stick to reporting requirements. Put under Health History
- Guam needs a betel nut question option.
- can you add also chewing of cigarette/tobacco which some of our clients do

**Food Package/On Demand**

**3.44** Symptoms. I have never used this button. Get rid of it.

**3.45** *On-Demand Food Instruments screen*: Move the Breastfeeding Promo Button.

**Printing**

**3.46** Be able to print the "proxy" form in the food package screen. Response: Group agrees. Currently, it only comes up at certification, and then you have to revise the food package to be able to see it again. Should be able to choose which forms to print which are commonly used from within the client file.

**3.47** Suggestion: Have the clients name and ID number automatically printed on the Right/Responsibility form. Response: Have the ability to choose who you want listed on that form... Have check boxes to select who you want on the form.

**3.48** Want to see if we can include initials of the staff who printed the checks on the signature checks receipt. Or have the staff's initials show up next to the FI number when we do an FI lookup. (May not be needed if it is shown in FI history)

- Possible User Id trail. User ID- only allows 8 characters.
- Maybe use the full client's name. Concerns regarding an audit

**3.49** When printing checks, if you select the forms printer on accident, a red flag identifies the error and you are able to reselect the check printer.

**3.50** Under "Outputs/Forms" remove having to query prior to typing in the Family ID number

**Miscellaneous**

**3.51** Important to leave who does the certification (CNMI says it would be really great to know who works on it.

**3.52** Make going from a transfer screen to family screen easy to do like it is from the termination screen.

**3.53** Rename Notes

**3.53.2** For clarity purposes, rename the Notes in the Client File "Client Notes".

**3.54** Moving from the Food Package Screen to the On-Demand Screen When doing a certification or category change, there are too many indicator screens where you have to click yes before you get to the On-Demand screen. After the generate forms indicator comes up, you have to click on the On Demand button AGAIN, even though you have already clicked it once it doesn't go there.

Group agrees that pop ups should be streamlined. The main issue is that after pop up it does not take you

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**3.55 Unnecessary Pop ups**

**3.56** After you have added something, you get 2 pop ups and must click twice; “Do you want to commit the changes you’ve made?” You must click on Yes + “Transaction Completed” You must click on OK. Only one pop up is necessary-“Do you want to commit the changes you’ve made?” Click Yes.

**3.57** propose the save button changes to be grayed out after changes are saved. i.e. if there are no changes to save, the save button should be inactive.

## **September 21, 2009**

**3.58** Manually adding Risk Factors? Staff would like to be able to manually add risks- however, anthropometrics, biochemical, and date related risks will continue to be auto-calculated.

- Clinic Staff manually adding risks or have AIM do all the thinking?

**3.59** Concerned that the Clinic Staff will stop after they find a few risks and not finish a complete assessment.

**3.60** Ad-hoc query would list out the client, the risk, and the user id of who created that information.

**3.61** Everyone is about 50/50 on manually adding risk factors.

### **Everyone would like to discuss Flow.**

#### **Suggestions:**

##### **3.62 Flow Suggestion A**

- 3.62.2** Client registration and Certification action to be put on one screen instead of 2. Combine health and Nutrition. Combine Care plan and food package. Have an on-demand tab and a history tab. Put the Farmers Market information to the family information screen or to the on-demand screen.
- 3.62.3** Hemoglobin screen they would like a cut off. (to show ranges of highs and lows. So you can know when to refer.)
- 3.62.4** The computer will need to know the low value and high value cut off for the referrals. (range values)
- 3.62.5** Show a previous page for each portion, but if you would like to see more you can go to the history tab. Show the previous goal and then take the extra step to go to the history tab.
- 3.62.6** Farmers Market
  - Will be printing out the Farmers Market coupons from AIM.
  - History tab should be reflected somewhere in the middle. Put it in the beginning or the end.
  - make it a link after on-demand. When you log in you can be directed to the history tab. So, you can see where the family is. It can help with the Care Plan as well. You can start with where they have left off.

##### **3.63 Flow Suggestion B**

- 3.63.2** Family History Tab: food package summary, appointment summary,
- 3.63.3** Previous Cert Care Plan Tab: this could be staff notes (kind of like warning notes) will be like the history tab. Cert reg and cert action is combined. Health and nut ed info: allow for open ended questions and answers. Medical info.
- 3.63.4** What about a notes tab? A clients notes tab, staff notes tab, etc.

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- what if the final nut ed section or screen gives the option to display a growth chart of similar info?
- 3.63.5** button for history could be in Care Plan, but displayed in Medical
- 3.63.6** JAD on peer counseling? In a couple of years peer counselors will become a core part of WIC.
- 3.63.7** We are going to have a Breastfeeding JAD session which will encompass peer counseling.
- 3.63.8** Logging in and having a home page with there family information, when there certs begin and expire, when there next appointment is, what there category is, and what there food package is.
- 3.63.9** making the family info their home page.

### **Health History Questions:**

Infants and children:

Currently Breastfeeding?

