HANDS Workbook Facilitator

It’s in Your HANDS!

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WELCOME

To assist with easy recognition, the color of the HANDS Training Site displays green to ensure that all new trainees recognize the HANDS training data base from the HANDS live database.

Disclosure: Throughout this workbook you will see screenshots that are not displayed in green, please have a conversation with your trainees, to ensure that they are working in the correct HANDS database.

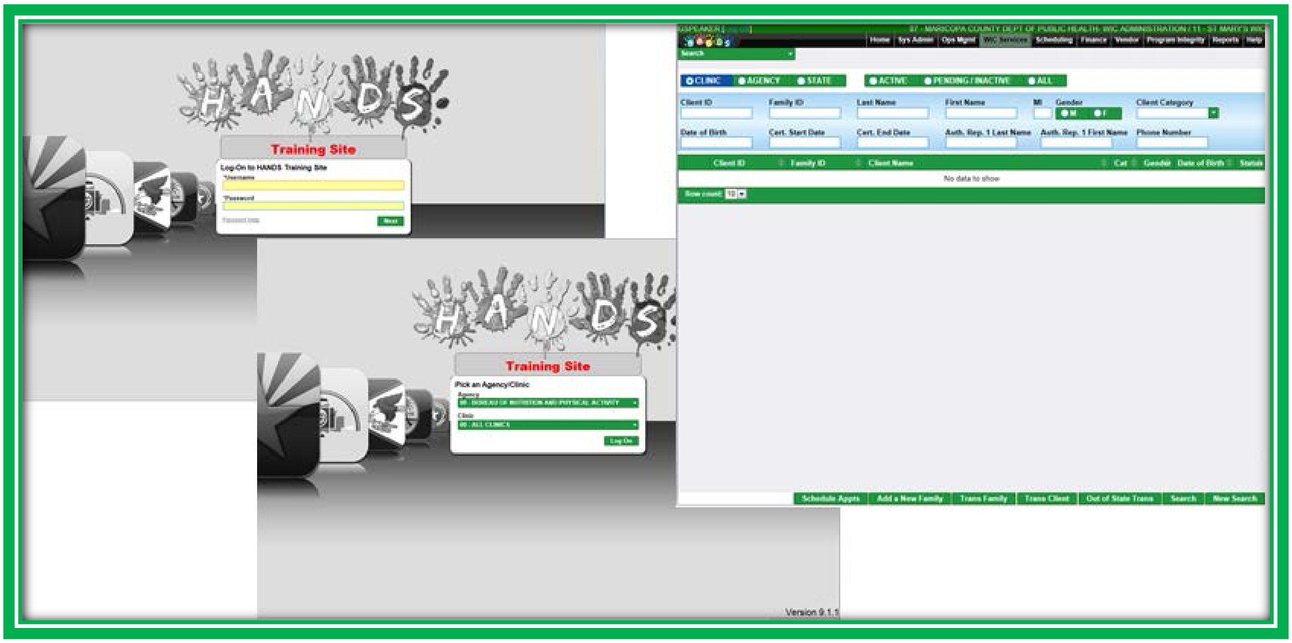

HANDS
Training Site
Log-On to HANDS Training Site
Username
Password
Next
Pick an Agency/Clinic
Agency
Clinic
00 - ALL CLINICS
Log On
Version 9.1.1
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Help
Search
CLINIC
AGENCY
STATE
ACTIVE
PENDING / INACTIVE
ALL
Client ID
Family ID
Last Name
First Name
MI
Gender
M
F
Client Category
Date of Birth
Cert. Start Date
Cert. End Date
Auth. Rep. 1 Last Name
Auth. Rep. 1 First Name
Phone Number
Client Name
Cat
Status
No data to show
Row count
Schedule Appts
Add a New Family
Trans Family
Trans Client
Out of State Trans
Search
New Search

Figure 1: HANDS Training Database

This resource will help demonstrate the functionality of HANDS as you work your way through the HANDS workbook. You will learn what is in HANDS and how to use it every day. Throughout the next several weeks, you will get a chance to practice documenting certifications, including:

- Documenting Income
- Documenting Medical Information
- Viewing Growth Grids
- Documenting the Results of Your ABCDE Assessment
- Writing Your Note

You will also learn about other essential functions of the system, including:

- Documenting Mid-Cert Health Assessments
- Terminating And Reinstating Certifications
- Transferring Clients
- Conducting A Category Change
- Voiding Checks
- Issuing Formula Replacements

So what is the most important part about HANDS? **You** are. HANDS was not only built using input from users like you, it also allows you as the WIC professional to be more in control. HANDS will let you move between screens and family members easily, and though it will automatically assign some WIC Codes for you, HANDS empowers you to be in control and do your job with more efficiency. WIC is in your HANDS now!

There are a few things that you will need to do to prepare. First, you will need to complete eight modules. Each module will cover different screens and functionality in the system. As you work through each module, you will be asked to go to the HANDS Resource Site (http://azdhsmedia.com/resource/) to view more information about the functionality in that week's module.

The HANDS Resource Site has nine modules, eight of which are the same as this workbook and a ninth for extra information which you may or may not need, depending on your role. Within each module, you will find that some of the items flow together, and you will be able to navigate between them using Next and Back buttons. You can also use the drop-down menus located at the top of the site to go directly to the area you need within a module.

There are two types of pages on the HANDS Resource Site. The first type will have video demonstrations; these videos will have a Play button. The other type will only have pictures with text explanations. You will know a page is a video instead of a picture because it will have the Play button. You will need to click the Play button in order to start the video.

The videos and pages contained on the HANDS Resource Site are for demonstration purposes only. The content does not replace your existing State or Local Agency policies and procedures. If you have any policy or procedure questions, please discuss them with your Helping HAND, trainer, or supervisor.

At the end of each module in your workbook, you will find a section called Case Study: It's in Your HANDS. Using the information in this area, you will be creating and maintaining a family of three and applying the skills you learn in each module. Arizona WIC Program staff members will be using a practice version of the HANDS database, the training database, which can be found here www.training.wichands.com, to complete their case studies.

You will see tips throughout the manual to help you along your HANDS journey. These tips are designed to offer explanations of functionality and help guide through more complex areas of the system. There are two types of tips, each with a different icon and purpose, which are described below.

The **Handy Tip** icon will be followed by a system tip. This tip will help you get to know HANDS and work faster in the system.

The **Together We Can** icon will be followed by either a policy or a Participant Centered Services (PCS) tip. These types of messages will help you decide how to use HANDS to best serve the client.

RESOURCES

1. HANDS Help Desk 1-855-432-7220
2. HANDS LMS Courses https://az.train.org/DesktopShell.aspx
3. HANDS Resource Site http://azdhsmedia.com/resource/
4. CMA HANDS Clinic Training Manual
5. USDA WIC Home http://www.fns.usda.gov/wic/women-infants-and-children-wic
6. Arizona WIC Home http://azdhs.gov/azwic/
7. Arizona HANDS Training Website www.training.wichands.com
8. Arizona WIC - Together We Can http://azdhs.gov/azwic/together/change.htm
9. Arizona Nutrition Assessment Training http://azdhsmedia.com/hands/index.php
10. Arizona WIC Policies and Procedures Home http://azdhs.gov/azwic/local_agencies.htm
11. Arizona WIC Program Policy and Procedure Manual http://azdhs.gov/azwic/local_agencies_policyManual.htm
12. Arizona WIC Laboratory Manuals http://azdhs.gov/azwic/local_agencies_labManual.htm
13. Arizona WIC Risk Manual http://azdhs.gov/azwic/local_agencies_riskManual.htm
14. Arizona WIC Anthropometrics Manual http://azdhs.gov/azwic/documents/local_agencies/wic-anthropometrics-module.pdf

MODULE 1 PART 1 INTRODUCTION TO HANDS

IN THIS SECTION:

- Welcome
- Login
- Navigation
- Client/Family Search

LEARNING OBJECTIVES:

By the end of this module, users will:

- Understand requirements to complete HANDS training and identify the three components of the training:
    - CMA HANDS Clinic Training Manual
    - Local Agency HANDS Workbook
    - HANDS Resource Site
- Be able to log into and navigate through HANDS
- Recognize the common actions, icons, and features in the system
- Identify the updated and new items found in the Client/Family Search screen
- Understand the basic elements that make up the Active Record
- Search for and retrieve client/family records

RESOURCES FOR PART 1: BEFORE YOU BEGIN YOUR JOURNEY

THINGS TO DO BEFORE YOU GET STARTED:

- Talk with your trainer and get your HANDS login info
    - You will use this login to get into the training database and the actual HANDS system
- Check to make sure that the HANDS Resource Site is accessible from your computer
- Read the following area(s) of the CMA HANDS Clinic Training Manual:
    - Module 1

WELCOME TO THE WORLD OF HANDS

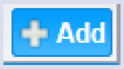
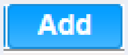
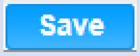
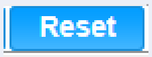
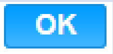
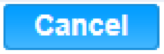
There are several items that make HANDS user-friendly and save time. HANDS fulfills several key objectives, including ease of use through consistency, easy access to information and straightforward navigation. Another essential component of HANDS is its use of modern technology. All of these can be seen in the features listed in the following sections.

Consistency

Throughout HANDS, you will see labels, actions, pick lists, and functions that look and operate the same. Being able to open each screen and feel confident that the features will work the same on this screen as they did on the last will help save time so you can focus on the important things, like connecting with the participant.

Actions

In HANDS, you have many buttons and actions; however, the most common buttons and features used throughout HANDS are discussed in the table below.

Name	Button/Feature	Usual Location	Function
Add		Grids/tables on main screens	This button opens a window that allows the user to add a new record to a grid/table.
Add New Record		Bottom right-hand side of the screen	This button allows the user to add a new record.
Save		Bottom right-hand side of the screen	This button allows the user to save the data on the current screen to the client's file.
Reset		Bottom right-hand side of the screen	This button allows the user to clear all the fields and return the screen to the previous view without saving.
OK		Pop-up windows	This button allows the user to exit a pop-up window and add the information they entered to the client file.
Cancel		Pop-up windows and on some main screens	This button allows the user to exit the screen and go back to where they were without saving changes.

Back to List (Cancel)	Back to List	Top left-hand side of the screen	This button allows the user to exit the screen and go back to where they were without saving changes.
Search	Search	Bottom right-hand side of the screen	This button allows the user to start the search process. Note: The Enter key can also be used.
New Search	New Search	Bottom right-hand side of the screen	This button allows the user to clear search fields and refresh the screen.
Edit	✎	Grids/tables on main screens	This icon can be clicked to open a record for viewing and/or editing.
Delete	🗑	Grids/tables on main screens	This icon can be clicked to delete data.
Family/Client ID Link	✎2021400823	Grids/tables on main screens	This icon can be clicked to open records for viewing and, in some cases, for editing.
Expand Row	+	Grids/tables on main screens	This icon can be clicked, and a grid with details will open below with more information about the record.
Signatures	Signatures	Bottom right-hand side of the screen	This button allows the user to launch the signature pad functionality.

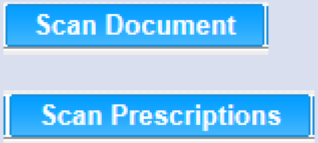
Scan Document	 Scan Document Scan Prescriptions	Bottom right-hand side of the screen	This button allows the user to launch the scanning functionality.
Row Count	Row count: 10	Search grids/tables	This drop-down allows a user to select the number of rows of search results on the screen. The user may choose 10, 25, or 50 rows to be listed.

Table 1: HANDS Buttons/Features

Pick Lists

In HANDS, you will encounter three types of pick lists. One is a pick list with a multi-select feature. This feature allows you to pick one or more items from the list at one time. You will need to scroll through the list to find the items you need. The list will stay open until you click somewhere else on the screen. It will also give you the option of checking or unchecking all of the items in the list. **You will not be able to type into this pick list.**

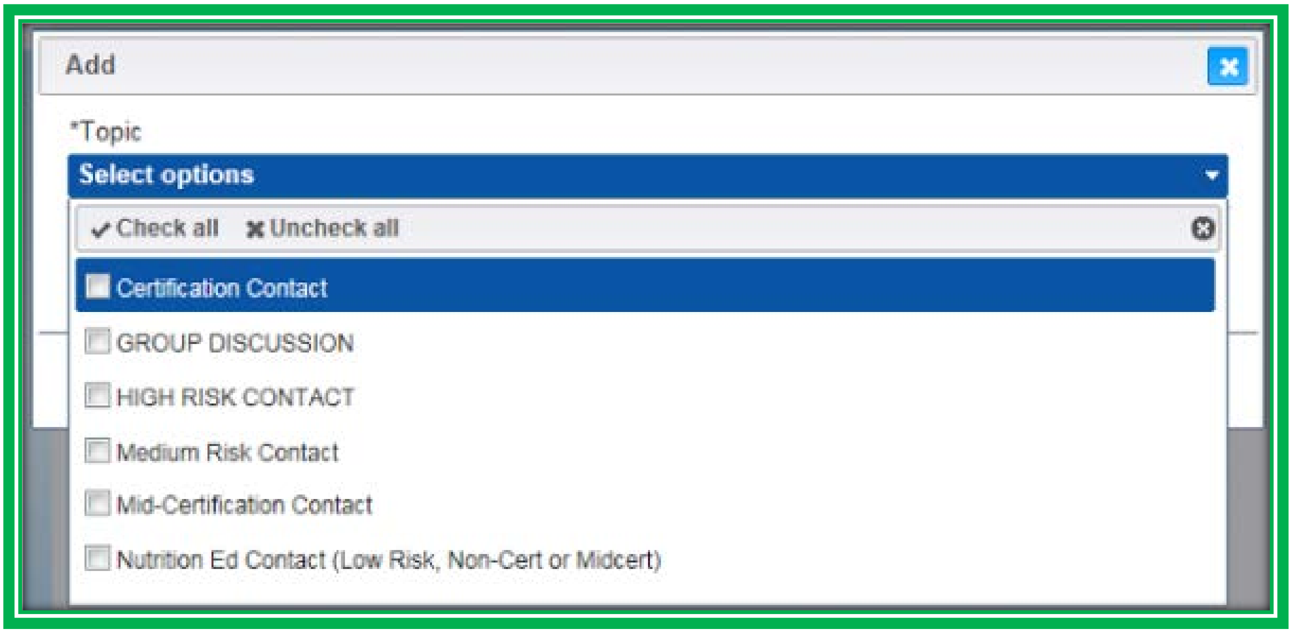
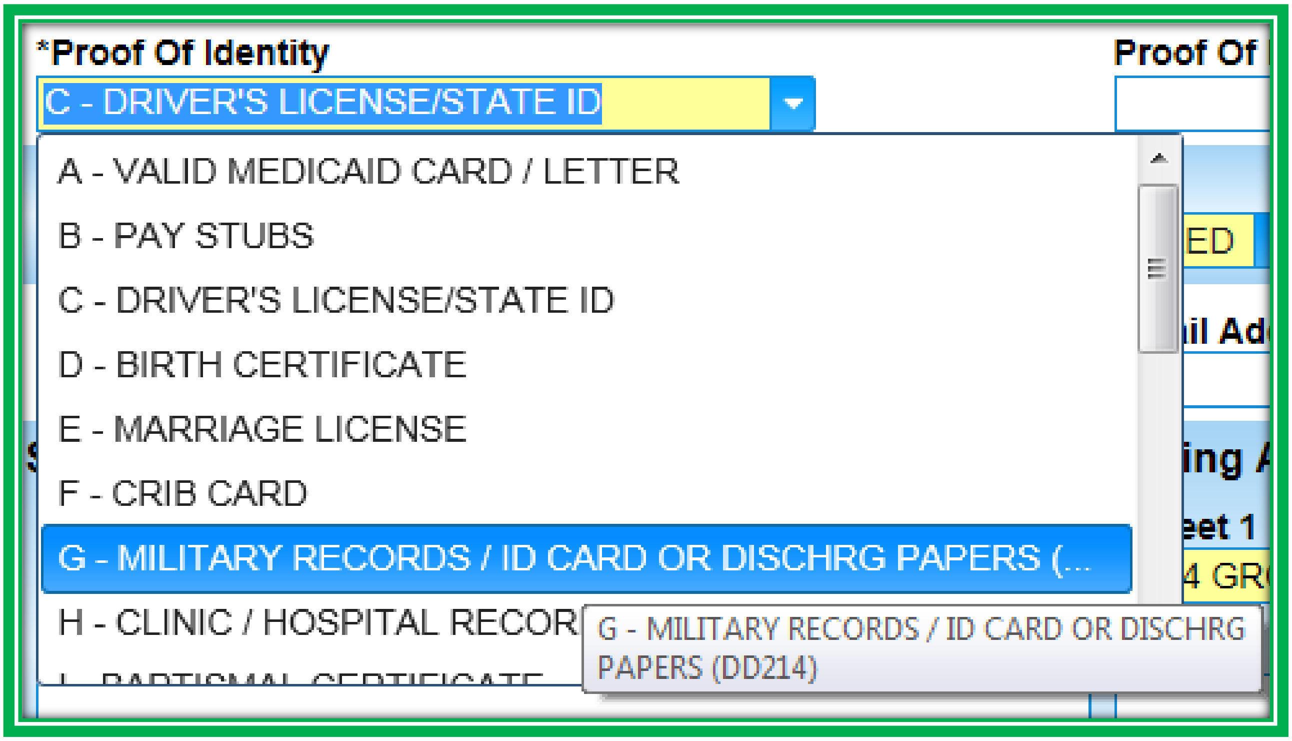

Add
*Topic
Select options
✓ Check all
✖ Uncheck all
☐ Certification Contact
☐ GROUP DISCUSSION
☐ HIGH RISK CONTACT
☐ Medium Risk Contact
☐ Mid-Certification Contact
☐ Nutrition Ed Contact (Low Risk, Non-Cert or Midcert)

Figure 2: Multi-Select Pick List

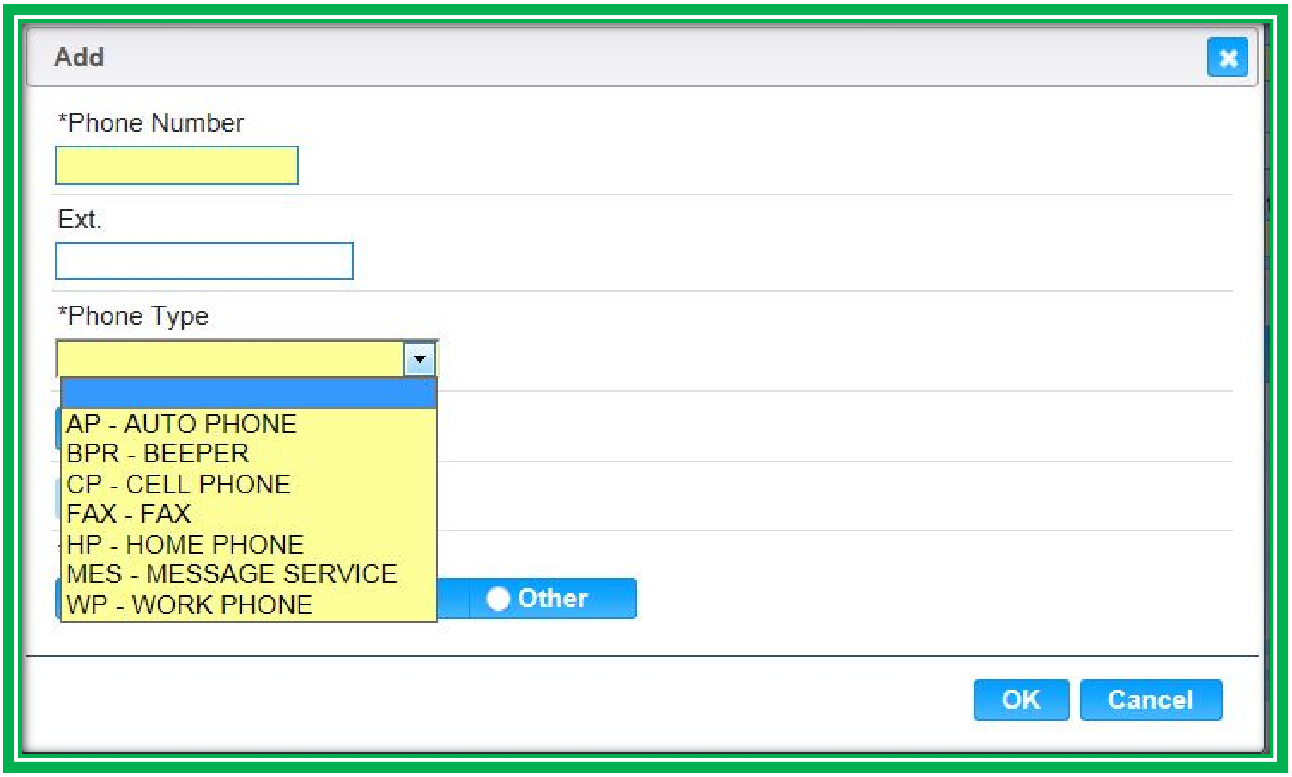
The second type of pick list will allow you to type into the field. It has autocomplete, which means it will try to guess what you are typing and show the items that match in a list. You may also click on the blank field and use arrow keys, or you can click the down arrow at the end of the field to scroll through the items in the pick list. This type of list has a hover feature to display the full title of extra-long items that are cut off in the list. You may only select one item with this type of list.


*Proof Of Identity: C - DRIVER'S LICENSE/STATE ID

Proof Of
A - VALID MEDICAID CARD / LETTER
B - PAY STUBS
C - DRIVER'S LICENSE/STATE ID
D - BIRTH CERTIFICATE
E - MARRIAGE LICENSE
F - CRIB CARD
G - MILITARY RECORDS / ID CARD OR DISCHRG PAPERS (...
H - CLINIC / HOSPITAL RECOR
G - MILITARY RECORDS / ID CARD OR DISCHRG PAPERS (DD214)

Figure 3: Drop-Down List

The third type of pick list is also a single-select field and is most commonly used for very short lists. It will not let you type in whole words; however, you may type in the first letter or number of the item you are looking for. You may also click on the blank field and use arrow keys, or you may click the down arrow at the end of the field to scroll through the items in the pick list.



Add

*Phone Number

Ext.

*Phone Type

AP - AUTO PHONE
BPR - BEEPER
CP - CELL PHONE
FAX - FAX
HP - HOME PHONE
MES - MESSAGE SERVICE
WP - WORK PHONE

Figure 4: Short Drop-Down List

The fields will be organized so that unnecessary items are removed, more applicable items are included, and the order of the fields is redone to make it easier to find what you need. Pick lists are found in the following screens:

- Proof of Address
- Proof of Identity
- Proof of Income

Standard Formatting

Wherever you add a phone number, address, or other item, HANDS will format it properly. Streamlining of processes will help speed things along in the system so you can spend less time on data entry and more time in the Appointment Pathway.

NAME

The universal formatting for client names in HANDS will be last name, first name then middle initial (MI). The MI field will allow you to enter up to three characters.

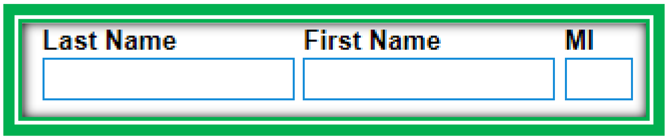
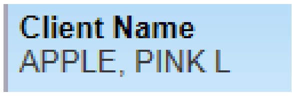


Figure 5: Name Standard Format 1



Client Name
APPLE, PINK L

Figure 6: Name Standard Format 2

PHONE NUMBER FORMAT

Handy Tip: If the Does Not Have a Phone checkbox is selected on the main screen, the Add button on the Phones grid will disappear.

Each time you enter a phone number, the system will format it for you. You will select a Phone Type and a Priority. Only one phone number can be Primary, and only one can be Secondary. The rest will need to be categorized as Other. At least one Primary phone number must be entered, unless the Does Not Have a Phone checkbox is selected on the main screen. When a Phone Type of Cell Phone is selected, the new Do Not Text field will be enabled. If the client is listing their cell phone as a point of contact, it is important to ask them if it is okay to send them text messages at that number, in addition to asking them if it is okay to call them.

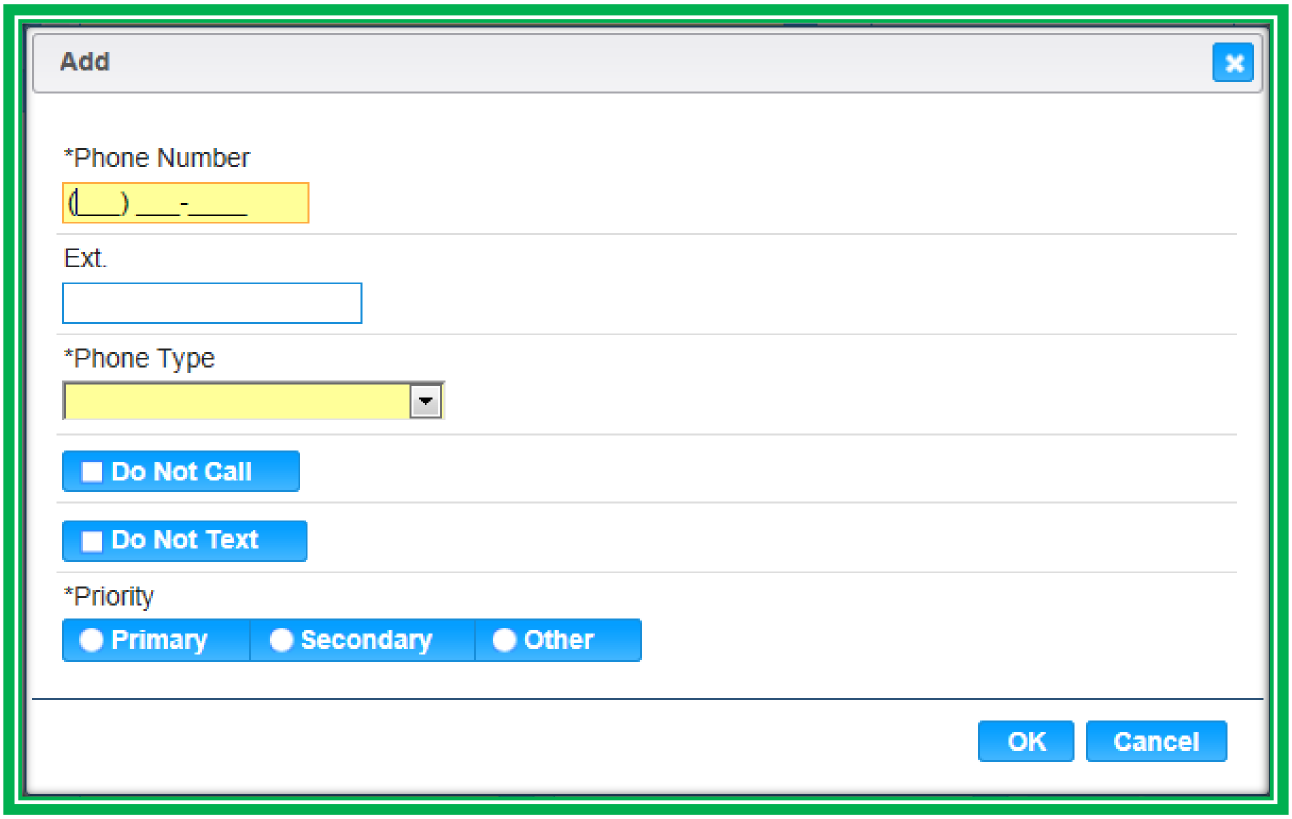
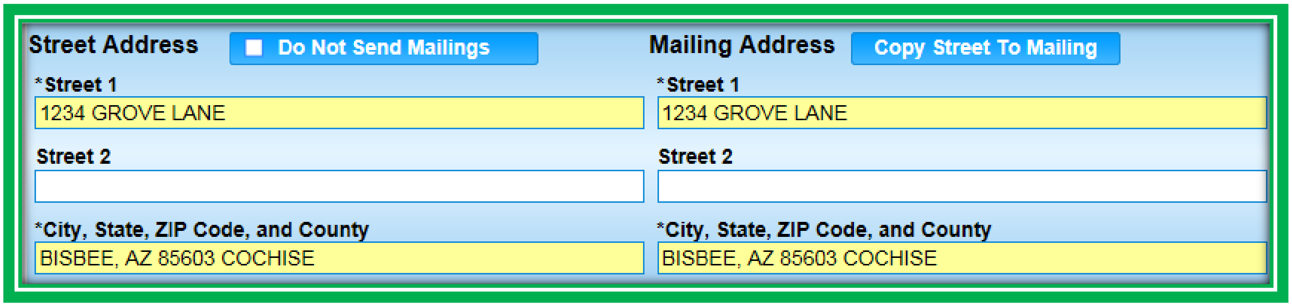


Figure 7: Phone Standard Format

ADDRESS FORMAT

Entering addresses will also be the same throughout HANDS. You will enter City, State, ZIP Code, and County all on one line instead of as separate fields. In addition, this line has an autocomplete function and will bring up all of the matching items as you type in the field. You can start with any item, like ZIP Code, County, etc. It doesn't have to be the city. You get to choose what works best for you.

You may also notice that Mailing Address is on the right, and the fields do not automatically populate as you type in the Street Address. That's because *you* get to decide whether or not you want to copy the address over using the Copy Street To Mailing button.

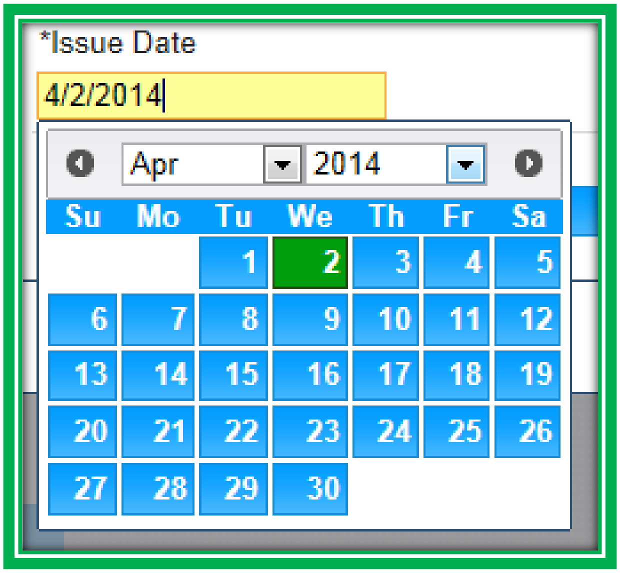


*Street 1: 1234 GROVE LANE	*Street 1: 1234 GROVE LANE
Street 2:	Street 2:
*City, State, ZIP Code, and County: BISBEE, AZ 85603 COCHISE	*City, State, ZIP Code, and County: BISBEE, AZ 85603 COCHISE

Figure 8: Address Standard Format

CALENDAR FORMAT

The calendar tool in HANDS allows you to type in the date or use the calendar. **If you type in the date, remember to use the MM (two-digit month) DD (two-digit day) YYYY (four-digit year) format because the system will automatically add the forward slashes for you**. Also, always make sure the year is correct when using the drop-downs, as that will affect your month and days.


*Issue Date: 4/2/2014

Su	Mo	Tu	We	Th	Fr	Sa
		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			

Figure 9: Calendar Standard Format

Scanning

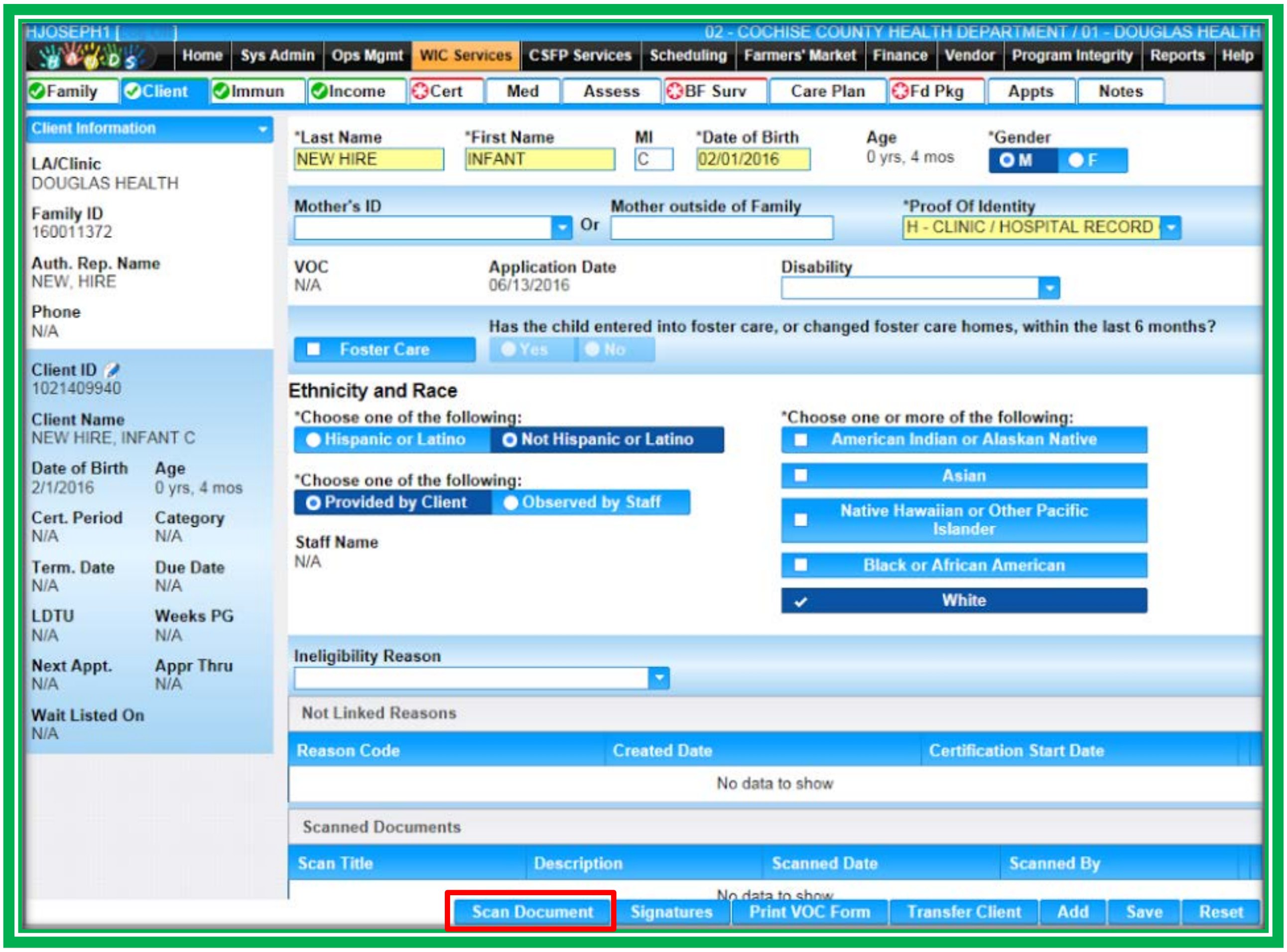
Each clinic will have one to two scanners and a process for scanning documents. Please ask your Helping HAND or trainer where your scanners are located and about your clinic’s process for scanning.