Collect information for those under 24 months

#### **3.64** Suggestions:

- If they are over 24 months we don't have to ask any of the breastfeeding questions.
- Generally speaking, we want to know when BF started/stopped and duration for analysis regarding interventions. Sounds like the questions are OK, but the timing for asking needs work. Do you need the statistics for 24+ months for duration? Yes, that is partly the point I am concerned about.
- We will not collect this data for children over 24 months- make state option

#### **3.65** Suggestion Questions:

Add Behavioral Indicators:

2,3,4 year olds

How many hours did your child sit and watch television/videos yesterday?

Should that include computer time

#### **3.66** Suggestion Question:

In the month before you got pregnant with this baby, how many times a week did you take a Multi-Vitamin? (CDC)

Suggestions:

Rene Herrera: Could replace the current vitamin question. vitamins, supplements, etc

Would help auto assign a risk with the answer to this question.

#### **3.67** Questions:

MultiVitamin consumption during pregnancy?

Keep it

Medical care began:

Keep it

Associated with a risk.

Keep it to weeks so we don't have to change the data base.

Does anyone in your household smoke inside your home?

Have to keep.

#### **3.68** Proposed

*Highlighted text are comments from Face to Face Jan. 2010*

Health questionnaire/Nutrition Assessment questions

This will be controlled by the State Agency.

Have a .pdf or word file of all the questions. So we can cover all the mandated questions. If the client answers yes, you can manually add this into the system as a risk.

Do for allergies, dental, etc.

### **November 9, 2009**

#### **Attendees:**

ADHS – Taffery Lowry, Jaclyn Burm,  
Tasha Foster, Rod Setnes, Alice  
Beckstead  
Yavapi---Nita  
Mountain Park - Rene Herrera

Guam - Thelma Ramoso, Daisy,  
Godfrey  
CNMI – Pauline Roligat  
Navajo Nation – Leota Begay  
Maricopa - Veronica Vargas  
Bernadette Landers

### **3.69. Net Survey Results**

#### **3.69.2** Food frequency questions –

- Everyone agrees to not put food frequency questionnaires

#### **3.69.3** Allow package/ category change without updating voter registration – (Refer to Federal Regs)- NOT a Federal Reg- OK to edit

#### **3.69.4** Incorporate a back button or a tab button –

- Everyone agrees on a tab button

#### **3.69.5** Repetitive questions and the indicators –

- Everyone agrees on removing repetitive questions

#### **3.69.6** Stop Checking for Short Stature every 3 months – (Refer to Federal Regs / CDC Report)

- Everyone agrees on changing it based on there state / local agency policy. – NOT a Federal/State Reg- OK to edit

#### **3.69.7** Medical information for all family members at the same time –

- Two .Net modes, data entry and nut ed

#### **3.69.8** Auto-fill/ Auto-populate some repetitive information (D.O.B., referrals, etc.) –

- Everyone agrees upon

#### **3.69.9** Make Terminations easier –

- Ask the contractor regarding this transition. (Staff have to copy ID number and exit certification screen, then open the termination screen and paste the number- needs to be simpler).

### **Questionnaire of the Women:**

#### **3.70** *What is / was your source of prenatal care?(Current question in AIM)*

#### **3.70.2** Many state that they would like to remove this question

#### **3.70.3** its more important to ask if they have had any care at all

#### **3.70.4** need to know if they have been to the doctor, when did they go to the doctor, etc. Probing questions to get some answer from the client.

#### **3.70.5** How does this pregnancy compare to your previous pregnancy (ies)?

*Highlighted text are comments from Face to Face Jan. 2010*

- 3.70.6** How is your pregnancy going?? “Tell me about your Dr. Visits. What has the Dr. said about your pregnancy?”
- 3.70.7** we can leave it as an open ended question and add some probing questions with a little hover “bubble”. “Hint text” We will need a list of the risks with a description of the risk in the hover bubble. ((everyone agrees))
- 3.70.8** Tell me more about your prenatal care.
- 3.71***Are you breastfeeding your baby now? (Current question in AIM) (Mandatory CDC Question)*
- 3.71.2** it might need a question for staff, not the client. BF – Yes or No and the clinician and chose.
- 3.71.3** Is it possible to have like a different color or something so we know what questions are for us and proposed questions to ask the client.
- 3.71.4** “How is breastfeeding going?” –good –need help – not bf
- 3.71.5** Sometimes they are improperly categorized.
- 3.71.6** where should we put this question? We want to keep everything conversational and want to keep the ability to skip around.
- Beginning
  - Beginning
  - Beginning, then you can tailor the rest of the education to fit.
- 3.71.7** maybe a question like what concerns or questions do you have about BF?
- 3.71.8** What is your BF routine? What do you think about BF?
- 3.71.9** *Pull the Caffeine question and put it with the dietary questions.*
- Everyone agrees to move the information.
- 3.72***Do you or did you drink alcohol 3 months prior to this pregnancy? (Current question in AIM)(Mandatory CDC Question)*
- 3.72.2** Do you drink alcohol now or did you drink alcohol before you new you were pregnant? Please tell me more.
- 3.72.3** Is alcohol a concern to you in this pregnancy?
- 3.72.4** Can we consolidate illicit drugs and alcohol? Do you have any concerns around substance abuse... meth, alcohol? Tell me about your alcohol / drug use if any?
- 3.72.5** on med questionnaires they ask, do you drink alcohol, daily? Weekly? Then probe from there.
- 3.72.6** How much alcohol do you drink?
- 3.72.7** This could help lead some of our island partners to ask questions regarding beetle nets.
- 3.73***Have you thought about how you are going to feed your baby? (Current question in AIM)*
- 3.73.2** Put this question up with the breastfeeding.
- 3.73.3** How confident do you feel about breastfeeding your baby? You can ask this question to assess and answer any questions that the mother has about breastfeeding.
- 3.73.4** *Do you have any health or medical conditions? (Current question in AIM)*

*Highlighted text are comments from Face to Face Jan. 2010*

- 3.73.5 What health or medical conditions do you have?
- 3.73.6 *Are you taking any medications/vitamins/minerals? (Current question in AIM)*
- 3.73.7 This is a manually assigned risk.
- 3.73.8 What if we asked the health/med condition question when we're asking about their pregnancy and prenatal care?
  - --- Everyone agrees ---
- 3.73.9 It makes sense to have all the dietary codes together so nothing gets missed.
- 3.73.10---Move this question to the other dietary questions – Everyone agrees.---
- 3.74*Are there any foods you can't or won't eat?*
  - 3.74.2 right direction again then you don't have to ask about allergies, lactose, etc. Tell me about the foods you avoid or don't eat.
  - 3.74.3 a suggested probing question... tell me more about that?! Tell me what happens when you have...
  - 3.74.4 What odd cravings do you have?
- 3.75Dental hygiene questions/ Oral health questions
  - 3.75.2 Have you seen a dentist? We can refer them to a dentist.
  - 3.75.3 What is your oral care routine?
  - 3.75.4 When was the last you had dental care?
- 3.76Everyone agrees to remove question # 37: *Do you feel that there is anything that makes it difficult for you to care for your child/children?* (Refer to Federal Regulations)
  - REMOVE QUESTION # 37.
- 3.77Question # 38: *Do you believe that you or this child/baby have been in an abusive situation within the last six months?* (Refer to Federal Regulations)
  - How safe is where you live? How safe do you feel where you live?
- 3.78Question # 39: *Are you having any problems with: Nausea? Vomiting? Constipation? Heartburn? Diarrhea?*
  - What pregnancy problems or difficulties are you experiencing?
- 3.79Question #40: *Do you have severe nausea, or vomiting that causes you to skip meals?*
  - or nausea that is now resolved.
- 3.80I think we have a question in the nutrition questions on how many meals and snacks do you have so already we an idea somehow.

November 10, 2009

**Attendees:**

AZDHS – Taffery Lowry, Lisa Fernandez, Jaclyn Burm, Therese Neal, Rod Setnes, Alice Beckstead, Tasha Foster, Haley Scheisser

A. Samoa – Stephanie

Maricopa County – Veronica Vargas, Bernadette Landers, Cheryl Nordyke

*Highlighted text are comments from Face to Face Jan. 2010*

Mountain Park – Rene Herrera  
Yavapi - Nita Marlette  
Nevada WIC - Michelle Walker

**Discussion:**

**Woman Questions**

- 3.81 Reviewed Dietary Assessment that Taffery drew up
- 3.82 Do you currently or have you ever smoked?
- 3.83 Required question
- 3.84 Must leave all those questions related to Tobacco that are required by PNSS / PedNSS

**Suggestions:**

**Woman Questions**

- 3.85 For risk code associated with “Closely Spaced Pregnancies”
  - 3.85.2 Have AIM put in the date of the previous birth?
    - 3.85.2.1 Everyone agrees.
- 3.86 Any question that does not have an automatic risk assigned to it, maybe we could get rid of it? (Rod)
  - 3.86.2 Everyone agrees.
- 3.87 Remove all those questions that are not associated with the required tobacco questions.
  - 3.87.2 Everyone agrees.
- 3.88 General open ended questions and click what applies?
  - 3.88.2 Many agree
  - 3.88.3 We could do both...
- 3.89 Is there any benefit to having open ended questions or words left in the care plan notes from the previous clinical staff, to help guide you to conversation with the client?
  - 3.89.2 Staff have the option to write it in, but not mandatory.
  - 3.89.3 Leaving it up to the Local Agencies
- 3.90 How was your appetite?
  - 3.90.2 Takes care of questions 61-67.

**Infant Questions:**

- 3.91 How are things going with baby?
- 3.92 How is bf going?
  - 3.92.2 For exclusively nursing.
- 3.93 Keep question number 9, number of feedings in 24 hours?
- 3.94 How do you know when your baby is full? How do you know when your baby is hungry?

**General Suggestions:**

- 3.95 Depending on category/classification of the client, have .NET highlight the initial probing question to ask?

*Highlighted text are comments from Face to Face Jan. 2010*

- 3.95.2** Example: For infants, exclusively nursing mother, have .NET generate the initial infant question, “How is breastfeeding going?”
- 3.96A** A different open question based on category.
- 3.97** Do a lot of probing questions.