Items that may be scanned into the system include:

- Food Package Prescriptions
- Verification of Certification (VOC) Forms
- Notice to Provider Documents
- Items Required by Local Agency Policy

You also may be asked to scan other items into the system as necessary for State audits.

There are two screens in HANDS that allow you to scan documents. The Client Information screen will have a button titled Scan Document and the Food Package Assignment screen will have a button titled Scan Prescriptions. Scanning will be discussed in more detail in Module 7.


HJOSEPH1
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS HEALTH
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Client Information
Scan Document
Signatures
Print VOC Form
Transfer Client
Add
Save
Reset

LA/Clinic DOUGLAS HEALTH
Family ID 160011372
Auth. Rep. Name NEW, HIRE
Phone N/A
Client ID 1021409940
Client Name NEW HIRE, INFANT C
Date of Birth 2/1/2016 Age 0 yrs, 4 mos
Cert. Period N/A Category N/A
Term. Date N/A Due Date N/A
LDTU N/A Weeks PG N/A
Next Appt. N/A Appr Thru N/A
Wait Listed On N/A

*Last Name NEW HIRE
*First Name INFANT
MI C
*Date of Birth 02/01/2016
Age 0 yrs, 4 mos
*Gender ● M ○ F
Mother's ID Or Mother outside of Family
*Proof Of Identity H - CLINIC / HOSPITAL RECORD
VOC N/A
Application Date 06/13/2016
Disability

Has the child entered into foster care, or changed foster care homes, within the last 6 months?
☐ Foster Care ○ Yes ○ No

Ethnicity and Race
*Choose one of the following: ○ Hispanic or Latino ● Not Hispanic or Latino
*Choose one of the following: ● Provided by Client ○ Observed by Staff
Staff Name N/A
*Choose one or more of the following:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☑ White

Ineligibility Reason

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
	No data to show	

Scanned Documents

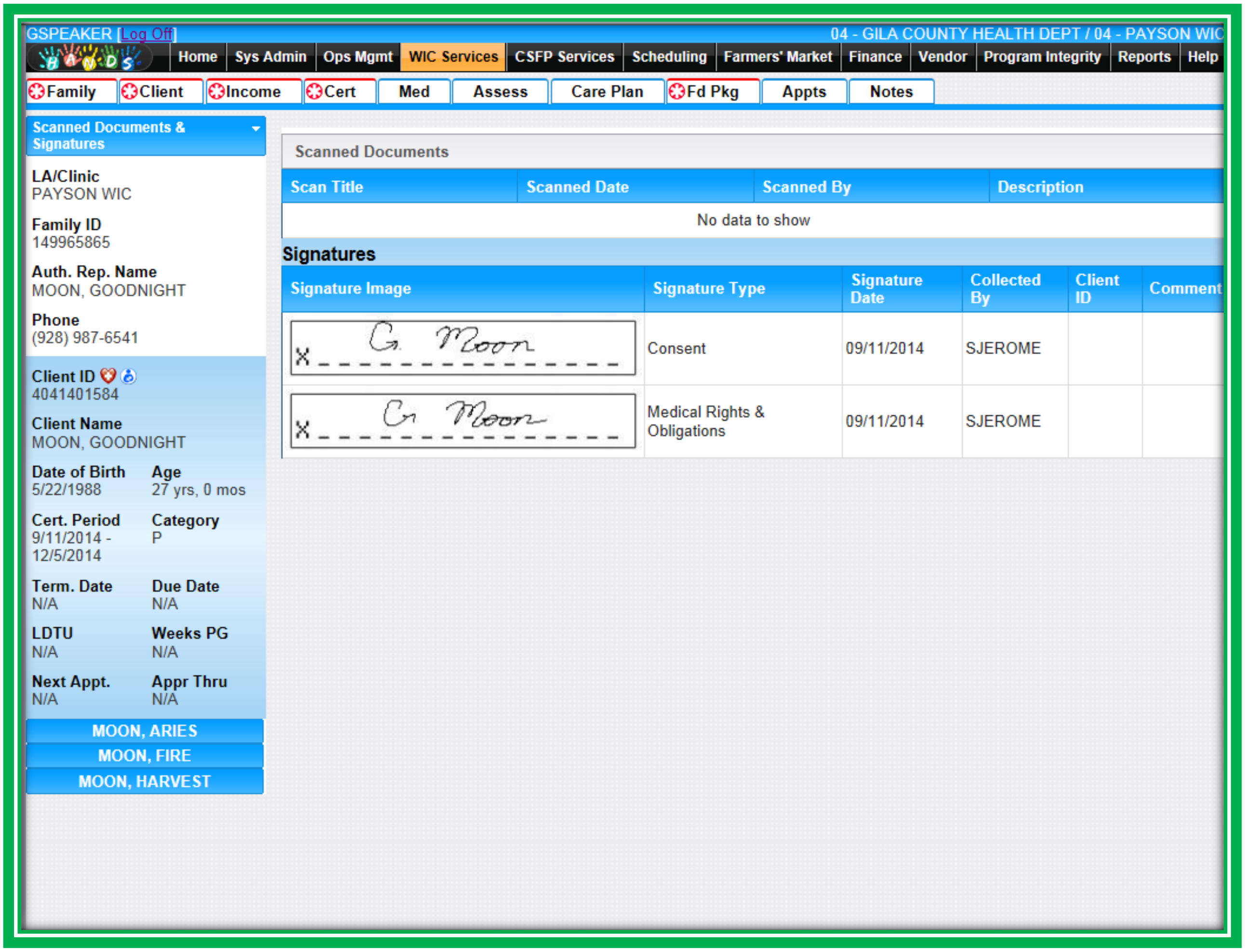
Scan Title	Description	Scanned Date	Scanned By
	No data to show		

Figure 10: Client Information – Scan Document Button

SCANNED DOCUMENTS AND SIGNATURES SCREEN

If needed, you can get a listing of all scanned and signed items in the client record using the Scanned Documents and Signatures screen. You can get to this screen using the navigation drop-down menu in the Active Record. The screen has two grids, one for Scanned Documents and one for Signatures.

The Signature Type grids let you know what sort of scanned item or signature has been saved. If the Type has the same name on two different screens, the name of the screen will also be listed. For example, a Signature Type of **Medical Rights and Obligations** indicates that the signature documenting receipt and understanding of WIC's Rights and Obligations was collected on the Medical screen.


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Scanned Documents & Signatures
MOON, ARIES
MOON, FIRE
MOON, HARVEST

LA/Clinic
PAYSON WIC

Family ID
149965865

Auth. Rep. Name
MOON, GOODNIGHT

Phone
(928) 987-6541

Client ID
4041401584

Client Name
MOON, GOODNIGHT

Date of Birth 5/22/1988	**Age** 27 yrs, 0 mos
Cert. Period 9/11/2014 - 12/5/2014	**Category** P
Term. Date N/A	**Due Date** N/A
LDTU N/A	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

Scanned Documents

Scan Title	Scanned Date	Scanned By	Description
No data to show			

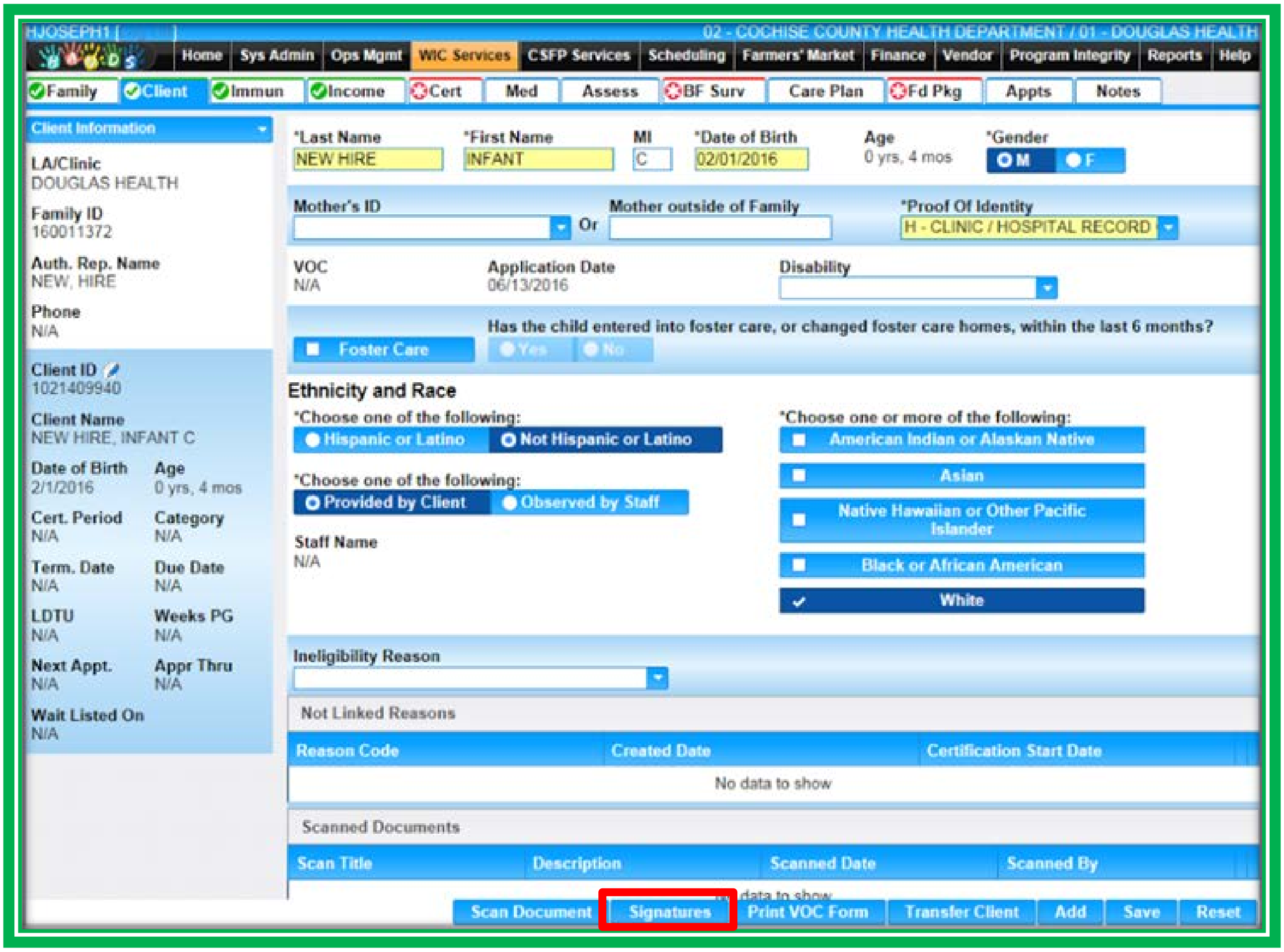
Signatures

Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X G. Moon	Consent	09/11/2014	SJEROME		
X G. Moon	Medical Rights & Obligations	09/11/2014	SJEROME		

Figure 11: Scanned Documents and Signatures

Signatures

In HANDS, the way you gather signatures is flexible, especially the signatures that are available in more than one location. It is up to Local Agencies to figure out what works best in their clinics. One example is collecting signatures for consent and Rights and Obligations during the eligibility process and documenting them using the Medical screen. **Just be sure to get consent before you perform anthropometric measurements or blood work.** The majority of forms are signed for the whole family; however, some are for individual clients only. Ask your Helping HAND or trainer if you have questions about which forms are signed for individual clients and which forms are signed for the whole family.


HJOSEPH1 [ ]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS HEALTH
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Client Information
Scan Document
Signatures
Print VOC Form
Transfer Client
Add
Save
Reset

LA/Clinic
DOUGLAS HEALTH

Family ID
160011372

Auth. Rep. Name
NEW, HIRE

Phone
N/A

Client ID
1021409940

Client Name
NEW HIRE, INFANT C

Date of Birth 2/1/2016	Age 0 yrs, 4 mos
Cert. Period N/A	Category N/A
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

Wait Listed On
N/A

*Last Name: NEW HIRE
*First Name: INFANT
MI: C
*Date of Birth: 02/01/2016
Age: 0 yrs, 4 mos
*Gender: ● M ○ F

Mother's ID: Or Mother outside of Family:
*Proof Of Identity: H - CLINIC / HOSPITAL RECORD

VOC: N/A
Application Date: 06/13/2016
Disability:

Has the child entered into foster care, or changed foster care homes, within the last 6 months?
☐ Foster Care ○ Yes ○ No

Ethnicity and Race

*Choose one of the following:
○ Hispanic or Latino ● Not Hispanic or Latino

*Choose one of the following:
● Provided by Client ○ Observed by Staff

Staff Name
N/A

*Choose one or more of the following:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☑ White

Ineligibility Reason

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Figure 12: Client Information – Signatures Button

Areas in HANDS that allow you to collect signatures include:

- Family
  - Proxy
    - Signature for the Proxy form
- Client
  - Verification of Certification (VOC)
    - Signature for consent to release information
    - This must be signed for individual clients
- Income
  - Zero Income
    - Signature for Zero Income information
    - Individual **clients must be selected in the Client ID pick list if you are not certifying the whole family on the same day**
  - Income Ineligibility
    - Signature for the Notice of Ineligibility form
  - Statement of Documentation
    - Signature for the Statement of Documentation form
- Medical
  - Consent
    - Signature to allow WIC staff to:
      - Measure height/weight
      - Measure hemoglobin
      - Physically touch the client or their child/children during breastfeeding instruction
  - Rights and Obligations
    - Signature for the Rights and Obligations form
    - This is for the 1st Authorized Representative
  - Second Authorized Representative Rights and Obligations
    - Signature for the Rights and Obligations form
    - This is for the 2nd Authorized Representative
- Food Benefit Issuance
  - Rights and Obligations
    - Signature for the Rights and Obligations form
    - This is for the 1st Authorized Representative
  - Second Authorized Representative Rights and Obligations
    - Signature for the Rights and Obligations form
    - This is for the 2nd Authorized Representative

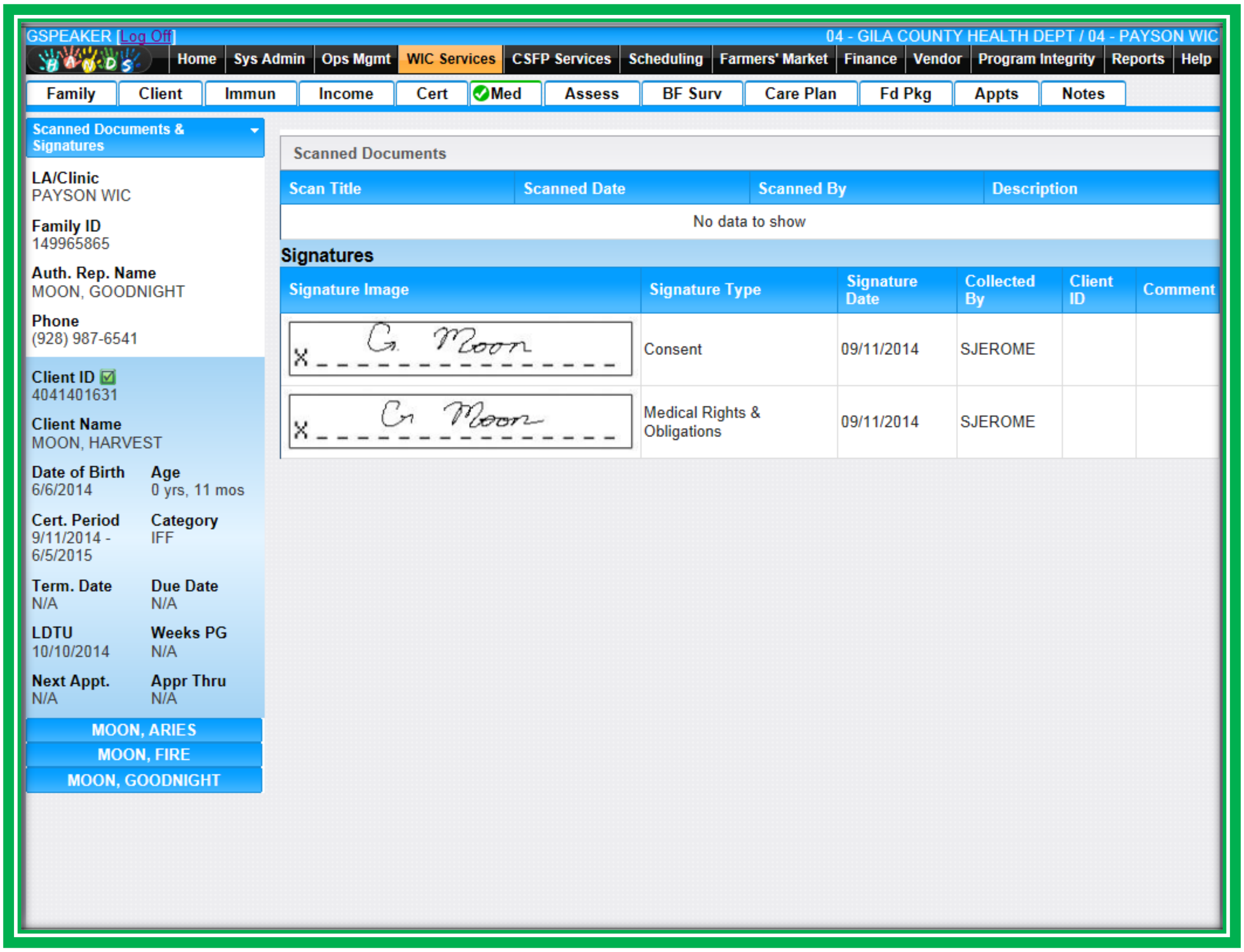
Like the scanning process, you will use a button to start the process of capturing signatures. This button is the same on all screens and it is labeled Signatures. Signatures will be discussed in more detail in Module 7.

SCANNED DOCUMENTS AND SIGNATURES SCREEN

If needed, you can get a listing of all scanned and signed items in the client record using the Scanned Documents and Signatures screen. You can get to this screen using the navigation menu in the Active Record. The screen has two grids, one for Scanned Documents and one for Signatures.

The Signature

The Type field in each of the grids will let you know what sort of scanned item or signature has been saved. If the Type has the same name on two different screens, the name of the screen will also be listed. For example, a Signature Type of **Medical Rights and Obligations** indicates that the signature documenting receipt and understanding of the program Rights and Obligations was collected on the Medical screen.


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
✓Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Scanned Documents & Signatures

LA/Clinic PAYSON WIC

Family ID 149965865

Auth. Rep. Name MOON, GOODNIGHT

Phone (928) 987-6541

Client ID ☑ 4041401631

Client Name MOON, HARVEST

Date of Birth 6/6/2014

Age 0 yrs, 11 mos

Cert. Period 9/11/2014 - 6/5/2015

Category IFF

Term. Date N/A

Due Date N/A

LDTU 10/10/2014

Weeks PG N/A

Next Appt. N/A

Appr Thru N/A

MOON, ARIES
MOON, FIRE
MOON, GOODNIGHT

Scanned Documents

Scan Title	Scanned Date	Scanned By	Description
No data to show			

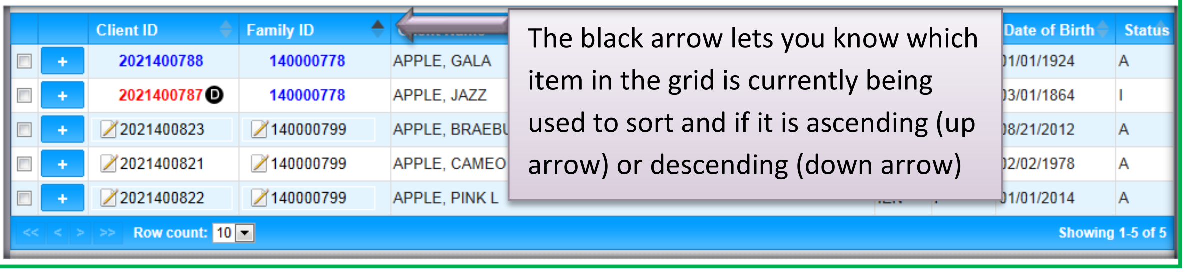
Signatures

Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X G. Moon	Consent	09/11/2014	SJEROME		
X G Moon	Medical Rights & Obligations	09/11/2014	SJEROME		

Figure 13: Scanned Documents and Signatures

Grid Sorting

When you see a grid, which looks a bit like a table, you will be able to sort it by single-clicking on the headings in blue. After a grid has been sorted, a black arrow will appear showing you by which item the grid is sorted. The direction of the arrow will let you know how the grid is sorted.



		Client ID	Family ID		Date of Birth	Status
☐	+	2021400788	140000778	APPLE, GALA	1/01/1924	A
☐	+	2021400787 D	140000778	APPLE, JAZZ	3/01/1864	I
☐	+	2021400823	140000799	APPLE, BRAEBU	8/21/2012	A
☐	+	2021400821	140000799	APPLE, CAMEO	2/02/1978	A
☐	+	2021400822	140000799	APPLE, PINK L	1/01/2014	A

The black arrow lets you know which item in the grid is currently being used to sort and if it is ascending (up arrow) or descending (down arrow)

Figure 14: Sorted Grid using Family ID

Easy Access to Information

One way to save time is to have easy access to relevant information. HANDS uses the client's Active Record icons, the Home page, and system messages to provide you with important information so you can do your job more efficiently.

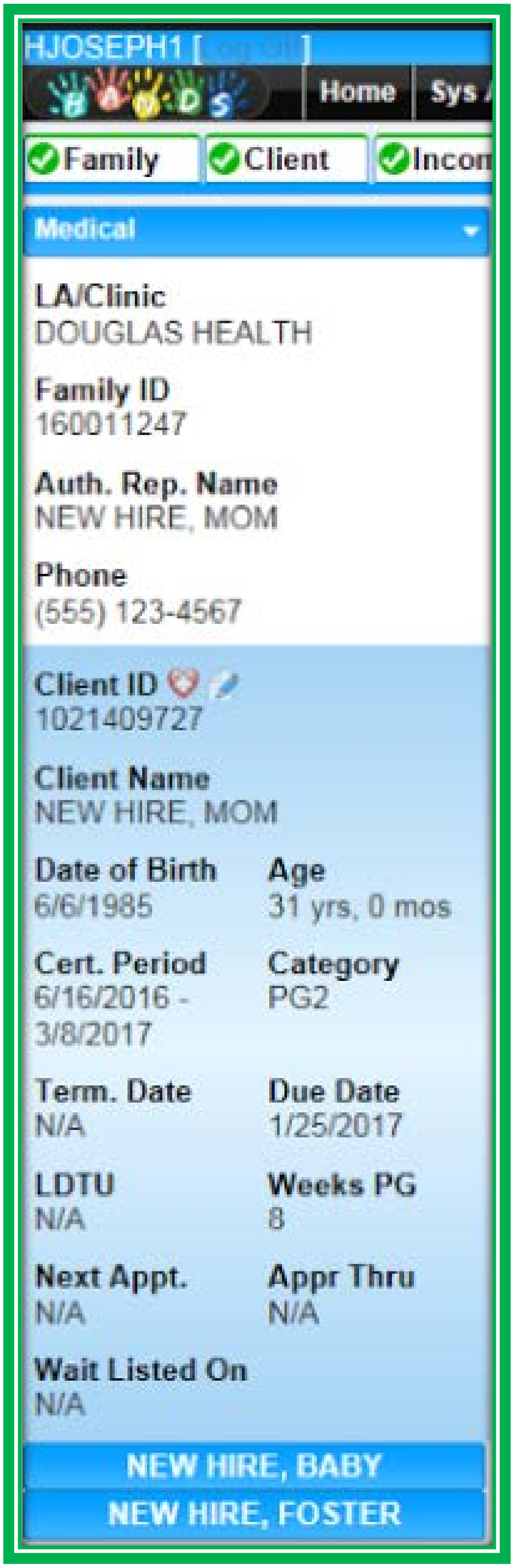
Active Record

One of the most useful tools in HANDS is the Active Record. The Active Record provides a snapshot of important client information, all of which is grouped into one place for easy access.

Handy Tip: Names in the Active Record are listed in alphabetical order by last name followed by first name.

The Active Record contains the same fields for every client, with N/A displaying in spots where data is not available or applicable. The top of the Active Record contains the WIC Services navigation drop-down menu and family information, the middle contains client-specific information, and the bottom lists the other members of the family. The items found in each section of the Active Record are listed below, with the abbreviations used in the Active Record in parenthesis after each item, if applicable.

- Family Information
  - Local Agency and Clinic (LA/Clinic)
  - Family ID
  - Authorized Representative Name (Auth. Rep. Name)
  - Primary Phone Number (Phone)
- Client Information
  - Client ID
    - This is where the Active Record icons will appear
  - Client Name
  - Date of Birth and Age
  - Certification Period (Cert Period)
  - Category
  - Termination Date (Term. Date)
  - Due Date
  - Last Date to Use (LDTU)
  - Weeks Pregnant (Weeks PG)
  - Next Appointment Date (Next Appt.)
  - Food Package Approved Thru (Appr. Thru)
- Family Member Listing
  - Hover box contains:
    - Client ID
    - Date of Birth
    - Age
    - Category
    - Gender



LA/Clinic
DOUGLAS HEALTH

Family ID
160011247

Auth. Rep. Name
NEW HIRE, MOM

Phone
(555) 123-4567

Client ID
1021409727

Client Name
NEW HIRE, MOM

Date of Birth
6/6/1985

Age
31 yrs, 0 mos

Cert. Period
6/16/2016 - 3/8/2017

Category
PG2

Term. Date
N/A

Due Date
1/25/2017

LDTU
N/A

Weeks PG
8

Next Appt.
N/A

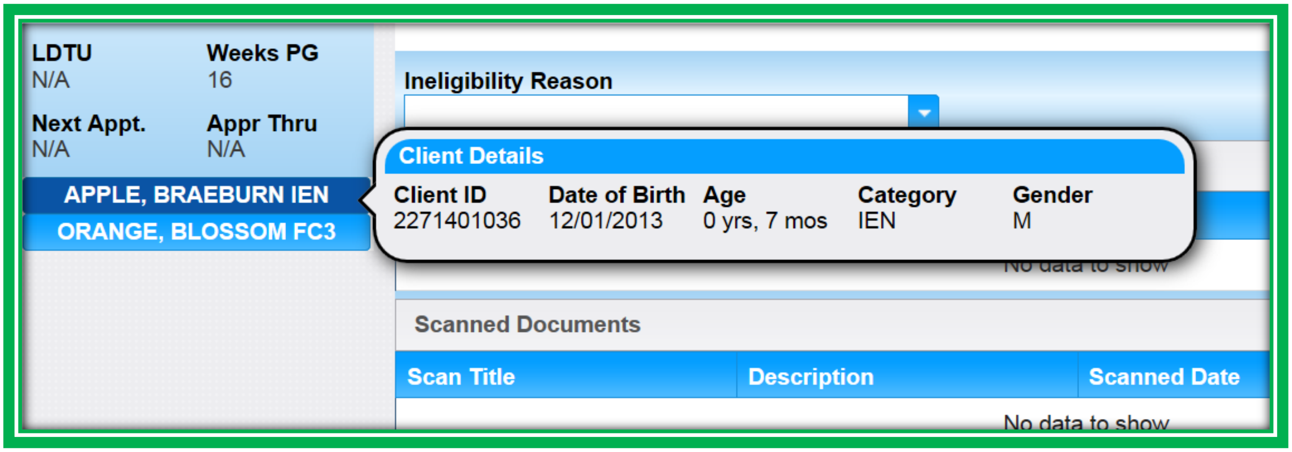
Appr Thru
N/A

Wait Listed On
N/A

NEW HIRE, BABY
NEW HIRE, FOSTER

Figure 15: Active Record

The Active Record allows you to toggle between clients within a family as you complete their file. If you move your mouse over the other members of the family, a hover box will appear listing information about each one. This hover will help you determine if this is the family member you want to select. You can switch to another family member's file by clicking on their name.



LDTU N/A

Weeks PG 16

Next Appt. N/A

Appr Thru N/A

APPLE, BRAEBURN IEN

ORANGE, BLOSSOM FC3

Ineligibility Reason

Client Details

Client ID	Date of Birth	Age	Category	Gender
2271401036	12/01/2013	0 yrs, 7 mos	IEN	M

No data to show

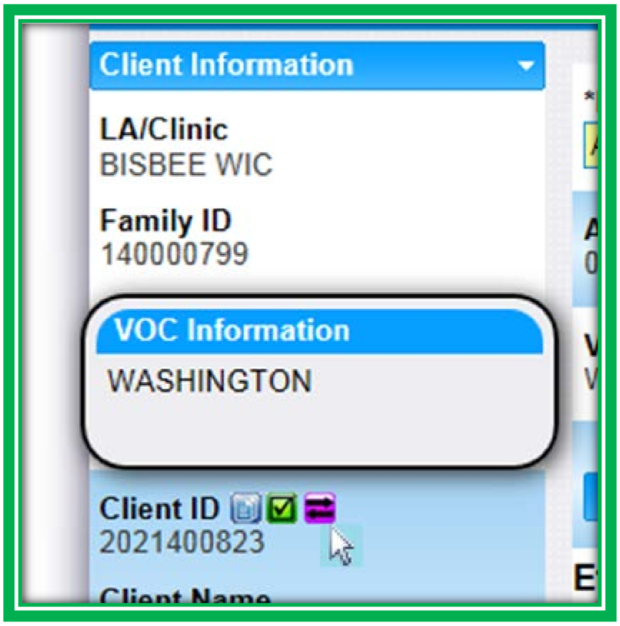
Scanned Documents

Scan Title	Description	Scanned Date

No data to show

Figure 16: Active Record – Hover Feature Error! Bookmark not defined.

In addition to the features described above, Active Record icons will appear when important items are documented in a client file. When the user moves the mouse over the icon, a hover feature will appear and provide more information. These icons are described in the table below. While the Active Record is very useful and provides information as to what the client may need, it is important to check previous notes to get a complete picture. To check previous notes, you will navigate to the Notes screen. This process will be covered in Module 4.



Client Information

LA/Clinic BISBEE WIC

Family ID 140000799

VOC Information

WASHINGTON

Client ID 2021400823

Client Name

Figure 17: Active Record – Icon Hover Feature

Icon	Name	Meaning	Hover Information
●	**Breast Pump**	A hospital-grade breast pump is issued to the client.	Hover will list the furthest breast pump due date. Note: If the client has more than one breast pump issued, it will only list the due date that is furthest in the future.
♿	**Disability**	The client has a documented disability.	Hover will list documented disability.
📄	**Missing Documentation**	The client is missing documentation.	Hover will list missing items.
❤ 💚	**High Risk**	The client is high risk. The icon will match the High Risk Heart in the Care Plan.	Hover will state client is High Risk. The icon will match the High Risk Heart in the Care Plan. Note: The High Risk Heart will be explained further in Module 4.
☑	**Mid-Certification Assessment (Health Check)**	The client is due for a Mid-Cert Assessment (Health Check) or Ht/Wt check for PG clients.	Hover will state client needs a Mid-Cert Health Check. Note: This will display at every visit for PG women.
⇄	**Out-of-State Transfer**	The client is an Out-of-State Transfer.	Hover will list Verification of Certification (VOC) information.
⚠	**Staff Alert**	The client has an active Staff Alert Note.	Hover will direct user to check client notes. Note: If clicked on, will take user to Notes screen.
✚	**Missing Medical Documentation**	The client is missing medical data.	Hover will state client needs blood work or anthropometric data.
✎	**Notes**	Quickly add note.	Hover will give the option to add note. Note: If clicked, text box pops up on current screen.

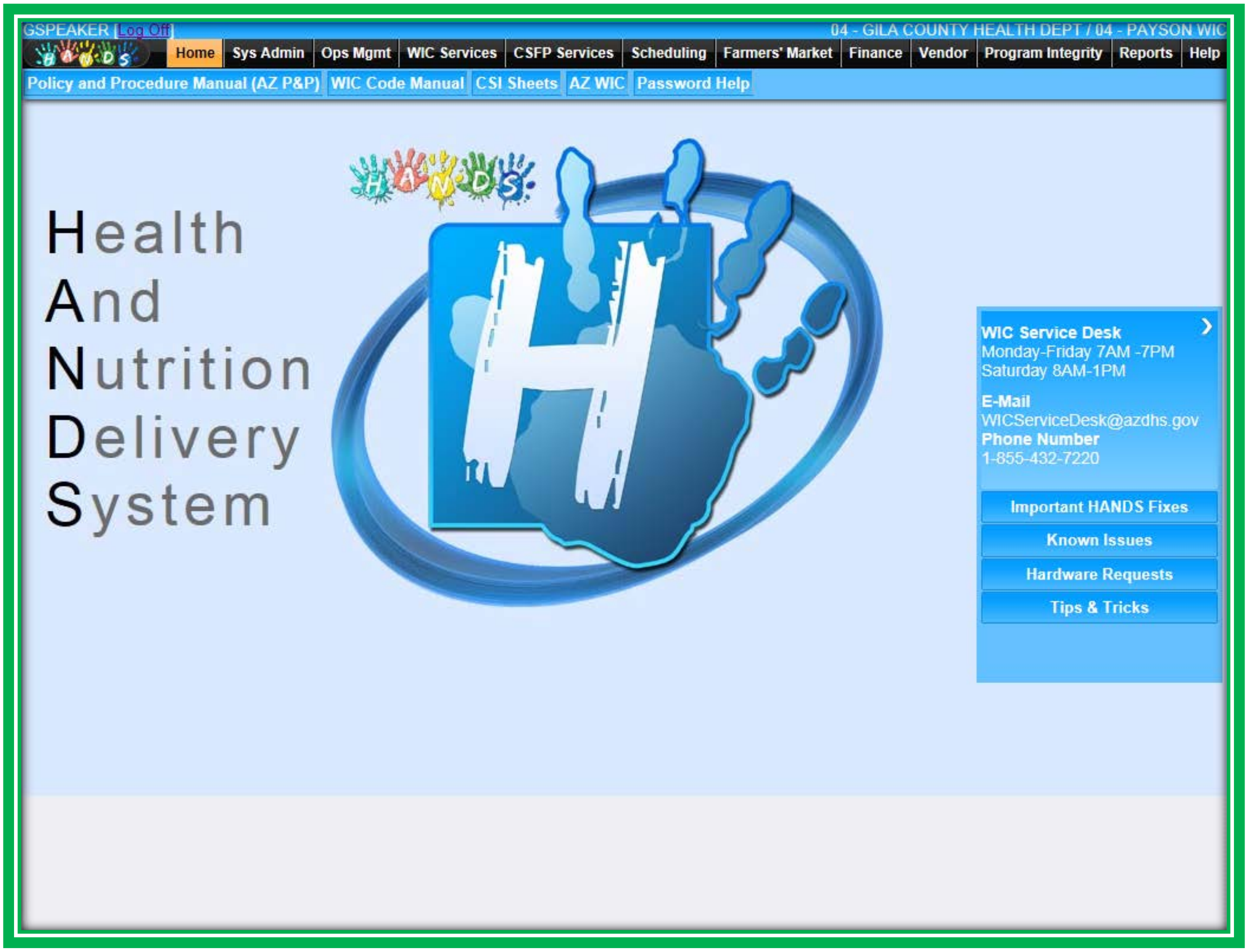
Table 2: Active Record Icons

Home Page

The Home page will be your central hub for WIC information. Items found on the Home page include:

- WIC Service Desk Information
- Important HANDS Fixes
- Known Issues
- Hardware Requests
- Tips & Tricks

The Home page will be the same for everyone statewide, so the messages and information you receive will be consistent, timely, and first-hand.