## **4. Commodity Supplemental Food Program**

**November 18, 2009**

### **Attendees:**

AZDHS: Marianne Johnson, Alice Beckstead, Taffery Lowry, Lisa Fernandez,  
Even Brom, Bryan Mitchell  
Yavapai: Pam Montgomery, Roger  
Tucson: Soraya Francom, Suzette Burruel (Pima County Community Nutrition  
Specialist)  
Gila County: Ursula Donovan

### **Required fields/information per requirements:**

- Voter Registration (Federal Requirement)
- 4.2** Must ask, but not required to register.
- Family Size (Income Requirements)
- 4.3** Household income requirements.
- Race/Ethnicity (Reporting Requirement)
- 4.4** For Federal reporting.

### **Suggestions:**

- 4.5** Can we consolidate it to one screen instead of 3 screens and 2 sub screens?  
Phone number under family; Income under client reg. We input the box pick up  
on another screen.
- 4.6** Continue functionality like AIM but we need to simplify navigation (fewer  
screens). Make it simply for the clinics and make it faster for the clients.
- 4.7** Can we find a way to check those who do pick up boxes so we do not have any  
corrupted data? (Leave it blank; check those who do pick up or we could have a  
select all button).
- 4.8** Need the following dates:
- Date of Certification
  - Date of distribution (Date of pick-up)(want to be able to change this)
- 4.9** Can we make the distribution screen match the signature screen? As of now, the  
one screen shows the first name then the last name, and then the signature screen  
will show the opposite. Can we make them the same (match)?
- 4.10** Want to be able to check the following reports:
- Ethnicity
  - Participation

*Highlighted text are comments from Face to Face Jan. 2010*

**Action Items:**

- 4.11 Changing category → if a senior goes from non-homebound to homebound we are not allowed to change the category; we need to term the cert and restart another cert under updated category. A while back we used to be able to change the category without having to term the cert. Can this be changed?
- 4.12 On 11/19/2009, Alice and Lisa took the suggestion and went into AIM. We attempted to category change an E3. This attempted failed. Only post-partum women and infants can be re-categorized.

## **5. Farmers Market Nutrition Program**

**November 17, 2009**

**Attendees:**

ADHS: Evan Brom, Taffery Lowry, Marianne Johnson, Allison Parisi-Giles, Alice Beckstead  
Guam: David Gumataotao  
Yavapai: Pam Montgomery  
Pima: Soraya Franco  
George McNeil

**Updates:**

- 5.2 We have worked with CMA to write a Business Requirement Document regarding Arizona WIC Farmers Market Printing Coupons in AIM. This will be implemented by March 2010. You will be allotted amount of issued booklets. You will be able to see the amount of how many clients you can still serve/ can issue. .

**Suggestions:**

- 5.3 Please spell out FMNP on the checks.
- 5.4 Want to be able to change the phone number and take out the parenthesis. (State Level screen)
- 5.5 Add a “Farm Contact” or Responsible Party to the information since some business’ are “DBA...”
- 5.6 Need additional characters in the fields to have the whole name of the company to match the name on the checks.
- 5.7 Add the daily redemption report from Solutran into AIM.
- 5.8 Add a drop down or data base of all the farmers markets.

## **6. Food Package**

**December 7, 2009**

**Attendees:**

AZDHS: Marianne Johnson, Taffery Lowery, Alice Beckstead, Rod Setnes, Lisa Fernandez, Karen Henry, Marie Tymrack, Terry Green, Tasha Foster, Hailey Schieser, Evan Brom

*Highlighted text are comments from Face to Face Jan. 2010*

Pima County: Rachel Case  
Am. Samoa: Lupe Mata, Taiai  
CNMI: Pauline  
Guam: Steve Weiss  
Yavapi: Karleen Acosta, Tamara Nisly  
N. Nation: Leota Begay  
Rochelle Figueroa  
Mountain Park:

**Suggestions:**

- 6.2** Push the new food packages through the same day (Arizona issue only)
- 6.3** Have a late check indicator “Client did not receive last month’s checks – do you want to print late pick up?”
  - 6.3.2 I think this would be useful, especially for new staff that might not be aware of how to tell if they got their checks from the month before.
  - 6.3.3 I’m in favor of a indicator.
  - 6.3.4 I like the indicator idea.
- 6.4** Expert mode:
  - Less indicators
  - Can move faster
  - For advanced users
- 6.5** Safe mode :
  - More indicators
  - More guidance
  - Helping newer users
- 6.6** Any food package that has been disabled, have a indicator advising it, have it disappear, or change the color.
  - Have an active flag and an inactive. Hide the inactive.
  - Have an active and inactive “search” action.
  - Hide the disabled packages.
- 6.7** If there is a special formula – have a indicator that indicates need of a new Rx or approval for next appointment i.e ... “only 2 more months worth of checks will be issued before new approval is needed.”
- 6.8** Client Header page
  - Could have an update area showing that the prescription is due for renewal.
  - Could AIM allow a choice for food package beyond the certification period when prescriptions are required?
- 6.9** Identify how many FI’s are in a food package
  - 6.9.2 Do we want to know how many FI in the package or that are printing?
  - 6.9.3 We could have a print preview of how many checks that will print off.
  - 6.9.4 Where will it be more useful?
    - Print preview screen
    - Food Package Screen
    - Home Screen

*Highlighted text are comments from Face to Face Jan. 2010*

- 6.10 Create IEN food package that will automatically add food at 6 months instead of having to assign 2 packages
- 6.11 Separate report of active and all food packages – food package composition report.
- 6.12 Food packages should be easier to look up.
- 6.13 What would make it easier to look a FP up?
  - To see the Food Package text description
  - Search by category
  - The % symbol would be nice if it worked
  - Be able to search by product
  - Alphabetical search
- 6.14 Come up with a template of some ways to have a “Search Engine” for Food Packages.
- 6.15 Shouldn’t be able to change the approval dates under someone else’s name. Currently you can change the date but the nutritionist approval remains the same. Need to be able to update and old approval get moved to history.
  - Display both the approver and modifier
  - Move the initial approval to history.
  - There will be an auditing trail.
- 6.16 Keep the current Food Package on top
  - Highlight it?

**Actions:**

- 6.17 Come up with a template of some ways to have a “Search Engine” for Food Packages.
- 6.18 Automatically fills in the correct package at b-day.
  - Leave up to the State Directors

**December 9, 2009**

**Attendees:**

AZDHS: Marianne Johnson, Rod Setnes, Evan Brom, Taffery Lowry, Lisa Fernandez, Tasha Foster, Alice Beckstead.  
 Guam: Steven Weiss  
 CNMI Pauline Roligat  
 Rachel Case  
 Maricopa Linda Harris, Tina Wegner  
 Am. Samoa: Lupe Mata, Taiai

**Suggestions:**

- 6.19 Family screen information
- 6.20 Make each member a tab
  - 6.20.2 Have each member’s food package information under there individual tabs.
- 6.21 Have a + button next to the individuals name.
  - You could click the + button and it would show all the information.

*Highlighted text are comments from Face to Face Jan. 2010*

6.22 Security information for the Authorized Rep when EBT rolls out

6.23 What kind of identifier would you like to associate?

6.24 Security question?

- Look into Vendor web to see the security questions.

6.25 In the Food Package Screen, we would like the active button to uncheck when it reaches the Cert end date. Making the package inactive.

**State Agency Notes:**

6.26 Show all or show active or inactive packages

- Food packages
- Food items

6.27 Put in a search functionality to search the tables.

6.28 When the Food package hits its end date, it does not turn the package inactive.

- Would like to have it turn inactive after cert date ends.

**Actions:**

6.29 Look into Vendor web to see the security questions.

## 7. Immunizations

November 16, 2009

**Attendees:**

AZDHS:	Marianne Johnson (leader), Taffery Lowry, Rod Setnes, Alice Beckstead, Evan Brom, Becky Burkhart
Guam:	Thelma Ramoso, Daisy
Navajo Nation:	Leota Begay
CNMI:	Pauline Roligat
Yavapai:	Sheila

**Required Fields:**

7 Current fields remain mandatory per federal requirements:

- Question 1:
  - Does this child receive immunizations?
- Question 2:
  - Are DTaP doses correct for age \_\_\_ months?

**Suggestions:**

7.2 **\*\*Reviewed a FReD Document (Functional Requirement Document)\*\***

- **\*\* Federal Requirements \*\***
  - Does AIM print a list of participants referred? NO
  - We can look into adding this feature for reporting.

7.3 Question 2:

- Bold the only option that would apply, per the child's age.
- "Are the doses for DTaP correct?" There we would add a number 3 and 4, 3 being MMR and 4 Hepatitis B. That's what we would recommend at a minimum. The existing items 3 and 4 would remain the same and the referral site.

7.4 Put in some optional questions to turn on and off per state agency.

*Highlighted text are comments from Face to Face Jan. 2010*

- 7.5 Navajo Nation has other requirements too, Hep B, etc.
- 7.6 Guam has different vaccines that they check: Hep A, Influenza, Prevnar, and, not a vaccine but a test, the TB test
- 7.7 Are there any reports that you want? Previous request to pull a report from AIM: children under two, how many of them are meeting the DTaP.
- 7.8 One of the new features with the new AIM will be an Ad Hoc feature to run the reports.
- 7.9 Add other vaccines (*nice to have*s): MMR and Hepatitis B:
- 7.10 We can add, per state agency requirements, what immunizations that are needed
- 7.11 Check for other immunizations
- 7.12 Question 4:
  - What was used to assess this child's immunization status?
    - Change ASIIS to 'Registry' (because ASIIS is for the Arizona State Agencies).
    - Delete 'Both' radio button.
    - Radio buttons include: 'Handheld' Registry', and 'other'.
    - Or eliminate radio buttons and change to a dropdown that would be table driven so State Agencies can control.