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Policy and Procedure Manual (AZ P&P)
WIC Code Manual
CSI Sheets
AZ WIC
Password Help
HANDS
Health
And
Nutrition
Delivery
System
Important HANDS Fixes
Known Issues
Hardware Requests
Tips & Tricks

WIC Service Desk
Monday-Friday 7AM -7PM
Saturday 8AM-1PM

E-Mail
WICServiceDesk@azdhs.gov
Phone Number
1-855-432-7220

Figure 18: HANDS – Home Page

Clear System Messages

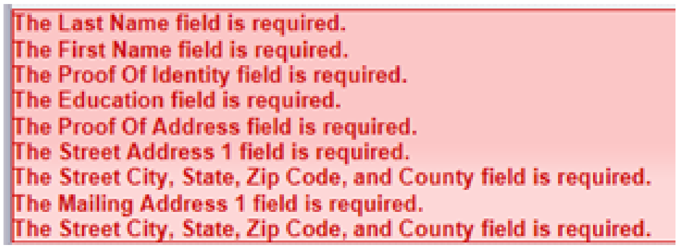
There are different types of system messages that you may see in HANDS, including error messages in main screens and pop-up windows, save confirmation, general information, loading, and unsaved changes messages. These messages will enable you to get the information you need in a timely manner.

When you see system messages, think of the red and yellow portions of a stoplight:

- Red
  - Stop! Something needs attention.
- Yellow
  - Slow Down. Something needs to be considered, but may or may not need action, depending on the message.

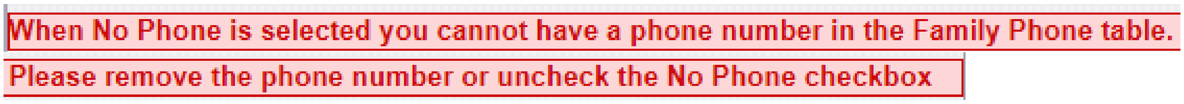
ERROR MESSAGES

Error messages on screens and pop-up windows help users quickly identify issues and resolve them without much downtime. These messages are listed at the top of the screen and will tell you exactly what was missed in a straightforward manner so there is no guesswork involved. Also, the fields that were missed may have messages underneath and be highlighted in red to further help you.



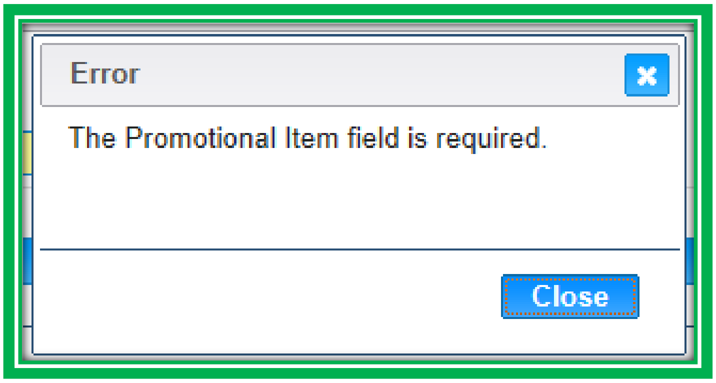
The Last Name field is required.
The First Name field is required.
The Proof Of Identity field is required.
The Education field is required.
The Proof Of Address field is required.
The Street Address 1 field is required.
The Street City, State, Zip Code, and County field is required.
The Mailing Address 1 field is required.
The Street City, State, Zip Code, and County field is required.

Figure 19: Screen Error Message 1



When No Phone is selected you cannot have a phone number in the Family Phone table.
Please remove the phone number or uncheck the No Phone checkbox

Figure 20: Screen Error Message 2



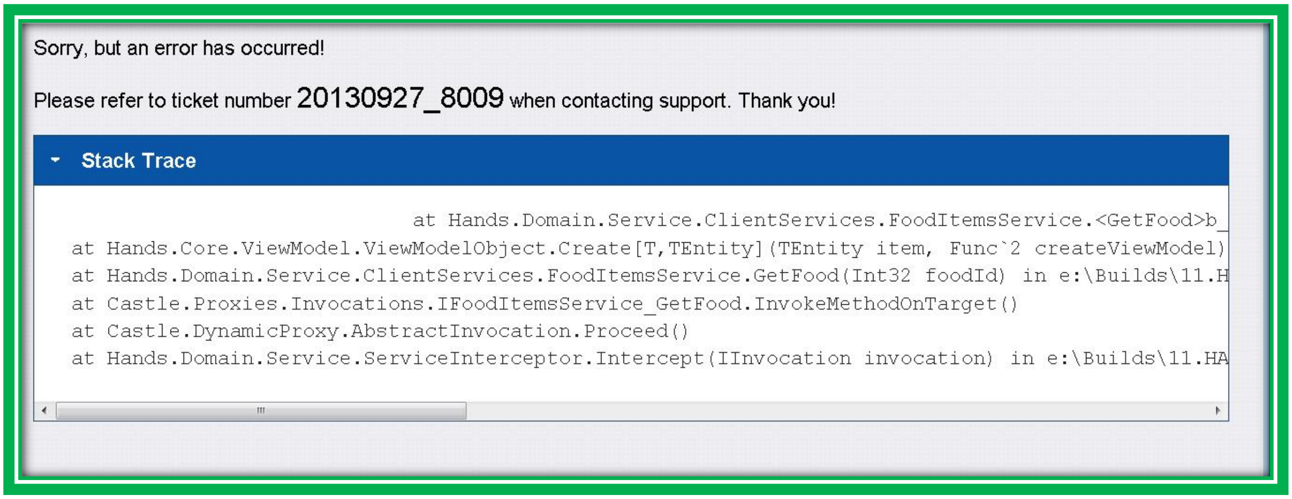
Error

The Promotional Item field is required.

Figure 21: Pop-up Error Message 1

In HANDS, you may notice the old ORA-XXXX errors are called Stack Trace errors. These errors mean that a failure occurred within the system. You may need to exit the system and start again. Please write down the error number and call the Help Desk.

A new tracking system was set up to assist the Help Desk and development staff members in finding and resolving errors quickly. If you see one of these errors, write down the ticket number. Each ticket number follows a standard format of: year, month, day, and error number. This information, along with input from you, will help get things back on track.



Sorry, but an error has occurred!

Please refer to ticket number 20130927_8009 when contacting support. Thank you!

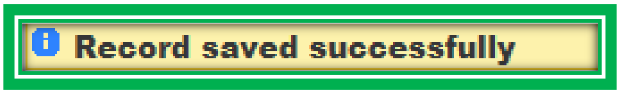
```
                                   at Hands.Domain.Service.ClientServices.FoodItemsService.<GetFood>b_
   at Hands.Core.ViewModel.ViewModelObject.Create[T,TEntity](TEntity item, Func`2 createViewModel)
   at Hands.Domain.Service.ClientServices.FoodItemsService.GetFood(Int32 foodId) in e:\Builds\11.H
   at Castle.Proxies.Invocations.IFoodItemsService_GetFood.InvokeMethodOnTarget()
   at Castle.DynamicProxy.AbstractInvocation.Proceed()
   at Hands.Domain.Service.ServiceInterceptor.Intercept(IInvocation invocation) in e:\Builds\11.HA
```

Figure 22: Stack Trace Error Message

INFORMATIONAL MESSAGES

Some system information messages are highlighted in yellow and have a blue and white icon. They appear on the top of the screen and fade away. Others appear in pop-up screens. These communications will provide general information about the screen you are on or the data you are working with.

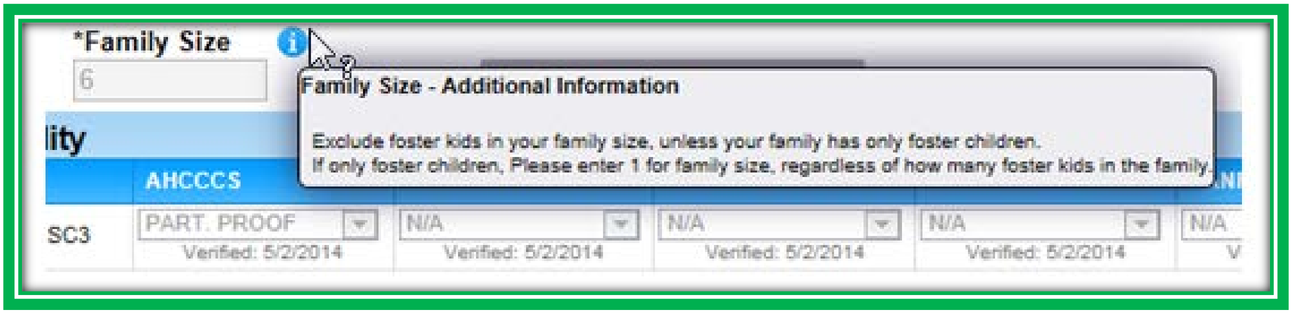
One example of this type of message is the Record Saved Successfully message. After you have completed a screen and clicked Save, HANDS will let you know if items you entered saved successfully via a message at the top of the main screen. Like other informational messages of this type, it will fade away.



Record saved successfully

Figure 23: Record Saved Successfully Message

The icon is also used together with a hover feature to provide more information. You will know that it is an Additional Information icon if it stays on a screen and it doesn't appear with a yellow message. You can activate the hover feature by placing your mouse over the icon, as shown in the figure below.

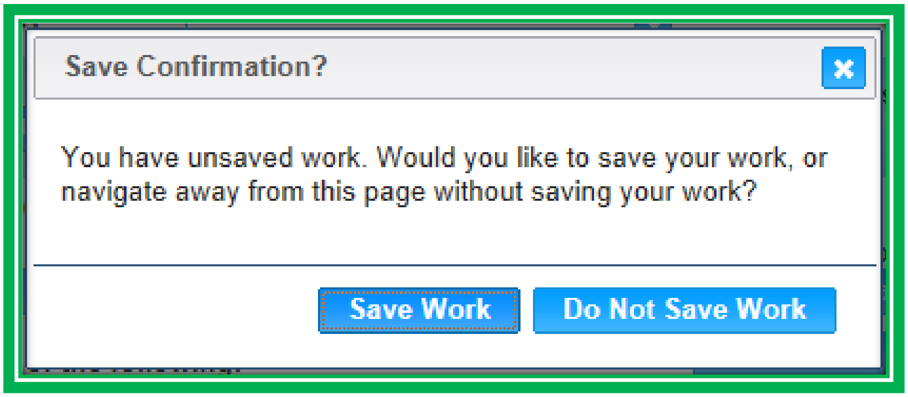

*Family Size
6
lity
AHCCCS
SC3
PART. PROOF
Verified: 5/2/2014
N/A
Verified: 5/2/2014
N/A
Verified: 5/2/2014
N/A
Verified: 5/2/2014
N/A

Family Size - Additional Information

Exclude foster kids in your family size, unless your family has only foster children.
If only foster children, Please enter 1 for family size, regardless of how many foster kids in the family.

Figure 24: Income Eligibility – Additional Information Message Icon

Another informational message you may see is the Unsaved Work message. If you enter information on a screen and try to leave, a message will appear letting you know you have unsaved work. It will also ask if you would like to save or not; you can choose to save or discard your changes. Based on your decision to save or not, the system will navigate you to the screen you selected.


Save Confirmation?

You have unsaved work. Would you like to save your work, or navigate away from this page without saving your work?

Save Work
Do Not Save Work

Figure 25: Unsaved Work Message

LOADING MESSAGES

When a screen or grid is loading in HANDS, the system will let you know through loading messages. If you are not working in full screen mode, you will be able to see a status bar on your Internet Explorer window showing that a screen is loading.

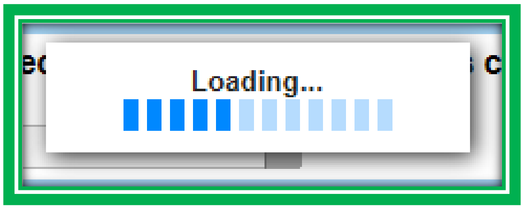
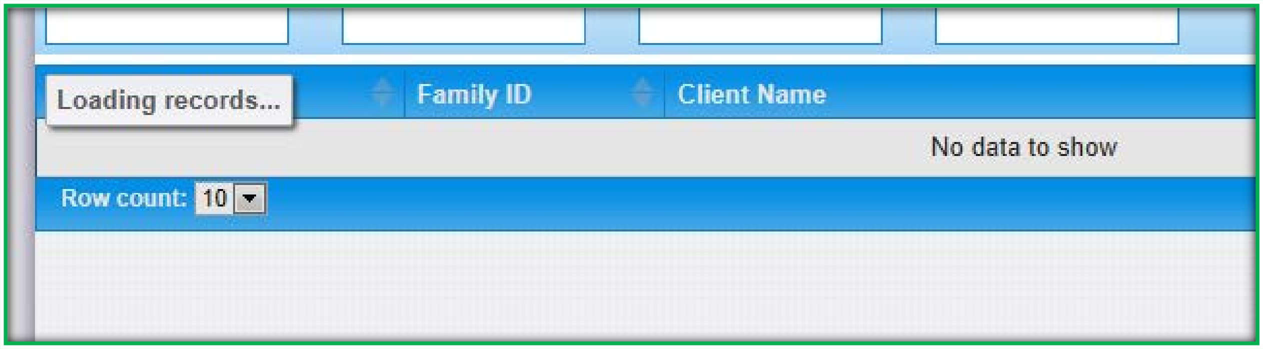


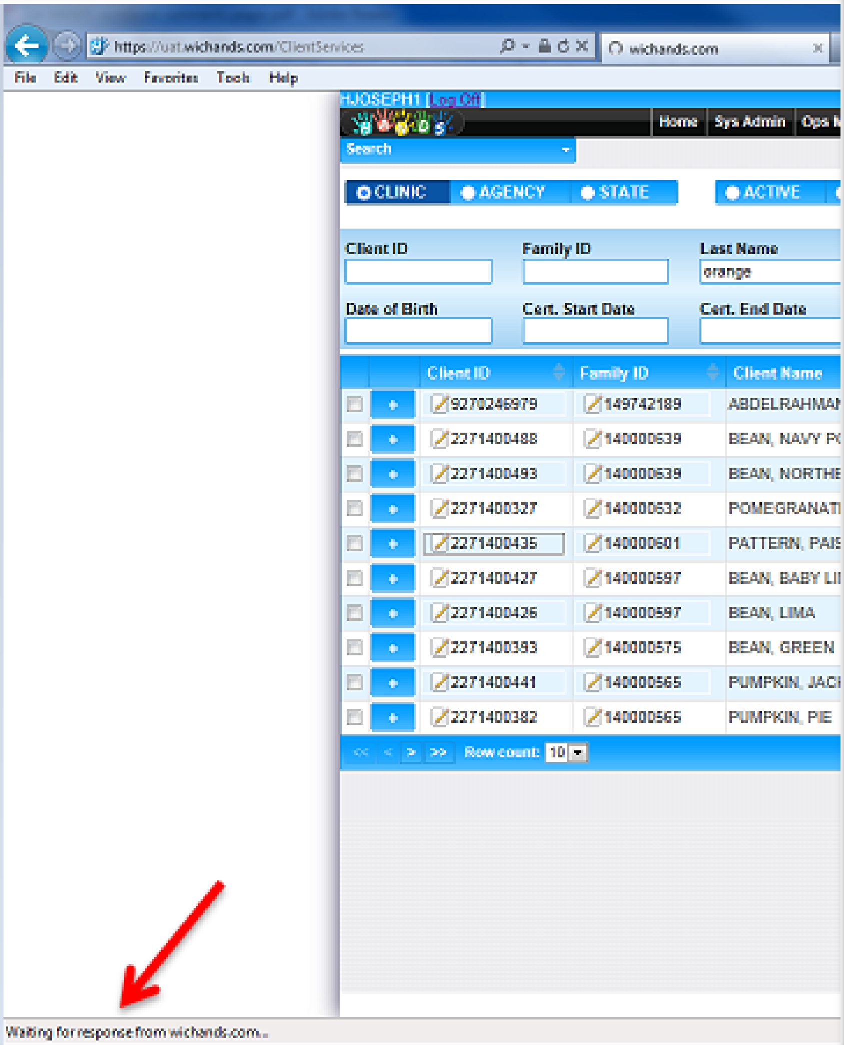
Figure 26: Loading Message 1


Family ID
Client Name
Row count: 10

Loading records...

No data to show

Figure 27: Loading Message 2


https://uat.wichands.com/ClientServices
wichands.com
File Edit View Favorites Tools Help
HJOSEPH1 [Log Off]
Home Sys Admin Ops
Search
CLINIC AGENCY STATE
ACTIVE
<< < > >> Row count: 10

Client ID:

Family ID:

Last Name: orange

Date of Birth:

Cert. Start Date:

Cert. End Date:

Client ID	Family ID	Client Name
9270246979	149742189	ABDELRAHMA
2271400488	140000639	BEAN, NAVY P
2271400493	140000639	BEAN, NORTHE
2271400327	140000632	POMEGRANAT
2271400435	140000601	PATTERN, PAI
2271400427	140000597	BEAN, BABY LI
2271400426	140000597	BEAN, LIMA
2271400393	140000575	BEAN, GREEN
2271400441	140000565	PUMPKIN, JAC
2271400382	140000565	PUMPKIN, PIE

Waiting for response from wichands.com...

Figure 28: Internet Explorer Status Bar

Straightforward Navigation

In HANDS, navigation from screen to screen is well organized so it is easier to find the area you need. There are several key areas that you will need to know about, which are discussed below.

Main Menu

After logging into the system, you see a row of menu options across the top of the screen. This is the Main Menu. The options you are allowed to access will vary according to your role. The modules you will most likely access will be WIC Services, Scheduling, and Reports. Clicking on these menu options will either take you to the module or provide you with more options.

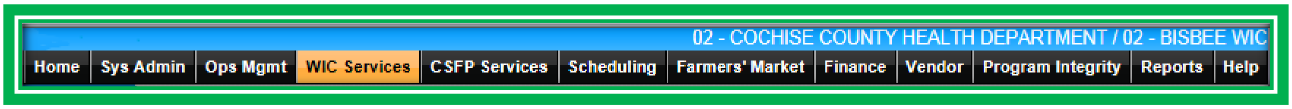

02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help

Figure 29: Main Menu

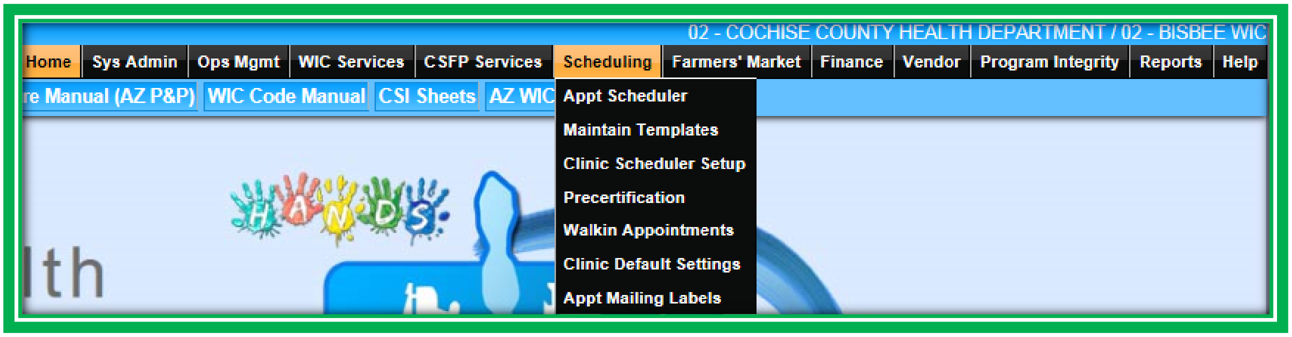

02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
re Manual (AZ P&P)
WIC Code Manual
CSI Sheets
AZ WIC
Appt Scheduler
Maintain Templates
Clinic Scheduler Setup
Precertification
Walkin Appointments
Clinic Default Settings
Appt Mailing Labels
HANDS
lth

Figure 30: Main Menu – Scheduling

Agency/Clinic Name

In the top-right corner of the screen, you will see the Agency/Clinic you are logged into. You can switch clinics by clicking on the Agency/Clinic name. You will see a pop-up that will allow you to select a new clinic.

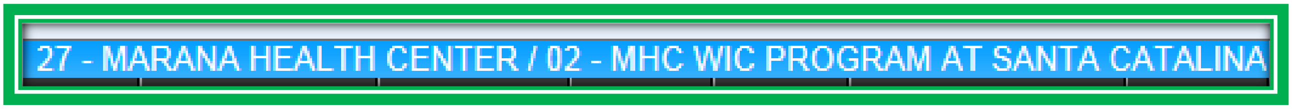
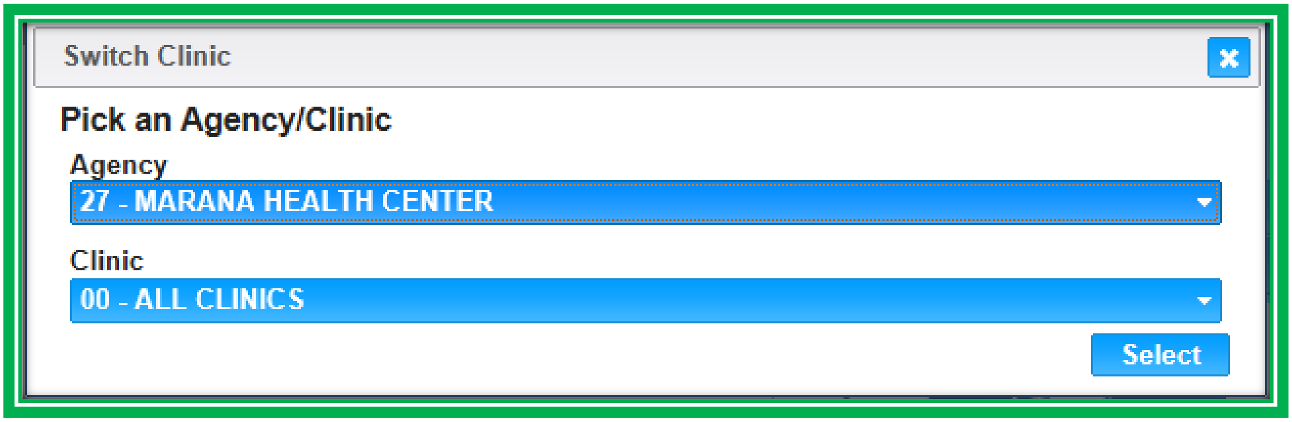

27 - MARANA HEALTH CENTER / 02 - MHC WIC PROGRAM AT SANTA CATALINA

Figure 31: Agency/Clinic Name


Switch Clinic
Select

Pick an Agency/Clinic

Agency
27 - MARANA HEALTH CENTER

Clinic
00 - ALL CLINICS

Figure 32: Switch Clinic Pop-up

Certification Flow Menu

Once you are in the WIC Services module and have selected a client, you will see the Certification Flow Menu. These are the screens that are most commonly used to assist participants, including:

- Family Information
- Client Registration/Information
- Immunization (clients under 24 months)
- Income Eligibility
- Certification Action
- Medical
- Assessment
- Breastfeeding Surveillance (clients under 24 months)
- Care Plan
- Food Package
    - Food Package Assignment
    - Food Benefit Issuance
    - Formula Replacement
    - Void/Reissue
    - FMNP Issuance
    - FMNP Void/Reissue
- Appointments
- Notes

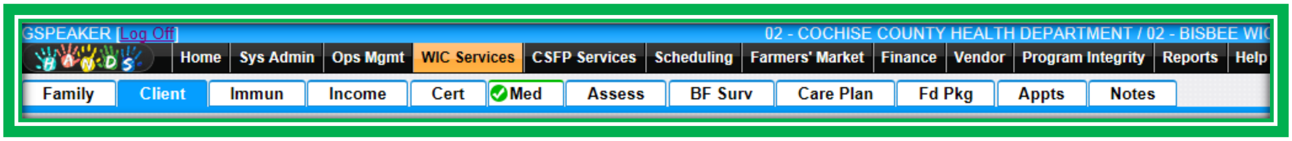

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WI
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
✓Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes

Figure 33: WIC Services – Certification Flow Menu

Each screen, or group of screens, has its own tab. Once you click the tab, your selection and the choices within that selection will display. For example, if you select the Fd Pkg (Food Package) tab, the Assignment, Issuance, Formula Replacement, and Void/Reissue tabs will display.

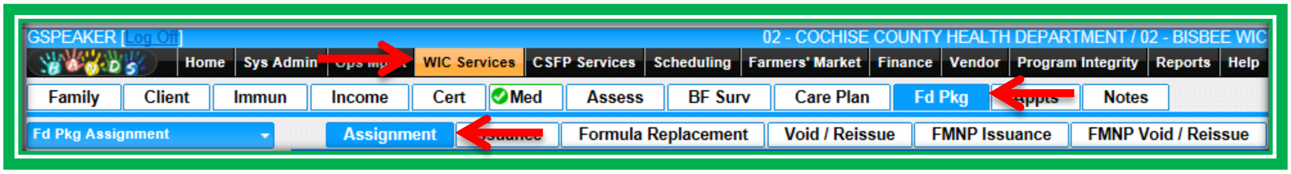
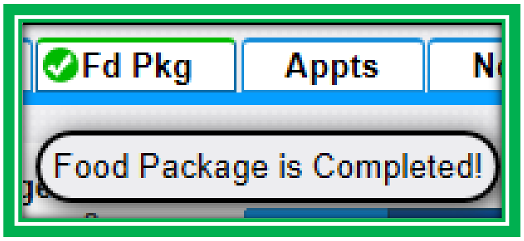

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mg
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Assignment
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue

Figure 34: WIC Services – Certification Flow Menu – Screen Grouping

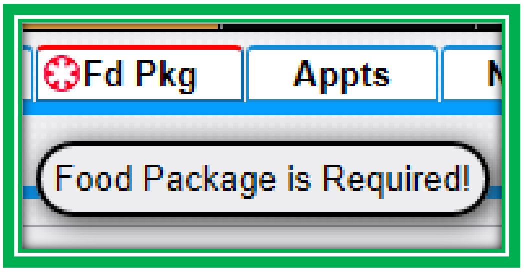
In HANDS, you do not have to complete a certification in a specific order. After you have completed intake and eligibility, you have freedom in the way you complete the client file. Of course, there are some practical reasons to do certain things before others. For example, many functions are tied to the client category, so you would need to select that in the beginning. You also need to press the Complete Assessment button to finalize the certification process and move on to issue food benefits.

Like the Active Record, there are icons that appear on this menu that will assist you. One is a green check mark that tells you an area is complete. The other is a red asterisk that means more work needs to be done. The Appts and Notes tabs will not have these icons. Another item that will assist you is the hover feature for the tabs. Words on several of the tabs are abbreviated to save space. If you are unsure about either the icon or the abbreviation on the tab, you can use the hover feature to get more information.


Fd Pkg
Appts

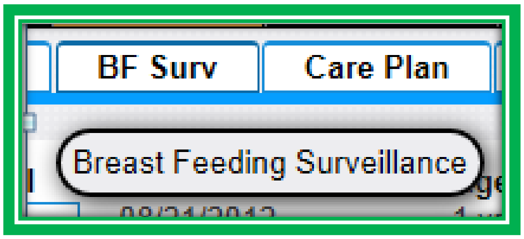
Food Package is Completed!

Figure 35: WIC Services – Certification Flow Menu – Completion Hover and Green Check Icon


Fd Pkg
Appts

Food Package is Required!

Figure 36: WIC Services – Certification Flow Menu – Required Hover and Red Asterisk Icon

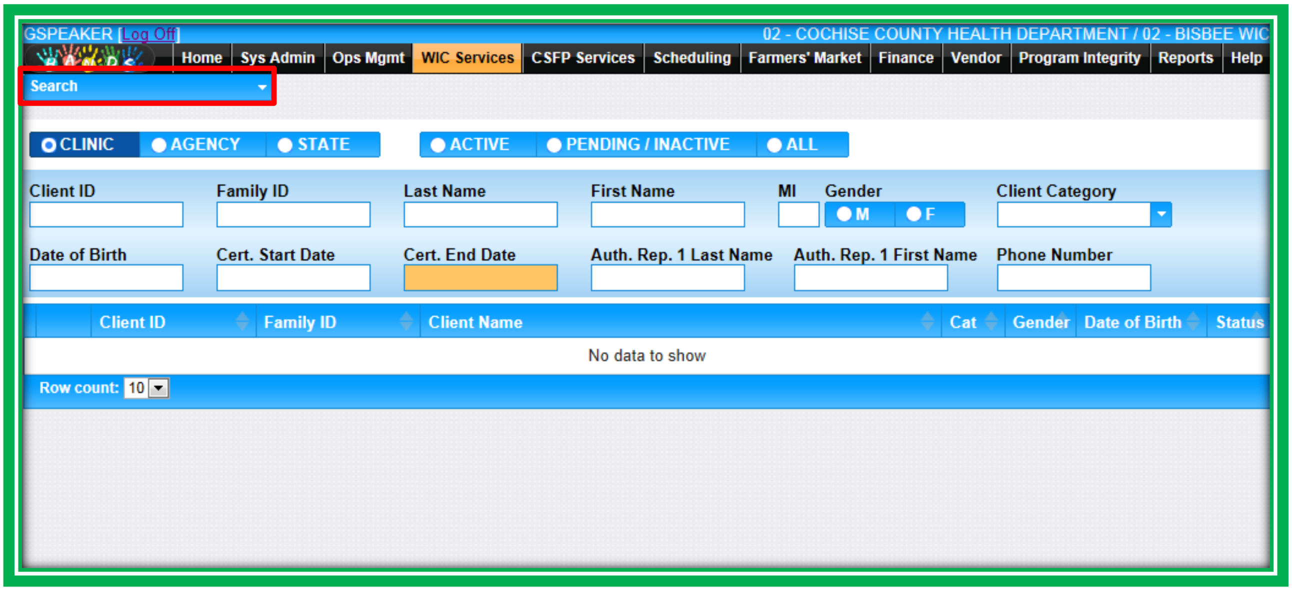

BF Surv
Care Plan

Breast Feeding Surveillance

Figure 37: WIC Services – Certification Flow Menu – Name Hover

Navigation Drop-Down Menu

You may want to open a screen or item that is for more advanced users, that is used for an administrative task, or that does not use an existing client record. You would use the navigation drop-down menu on the Client/Family Search screen for these types of items.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Search
CLINIC
AGENCY
STATE
ACTIVE
PENDING / INACTIVE
ALL
Client ID
Family ID
Last Name
First Name
MI
Gender
M
F
Client Category
Date of Birth
Cert. Start Date
Cert. End Date
Auth. Rep. 1 Last Name
Auth. Rep. 1 First Name
Phone Number
Client ID
Family ID
Client Name
Cat
Gender
Date of Birth
Status

No data to show

Row count: 10

Figure 38: Navigation Drop-Down Menu – Closed

Examples of items you may use this menu for include:

- Food Benefit Lookup screen
- Out-of-State Transfer screen
- Test Print screen
- Un-Void screen
- Reports

You can locate the screen you want by scrolling or using the search field. The search field has an autocomplete feature, which allows you to type in part of the screen name.

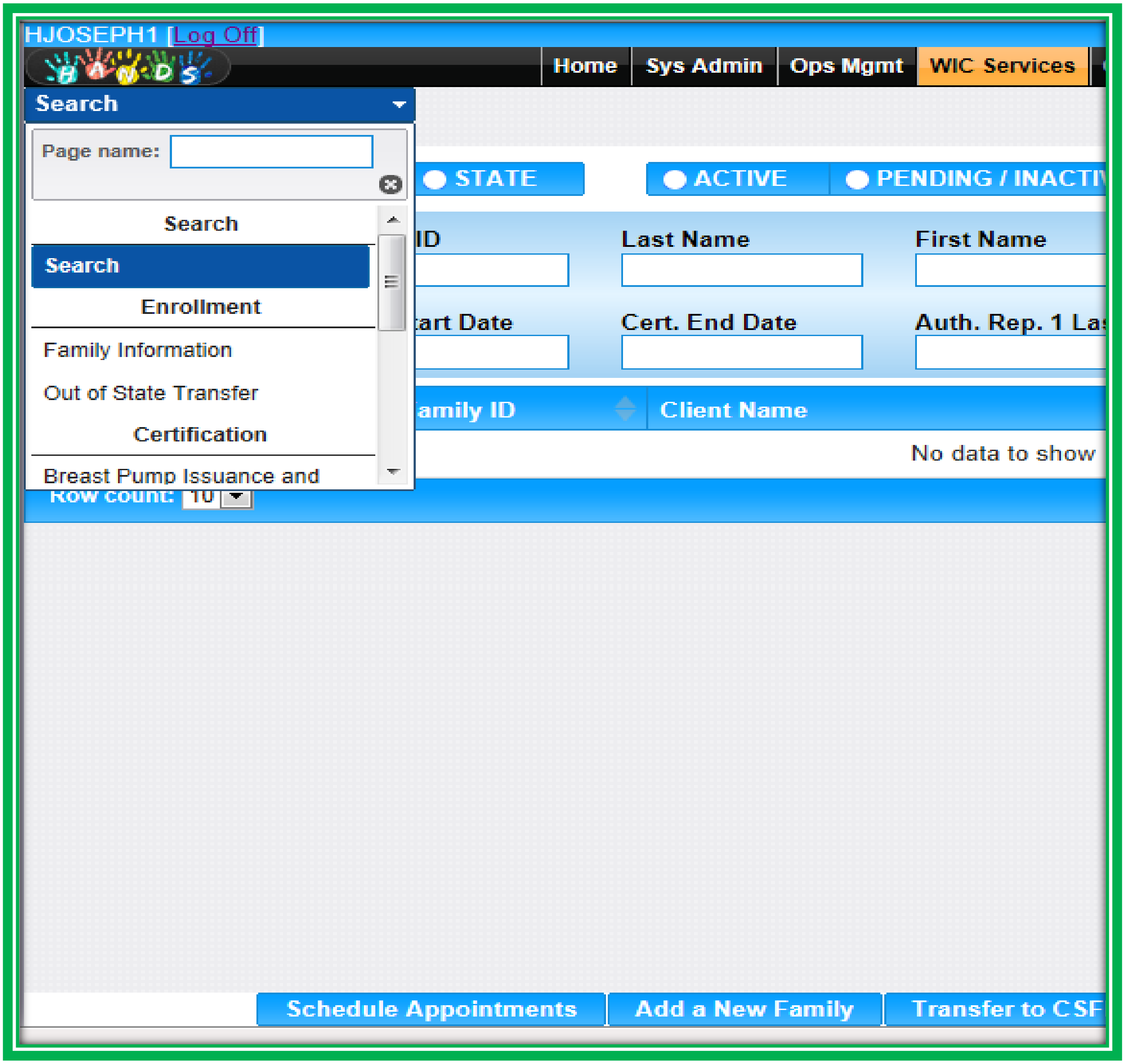

HJOSEPH1 [Log Off]
Home
Sys Admin
Ops Mgmt
WIC Services
Search
Page name:
Search
Search
Enrollment
Family Information
Out of State Transfer
Certification
Breast Pump Issuance and
STATE
ACTIVE
PENDING / INACTI
ID
Last Name
First Name
art Date
Cert. End Date
Auth. Rep. 1 La
amily ID
Client Name
No data to show
Row count: 10
Schedule Appointments
Add a New Family
Transfer to CSF

Figure 39: Navigation Drop-Down Menu – Open

Active Record Navigation Drop-Down Menu

While you are working in a client's record, you may want to view a screen that isn't in the Certification Flow Menu. You can do this using the navigation drop-down menu in the Active Record. An example of a screen you would look for here is History. The screens that are in the Certification Flow Menu are also listed in this navigation menu; however, it usually saves time to use the tabs for these screens.

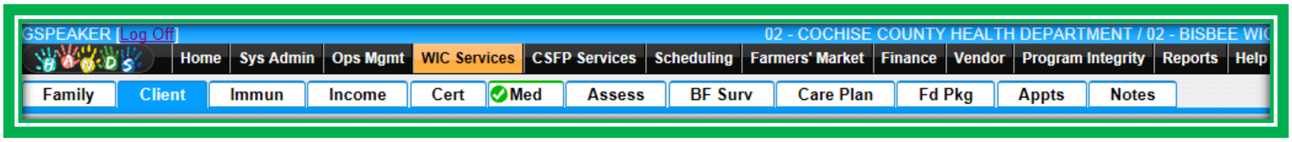
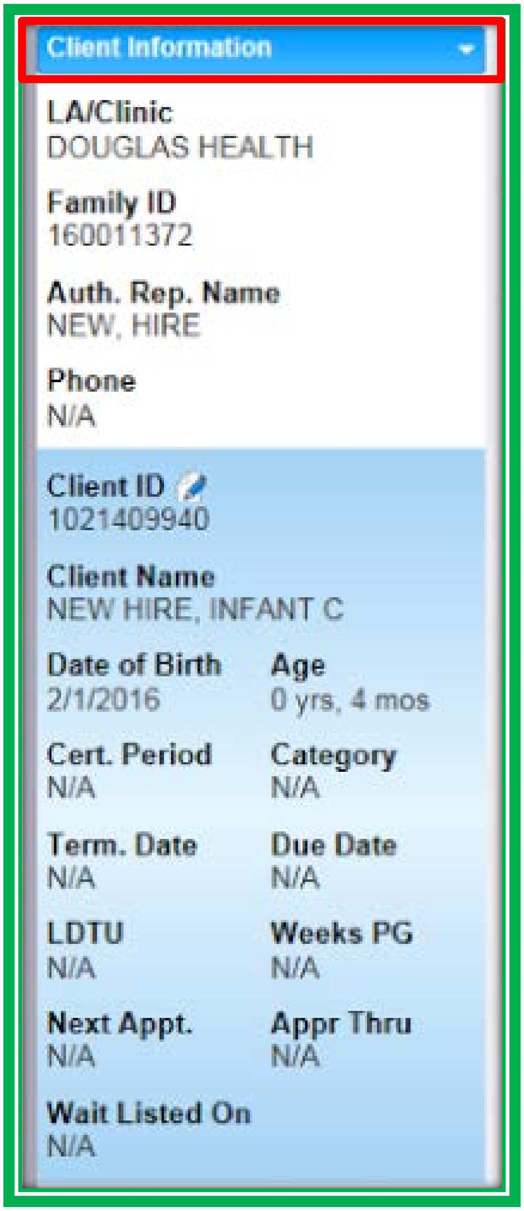

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WI
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes

Figure 40: WIC Services – Certification Flow Menu



LA/Clinic
DOUGLAS HEALTH

Family ID
160011372

Auth. Rep. Name
NEW, HIRE

Phone
N/A

Client ID
1021409940

Client Name
NEW HIRE, INFANT C

Date of Birth 2/1/2016	Age 0 yrs, 4 mos
Cert. Period N/A	Category N/A
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

Wait Listed On
N/A

Figure 41: Active Record – Navigation Drop-Down Menu – Closed

You can find the screen you want by scrolling or using the search field. The search field has an autocomplete feature, which allows you to type in part of the screen name. To close the menu, you can either click in another location or use the small x in the page name area.

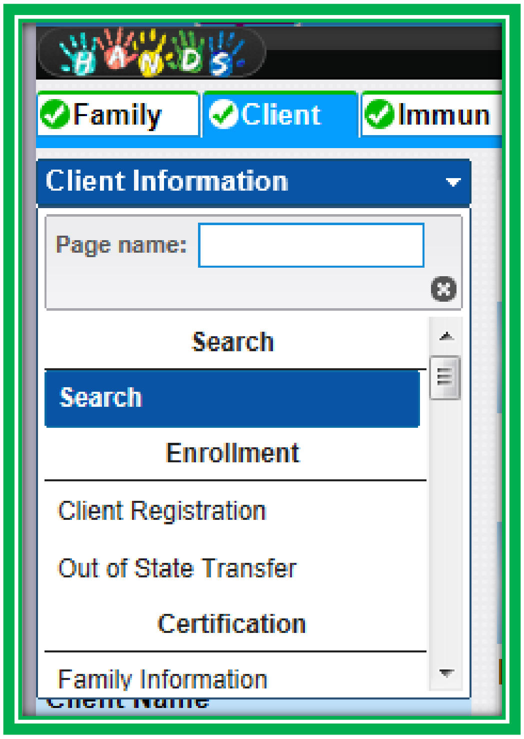

HANDS
Family
Client
Immun
Client Information
Page name:
Search
Search
Enrollment
Client Registration
Out of State Transfer
Certification
Family Information
Client Name

Figure 42: Active Record – Navigation Drop-Down Menu – Open

HANDS AND THE APPOINTMENT PATHWAY

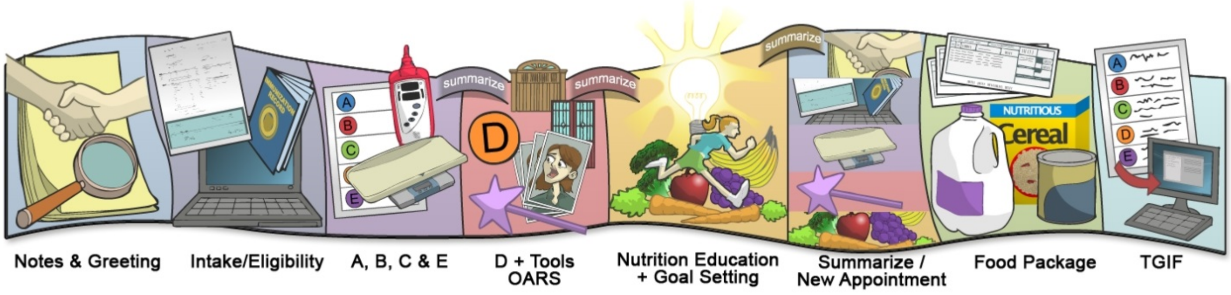

summarize
summarize
summarize
D
NUTRITIOUS
Cereal
A
B
C
D
E
Notes & Greeting
Intake/Eligibility
A, B, C & E
D + Tools
OARS
Nutrition Education
+ Goal Setting
Summarize /
New Appointment
Food Package
TGIF

Figure 43: HANDS Appointment Pathway

Before you can truly get into the Appointment Pathway, you have to start with the essentials. Those essentials are discussed below and include the Login screen, HANDS Home page, basic navigation of the system, and the Client/Family Search screen. You will also need to understand how to add new family and client files to the system. The sections below will guide you in your journey along the Appointment Pathway as you discover the basics of HANDS.

Login

The Login screen represents the community, collaboration, and spirit of the HANDS project. The handprints that make up the HANDS logo come from the infants that were breastfed in office while the HANDS project was just in the planning stages. The flags on the left of the screen represent Arizona and the partners that came together to make the HANDS project possible. Although HANDS was a collaborative effort, each user will have a personalized experience when they log into HANDS, as the flag representing the State system you are logging into will be foremost on the screen and the Home page will be unique for your State Agency. For example, if you are logging into the Arizona system, the Arizona flag will be in the front, and the Home screen will display Arizona-related messages.

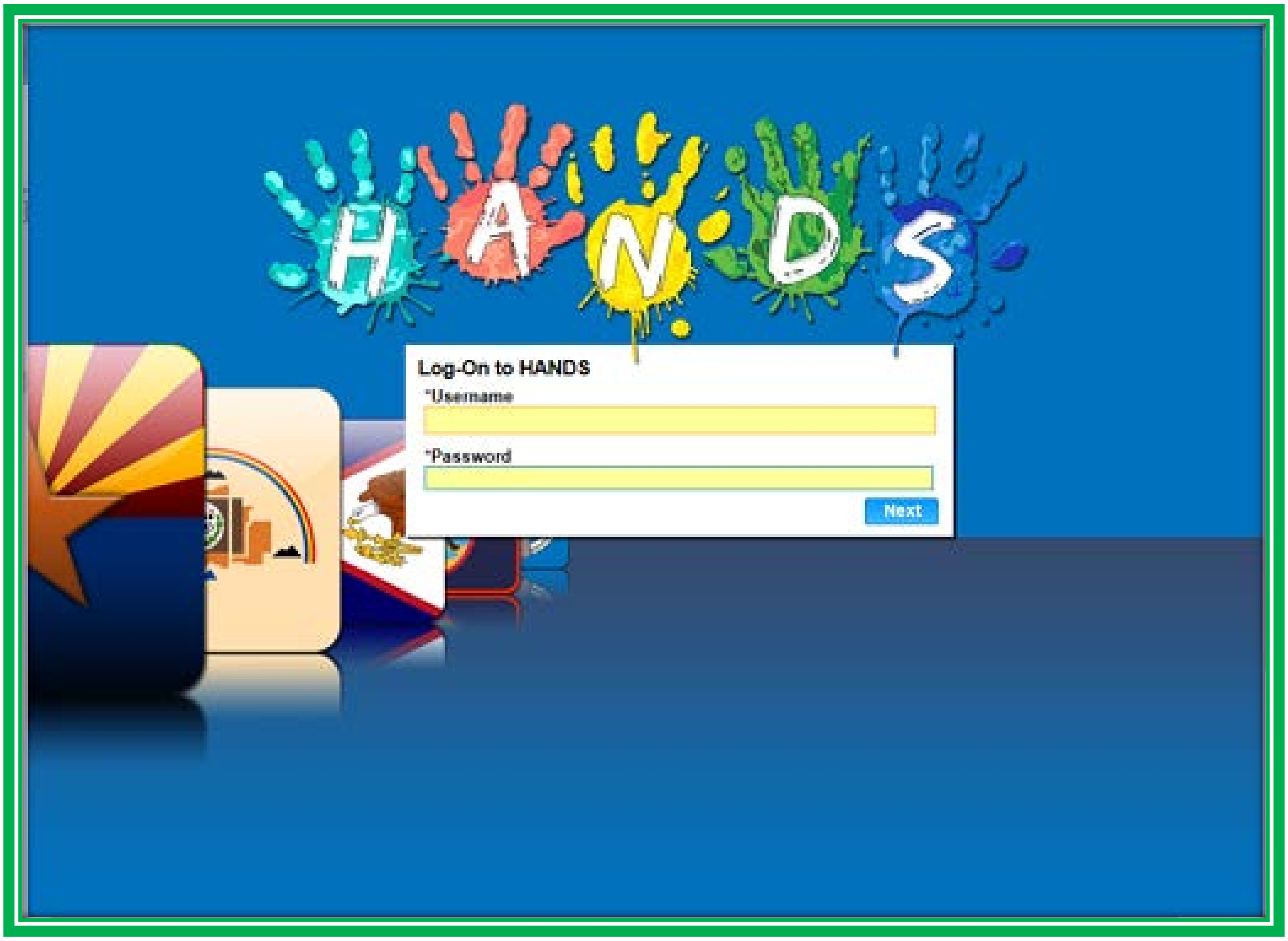
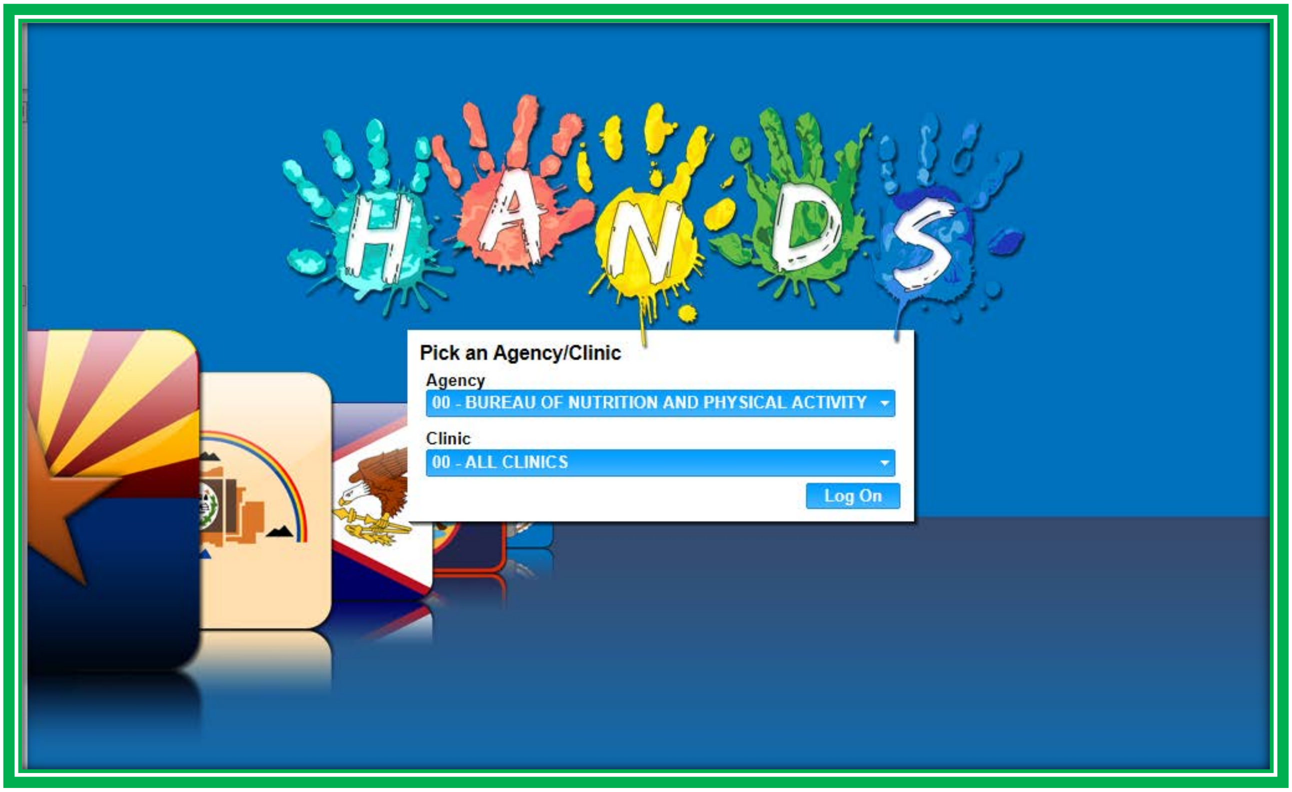


Figure 44: HANDS Login

By this time, you likely have received your Username and Password from your trainer. You will enter it on this screen. After login, you will be asked to select your Local Agency and Clinic. These drop-downs are a little different than others in the system. You will not be able to type in the fields; you will only be able to scroll through and you're your selections.



Pick an Agency/Clinic

Agency: 00 - BUREAU OF NUTRITION AND PHYSICAL ACTIVITY

Clinic: 00 - ALL CLINICS

Figure 45: HANDS Login – Local Agency and Clinic Selection

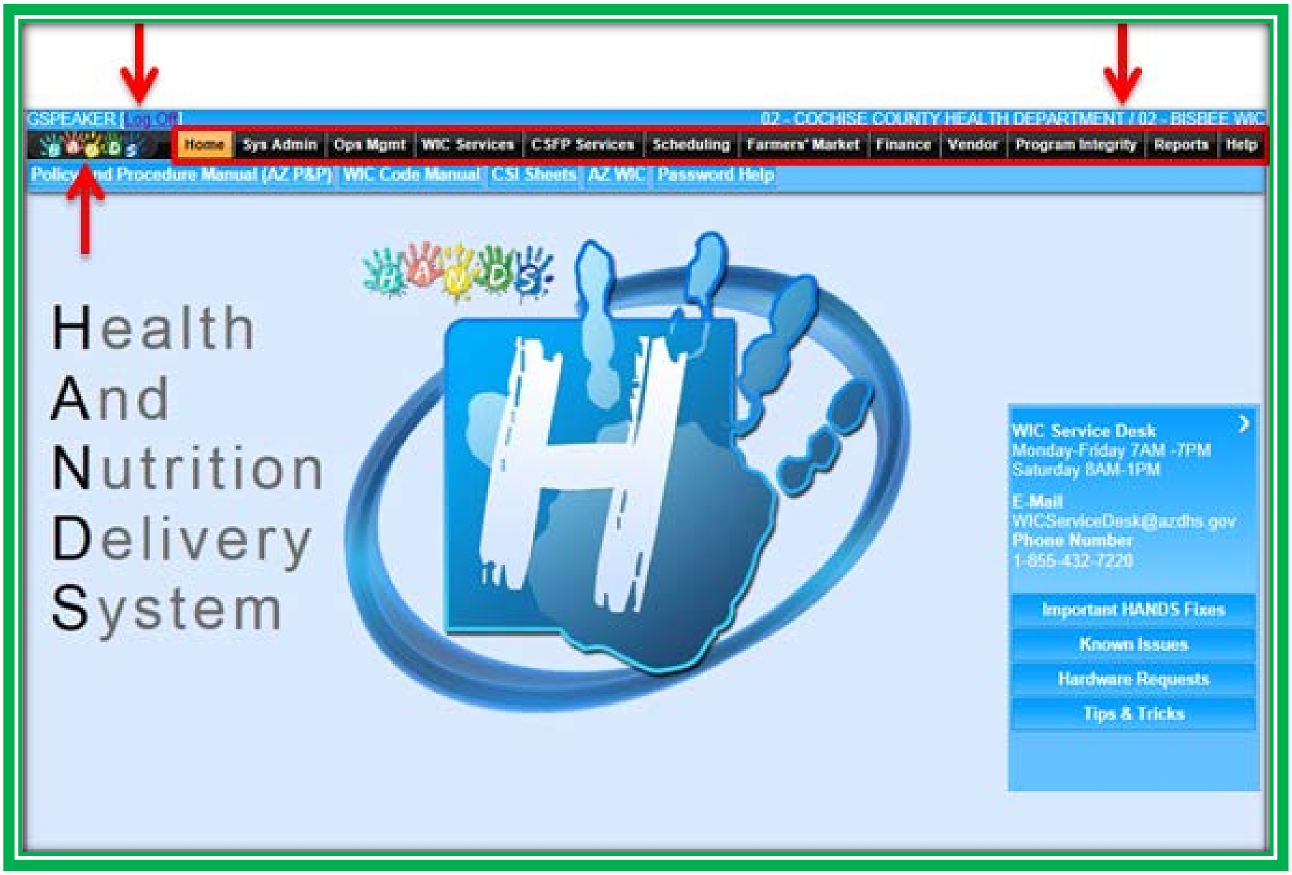
Home and Navigation

After you have logged onto the system, you will be taken to the Home screen. Check this screen for any important information or updates, such as:

- Alerts About Changes to HANDS
- Alerts About Changes to Policy
- Tips for Using the System
- Nutrition Assessment and Education Resources

The Home screen has many items. Some of these items will be the same for all WIC programs; however, some are customizable by the State Agency. The features included on the Home screen are the:

- Top Bar, which has the following
  - User Name of the person logged into the system
  - The Log-Out hyperlink
  - Local Agency and clinic the person has logged into
    - Clicking on this allows you to switch clinics
- Second Bar
  - HANDS logo
    - Hover contains system version information
  - Main Menu
    - Each item represents a main system module
    - All items are located in one area for easy access
    - It can be seen at all times, so all of your main screens are just one click away

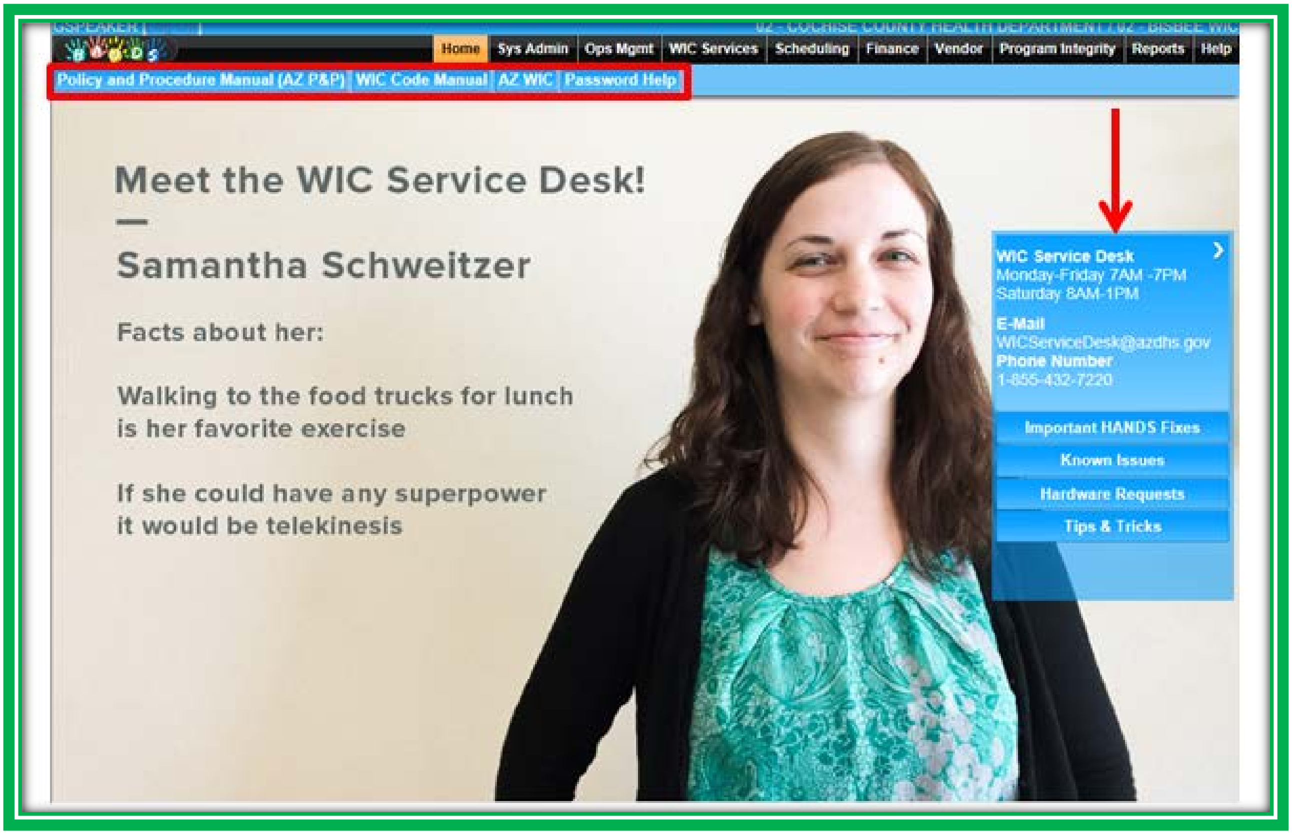

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Policy and Procedure Manual (AZ P&P)
WIC Code Manual
CSI Sheets
AZ WIC
Password Help
HANDS
Health
And
Nutrition
Delivery
System
Important HANDS Fixes
Known Issues
Hardware Requests
Tips & Tricks

WIC Service Desk
Monday-Friday 7AM -7PM
Saturday 8AM-1PM

E-Mail
WICServiceDesk@azdhs.gov
Phone Number
1-855-432-7220

Figure 46: Home

- Training Menu, which has the following links for the Arizona WIC Program
  - Essential training items
  - Arizona WIC Home screen
  - AZBNP Password Tool
- Main Screen, which has the following links for the Arizona WIC Program
  - Tips & Tricks
    - These will alternate with pictures and other items customized by the State Agency
  - WIC Service Desk Menu
    - Hours of Operation
    - Important HANDS Fixes
    - Known Issues
    - Hardware Request
    - Tips & Tricks
    - **This menu changes periodically**
- Articles/Important Issues Area, which has the following link for the Arizona WIC Program
  - Known Issues and Workarounds
    - Clicking on this area will open a PDF
    - **This will change based on what your State Agency deems is important to communicate to all WIC staff members.**


Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Help
Policy and Procedure Manual (AZ P&P)
WIC Code Manual
AZ WIC
Password Help
Important HANDS Fixes
Known Issues
Hardware Requests
Tips & Tricks

Meet the WIC Service Desk!

—

Samantha Schweitzer

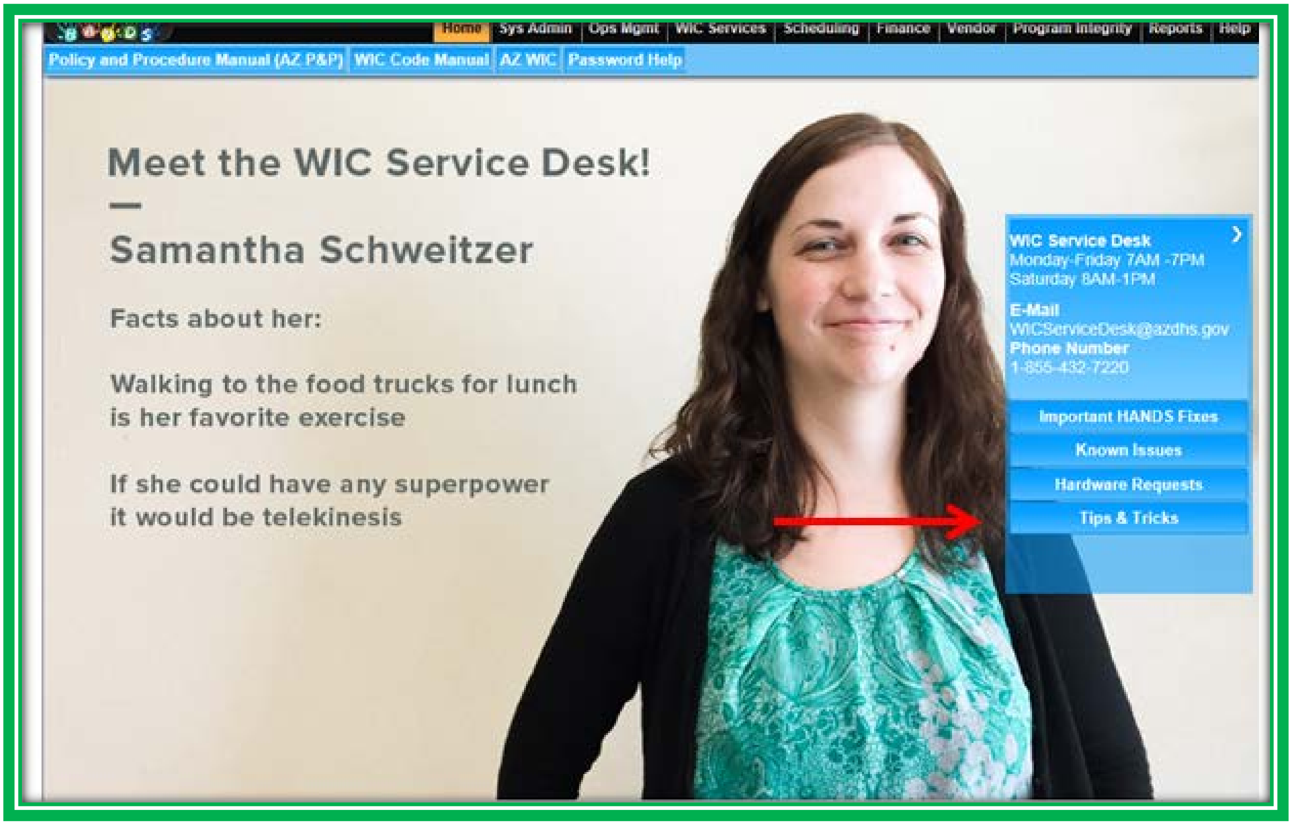
Facts about her:

Walking to the food trucks for lunch is her favorite exercise

If she could have any superpower it would be telekinesis

WIC Service Desk
Monday-Friday 7AM -7PM
Saturday 8AM-1PM
E-Mail
WICServiceDesk@azdhs.gov
Phone Number
1-855-432-7220

Figure 47: Home


Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Help
Policy and Procedure Manual (AZ P&P)
WIC Code Manual
AZ WIC
Password Help
Important HANDS Fixes
Known Issues
Hardware Requests
Tips & Tricks

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WIC Service Desk
Monday-Friday 7AM -7PM
Saturday 8AM-1PM

E-Mail
WICServiceDesk@azdhs.gov
Phone Number
1-855-432-7220

Figure 48: Home – Tips & Tricks

To continue on the WIC Appointment Pathway, you will select the WIC Services menu option. Once you have selected the WIC Services option, the first screen you will see is the Client/Family Search screen. At this point, you will see both the Main Menu and the navigation drop-down menu.

Now it’s time to go over what you have learned so far. Please review the Login and Home screens in Module 1 Part 1 on the HANDS Resource Site.

Client/Family Search

One of the screens that you will spend a lot of time using is the Client/Family Search screen. There are several new options on the Client/Family Search screen, including the following:

- Clinic, Agency, and State radio buttons
- Active, Pending/Inactive, All radio buttons
- Client at a Glance feature
- Transfer options
  - Transfer Family button
  - Transfer Client button
  - Out-of-State Transfer
- Schedule Appointments button
- Add a New Family button

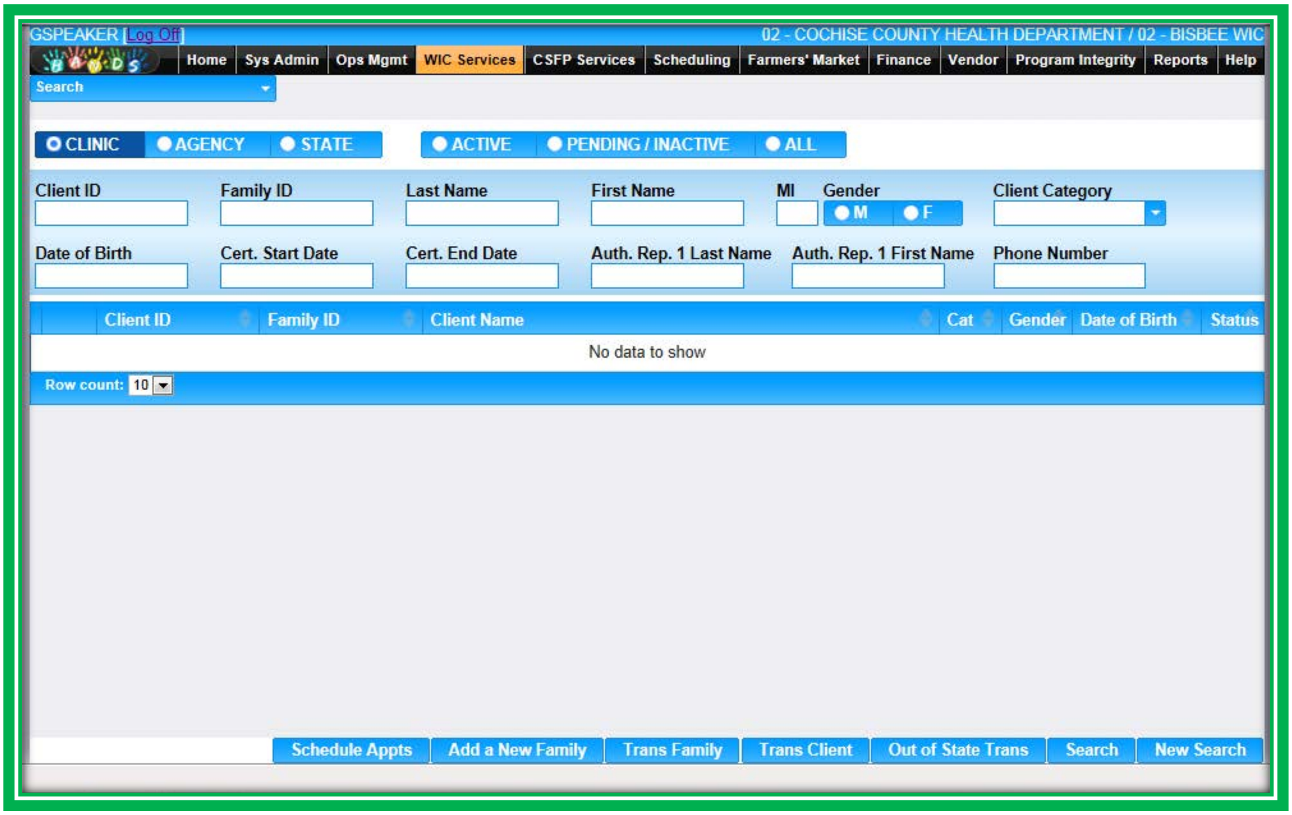
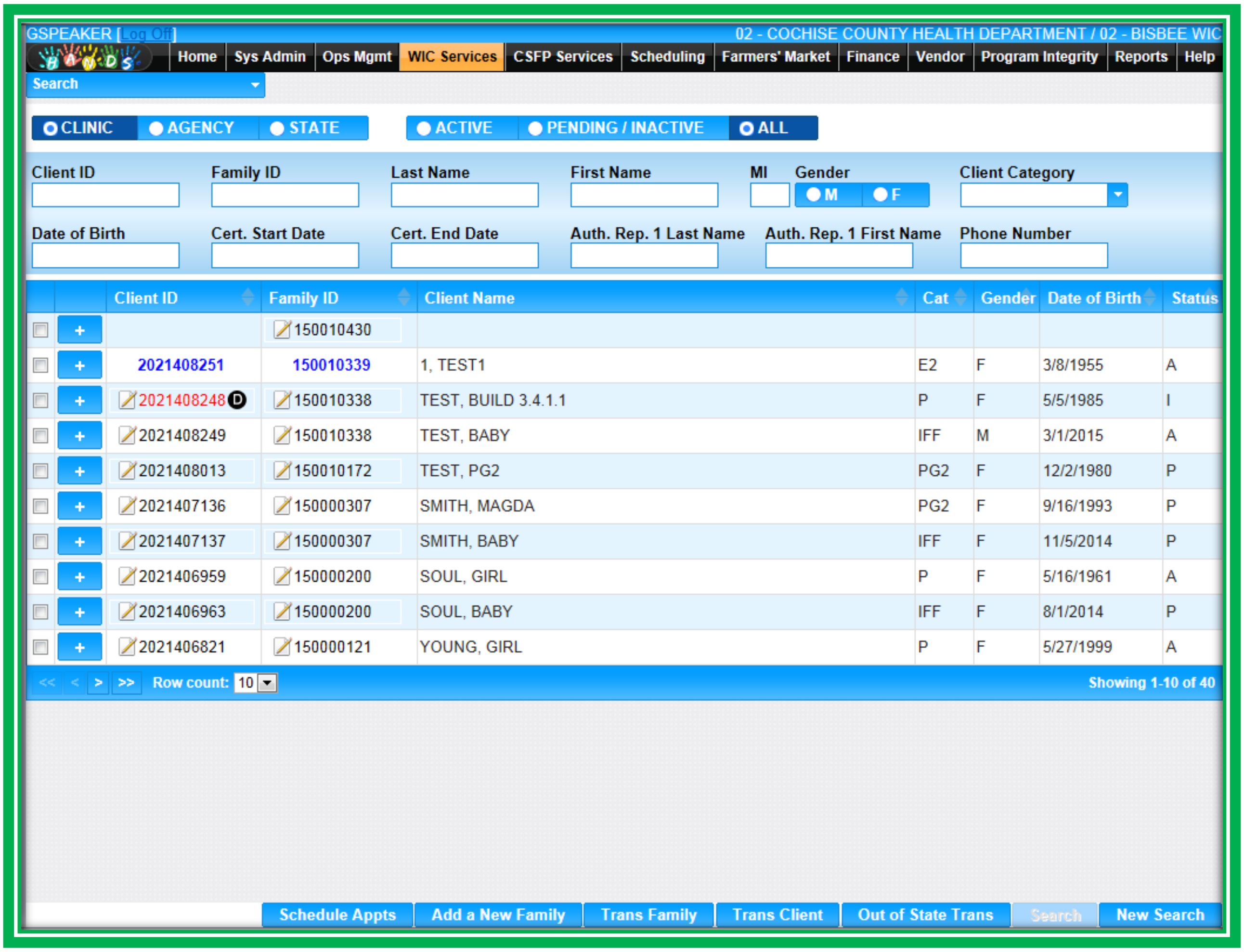