## 8. Nutrition Education

October 6, 2009

Attendees:

- ADHS - Taffery Lowry, Alice Beckstead, Angelita Lopez, Fiona Roberts, Jaclyn Burm, Marie Tymrak, and Haley Schieser Terry Green
- Guam - Thelma Ramoso, Irene Quenga, and Daisy Fallejo
- CNMI - Erin Camacho
- Navajo Nation - Leota Begay
- Guam - Stephen Weiss
- Maricopa - Renee Siegfried Anthea Vivolo
- Pima - Terry Ogilvie

### 8 Notes

8.2 Display most recent on top.

8.3 Default/Pre-populated notes

- Limit list to a few common phrases
- Drop down of common phrases
- Action Item: email common phrases to Taffery Lowry (None submitted thus far)

8.4 Time, date and author stamped, unable to delete

8.5 Notes accessible in all areas

- Have notes in one location
- Ability to view notes from all areas of client info. Will need to be able to access notes from 2 places.
- Separate notes by appointment information or medical information

8.6 Discussion on how to retain notes

*Highlighted text are comments from Face to Face Jan. 2010*

- Hide or unhide the notes.
- 8.7** Assign staff with roles for permission levels to access participant information
- 8.8** Add client or family and the type of note via drop down or check box
  - Client or Family
    - Be able to pull up all family members at one time. Note fields for each family member on the same screen.
    - Remove Warning notes – all notes will be combined together.
  - High Risk
  - Appointment Information
  - Alert
  - Reminder
    - Ability to view on hover
  - Short Term or Long Term
    - Move short term note to archived history after reaching designated time limit
  - Importance – keep note at top
  - Add to Checks/Voids
  - Medical

**8.9** Searchable field for notes

**8.10** Alert options for notes

- Sound
- Note indicator when participant record opened. Must view in order to access record
- Flashing notice
- Color difference on name or screen

**8.11** View notes

- Sort
- All History or able to sort
- Type or Category
  - staff able to view authorized categories only based on permissions
  - view notes specific to a selected category when in different areas of the record
- Individual or Family
- Certification period
- Option to view all

### **High Risk**


**8.12** Add a button/check box next to High Risk check for nutritionist to document that clients have been counseled for high risk, and then create a report for who the nutritionist has not already seen.


- Add high risk note category
  - Add option to display an Alert to ensure participant is rescheduled properly

**8.13** Have a graphic identifier for high risk such as a heart or an apple like in the WIC 101 training to note high risk.

*Highlighted text are comments from Face to Face Jan. 2010*

- Place header at top of page for high risk \*red heart icon\*
- Change heart after they've been seen by RD – add star to heart icon- OR the

heart will be 'filled in'  ; once seen by RD, the heart changes to

'unfilled'  .

- Name changes color on appt scheduler depending on what needs to be scheduled
- Hover over color of name for banner describing appt type needed – link to warning notes
- Automatically add to reminder note to be scheduled
- Nutritionist would be able to override changing heart
- Under referral section & scheduling – add HR option

**8.14** The system should only print one month of checks, and notify CLINIC STAFF they need to schedule high risk appointment.

- Situations need flexibility for one month of checks to print.
- Can an override be in place?
- Staff to be able to print 3 months of checks

**8.15** Structure for each state agency to determine high risk conditions.

- Ability to use professional discretion to remove them from high risk
- Automatic note must be added to document why overridden
- Override by authorized personnel only

### Printing

**8.16** Capacity for module to print out selected nutrition messages. If there is a breastfeeding issue, maybe there is a one sheet for information on their specific needs.

- AIM able to store nutrition handouts or recipes
  - Small/satellite clinics would use instead of bringing with you when visiting

### Potential Reports needed by Program Staff

**8.17** Which clients are not receiving at least 2 Nutrition Education contacts in a 6 month cert. (already available AIM “Secondary Nutrition Education”)

- Set up as a family record

**8.18** Referral Reports for Health Centers

- How many referrals are made
- How many follow through on appointments
- Where are they being referred to
  - Ability to add check box to mark where referred from, not eligible or did they have for report – report being developed

**8.19** Current reports will remain in .NET

- Allow State Agencies to determine what reports to “turn on or off” for menu display.

**8.20** Breastfeeding Education topics for prenatal

- Some kind of summary of status as discussed during High Risk

*Highlighted text are comments from Face to Face Jan. 2010*

- 8.21** What kind of reports do we want out of goals? Why are goals listed and numbered? Should it be free flowing to make it more PCE?
- Major topic and sub topics and free flowing text
  - Goals would not need to be reported on as that seems more with behavioral health studies
  - Would want to know supplemental nutritional program is working
  - Making goals reportable might interfere with keeping open communication with client

**October 14, 2009**

Attendees:

- ADHS – Marianne Johnson, Rod Setnes, Fiona Roberts, Angelita Lopez
- Guam – Thelma Ramoso, Vailma Salud, and Daisy Fallejo
- CNMI - Erin Camacho and Pauline
- Maricopa County - Bernadette Landers and Renee Siegfried
- State of Nevada – George McNeil and Michelle Walker
- Pima County – Terry Ogilvie
- Tiyan - Stephen Weiss

***Topics of Discussion***

**8.22** Comments on Behavior Change Indicators 10/13/09

**8.23** Do you want to have behavior change indicators in AIM? For example, for a specific risk or goal, do you want to know if after counseling/education there was an improvement?