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Search
● CLINIC
● AGENCY
● STATE
● ACTIVE
● PENDING / INACTIVE
● ALL
Client ID
Family ID
Last Name
First Name
MI
Gender
● M
● F
Client Category
Date of Birth
Cert. Start Date
Cert. End Date
Auth. Rep. 1 Last Name
Auth. Rep. 1 First Name
Phone Number
Client ID
Family ID
Client Name
Cat
Gender
Date of Birth
Status
No data to show
Row count: 10
Schedule Appts
Add a New Family
Trans Family
Trans Client
Out of State Trans
Search
New Search

Figure 49: Client/Family Search

The Client/Family Search screen allows a user to tailor a search to best meet his or her needs using the following:

- Clinic, Agency, and State radio buttons
  - Tells the system how much of the State Agency they want to search
- Active, Pending/Inactive, or All radio buttons
  - Assists the user in searching for people
  - Active participants have current certifications
  - Pending clients have current certification files that were started, but are incomplete
  - Inactive clients are those whose certification periods have ended


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Search
CLINIC
AGENCY
STATE
ACTIVE
PENDING / INACTIVE
ALL
Client ID
Family ID
Last Name
First Name
MI
Gender
M
F
Client Category
Date of Birth
Cert. Start Date
Cert. End Date
Auth. Rep. 1 Last Name
Auth. Rep. 1 First Name
Phone Number
<< < > >> Row count: 10
Showing 1-10 of 40
Schedule Appts
Add a New Family
Trans Family
Trans Client
Out of State Trans
Search
New Search

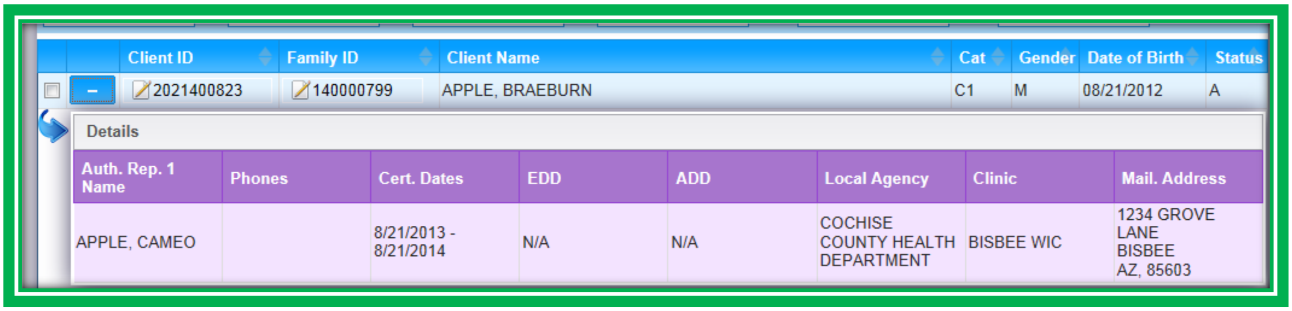
		Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
☐	+		150010430					
☐	+	2021408251	150010339	1, TEST1	E2	F	3/8/1955	A
☐	+	2021408248 Ⓓ	150010338	TEST, BUILD 3.4.1.1	P	F	5/5/1985	I
☐	+	2021408249	150010338	TEST, BABY	IFF	M	3/1/2015	A
☐	+	2021408013	150010172	TEST, PG2	PG2	F	12/2/1980	P
☐	+	2021407136	150000307	SMITH, MAGDA	PG2	F	9/16/1993	P
☐	+	2021407137	150000307	SMITH, BABY	IFF	F	11/5/2014	P
☐	+	2021406959	150000200	SOUL, GIRL	P	F	5/16/1961	A
☐	+	2021406963	150000200	SOUL, BABY	IFF	F	8/1/2014	P
☐	+	2021406821	150000121	YOUNG, GIRL	P	F	5/27/1999	A

Figure 50: Client/Family Search with Results

Handy Tip: If you see Client or Family IDs in blue, those are CSFP participants. To view or transfer these files to WIC, you will have to go to the CSFP Services module. Client IDs in red with a large black D indicate a deceased client.

The HANDS Client/Family Search screen will let you enter partial search info. You also have the choice of clicking Enter or the Search button to start the search functionality. You can enter as little or as much search information as you want on the search screen. It's up to you. If you leave the fields blank and just press Enter or Search, the defaults will be Clinic and All, and everything within those parameters will display.

If you are not sure whether or not the client that displays is the exact client you need, you can access more information using the Client at a Glance feature. At the start of each row in the search results is an icon. Selecting this + icon will open the Client at a Glance area, which displays more detailed client data.



		Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
☐	–	2021400823	140000799	APPLE, BRAEBURN	C1	M	08/21/2012	A

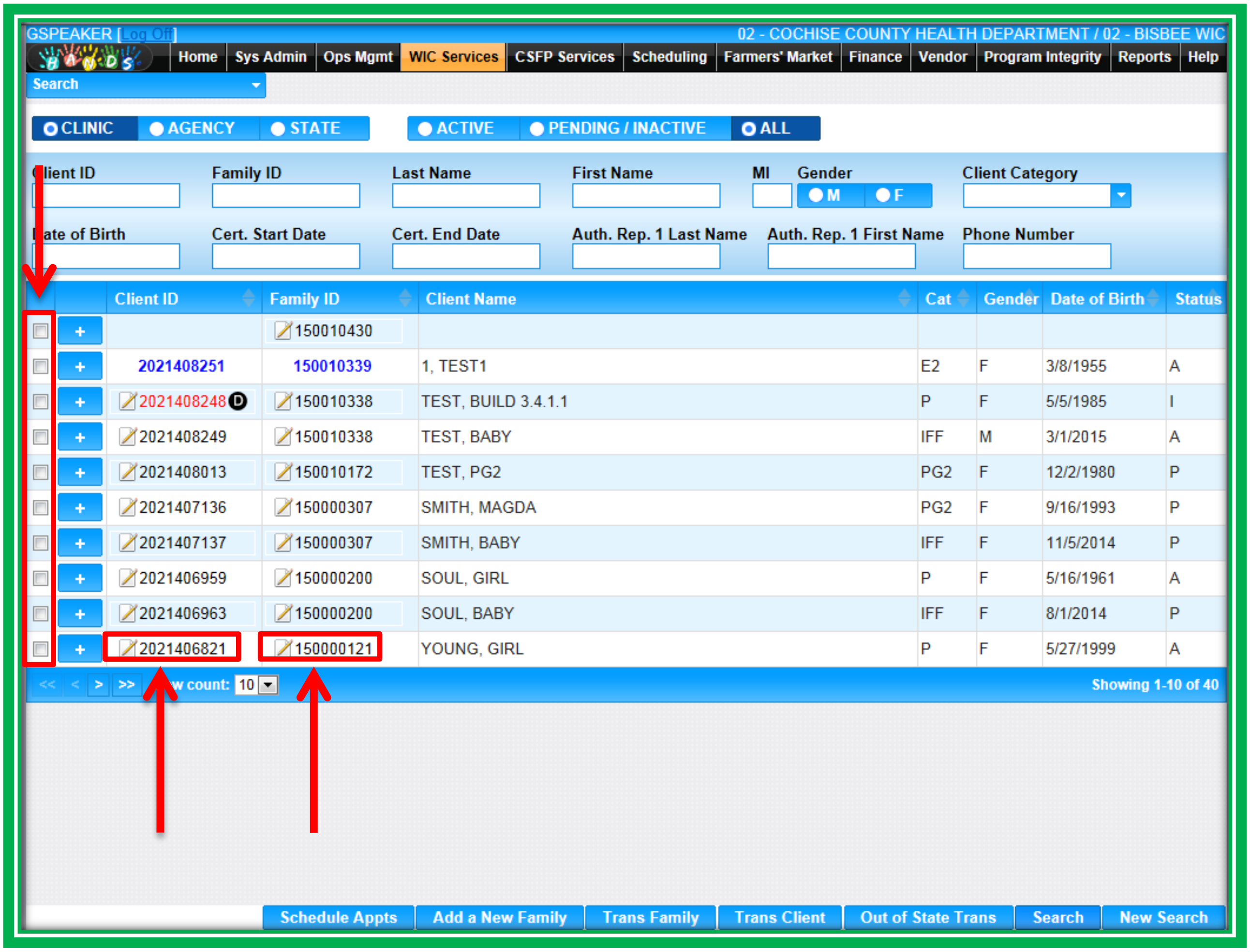
Details

Auth. Rep. 1 Name	Phones	Cert. Dates	EDD	ADD	Local Agency	Clinic	Mail. Address
APPLE, CAMEO		8/21/2013 - 8/21/2014	N/A	N/A	COCHISE COUNTY HEALTH DEPARTMENT	BISBEE WIC	1234 GROVE LANE BISBEE AZ, 85603

Figure 51: Client/Family Search – Client at a Glance

You will be able to select a family or client by clicking on the ID number. Clicking on Family ID will take you to the Family Information screen, and clicking the Client ID will take you to the Client Information screen. If you wish to go back to Client/Family Search, you can either click on the WIC Services menu option again, or use the navigation drop-down in the Active Record.

You will also notice checkboxes to the far left of the search results grid. Those checkboxes let you do other functions, such as make appointments or transfer clients, which we will discuss in future modules.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Search
○ CLINIC
● AGENCY
● STATE
● ACTIVE
● PENDING / INACTIVE
○ ALL
Client ID
Family ID
Last Name
First Name
MI
Gender
● M
● F
Client Category
Date of Birth
Cert. Start Date
Cert. End Date
Auth. Rep. 1 Last Name
Auth. Rep. 1 First Name
Phone Number
<< < > >>
w count: 10
Showing 1-10 of 40
Schedule Appts
Add a New Family
Trans Family
Trans Client
Out of State Trans
Search
New Search

		Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
☐	+		150010430					
☐	+	2021408251	150010339	1, TEST1	E2	F	3/8/1955	A
☐	+	2021408248 D	150010338	TEST, BUILD 3.4.1.1	P	F	5/5/1985	I
☐	+	2021408249	150010338	TEST, BABY	IFF	M	3/1/2015	A
☐	+	2021408013	150010172	TEST, PG2	PG2	F	12/2/1980	P
☐	+	2021407136	150000307	SMITH, MAGDA	PG2	F	9/16/1993	P
☐	+	2021407137	150000307	SMITH, BABY	IFF	F	11/5/2014	P
☐	+	2021406959	150000200	SOUL, GIRL	P	F	5/16/1961	A
☐	+	2021406963	150000200	SOUL, BABY	IFF	F	8/1/2014	P
☐	+	2021406821	150000121	YOUNG, GIRL	P	F	5/27/1999	A

Figure 52: Client/Family Search Features

Now it's time to go over what you have learned so far. Please review the Client/Family Search screen in Module 1 Part 1 on the HANDS Resource Site.

CASE STUDY: IT’S IN YOUR HANDS!

Now it is time for you to start your journey into the world of HANDS. The case study below will help you prepare to use your new system. Remember, it’s in your HANDS!

1. Discuss the following with your Helping HAND:
    a. Is the “How did you hear about WIC?” field required at your agency?
    b. Is the Email Address field mandatory for staff at your agency?
    c. How do you know which clinic you are logged into?
    d. How do you exit the system?
    e. What is your preference for completing the steps of certification?
        i. Do you go through the process in its entirety with each family member before starting with the next, or do you take all family members through each step together?
    f. Ask your trainer/Helping HAND for a list of clients you will need to complete the activity.
2. Work to do before you start
    a. Make up a family which includes:
        i. A recently pregnant woman (over age 18, 16 weeks pregnant) with
            1. Ten-month-old baby
            2. Two-year-old child

    PG2 name: ____________________ Date of Birth: ___________Due Date: ________
    Ten-month–old’s name and gender: ______________ Date of Birth: ___________
    Two-year–old’s name and gender: _______________ Date of Birth: ___________
3. Log into your Agency and Clinic Training Database
4. Navigate to WIC Services
5. Search for the family you created
    a. Enter the family information you created above
        i. Did you find any families with the same information?
    b. Enter different search parameters and observe how the results change
        i. Try Enter vs Search; which one works better for you?
            1. **Remember to use the New Search button**

6. Search for another family provided by your trainer/Helping HAND
    a. Family Name:_________________
    b. Search by Clinic, Agency and State
    c. View Client at a Glance
        i. What information can be found in this section?
    d. Select a family by clicking on the Family ID
        i. View the Family Information screen
        ii. Locate the different action buttons on the screen
    e. Observe the layout of the Active Record on this screen
        i. Use the hover feature
            1. What information do you see?
        ii. Check out the navigation menu in the Active Record
            1. Search for a screen using the Search feature
            2. Search for a screen by scrolling
            3. Which search method do you prefer?
    f. Can you see the different Certification Flow Menu tabs?
        i. Are there any icons on the tabs?
7. Navigate back to the Client/Family Search screen using the navigation menu in the Active Record and by clicking on the Main Menu – WIC Services
    a. Which route do you think you will use more?

TRAINING NOTES

MODULE 1 PART 2 INTAKE AND ELIGIBILITY

IN THIS SECTION:

- Overview
- Creation of a New File
    - Family Information
    - Client Registration
- Immunization
- Income
- Certification (Cert) Action

LEARNING OBJECTIVES:

By the end of this module, users will:

- Identify the updated and new items found in the intake and eligibility screens
- Be able to add new family and client files to the system
- Complete the intake and eligibility process for a family

RESOURCES FOR PART 2: BEFORE YOU CONTINUE YOUR JOURNEY

THINGS TO DO BEFORE YOU GET STARTED:

- Check to make sure that the HANDS Resource Site is accessible from your computer
- Read the following areas of the CMA HANDS Clinic Training Manual:
    - Module 2
    - Module 3
        - Immunization
        - Income Eligibility
        - Certification Action
    - Module 8
        - Ineligibility
    - Module 9
        - Subsequent Certification & Mid-Certification
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
    - Chapter 2
    - Chapter 6
    - Chapter 8
        - Section B Local Agency Responsibility
    - Chapter 9
        - Section B Local Agency Responsibilities
- If you need additional PCS help, please review the following in TRAIN:
    - PCS: Setting the Stage Online Course - Arizona WIC
    - Principles of Influence 101 Online Course - Arizona WIC
    - WIC PCE: Introduction to WIC Listens Online Course - Arizona WIC

OVERVIEW

During your training, you will complete the second step in the Appointment Pathway, the certification eligibility process in HANDS. We will be reviewing the steps you will take to document ID, address, income, and all the other pieces of information we must collect from our clients during the eligibility process. There will be some steps and some key aspects of policy that we will highlight.

Eligibility can be one of the most complicated parts of a WIC appointment. The rules, regulations, and items you must cover can be extensive. To make things easier, we have included policy tips that will provide a reminder about those requirements. Just look for the Together We Can tips throughout the module.

This process isn't just tough for staff; it can be uncomfortable for clients too. Remember that WIC is in your HANDS and that you can offer little ways to help build rapport with your client. The Together We Can tips will offer support in this area as well. Just be on the lookout for the icon move icon to right place in this module.

HANDS AND THE APPOINTMENT PATHWAY

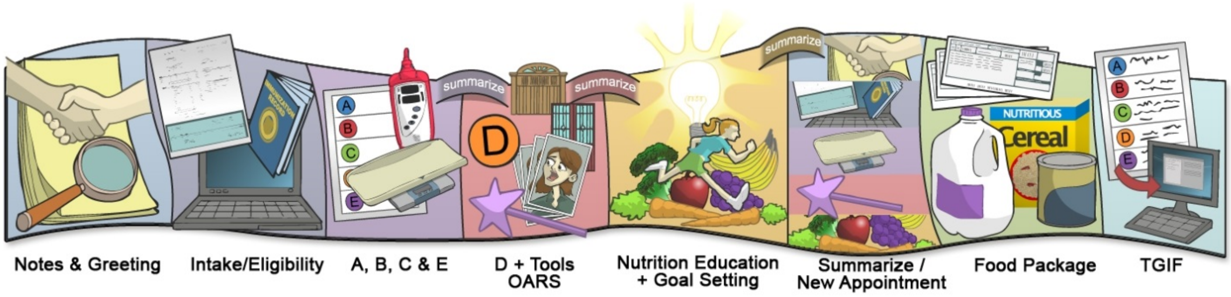
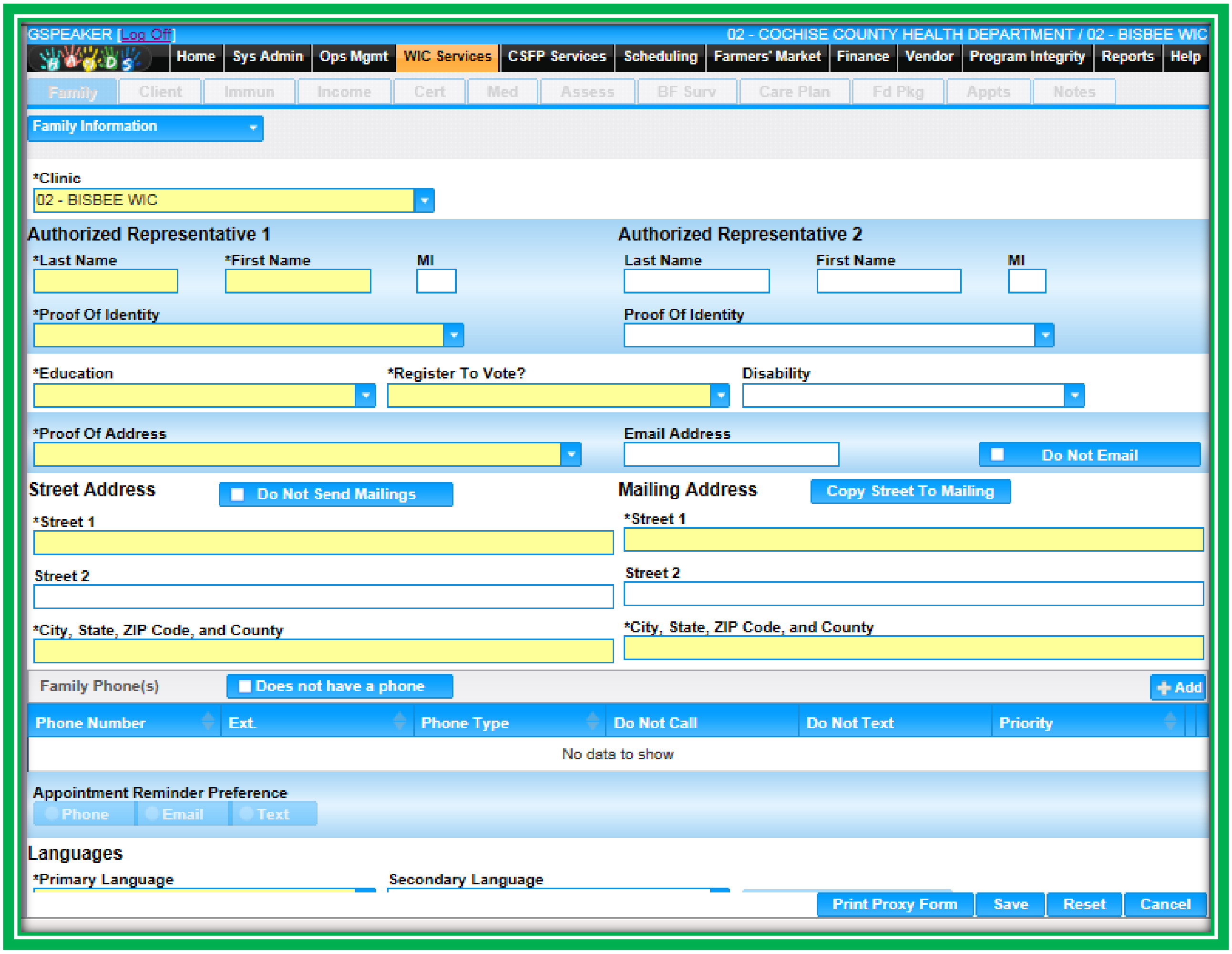


Figure 53: HANDS Appointment Pathway

Client/Family Search – Add a New Family

To add a new family in HANDS, you will navigate to the Client/Family Search screen and select either the Add a New Family button or Family Information under Enrollment from the navigation menu. The Family Information screen has been streamlined to remove items that are unnecessary, and field defaults have been added to help get through items quickly. You may also notice a few new items. These items include a Proof of ID field for the Authorized Representatives, Appointment Reminder Preference, Email Address, a Do Not Email checkbox, and some of the new items for consistency that we discussed previously. Proof of ID is now a required field for both Authorized Representatives. It is also required for Proxies, if there are any. Email Address is an optional field, but may be required based on your Local Agency policy.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Family Information
*Clinic
Authorized Representative 1
*Last Name
*First Name
MI
*Proof Of Identity
Authorized Representative 2
Last Name
First Name
MI
Proof Of Identity
*Education
*Register To Vote?
Disability
*Proof Of Address
Email Address
☐ Do Not Email
Street Address
☐ Do Not Send Mailings
*Street 1
Street 2
*City, State, ZIP Code, and County
Mailing Address
Copy Street To Mailing
*Street 1
Street 2
*City, State, ZIP Code, and County
Family Phone(s)
☐ Does not have a phone
+ Add
Phone Number
Ext.
Phone Type
Do Not Call
Do Not Text
Priority
Appointment Reminder Preference
○ Phone
○ Email
○ Text
Languages
*Primary Language
Secondary Language
Print Proxy Form
Save
Reset
Cancel

*Clinic: 02 - BISBEE WIC

No data to show

Figure 54: Add New Family Part 1

Together We Can

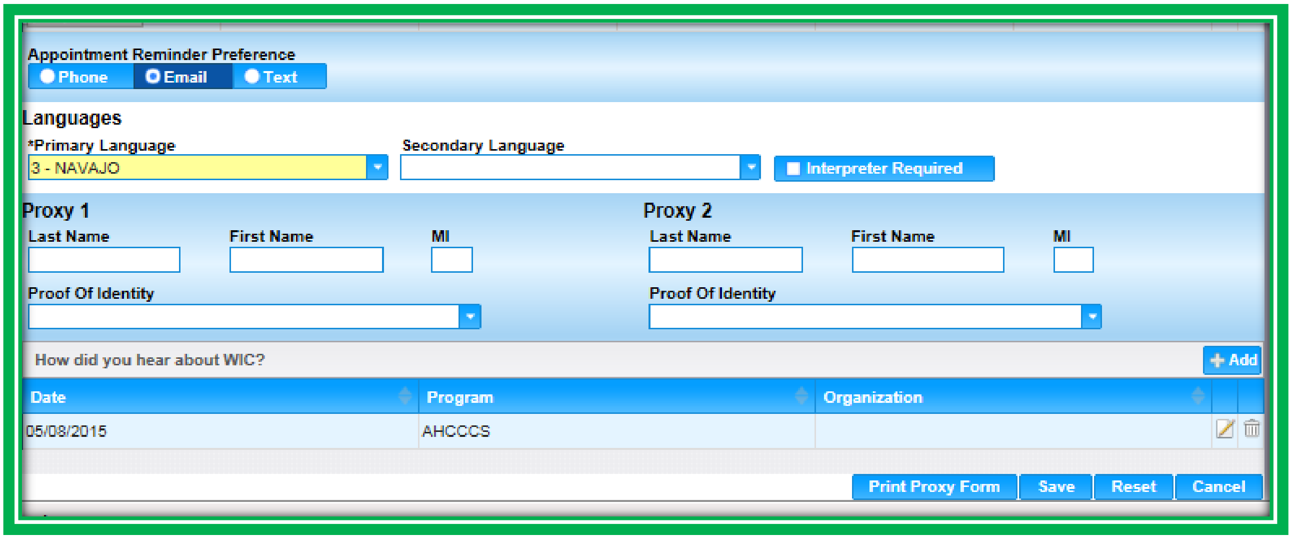
In the Arizona WIC Program, if the primary Authorized Representative chooses to name a second Authorized Rep. who is not in the office that day or is not currently on the ID Folder, you can use the Staff Alert Note to capture the information so that it may be verified at a later date.

Handy Tip: Some fields are only available if another selection is made. For example, to have an Appointment Reminder Preference of Email available, the participant’s Email address must be filled in, and the Do Not Email checkbox needs to be un-checked.

HANDS is equipped to send out Appointment Reminders via text and email, so now there is a field to capture the client’s preference. In order for all of the radio buttons to display, the client must have the complementary fields entered. If Email or Text is selected, an Email or Text reminder will be sent to the client reminding them of their upcoming appointment. Currently, this only works for clients with scheduled appointments, not for clients that are just due for services.

Another area of the Family Information screen is the “How did you hear about WIC?” section and, like Email Address, documentation in this area will be directed by Local Agency policy.

A function of HANDS has been updated, but you won’t see it. This is the connection between family languages and scheduling appointments. All references to languages in the Appointment Scheduler have been removed, so you will need to keep any language needs your clients may have in mind when you make appointments. Staff Alert Notes may be a great place to document any special items needed, such as an interpreter. If you choose to use Staff Alert Notes, you will still need to use the other fields in HANDS for normal documentation, for example, the Interpreter Required checkbox.


Appointment Reminder Preference: ○ Phone ● Email ○ Text

Languages

*Primary Language: 3 - NAVAJO

Secondary Language:

☐ Interpreter Required

Proxy 1

Last Name: First Name: MI:

Proof Of Identity:

Proxy 2

Last Name: First Name: MI:

Proof Of Identity:

How did you hear about WIC?

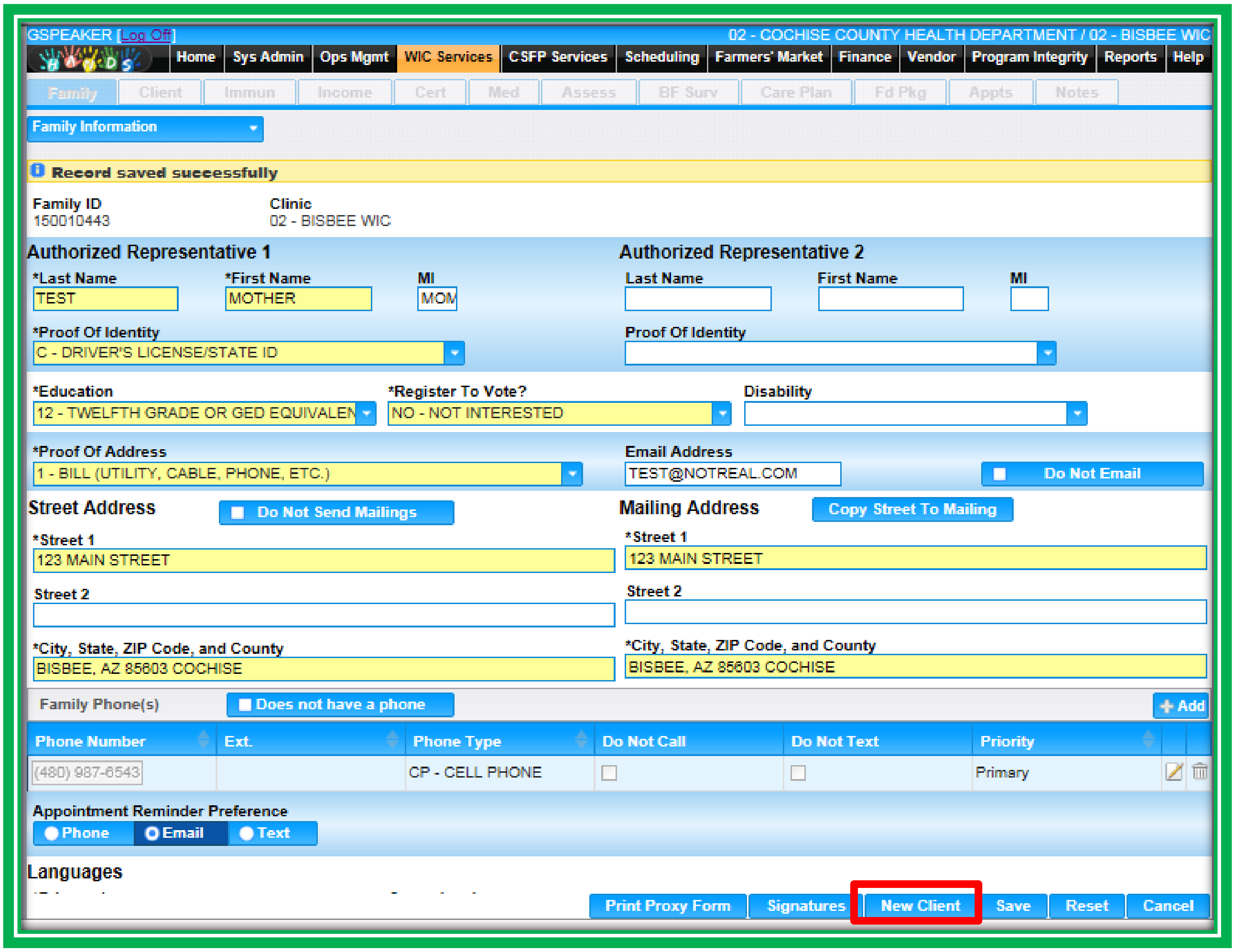
Date	Program	Organization
05/08/2015	AHCCCS	

Figure 55: Add New Family Part 2

Together We Can

Participant safety and confidentiality are extremely important. There are four checkboxes to ensure we protect our participants: they are Do Not Send Mailings, Do Not Email, Do Not Call, and Do Not Text. These checkboxes are tied to other items throughout HANDS in order to safeguard our clients’ information.

After you have entered all of your family information into the screen and clicked Save, you will see a new button appear. This button is the New Client button and will allow you to add clients to your family. You can also add a new client using the navigation menu in the Active Record and selecting Client Registration under Enrollment. The tabs in your Certification Flow menu will be disabled until you add at least one client to your family.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Family Information
Do Not Email
Do Not Send Mailings
Copy Street To Mailing
Does not have a phone
+ Add
Print Proxy Form
Signatures
New Client
Save
Reset
Cancel

Record saved successfully

Family ID: 150010443
Clinic: 02 - BISBEE WIC

Authorized Representative 1
*Last Name: TEST
*First Name: MOTHER
MI: MOM
*Proof Of Identity: C - DRIVER'S LICENSE/STATE ID

Authorized Representative 2
Last Name:
First Name:
MI:
Proof Of Identity:

*Education: 12 - TWELFTH GRADE OR GED EQUIVALEN
*Register To Vote?: NO - NOT INTERESTED
Disability:

*Proof Of Address: 1 - BILL (UTILITY, CABLE, PHONE, ETC.)
Email Address: TEST@NOTREAL.COM

Street Address
*Street 1: 123 MAIN STREET
Street 2:
*City, State, ZIP Code, and County: BISBEE, AZ 85603 COCHISE

Mailing Address
*Street 1: 123 MAIN STREET
Street 2:
*City, State, ZIP Code, and County: BISBEE, AZ 85603 COCHISE

Family Phone(s)

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority
(480) 987-6543		CP - CELL PHONE	☐	☐	Primary

Appointment Reminder Preference: ● Phone ○ Email ● Text

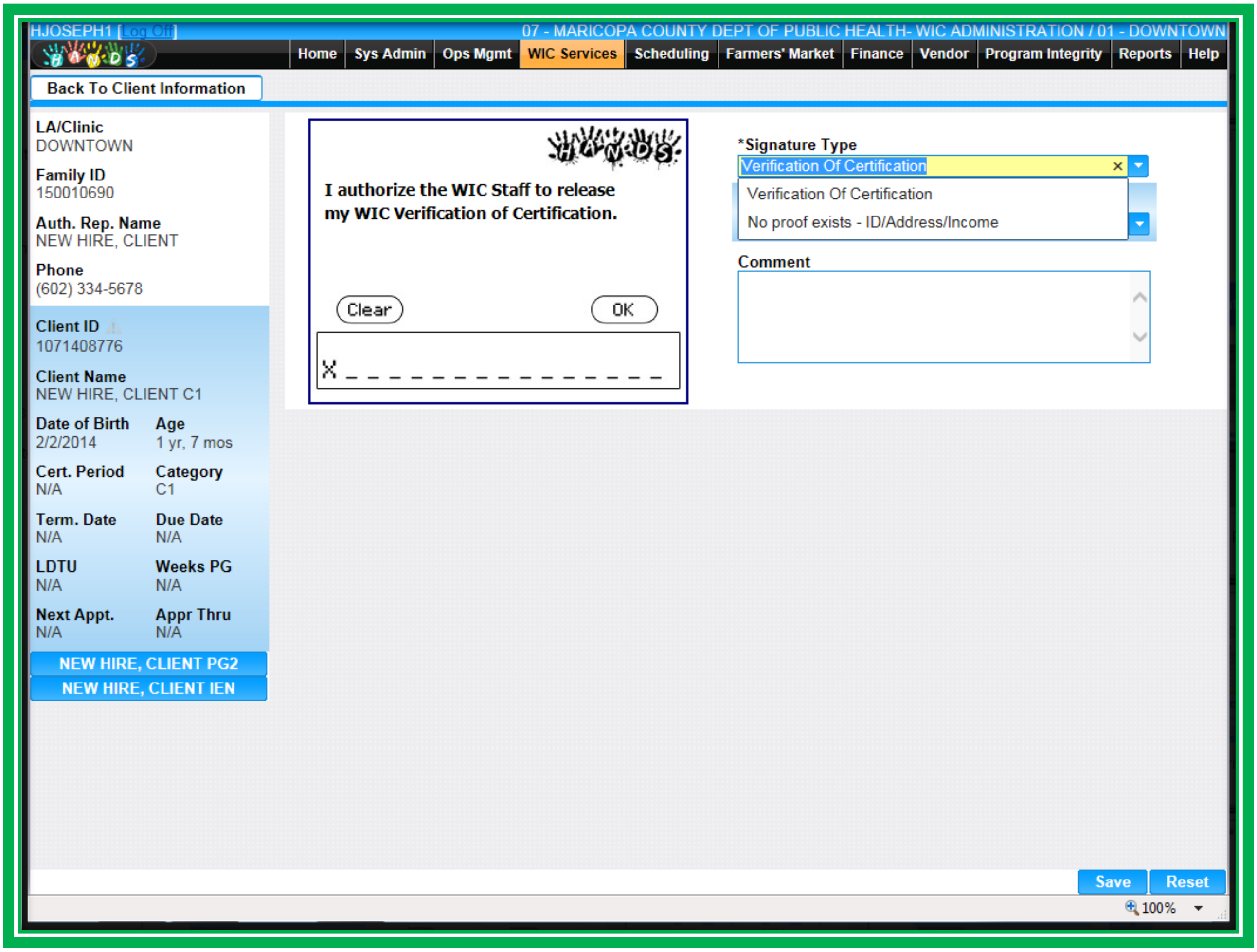
Languages

Figure 56: Completed Family Information

Signature

The Family Information screen has new signature pad functionality so you can collect signatures for the Proxy form. You will use the Signatures button to start the process. When pressed, the Signatures button launches your signature pad and takes you to the Signature Information screen.

The screen will default to Proxy Form in the Signature Type field, and you will **not** need to select individual clients in the Client ID pick list for the Proxy form. There is also the Comment box on the screen for you to leave a note, if needed. Like Notes, the Comment field on the Signature Information screen can hold up to 2000 characters.


HJOSEPH1 [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Client Information
NEW HIRE, CLIENT PG2
NEW HIRE, CLIENT IEN
Clear
OK
X
Verification Of Certification
No proof exists - ID/Address/Income
Save
Reset
100%

LA/Clinic DOWNTOWN

Family ID 150010690

Auth. Rep. Name NEW HIRE, CLIENT

Phone (602) 334-5678

Client ID 1071408776

Client Name NEW HIRE, CLIENT C1

Date of Birth 2/2/2014 **Age** 1 yr, 7 mos

Cert. Period N/A **Category** C1

Term. Date N/A **Due Date** N/A

LDTU N/A **Weeks PG** N/A

Next Appt. N/A **Appr Thru** N/A

I authorize the WIC Staff to release my WIC Verification of Certification.

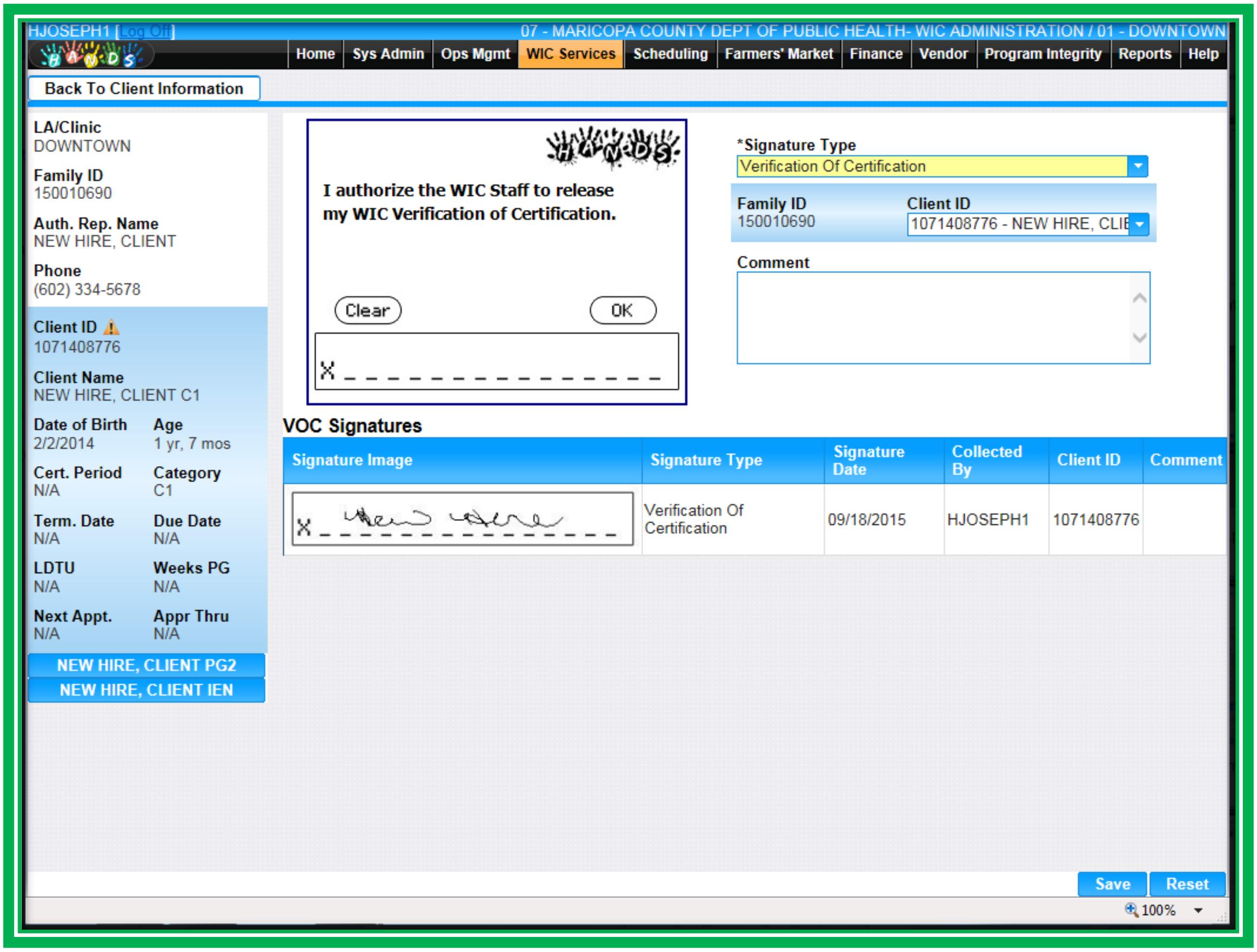
*Signature Type: Verification Of Certification

Comment

Figure 57: Signature Information

After you enter information on the screen, the Proxy will sign using the signature pad. They can then select OK if they are satisfied with their signature, or they can select Clear and sign again. You can also click the Reset button to clear the screen and revert back to its original view. To cancel the entire process and return back to the main screen, you can click the button on the top left of the screen. In the figure above, this button is Back To Family Information.

Once you have entered the client's information and everything is correct on the Information screen, you will click the Save button. After you save, the signature information, including an image of the signature, will display in the Signatures grid. More information about signatures will be provided in Module 7.


HJOSEPH1 [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Client Information
Clear
OK
X
Save
Reset
100%

LA/Clinic DOWNTOWN
Family ID 150010690
Auth. Rep. Name NEW HIRE, CLIENT
Phone (602) 334-5678
Client ID ⚠ 1071408776
Client Name NEW HIRE, CLIENT C1
Date of Birth 2/2/2014 **Age** 1 yr, 7 mos
Cert. Period N/A **Category** C1
Term. Date N/A **Due Date** N/A
LDTU N/A **Weeks PG** N/A
Next Appt. N/A **Appr Thru** N/A
NEW HIRE, CLIENT PG2
NEW HIRE, CLIENT IEN

I authorize the WIC Staff to release my WIC Verification of Certification.

*Signature Type: Verification Of Certification
Family ID: 150010690
Client ID: 1071408776 - NEW HIRE, CLIE
Comment:

VOC Signatures

Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X	Verification Of Certification	09/18/2015	HJOSEPH1	1071408776	

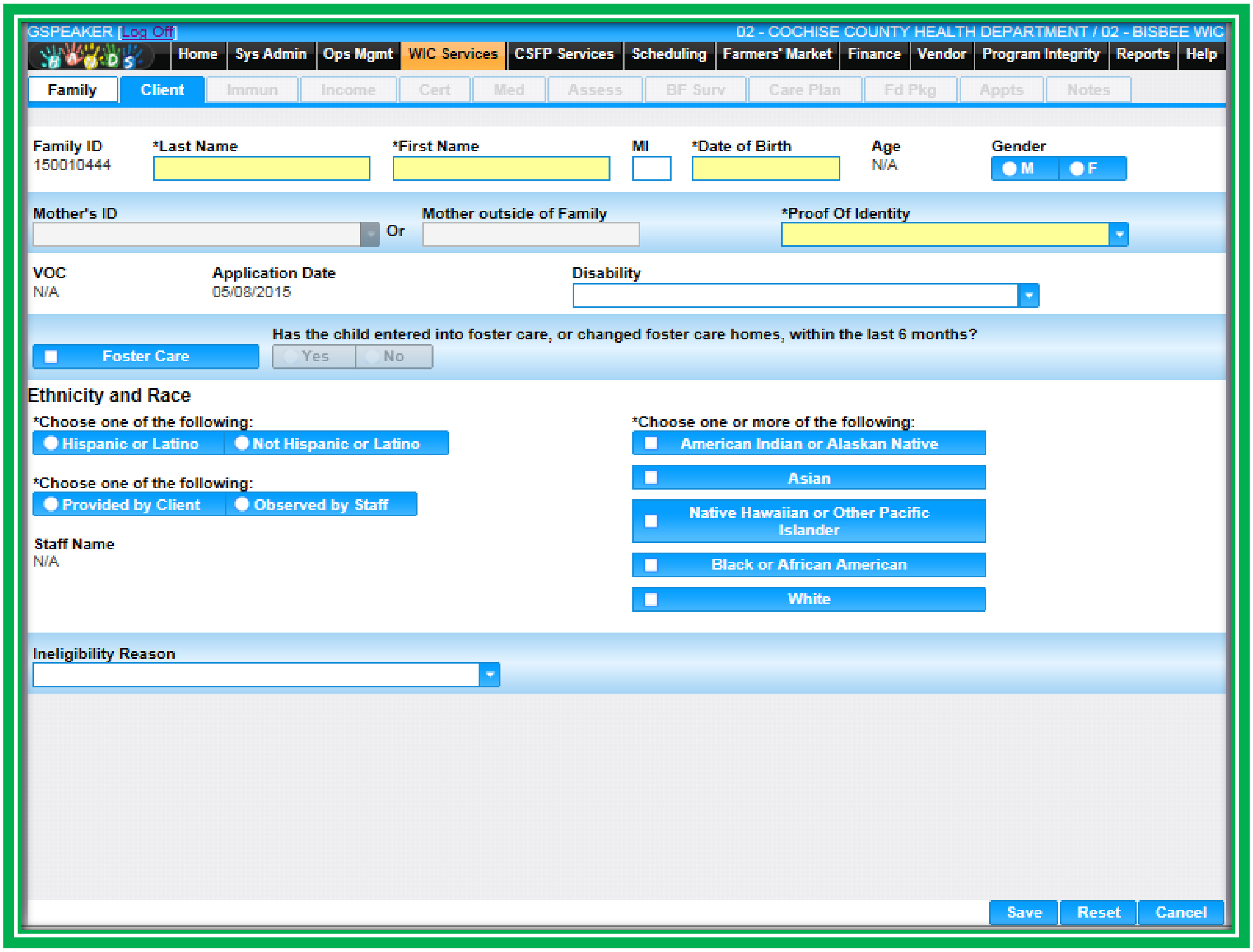
Figure 58: Signatures Grid

Add a New Client (Client Registration)

Handy Tip: When adding clients to the system, add mom first so when you add her children, she is available as an option in the Mother's ID pick list.

You will want to set the agenda before you get to the Client Registration screen, and you will still document basic information about your client, such as name, date of birth, ethnicity and race, on this screen. Like Authorized Reps. and Proxies, clients also have a mandatory Proof of ID field that will have to be filled out at each certification.

It is important that you link clients to their mother. You can do this using either the Mother's ID field or the Mother outside of Family field. In HANDS, the Mother's ID field will only list the eligible mothers in the family instead of all of the clients in the system. If the mother of the client is not in the family but participates in WIC, you will be able to type a Client ID into the Mother outside of Family field. If a mother and her children have not been linked, you will receive a yellow informational message in the Cert Action screen. In HANDS, you will be required to either link mom to **all** of the children in her family or select a Reason Not Linked.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Save
Reset
Cancel

Family ID 150010444
*Last Name
*First Name
MI
*Date of Birth
Age N/A
Gender ○ M ○ F

Mother's ID
Or
Mother outside of Family
*Proof Of Identity

VOC N/A
Application Date 05/08/2015
Disability

☐ Foster Care
Has the child entered into foster care, or changed foster care homes, within the last 6 months? ○ Yes ○ No

Ethnicity and Race

*Choose one of the following:
○ Hispanic or Latino ○ Not Hispanic or Latino

*Choose one of the following:
○ Provided by Client ○ Observed by Staff

Staff Name N/A

*Choose one or more of the following:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White

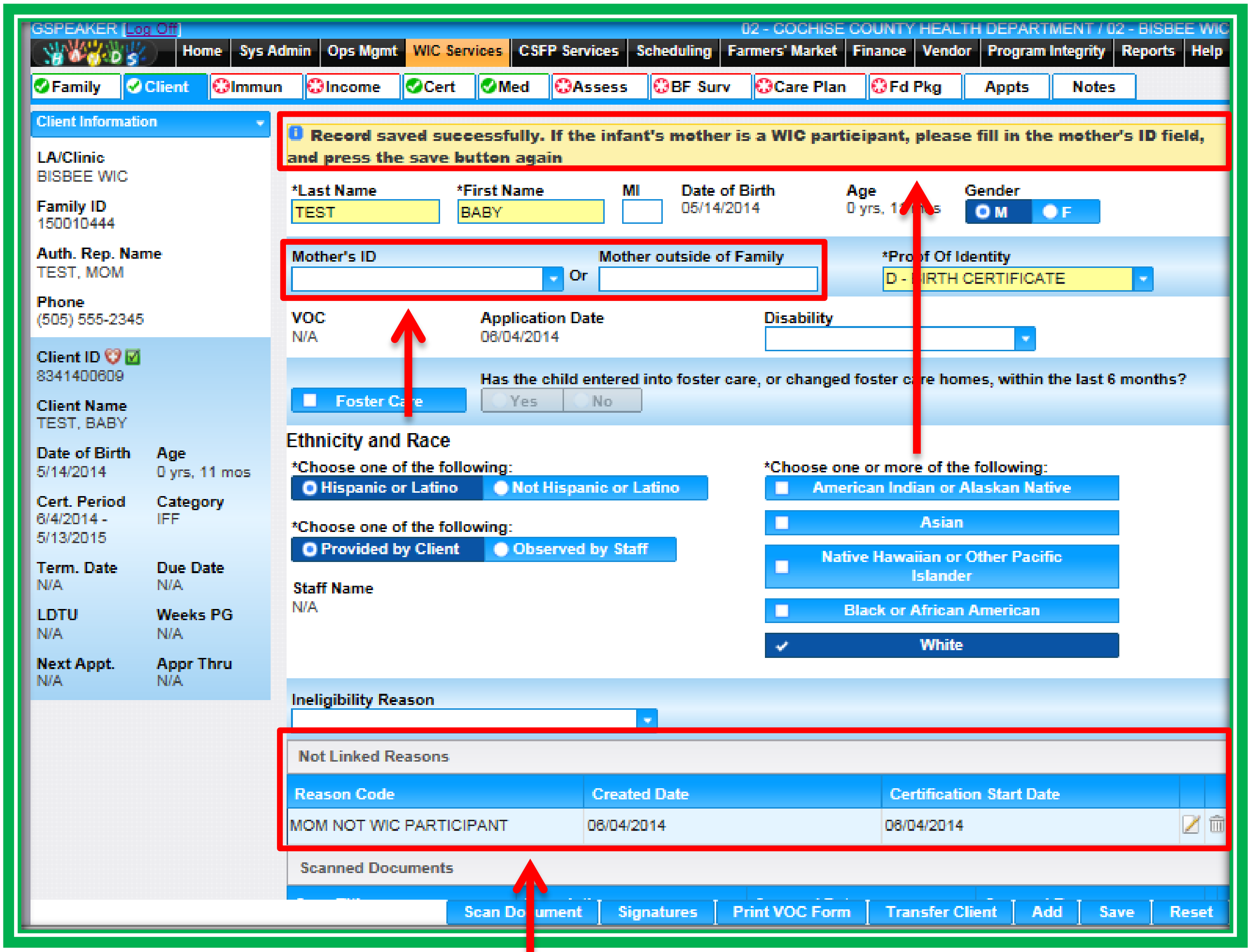
Ineligibility Reason

Figure 59: Client Registration

Together We Can

Staff members in the Arizona WIC Program will find a new item, Known to WIC, in the Proof of Identity pick list. If you physically recognize the Authorized Rep. and it is NOT their first certification, you may use this as proof of ID. The Authorized Rep. must be present for you to select Known to WIC. If they are returning with an ID folder, continue to use the WIC ID Folder. You can review Chapter 2 of the Policy and Procedure Manual if you need help with other acceptable forms of ID.

Not Linked Reasons messages and Potential Duplicate Client Records. Both of these items are system-controlled and will display automatically. These messages will remind you to select a Mother's ID if you haven't already done so. If you cannot link a mother to her infant/child, the Reason Not Linked pop-up window will display on the Certification Action screen. If you miss these reminders, the linkage between mother and child will be fully enforced when you press the Complete Assessment button on the Care Plan screen. You will not be able to move forward until you have either selected a Mother's ID or a Reason Not Linked.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Client Information
Scan Document
Signatures
Print VOC Form
Transfer Client
Add
Save
Reset

Record saved successfully. If the infant's mother is a WIC participant, please fill in the mother's ID field, and press the save button again

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
8341400609

Client Name
TEST, BABY

Date of Birth: 5/14/2014
Age: 0 yrs, 11 mos

Cert. Period: 6/4/2014 - 5/13/2015
Category: IFF

Term. Date: N/A
Due Date: N/A

LDTU: N/A
Weeks PG: N/A

Next Appt.: N/A
Appr Thru: N/A

*Last Name: TEST
*First Name: BABY
MI:
Date of Birth: 05/14/2014
Age: 0 yrs, 1
Gender: ● M ○ F

Mother's ID: Or Mother outside of Family:
*Proof Of Identity: D - BIRTH CERTIFICATE

VOC: N/A
Application Date: 06/04/2014
Disability:

☐ Foster Care
Has the child entered into foster care, or changed foster care homes, within the last 6 months? ○ Yes ○ No

Ethnicity and Race

*Choose one of the following: ● Hispanic or Latino ○ Not Hispanic or Latino

*Choose one of the following: ● Provided by Client ○ Observed by Staff

Staff Name
N/A

*Choose one or more of the following:
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American
- ☑ White

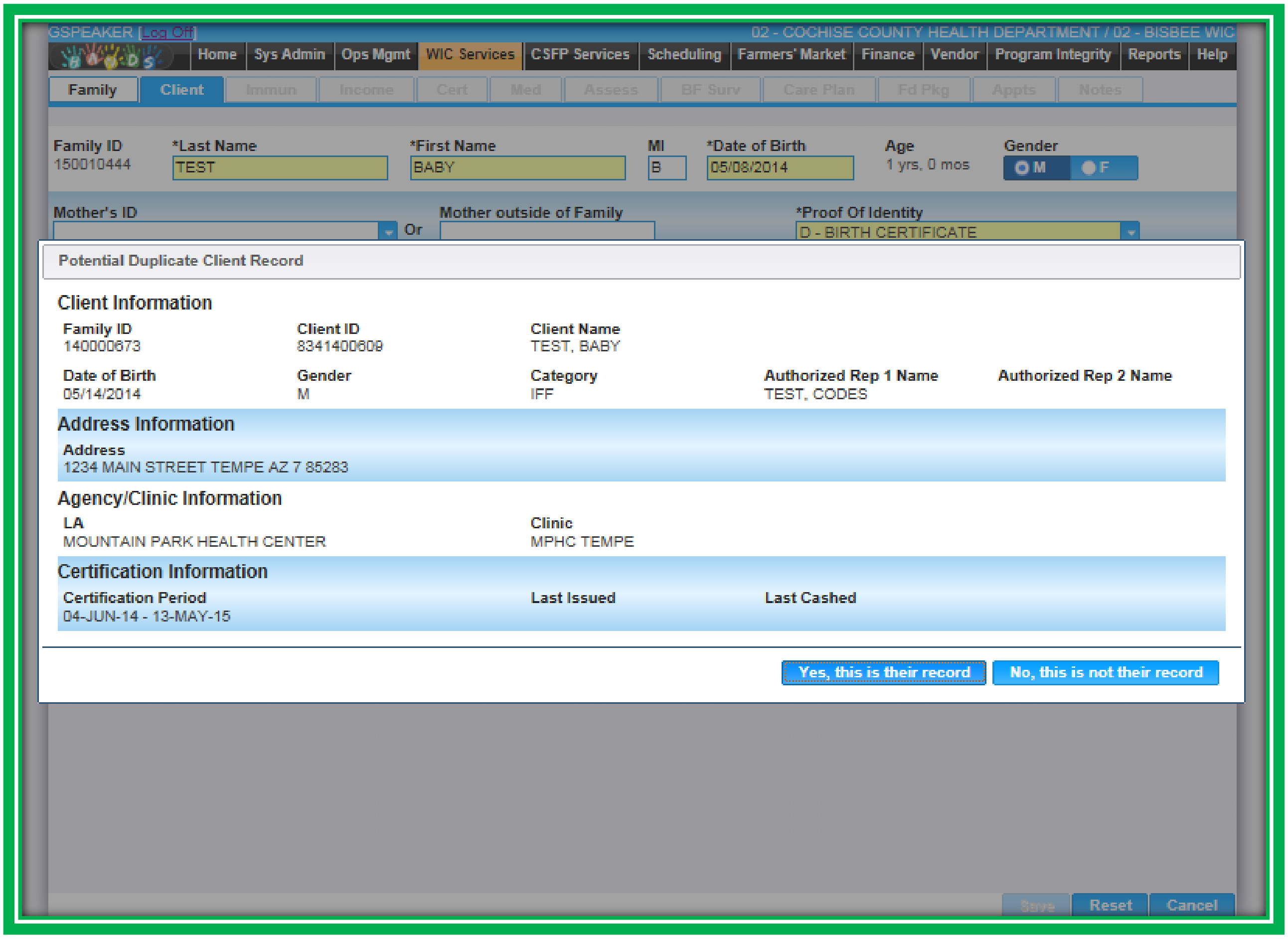
Ineligibility Reason:

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
MOM NOT WIC PARTICIPANT	06/04/2014	06/04/2014

Scanned Documents

Figure 60: Not Linked Reasons


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Save
Reset
Cancel

Family ID 150010444
*Last Name TEST
*First Name BABY
MI B
*Date of Birth 05/08/2014
Age 1 yrs, 0 mos
Gender ● M ● F

Mother's ID
Or
Mother outside of Family
*Proof Of Identity D - BIRTH CERTIFICATE

Potential Duplicate Client Record

Client Information

Family ID	Client ID	Client Name		
140000673	8341400609	TEST, BABY		
Date of Birth	**Gender**	**Category**	**Authorized Rep 1 Name**	**Authorized Rep 2 Name**
05/14/2014	M	IFF	TEST, CODES	

Address Information

Address
1234 MAIN STREET TEMPE AZ 7 85283

Agency/Clinic Information

LA	Clinic
MOUNTAIN PARK HEALTH CENTER	MPHC TEMPE

Certification Information

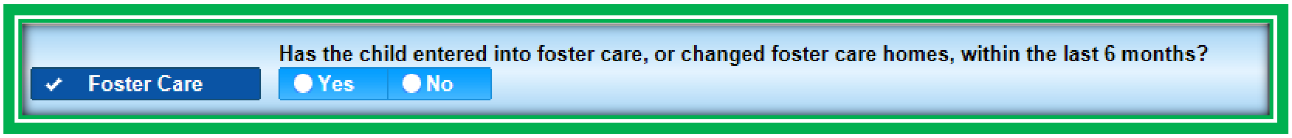
Certification Period	Last Issued	Last Cashed
04-JUN-14 - 13-MAY-15		

Yes, this is their record
No, this is not their record

Figure 61: Potential Duplicate Record

Handy Tip: For subsequent certifications, HANDS will not let you proceed until the Proof of ID field is verified.

Like other screens, some fields will only be visible or enabled if certain events occur. For example, selecting the Foster Care checkbox will enable the question "Has the child entered into foster care, or changed foster care homes, within the last 6 months?" When adding clients, you will be able to add the clients into Client Registration one right after another and see each one display in the Active Record. After that, you will be able to toggle easily between family members on each screen.


✓ Foster Care

Has the child entered into foster care, or changed foster care homes, within the last 6 months?

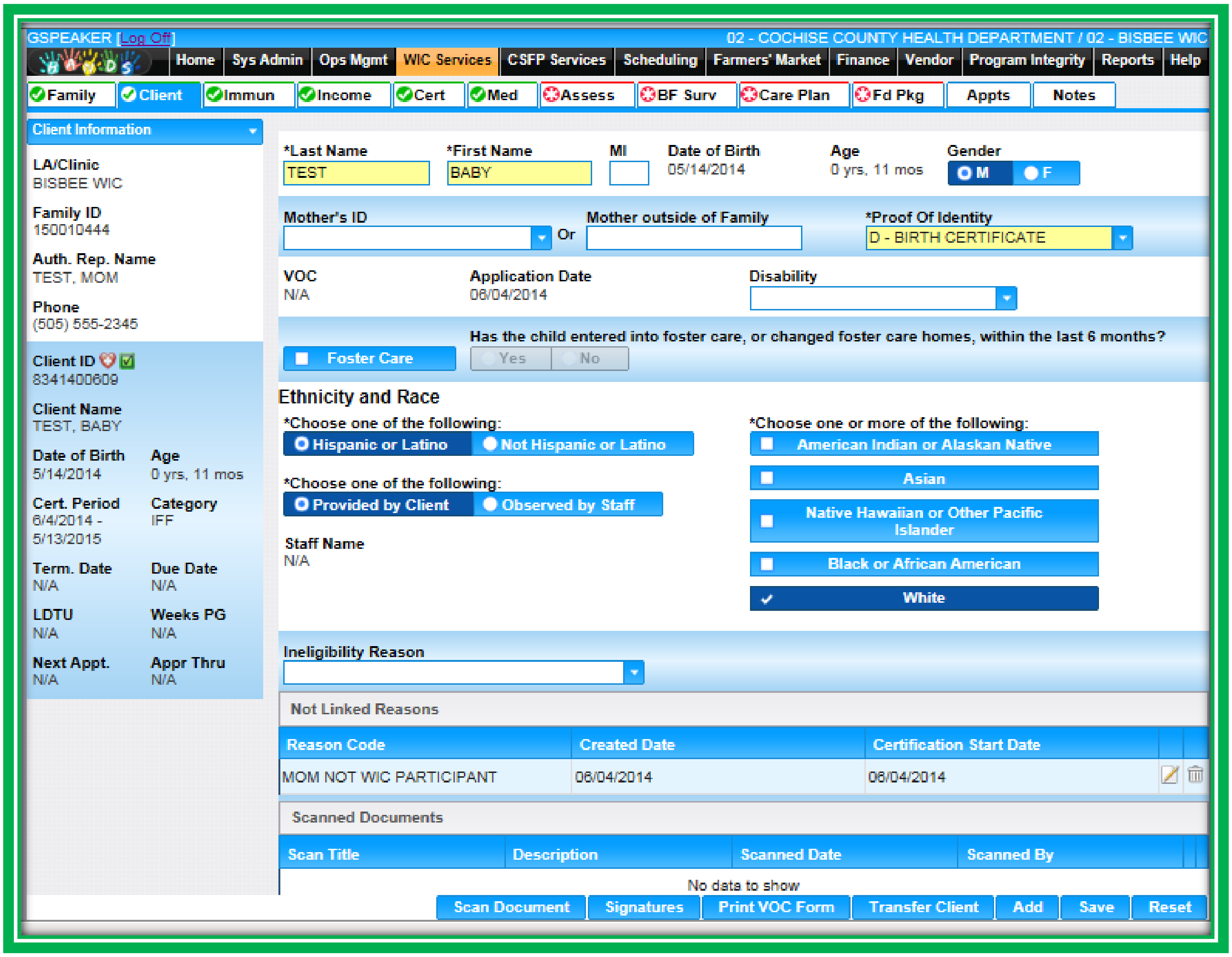
○ Yes ○ No

Figure 62: Foster Care Question

Together We Can

Why is the Foster Care question important? A WIC Code is automatically assigned if a child has been placed in foster care within the last six months. In addition, the transition can be stressful for the child and families. Sometimes the stress may even affect eating behaviors.

After a new client has been saved, the screen name in HANDS will change from Family Information to Client Information to avoid confusion in the navigation menus. You may also notice that the tab is abbreviated to Client. Remember, if you ever need to know the full name of the screen, you can use the hover feature or you can look at the Active Record. The full name of the screen you are on should display in navigation menu contained in the Active Record.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Client Information
Scan Document
Signatures
Print VOC Form
Transfer Client
Add
Save
Reset

LA/Clinic: BISBEE WIC
Family ID: 150010444
Auth. Rep. Name: TEST, MOM
Phone: (505) 555-2345
Client ID: 8341400609
Client Name: TEST, BABY
Date of Birth: 5/14/2014
Age: 0 yrs, 11 mos
Cert. Period: 6/4/2014 - 5/13/2015
Category: IFF
Term. Date: N/A
Due Date: N/A
LDTU: N/A
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A

*Last Name: TEST
*First Name: BABY
MI:
Date of Birth: 05/14/2014
Age: 0 yrs, 11 mos
Gender: ● M ○ F
Mother's ID:
Or
Mother outside of Family:
*Proof Of Identity: D - BIRTH CERTIFICATE
VOC: N/A
Application Date: 06/04/2014
Disability:
☐ Foster Care
Has the child entered into foster care, or changed foster care homes, within the last 6 months? Yes No

Ethnicity and Race
*Choose one of the following: ● Hispanic or Latino ○ Not Hispanic or Latino
*Choose one of the following: ● Provided by Client ○ Observed by Staff
Staff Name: N/A
*Choose one or more of the following:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☑ White

Ineligibility Reason:

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
MOM NOT WIC PARTICIPANT	06/04/2014	06/04/2014

Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Figure 63: Client Information

Together We Can

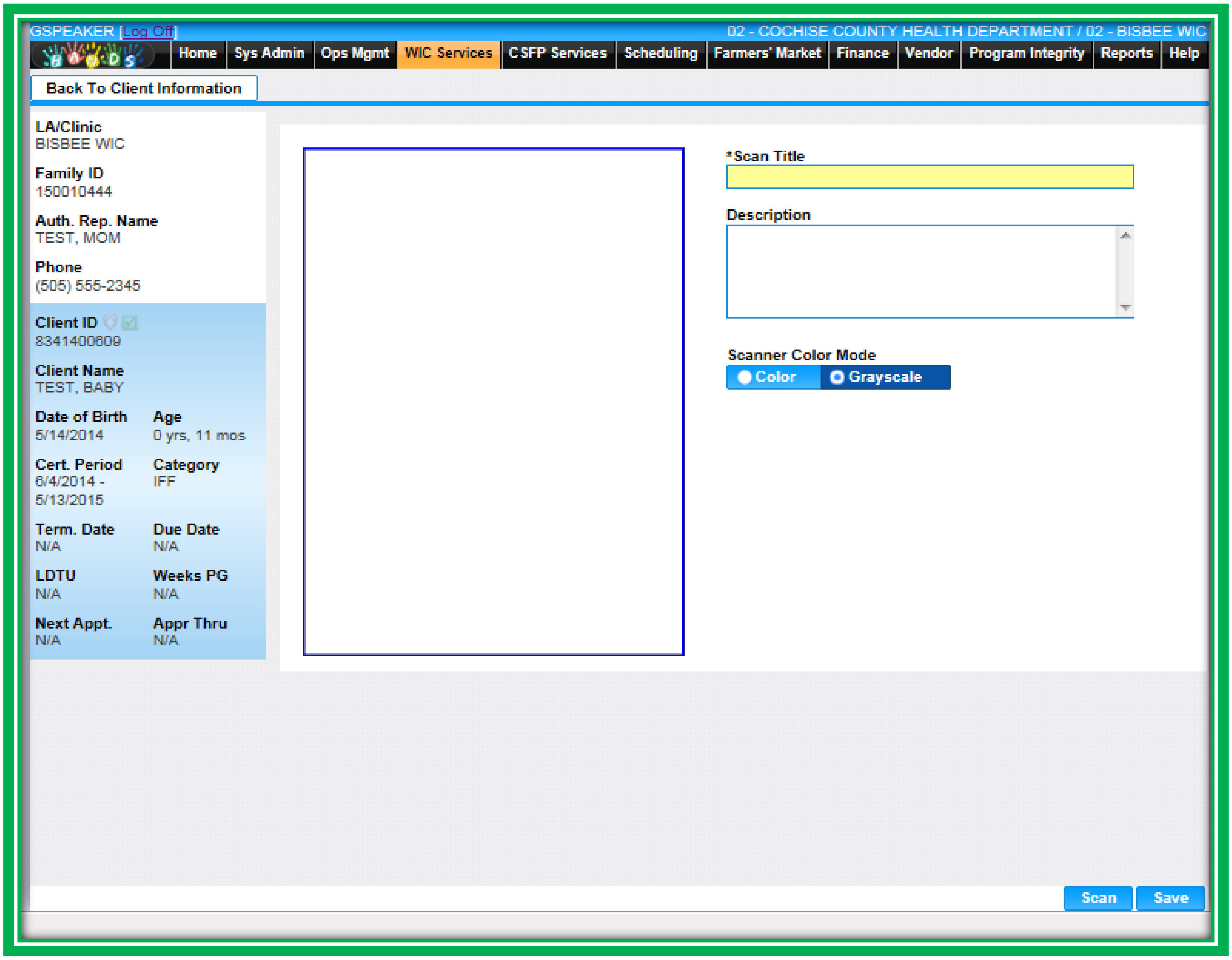
Remember that Proof of ID, Address verification, and verification of Voter Registration are due at each client certification. For existing families/clients, it may be helpful to start at the Family Information screen and verify Address, Proof of Address, Authorized Rep. Proof of ID, and Voter Registration all at the same time so you do not have to update the screen multiple times.