- I feel this is valuable; however I would not like it to be a required part of AIM. We are trying to simplify the system; so I feel that this can be part of the assessment and follow-up by the educator; and if the educator would like to, s/he can put the indicators in the notes documenting the session.
- I agree with the comment. This should not be required.

**8.24** Behavior change indicators would be helpful but it might just be adding one more thing for the staff to do in a too short of a time frame now. It would be helpful to have the change indicators with ones that are to be seen for high risks but I can see that being an issue in trying track it also. The staff seeing high risk should be skilled enough to look at the data already ready collected and be able to determine if our prior education/counseling has made a difference in the risk. I.E. has client gained wgt during the pregnancy now, has the iron level gone up, has the child gained wgt, etc. I guess my best answer would be that unless we can add more time to certifications, we don't have enough time to do everything now and see all the clients wanting/needing services so I don't think we need to increase what the staff is already doing.

**8.25** Do you want to have behavior change indicators in AIM? For example, for a specific risk or goal, do you want to know if after counseling/education there was an improvement?

8.25.2 Yes

*Highlighted text are comments from Face to Face Jan. 2010*

- 8.26** If you want behavior change indicators, how do you see them working in AIM?  
Where would they be on the screens? How would we determine the change?  
What reporting would you want?
- Questions like—has there been a weight change if so how much. Is the client interested enough to have a dialogue?(if underweight) by weighing client(medical)
- 8.27** Does this make your job easier? What are the pro's and cons?
- 8.28** Extra questions never make it easier/more time consuming but give you a better understanding of what the client's needs are/how we can assist
- extra questions may not be valid in a few years from now
  - ability to turn questions on/off
  - coordinators would not like more questions to answer that would add extra time
- 8.29** I think it will be very good to have documentation to see how much progress the client is making and if she/he needs additional help to reach the goals or even set a different goal. A second box beside the goal box to check off on the follow up visit would be quick and easy to assess.
- 8.30** I think some of us would be able to see if there was a difference with the client; ex: such as if the woman was under wt and now has gained enough wt according to standards and by also conversing with her you would see if she was making healthy food choices. I feel it's important to see if the client has made any behavior changes especially with the high risk.... I don't know if having more documentation will help, just adds to more documentation we need to do and I would like to streamline how we do things
- 8.31** I think it would be helpful to have behavior change indicators in AIM so that there can be a way to know if the counseling/education made any impact and in terms of continuity of care, also to see if there's been any positive outcomes. Maybe the behavior change indicators could be in the care plan screen and they could be coded a certain color (for ex. blue) if there's been improvement, and if not, it could be left uncolored. Just so that we know what behaviors we can follow-up with at subsequent visits, and not repeat information with clients who have already achieved a goal.

## **9. Program Integrity Clinic Operations**

December 16, 2009

### **Attendees:**

AZDHS – Evan Brom, Marianne Johnsons, Rod Setnes, Celia Nabor, Taffery Lowry, Alice Beckstead, Terri King, Cecilia Gaytan-Newberry  
Guam – David, Elanor  
A. Somoa – Lupe Mata  
Pima – Wanda Wong  
Maricopa – Bev  
Mountain Park – Renee H.

*Highlighted text are comments from Face to Face Jan. 2010*

Yavapai – Tamara

**Suggestions:**

- 9.2** Area to document identification for the authorized representative
  - Document what kind of ID the rep is using
  - This is a Federal Regulation
- 9.3** If proof of Address is not provided, the system will allow one month of food instruments and turn the dial red.
- 9.4** Need an indicator to check for Proof of Address
- 9.5** Maybe include this on the Client Home Page.
  - Ability to track staff that change information in text space.
  - Example: Wrongfully changing an authorized representatives name
- 9.6** Would like a tracking audit system.
  - The staff tracking is a great idea and very helpful for monitoring and audit purposes
- 9.7** Client Registration
  - If proof of ID is not provided the system will allow one month of food instruments and turn the radio button red (put a message on the client home screen)
- 9.8** Sanction / Warnings
  - Indicator that allows all staff to see any urgent messages about clients within a family (disqualifications, requests for income, etc.)
- 9.9** Allow Administration to put “blocks” on FI issuance. Prevent “Clinic Hoping”.
- 9.10** Streamline the disqualification, written warning forms in AIM. Currently there are a few forms that do not have consistent information.
- 9.11** If a client is disqualified the system should only allow an issuance of 15 days (half a package)
- 9.12** State/Local Managers should be able to put blocks on a file when a verification of documentation is required pending an investigation.
- 9.13** On Demand-Build the system so that it only allows a one month (or two) for a high risk client
- 9.14** Reports that identify the following per staff member
  - Productivity by staff-certifications per month
  - Volume of voided/reissued food instruments
  - Volume of Food Instruments printed by Staff member per month compared to other staff in the Agency/Clinic
  - FIs issued before or after business hours (need to set parameters for time)
  - Creation of families by multiple births (twins) in a family
  - Creation of families with more than 5 active participants
  - Time/Date stamp that food instruments were issued, have the screen capture the date the FI was used at the store.
- 9.15** Allow State staff to enter notes into the client notes.
  - Currently there is only a few staff that have access to enter notes. This would improve communication for everyone
- 9.16** Upload the “change of authorized representative form” into the AIM system