Scanning

Scanning functionality is also available on the Client Information screen. You may need to scan the following items on this screen:

- Items Required by Local Agency Policy
- Notice to Provider
- Items for a State Agency Investigation

To start the scanning process, click the Scan Document button. After scanning is complete, select the Save button if you are satisfied, or you can adjust the document on the scanner and click the Scan button again. To cancel the entire process and return back to the main screen, click the button on the top left of the screen. In the figure above, this button is Back To Client Information.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Client Information
Scan
Save

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
8341400609

Client Name
TEST, BABY

Date of Birth 5/14/2014	Age 0 yrs, 11 mos
Cert. Period 6/4/2014 - 5/13/2015	Category IFF
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

*Scan Title

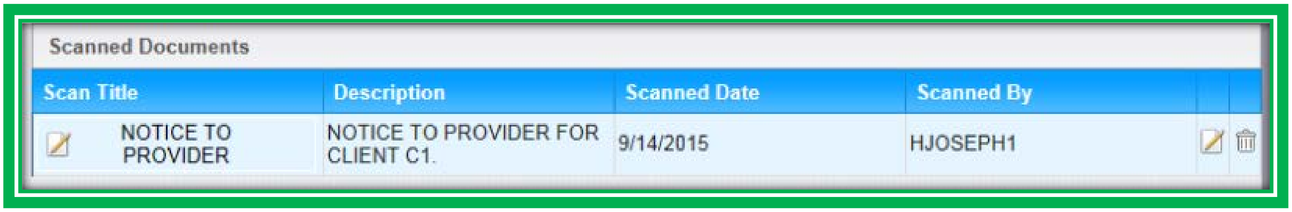
Description

Scanner Color Mode
● Color ○ Grayscale

Figure 64: Out-of-State Transfer – Scanning

The scanned items will appear in a grid named Scanned Documents on the screen. The grid will list:

- Scan Title
- Description
- Scanned Date
- Scanned By
  - The person who scanned the item


Scanned Documents

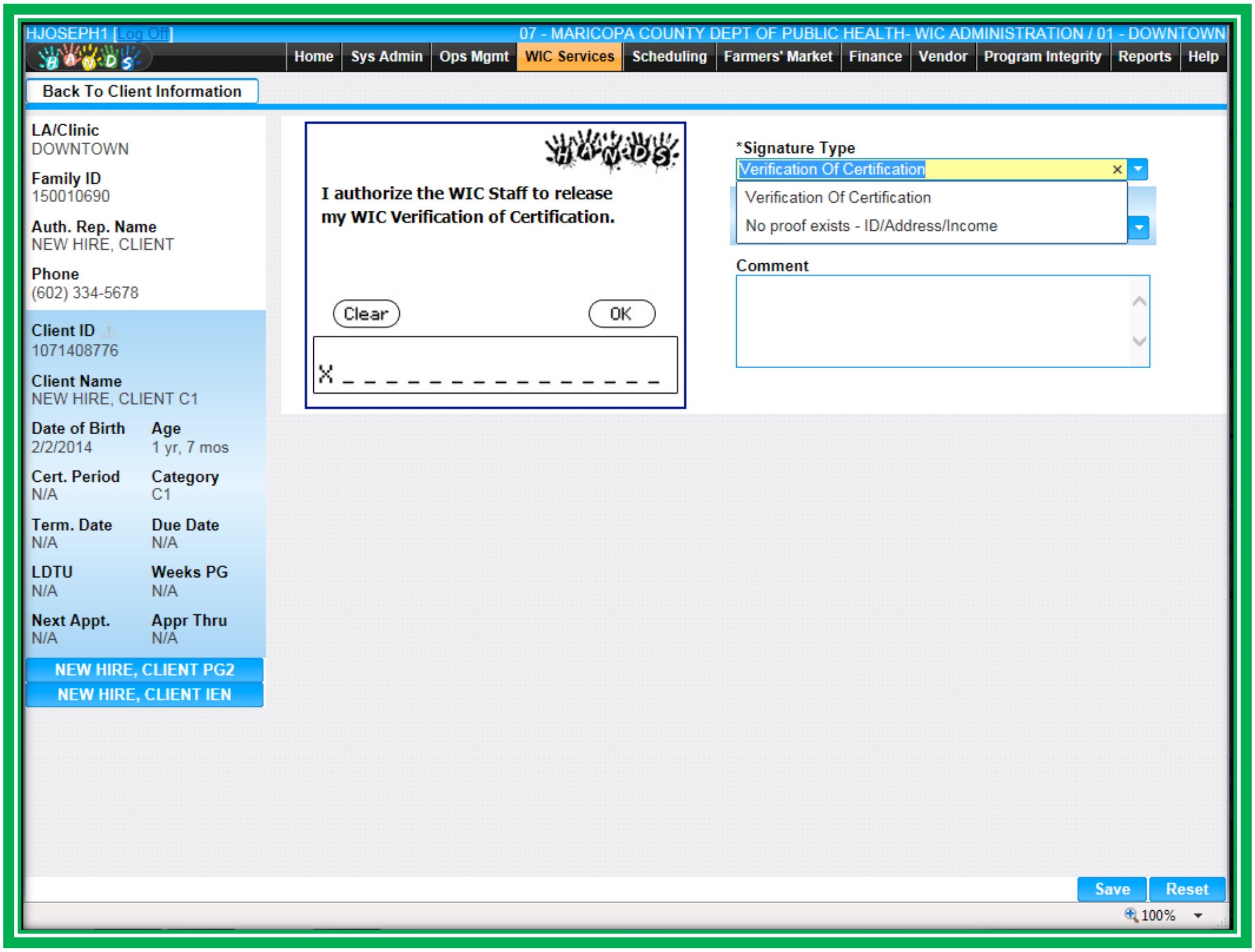
Scan Title	Description	Scanned Date	Scanned By
NOTICE TO PROVIDER	NOTICE TO PROVIDER FOR CLIENT C1.	9/14/2015	HJOSEPH1

Figure 65: Scanned Documents

Signature

The Client Information screen has new signature pad functionality so you can collect signatures for consent to release Verification of Certification (VOC) information. You will use the Signatures button to start the process. When clicked, the Signatures button launches your signature pad and takes you to the Signature Information screen.

The screen will default to Verification of Certification in the Signature Type field and the client you currently have selected on the Client Information screen. You **will** need to select individual clients in the Client ID pick list for the consent to release VOC information. There is also space in the Comment box for you to leave a note, if needed. Like Notes, the Comment field on the Signature Information screen can hold up to 2000 characters.


HJOSEPH1 [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Client Information
Clear
OK
X
NEW HIRE, CLIENT PG2
NEW HIRE, CLIENT IEN
Save
Reset
100%

LA/Clinic
DOWNTOWN

Family ID
150010690

Auth. Rep. Name
NEW HIRE, CLIENT

Phone
(602) 334-5678

Client ID
1071408776

Client Name
NEW HIRE, CLIENT C1

Date of Birth 2/2/2014	Age 1 yr, 7 mos
Cert. Period N/A	Category C1
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

I authorize the WIC Staff to release my WIC Verification of Certification.

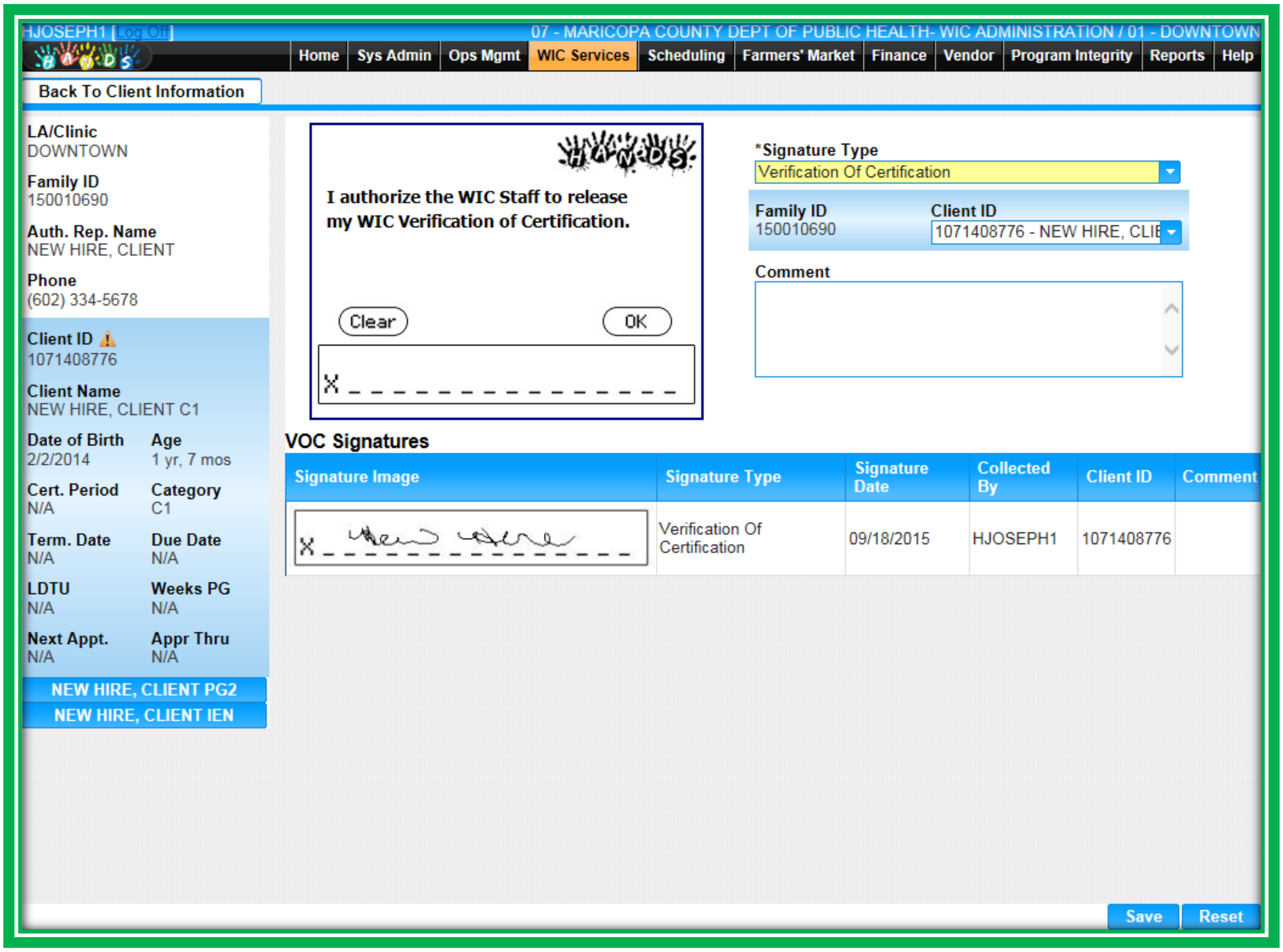
*Signature Type
Verification Of Certification
- Verification Of Certification
- No proof exists - ID/Address/Income

Comment

Figure 66: Signature Information

After you enter information on the screen, the Authorized Rep. will sign using the signature pad. They can then select OK if they are satisfied with their signature, or they can select Clear and sign again. On the Information screen, you can press the Reset button to clear the screen and revert back to its original view. To cancel the entire process and return back to the main screen, you can press the button on the top left of the screen. In the figure above, this button is Back To Client Information.

Once you have entered the client's information and everything is correct on the Information screen, you will click the Save button. After you save, the signature information, including an image of the signature, will display in the Signatures grid. More information about signatures will be provided in Module 7.


HJOSEPH1 [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Client Information
Clear
OK
NEW HIRE, CLIENT PG2
NEW HIRE, CLIENT IEN
Save
Reset

LA/Clinic DOWNTOWN

Family ID 150010690

Auth. Rep. Name NEW HIRE, CLIENT

Phone (602) 334-5678

Client ID 1071408776

Client Name NEW HIRE, CLIENT C1

Date of Birth 2/2/2014 **Age** 1 yr, 7 mos

Cert. Period N/A **Category** C1

Term. Date N/A **Due Date** N/A

LDTU N/A **Weeks PG** N/A

Next Appt. N/A **Appr Thru** N/A

I authorize the WIC Staff to release my WIC Verification of Certification.

X _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

*Signature Type: Verification Of Certification

Family ID 150010690

Client ID 1071408776 - NEW HIRE, CLIE

Comment

VOC Signatures

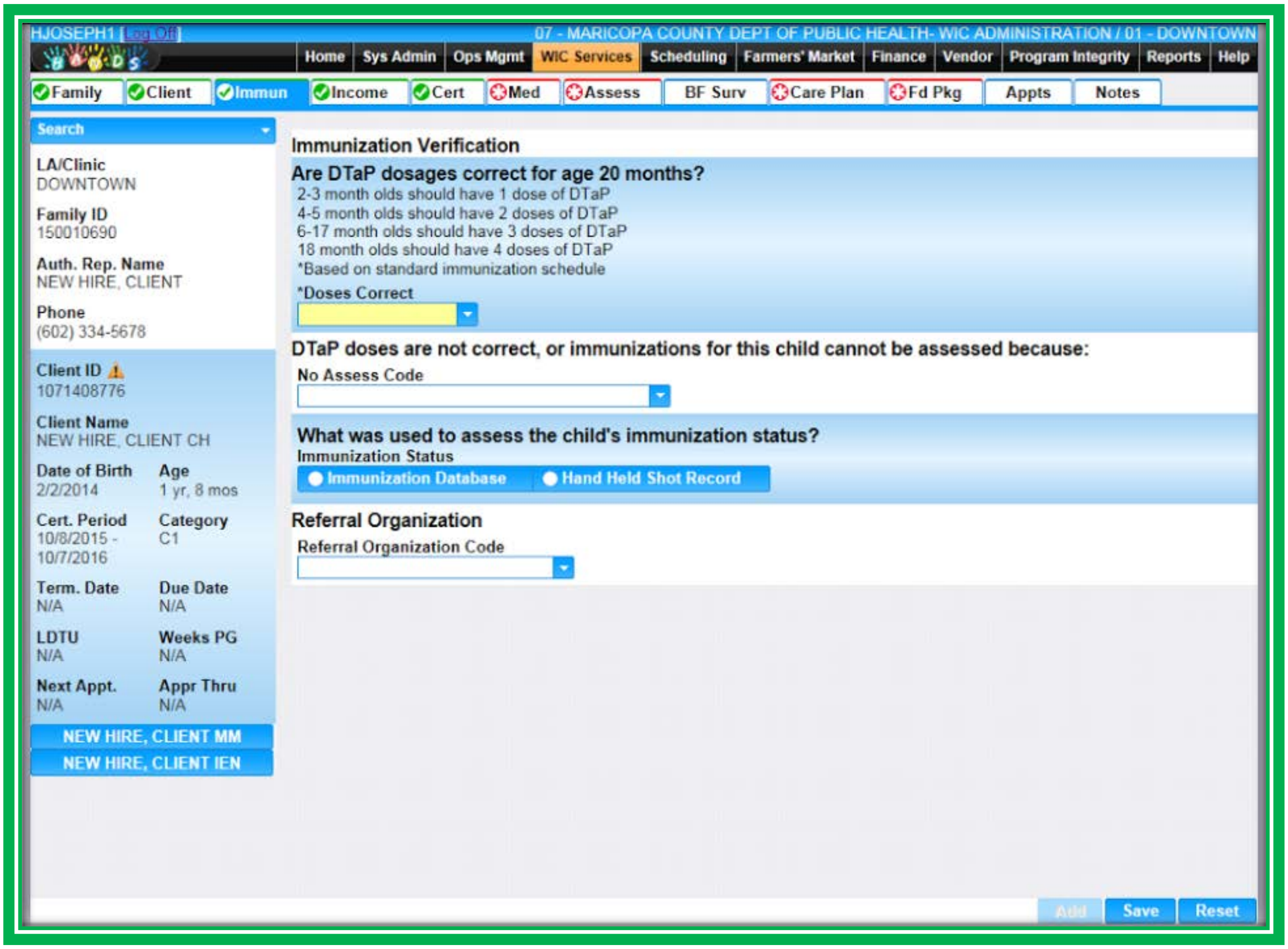
Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X _ _ _ _ _ _ _ _ _ _ _ _ _	Verification Of Certification	09/18/2015	HJOSEPH1	1071408776	

Figure 67: Signatures Grid

Now it's time to go over what you have learned so far. Please review Add a Family, Add Clients, and the Active Record in Module 1 Part 2 on the HANDS Resource Site.

Immunization

Immunization is its own screen during the eligibility process, since families will often show you their child's immunization record as proof of ID. Moving Immunization to match the Appointment Pathway helps simplify the process and save time. Like other screens in the eligibility process, you will be able to update the Immunization screen even if the client is not in an active certification. You will be able to add new immunization information using the Add button to make the process easier.


HJOSEPH1 [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Search
NEW HIRE, CLIENT MM
NEW HIRE, CLIENT IEN
Add
Save
Reset

LA/Clinic
DOWNTOWN

Family ID
150010690

Auth. Rep. Name
NEW HIRE, CLIENT

Phone
(602) 334-5678

Client ID ⚠
1071408776

Client Name
NEW HIRE, CLIENT CH

Date of Birth 2/2/2014	**Age** 1 yr, 8 mos
Cert. Period 10/8/2015 - 10/7/2016	**Category** C1
Term. Date N/A	**Due Date** N/A
LDTU N/A	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

Immunization Verification

Are DTaP dosages correct for age 20 months?
2-3 month olds should have 1 dose of DTaP
4-5 month olds should have 2 doses of DTaP
6-17 month olds should have 3 doses of DTaP
18 month olds should have 4 doses of DTaP
*Based on standard immunization schedule

*Doses Correct

DTaP doses are not correct, or immunizations for this child cannot be assessed because:

No Assess Code

What was used to assess the child's immunization status?

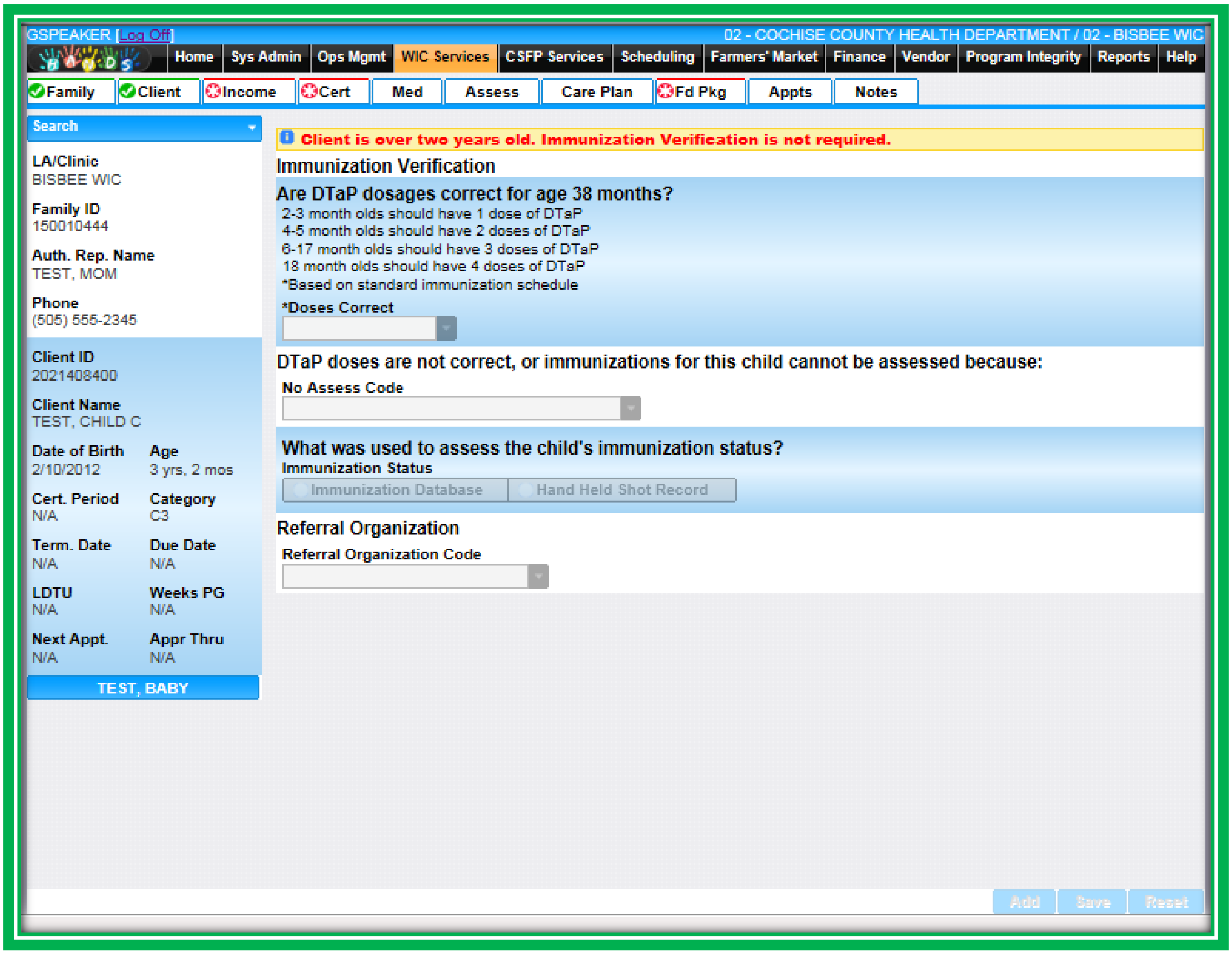
Immunization Status
○ Immunization Database ○ Hand Held Shot Record

Referral Organization

Referral Organization Code

Figure 68: Add New Immunization Record

The Referral pick list, will allow the user to refer only when needed. Since the Immunization screen is only applicable to clients under 24 months, it will only appear for them in the Certification Flow tabs. If you toggle between clients on the screen using the Active Record and select a client over 24 months, a screen that is unable to be updated (disabled) will appear with a message reminding you that the client is over 24 month old.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Search
TEST, BABY
Add
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408400

Client Name
TEST, CHILD C

Date of Birth 2/10/2012	Age 3 yrs, 2 mos
Cert. Period N/A	Category C3
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

Client is over two years old. Immunization Verification is not required.

Immunization Verification

Are DTaP dosages correct for age 38 months?
2-3 month olds should have 1 dose of DTaP
4-5 month olds should have 2 doses of DTaP
6-17 month olds should have 3 doses of DTaP
18 month olds should have 4 doses of DTaP
*Based on standard immunization schedule

*Doses Correct

DTaP doses are not correct, or immunizations for this child cannot be assessed because:

No Assess Code

What was used to assess the child's immunization status?

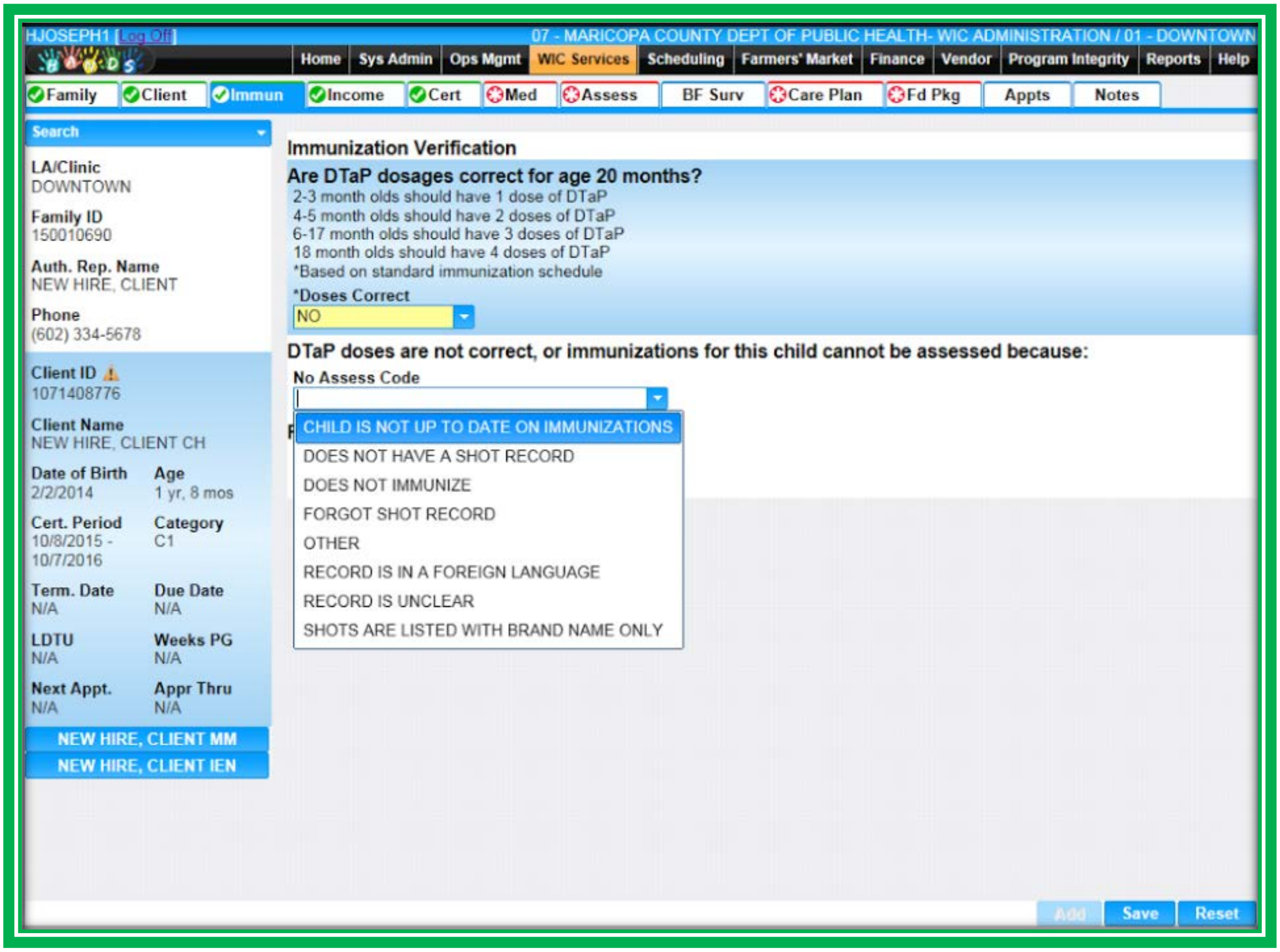
Immunization Status
○ Immunization Database ○ Hand Held Shot Record

Referral Organization

Referral Organization Code

Figure 69: Disabled Immunization Record

When you indicate an infant/child's DTaP doses are not correct, HANDS will display the pick list for reasons the doses are incorrect. You will see a new listing in the pick list that states the client is not up-to-date on their immunizations. In addition, you know have two selections for verification, Hand Held Shot Record and Immunization Database.


HJOSEPH1 [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Search
Add
Save
Reset

LA/Clinic
DOWNTOWN

Family ID
150010690

Auth. Rep. Name
NEW HIRE, CLIENT

Phone
(602) 334-5678

Client ID
1071408776

Client Name
NEW HIRE, CLIENT CH

Date of Birth 2/2/2014	Age 1 yr, 8 mos
Cert. Period 10/8/2015 - 10/7/2016	Category C1
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

NEW HIRE, CLIENT MM
NEW HIRE, CLIENT IEN

Immunization Verification

Are DTaP dosages correct for age 20 months?
2-3 month olds should have 1 dose of DTaP
4-5 month olds should have 2 doses of DTaP
6-17 month olds should have 3 doses of DTaP
18 month olds should have 4 doses of DTaP
*Based on standard immunization schedule

*Doses Correct
NO

DTaP doses are not correct, or immunizations for this child cannot be assessed because:

No Assess Code
CHILD IS NOT UP TO DATE ON IMMUNIZATIONS
DOES NOT HAVE A SHOT RECORD
DOES NOT IMMUNIZE
FORGOT SHOT RECORD
OTHER
RECORD IS IN A FOREIGN LANGUAGE
RECORD IS UNCLEAR
SHOTS ARE LISTED WITH BRAND NAME ONLY

Figure 70: New Pick List Item

Together We Can

Know what organizations you can refer to when a family is in need.

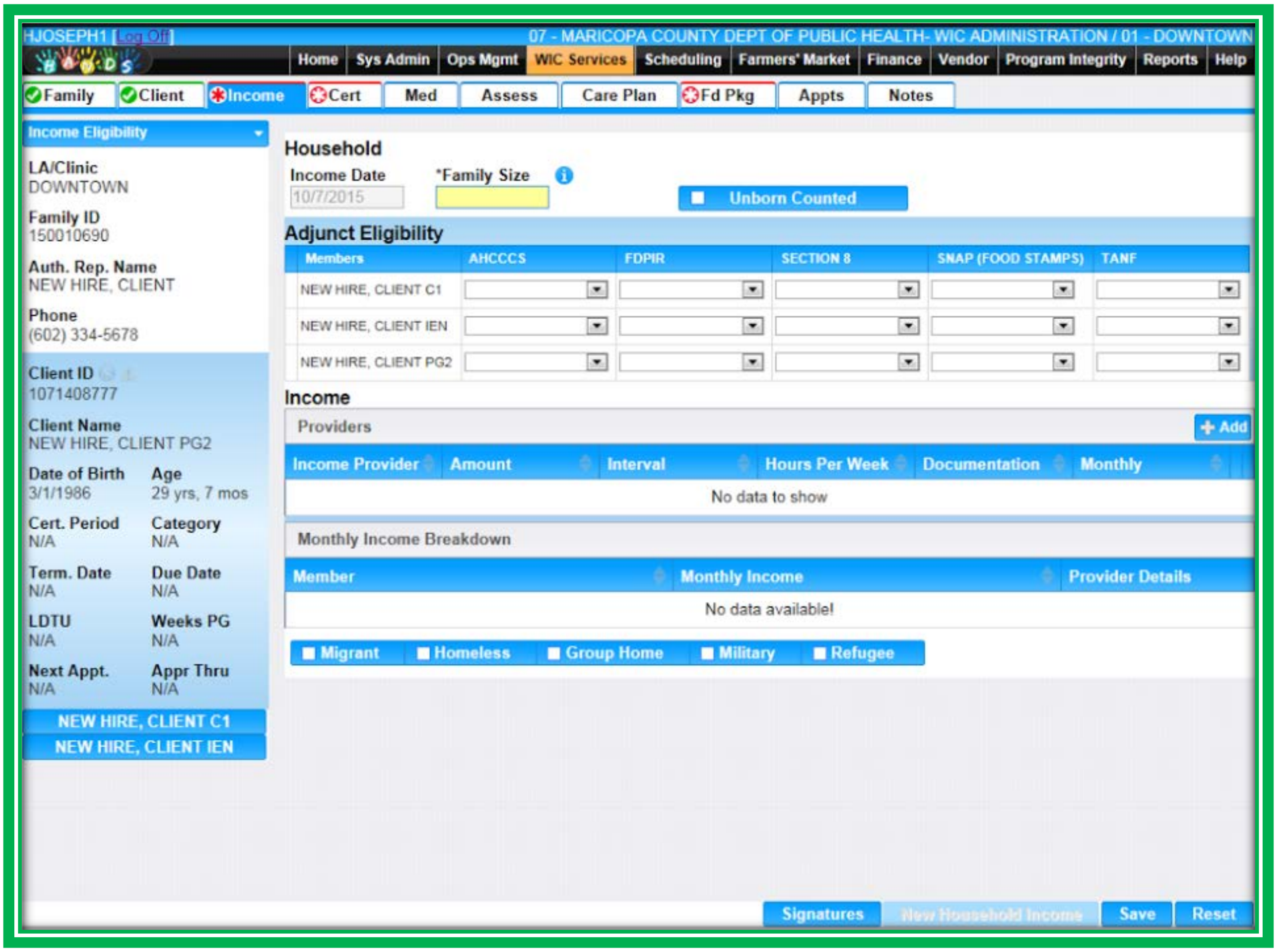
Now it's time to go over what you have learned so far. Please review Immunization in Module 1 Part 2 on the HANDS Resource Site.

Income Eligibility

Handy Tip: Documentation of participation in adjunctively eligible programs is optional in the Income Eligibility screen, but it will be mandatory in the Care Plan – Referrals screen.

Income is a very important part of the eligibility process, and the one with the most rules! Income is so important that it demands its own screen. One of the best features of the Income Eligibility screen is the ability to document a lot of information for all family members, including foster children, in one place. You will be able to document all family members', including foster members', Adjunctive Eligibility, referrals to Adjunctively Eligible programs, and their income on one screen.

You access the screen directly from the Family Information screen or, you do not have to be in a client record to use the Income Eligibility screen.


HJOSEPH1 [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Income Eligibility
Household
Unborn Counted
Adjunct Eligibility
Members
AHCCCS
FDPIR
SECTION 8
SNAP (FOOD STAMPS)
TANF
Income
Providers
Add
Income Provider
Amount
Interval
Hours Per Week
Documentation
Monthly
Monthly Income Breakdown
Member
Monthly Income
Provider Details
Migrant
Homeless
Group Home
Military
Refugee
NEW HIRE, CLIENT C1
NEW HIRE, CLIENT IEN
Signatures
New Household Income
Save
Reset

LA/Clinic: DOWNTOWN
Family ID: 150010690
Auth. Rep. Name: NEW HIRE, CLIENT
Phone: (602) 334-5678
Client ID: 1071408777
Client Name: NEW HIRE, CLIENT PG2
Date of Birth: 3/1/1986
Age: 29 yrs, 7 mos
Cert. Period: N/A
Category: N/A
Term. Date: N/A
Due Date: N/A
LDTU: N/A
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A

Income Date: 10/7/2015
*Family Size:

NEW HIRE, CLIENT C1
NEW HIRE, CLIENT IEN
NEW HIRE, CLIENT PG2

No data to show

No data available!