*Highlighted text are comments from Face to Face Jan. 2010*

- 9.17 Do not allow staff to have the Clerk Role and the CLINIC STAFF role (separation of duties)
- 9.18 Allow local agency management to block staff from accessing certain family files. Staff should not be able to access their own files, limit the number of staff that can print FIs for clients/staff.
- 9.19 Allow the staff to reconcile a void report from the screen
- 9.20 Strengthen the Void reasons

### **Dual Participation**

- 9.21 Have the pop up screen prompt at the precertification screen instead of the cert action screen.
  - increase the amount of data / characters it searches for
- 9.22 High Risk Report
  - List out name, with the risk indicator, actual risk, seen by the nutritionist.

### **Printing:**

- 9.23 Staff can print from different clinics without being in that clinic.
  - Example: Located in Maryville Clinic and can print to Avondale Clinic. (Same local Agency)
  - We want to be able to have that ability for disaster recovery issues.

## **10. Program Integrity Vendor Management**

December 15, 2009

### **Attendees:**

AZDHS – Marianne Johnson, Olga Eddy, Josie Mata, Mary Bookman (phone), Evan Brom, Rod Setnes, Alice Beckstead, Terri King, Amanda Dean, Celia Nabor, Taffery Lowry, Cecilia Gaytan-Newberry  
Guam – David  
CNMI – Fabian Ulloa  
A. Samoa – Lupe Mata

### **Suggestions:**

- 10.2 Vendor List
  - Add a date range parameter so that a list may be generated for a specific time period
- 10.3 High Risk Reports
  - Give an option to just print a summary page.
  - Change format of list to show all info for each vendor on one line
  - Get as many vendors as possible on a page
- 10.4 Would like it to be broken up in types of reports
  - Example: FI reconciliations, Vendor Information, etc
- 10.5 These reports need to be together.
  - Vendor Reports

*Highlighted text are comments from Face to Face Jan. 2010*

- Vendors with Optical Scanners
  - This report gives me a count of all of the currently authorized Vendors who have the Optical Scanner check box marked in AIM
- Vendors with WIC Optical Scanners
  - This report gives me a count of all of the currently authorized Vendors who have the WIC Optical Scanner check box marked in AIM
- Vendor Redemptions Detail
  - This report I only use when we do an inventory audit investigation. It pulls all of the formula redemptions for a specific Vendor for a specific time period (amount paid and number of cans)

**Discussion:**

**10.6** Have to check with Western Region to see if we could use an electronic signature / Electronic documents for vendor contracts.

**10.7** Pulling the Vendor Management from Program Integrity

**10.8** You can't separate them. We have to put in our monitor items.

- The Hotline
- Database

**10.9** Track the complaint, the violation

**10.10** Dump the information into a template and certify mail it to:

- The clinic, the person the complaint was placed against
- Track Vendor Complaints with a report

**10.11** Scanners / Paperless

- Vendor Signatures
- Procurement Signatures
- Vendor Management needs to keep original signatures for court.

**10.12** Something to capture a photo at the time of certification?

- This is outside our funding.

**Notes from Report Survey (Terri King):**

**10.13 Missed Vend Training** – It would be more useful if the report would give Vendor ID numbers and listed them numerically by ID number.

**10.14 Appeals** – more useful if it showed a listing of all Appeals and their current status (instead of 1 vendor per sheet wit all the steps).

**10.15 Civil Money Penalty** – right now I use my own spreadsheet since it does not work.

**10.16 Compliance Activity** – more useful if it didn't show a list of unauthorized redemptions with each vendor. Need to reformat the page.

**10.17 Vendor Report Card** – works well.

**10.18 Terminated / Disqualified Vendors** – works well.

**10.19 TIP Report** – woks well.

**10.20 Vendor List** – format is not streamline enough, only 7 vendors are on each page sot it's a lot of pages.

*Highlighted text are comments from Face to Face Jan. 2010*

- Would like to have it in alphabetical order by store name or numerical order by vendor id number ( Compared to Paradox Report)

**10.21 High Mean FI Value** – would like to have a Summary of the report for a 3 month process. Makes it easier for investigative purposes.

**10.22 Low FI Variation Index** - would like to have a Summary of the report for a 3 month process. Makes it easier for investigative purposes.

*Highlighted text are comments from Face to Face Jan. 2010*

Evan's list from Clinic Visit:

A walk in wait list.

Prepopulate when baby does not eat solid food.

List how much do you drink with calculator.

Check pickup took many screens.

Store questions in database to support question changes. Maybe other language.

Show photos on screen to show what formula they would get

Display authorized care giver on transfer screen.

For family transfer allow user to select what members are transferred.

For transfers what happens happens to data in old db? Can it display transferred

Default printer for checks.

Add other diet types to vegan like vegetarian

Allow codes to be entered or choose from log

*Highlighted text are comments from Face to Face Jan. 2010*