Figure 71: Income Eligibility

The Adjunctive Eligibility grid is where you will record whether or not the clients are participating in AHCCCS, SNAP, TANF, Section 8 Housing, or FDPIR (Food Distribution Program on Indian Reservations). This is also where you will document whether the clients brought proof or not, and use a new feature that allows you to document if they were referred to a program. If you document that a client was referred to a particular program on the Income screen, this will populate in the Care Plan – Referrals screen. The Referrals screen will be reviewed later in the workbook. This won't work the other way around though; referrals documented in the Care Plan screen will not show up in the Adjunct Eligibility grid. The grid has several options to choose from for each program:

- Part. Proof
  - The client is participating and brought proof with them, or you can confirm eligibility through an official verification system (if allowed by your agency)
- Part. No Proof
  - The client is participating in a program, but forgot proof
- Referred
  - You referred the participant to the program
- Fam Elig Proof
  - **Note: These requirements are for Arizona. Please check your State Agency's requirements for Family Eligibility.**
  - The participant is a member of a household containing on of the following **and** they brought proof with them, or you can confirm eligibility through an official verification system (if allowed by your agency): a(n)
    - TANF recipient, or
    - Section 8 recipient, or
    - FDPIR recipient, or
    - SNAP recipient, or
    - Pregnant woman enrolled in AHCCCS, or
    - Infant enrolled in AHCCCS
- N/A
  - None of the items in the pick list are applicable or of interest to the participant

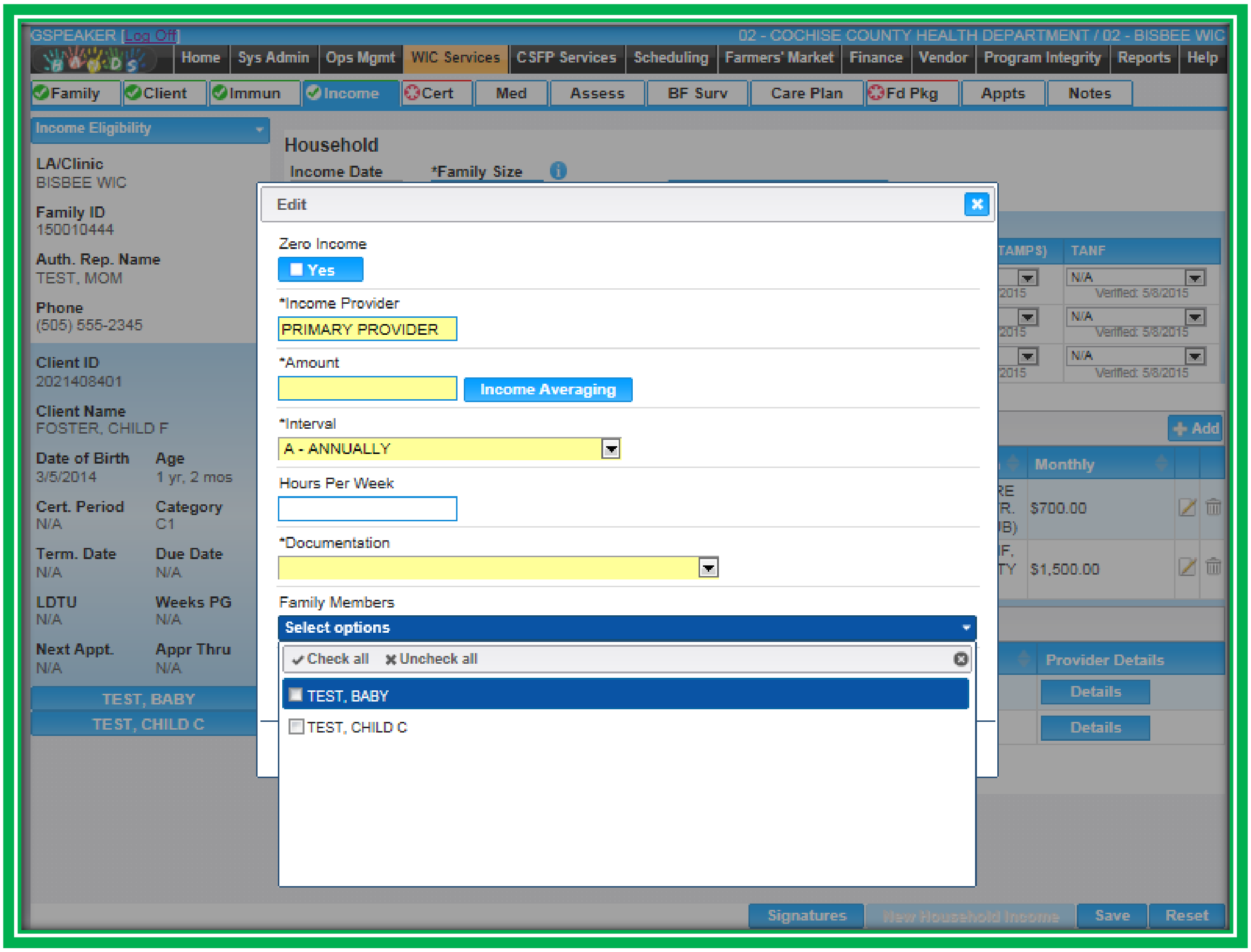
These may seem confusing at first. However, one thing to remember is that to be TRULY adjunctively eligible, a client must show you proof ON THE DAY of their certification. So if a client tells you they are on the program but you are unable to document proof, then you would select Part. No Proof and record income and documentation or Waiver (Statement of Documentation) Form accordingly in the income grid. You will be able to document the entire family's adjunctive eligibility in one place. There is no need to change clients or hop from file to file to record the information.

Together We Can

If you have questions about income screening, ask your Helping HAND or supervisor, or if you are from the Arizona WIC Program, review Chapter 2 Section E Income Eligibility and Appendix E: Determining Income Eligibility & Income Guidelines in the Policy and Procedure Manual.

Just like adjunctive eligibility, you can document a single client's or the entire family's, income on the same screen. You will document new income using the following steps:

1. Click the Add button on the Income Providers Grid
    a. Enter Provider, Amount, Interval, and Documentation information
        i. Zero Income
            1. Amount, Interval, and Documentation fields will be automatically selected
            2. You need to enter Income Provider information and select the applicable individual at time of certification
        ii. For all other income situations, proceed as you normally would
            1. Amount, Interval, and Documentation fields will be automatically selected
            2. You need to enter Income Provider information and apply income to all applicable family members


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Income Eligibility
Household
Income Date
*Family Size
TAMPS)
TANF
Add
Monthly
Provider Details
Details
Details
Signatures
New Household Income
Save
Reset

LA/Clinic: BISBEE WIC
Family ID: 150010444
Auth. Rep. Name: TEST, MOM
Phone: (505) 555-2345
Client ID: 2021408401
Client Name: FOSTER, CHILD F
Date of Birth: 3/5/2014
Age: 1 yr, 2 mos
Cert. Period: N/A
Category: C1
Term. Date: N/A
Due Date: N/A
LDTU: N/A
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A
TEST, BABY
TEST, CHILD C

TANF: N/A Verified: 5/8/2015
TANF: N/A Verified: 5/8/2015
TANF: N/A Verified: 5/8/2015

Monthly: $700.00
Monthly: $1,500.00

Edit

Zero Income: ☐ Yes

*Income Provider: PRIMARY PROVIDER

*Amount: [Income Averaging]

*Interval: A - ANNUALLY

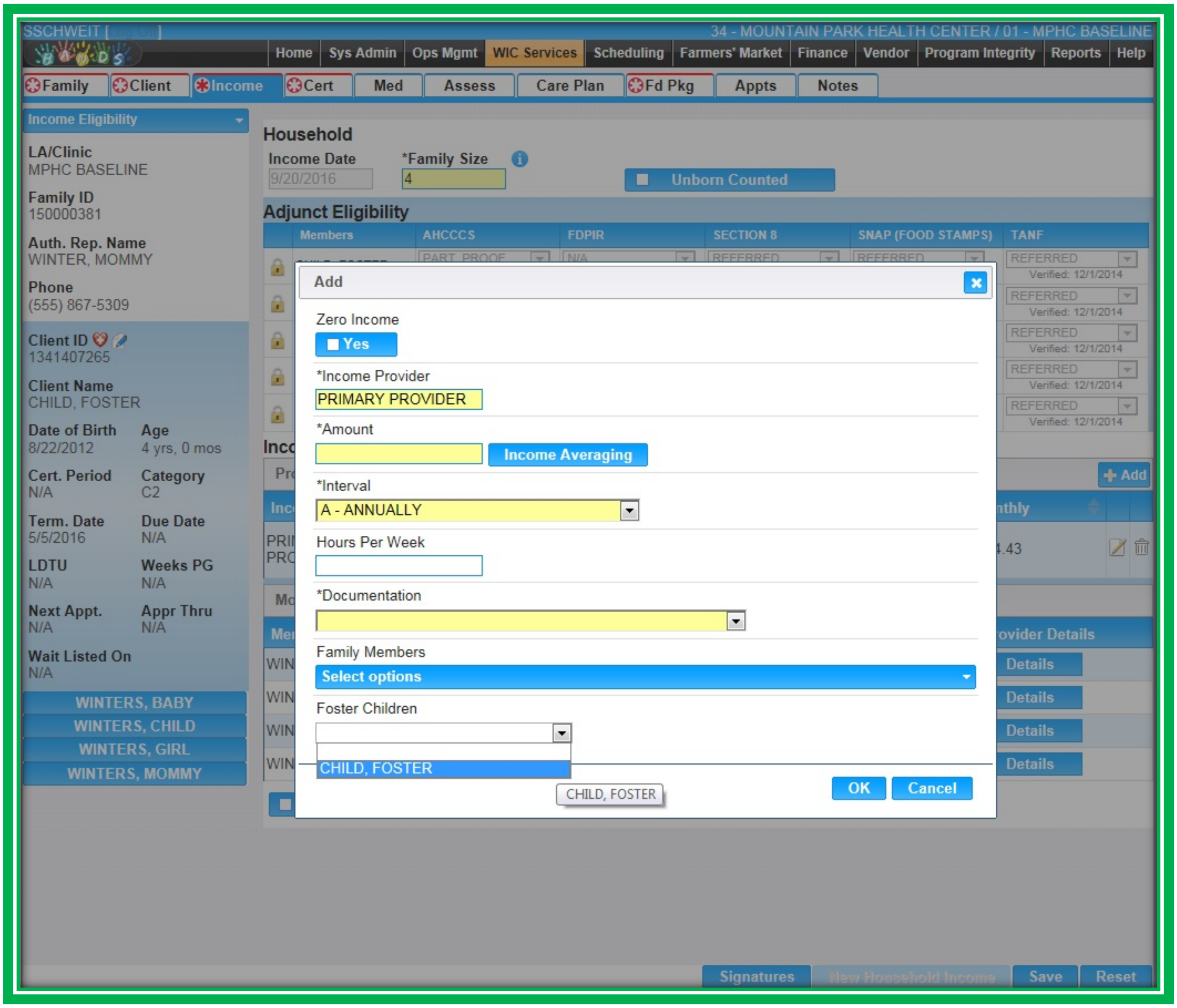
Hours Per Week:

*Documentation:

Family Members: Select options
✓ Check all ✖ Uncheck all
☐ TEST, BABY
☐ TEST, CHILD C

Figure 72: Add Income Provider Pop-up

b. Select the family members to which you would like to apply the income
   i. Family Members multi-select pick list
      1. Can choose one or more family members
      2. Will stay open until you click somewhere else on the screen
   ii. Foster Children single-select pick list
      1. Can only select one family member
      2. Will need to document foster family members one at a time
      3. Will need to document foster family members separately from other members of the family
      4. Foster family members are automatically counted as families of one


SSCHWEIT
34 - MOUNTAIN PARK HEALTH CENTER / 01 - MPHC BASELINE
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Income Eligibility
Unborn Counted
Members
AHCCCS
FDPIR
SECTION 8
SNAP (FOOD STAMPS)
TANF
Income Averaging
Signatures
New Household Income
Save
Reset

LA/Clinic
MPHC BASELINE
Family ID
150000381
Auth. Rep. Name
WINTER, MOMMY
Phone
(555) 867-5309
Client ID
1341407265
Client Name
CHILD, FOSTER
Date of Birth: 8/22/2012 | Age: 4 yrs, 0 mos
Cert. Period: N/A | Category: C2
Term. Date: 5/5/2016 | Due Date: N/A
LDTU: N/A | Weeks PG: N/A
Next Appt.: N/A | Appr Thru: N/A
Wait Listed On
N/A
WINTERS, BABY
WINTERS, CHILD
WINTERS, GIRL
WINTERS, MOMMY

Household
Income Date: 9/20/2016
*Family Size: 4

Adjunct Eligibility

Add
Zero Income: ☐ Yes
*Income Provider: PRIMARY PROVIDER
*Amount:
*Interval: A - ANNUALLY
Hours Per Week:
*Documentation:
Family Members: Select options
Foster Children: CHILD, FOSTER
OK
Cancel

Figure 73: Add Income Provider Pop-up – Foster Pick List

Together We Can

There are specific considerations for zero income. . If you need help with these policies and are from the Arizona WIC Program, please see Chapter 2 Section E of your Arizona WIC Policy and Procedure Manual.

When you want to add an additional income record to a client’s or family’s file, you will click on the New Household Income button. The previous income information will be copied over. You will need to verify this information is correct, remove inaccurate data, and update income and Adjunct Eligibility information, if needed.

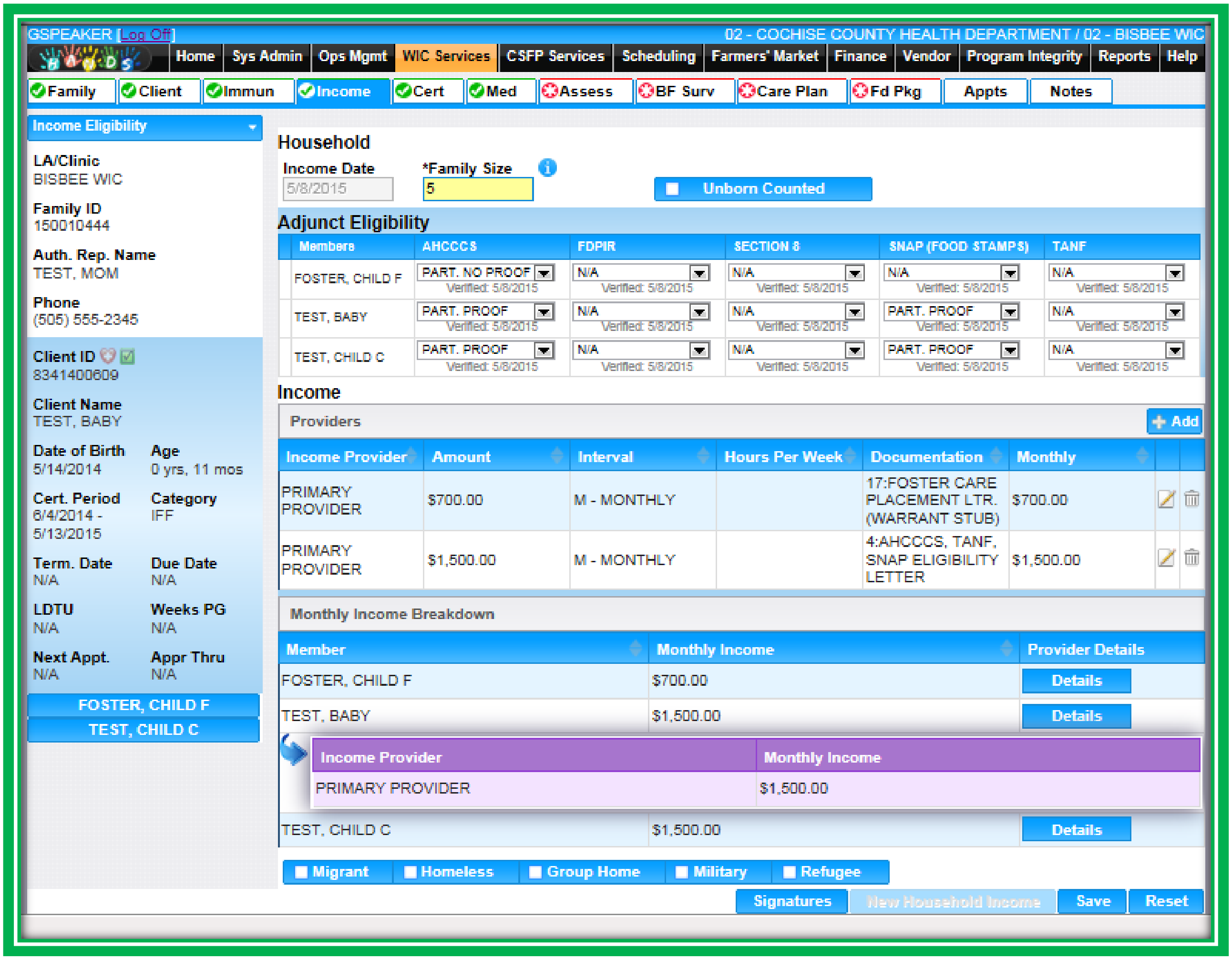
In HANDS you will be able to select Forgot Documentation and if the client is income eligible, they will receive one month of benefits. HANDS will also auto populate the Missing Documentation icon in the Active Record for easy reference. If the client brings in their documentation within 30 days, select all family members to which the income applies, regardless of whether they are being certified today.

Exceptions:

- If authorized representative forgot to bring income proof to certification, “Forgot Documentation” is to be selected and staff shall only select the client(s) being certified today. Do not apply any income whatsoever to other family members who are not being certified today when “Forgot Documentation is being used.
- Do not apply income to participate that has less than 90 days left in their certification period.
- NOTE: Foster children are still considered their own family and will have their own income.

After you have entered income information, selected your family member(s), and selected OK in the pop-up, the income information you entered will be applied to the family member(s) you selected. If there is more than one Income Provider to enter, you will have to use the Add pop-up more than once.

Since Income Eligibility is a family view screen, but eligibility is client-based and may vary for each participant. The Monthly Income Breakdown grid lists each client within the family that has had income applied to their record and will let you view the monthly total and the provider(s) that supplied the income. If there are multiple providers for one client, it will list how much comes from each provider per month for that client.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Income Eligibility
Add
Details
Migrant
Homeless
Group Home
Military
Refugee
Signatures
New Household Income
Save
Reset

LA/Clinic BISBEE WIC
Family ID 150010444
Auth. Rep. Name TEST, MOM
Phone (505) 555-2345
Client ID 8341400609
Client Name TEST, BABY
Date of Birth 5/14/2014
Age 0 yrs, 11 mos
Cert. Period 6/4/2014 - 5/13/2015
Category IFF
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A
FOSTER, CHILD F
TEST, CHILD C

Household

Income Date: 5/8/2015
*Family Size: 5
☐ Unborn Counted

Adjunct Eligibility

Members	AHCCCS	FDPIR	SECTION 8	SNAP (FOOD STAMPS)	TANF
FOSTER, CHILD F	PART. NO PROOF Verified: 5/8/2015	N/A Verified: 5/8/2015	N/A Verified: 5/8/2015	N/A Verified: 5/8/2015	N/A Verified: 5/8/2015
TEST, BABY	PART. PROOF Verified: 5/8/2015	N/A Verified: 5/8/2015	N/A Verified: 5/8/2015	PART. PROOF Verified: 5/8/2015	N/A Verified: 5/8/2015
TEST, CHILD C	PART. PROOF Verified: 5/8/2015	N/A Verified: 5/8/2015	N/A Verified: 5/8/2015	PART. PROOF Verified: 5/8/2015	N/A Verified: 5/8/2015

Income

Providers

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly
PRIMARY PROVIDER	$700.00	M - MONTHLY		17:FOSTER CARE PLACEMENT LTR. (WARRANT STUB)	$700.00
PRIMARY PROVIDER	$1,500.00	M - MONTHLY		4:AHCCCS, TANF, SNAP ELIGIBILITY LETTER	$1,500.00

Monthly Income Breakdown

Member	Monthly Income	Provider Details
FOSTER, CHILD F	$700.00	Details
TEST, BABY	$1,500.00	Details
TEST, CHILD C	$1,500.00	Details

Income Provider	Monthly Income
PRIMARY PROVIDER	$1,500.00

Figure 74: Income Eligibility – Monthly Income Breakdown Grid

Together We Can

If there are multiple income providers in one family, it is best practice if each provider or source has a unique name. This also makes the Monthly Income Breakdown easier to understand.

You may notice that with the changes mentioned above, a few fields have been removed to make the process faster; these include SSN, Source, and WIC Family Size. Other fields that affect eligibility have been moved from the Client Registration screen to the Income Eligibility screen. These checkboxes are shown in the figure below.

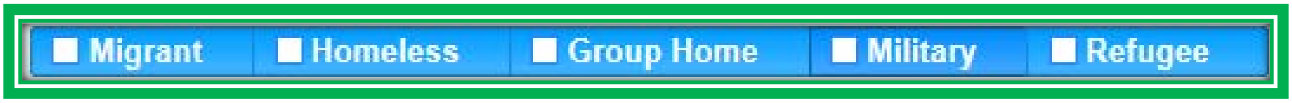


Figure 75: Income Eligibility Checkboxes

While the Income Eligibility screen may take some getting used to, it does have many benefits. Since everything is on one screen, you won't have to waste time searching in everyone's records to view, add, or update information. More benefits include:

- Records are easier to add and remove
- Old income records cannot "hide" in the background and prevent the issuance of food benefits
- Foster family members can be within the same Family ID

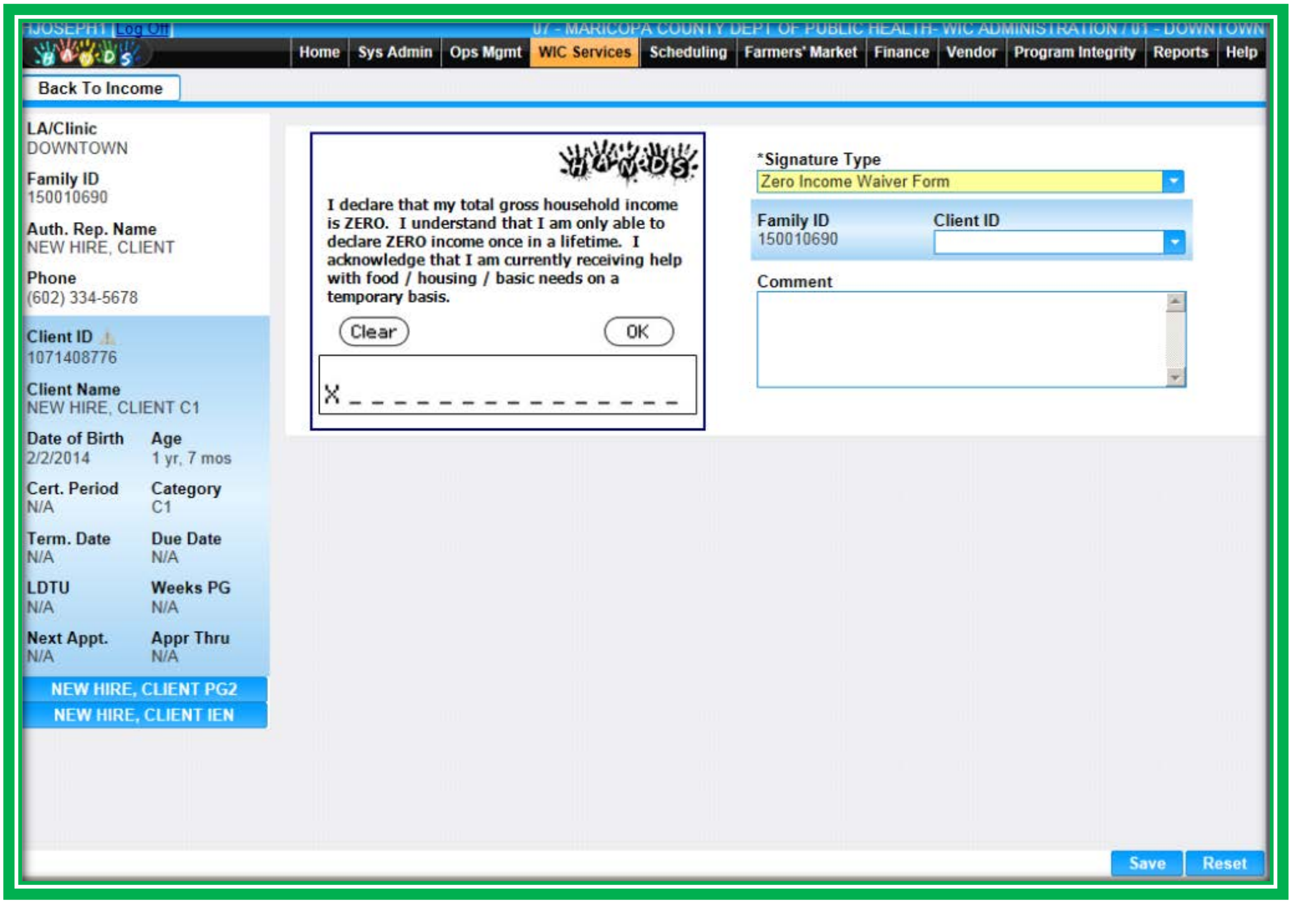
Signature

The Income Eligibility screen has new signature pad functionality as well. You will be able to utilize the signature pad to document several things, including:

- Zero Income
    - Signature for the Statement of Documentation Form
    - **Individual clients must be selected in the Client ID pick list if you are not certifying the whole family on the same day**
- Income Ineligibility
    - Signature for the Notice of Ineligibility Form
- Statement of Documentation
    - Signature for the Statement of Documentation Form

You will use the Signatures button to start the process. When clicked, the Signatures button launches your signature pad and takes you to the Signature Information screen.

You will need to select the type of signature you're collecting and, if applicable, the client for which you are collecting the signature. There is also space in the Comment box for you to leave a note, if needed. Like Notes, the Comment field on the Signature Information screen can hold up to 2000 characters.


HJOSEPH1 | Log Off
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Income
NEW HIRE, CLIENT PG2
NEW HIRE, CLIENT IEN
Clear
OK
X
Save
Reset

LA/Clinic DOWNTOWN
Family ID 150010690
Auth. Rep. Name NEW HIRE, CLIENT
Phone (602) 334-5678
Client ID 1071408776
Client Name NEW HIRE, CLIENT C1
Date of Birth 2/2/2014 **Age** 1 yr, 7 mos
Cert. Period N/A **Category** C1
Term. Date N/A **Due Date** N/A
LDTU N/A **Weeks PG** N/A
Next Appt. N/A **Appr Thru** N/A

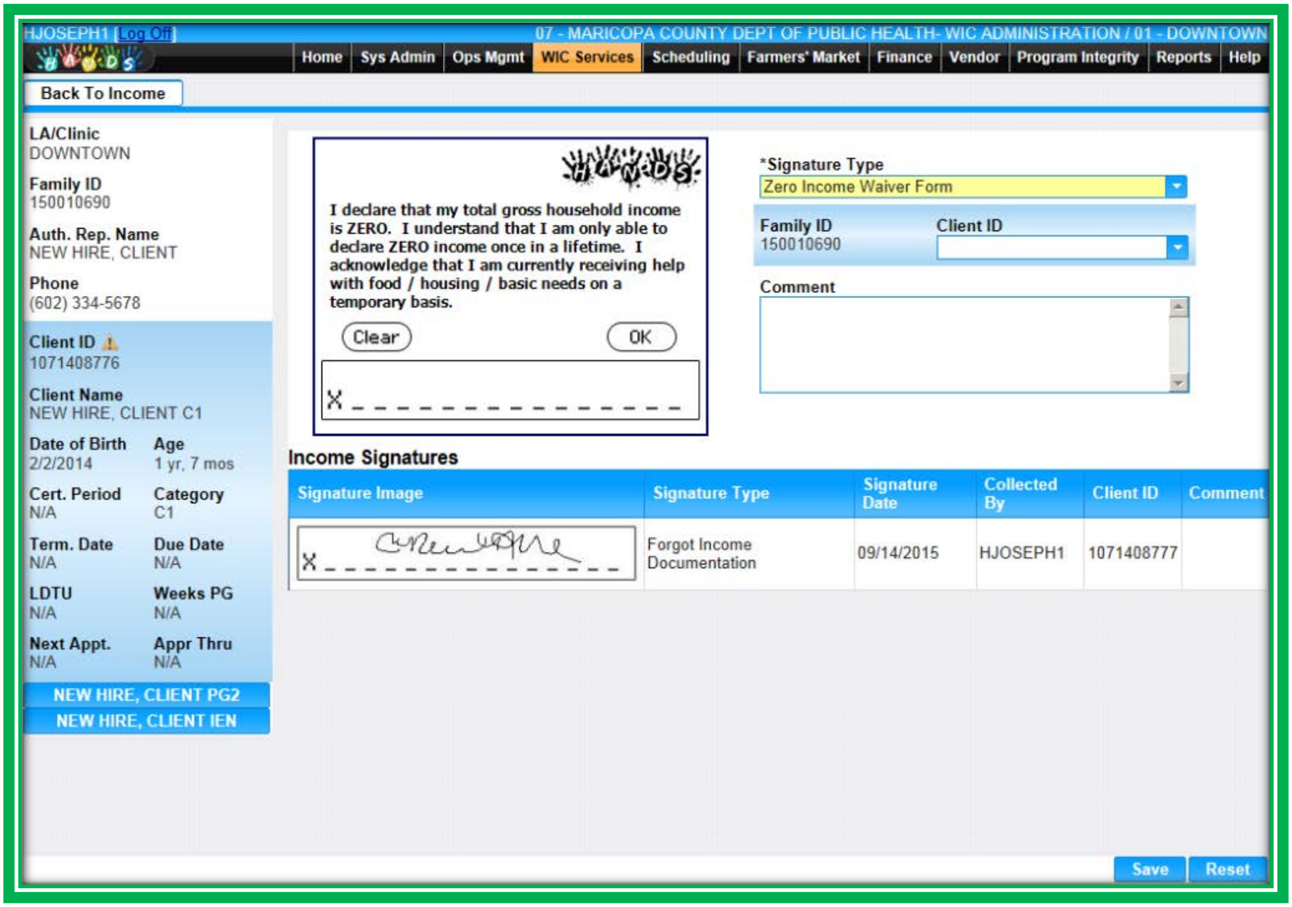
I declare that my total gross household income is ZERO. I understand that I am only able to declare ZERO income once in a lifetime. I acknowledge that I am currently receiving help with food / housing / basic needs on a temporary basis.

*Signature Type: Zero Income Waiver Form
Family ID: 150010690
Client ID:
Comment:

Figure 76: Signature Information

After you enter information on the screen, the Authorized Rep. will sign using the signature pad. They can then select OK if they are satisfied with their signature, or they can select Clear and sign again. On the Information screen, you can press the Reset button to clear the screen and revert back to its original view. To cancel the entire process and return back to the main screen, you can press the button on the top left of the screen. In the figure above, this button is Back To Income.

Once you have entered the client's information and everything is correct on the Information screen, click the Save button. After you save, the signature information, including an image of the signature, will display in the Signatures grid. More information about signatures will be provided in Module 7.


HJOSEPH1 [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Income
NEW HIRE, CLIENT PG2
NEW HIRE, CLIENT IEN
Clear
OK
Save
Reset

LA/Clinic DOWNTOWN

Family ID 150010690

Auth. Rep. Name NEW HIRE, CLIENT

Phone (602) 334-5678

Client ID 1071408776

Client Name NEW HIRE, CLIENT C1

Date of Birth 2/2/2014	**Age** 1 yr, 7 mos
Cert. Period N/A	**Category** C1
Term. Date N/A	**Due Date** N/A
LDTU N/A	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

I declare that my total gross household income is ZERO. I understand that I am only able to declare ZERO income once in a lifetime. I acknowledge that I am currently receiving help with food / housing / basic needs on a temporary basis.

X _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

*Signature Type: Zero Income Waiver Form

Family ID 150010690 **Client ID**

Comment

Income Signatures

Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X _ _ _ _ _ _ _ _ _ _ _ _ _ _	Forgot Income Documentation	09/14/2015	HJOSEPH1	1071408777	

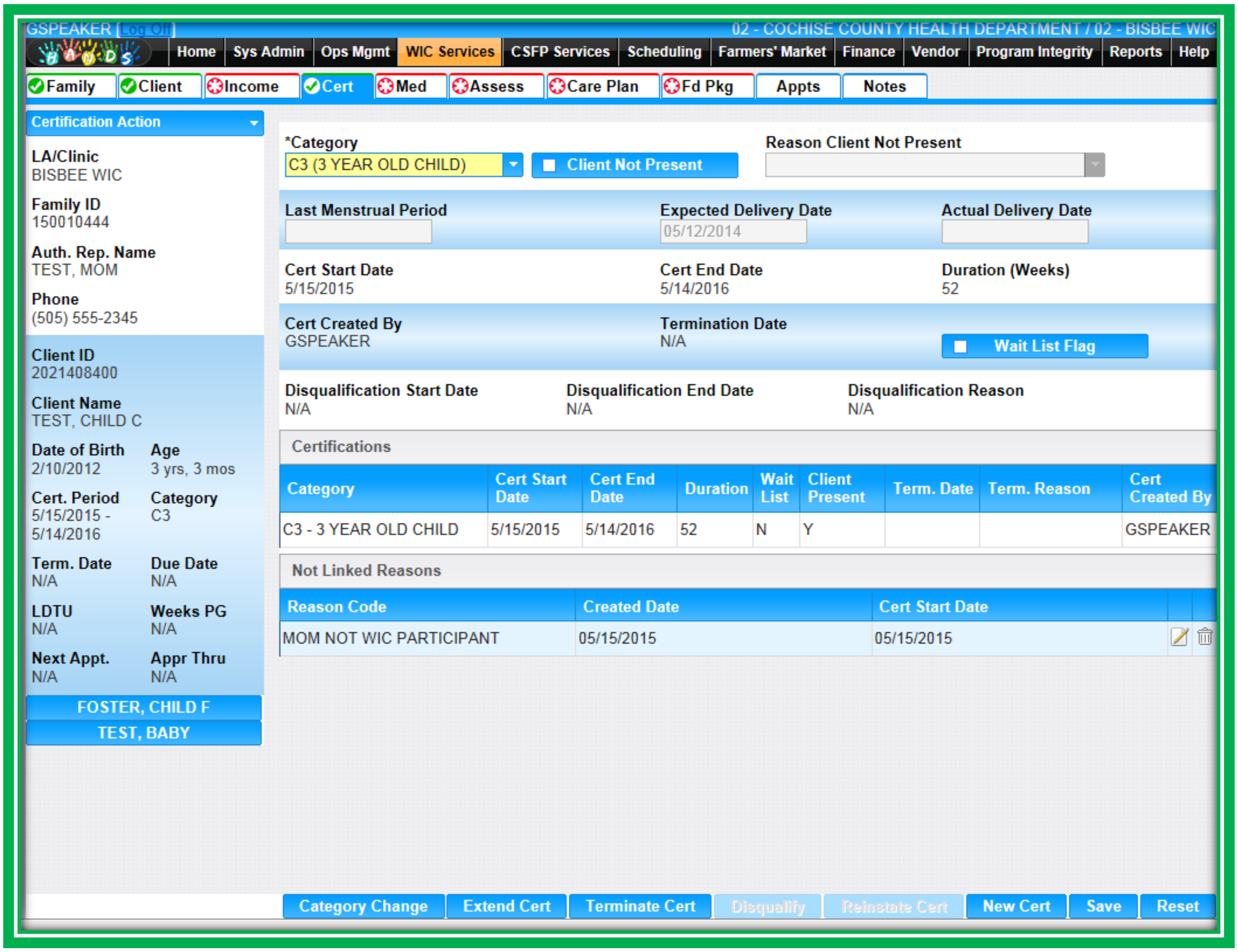
Figure 77: Signatures Grid

Now it's time to go over what you have learned so far. Please review Income in Module 1 Part 2 on the HANDS Resource Site.

Certification Action

This is where you select the client's category and where certification periods are calculated and extended, if needed. Terminate, Reinstate, Extend Cert, and Category Change will be discussed in a later module. You may also see a disabled Disqualify button. This is a State-level function; you will not have access to this feature. The tab for the Cert Action screen has been abbreviated to Cert in HANDS, but if you forget, you can look at the navigation menu or use the hover feature to view the full name of the screen.

The Cert button will allow you to add a new certification to a record that is no longer active or one that is within 30 days of the Cert End Date.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
✓ Family
✓ Client
Income
✓ Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Client Not Present
Wait List Flag
FOSTER, CHILD F
TEST, BABY
Category Change
Extend Cert
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic BISBEE WIC
Family ID 150010444
Auth. Rep. Name TEST, MOM
Phone (505) 555-2345
Client ID 2021408400
Client Name TEST, CHILD C
Date of Birth 2/10/2012
Age 3 yrs, 3 mos
Cert. Period 5/15/2015 - 5/14/2016
Category C3
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A

***Category** C3 (3 YEAR OLD CHILD)
☐ Client Not Present
Reason Client Not Present
Last Menstrual Period
Expected Delivery Date 05/12/2014
Actual Delivery Date
Cert Start Date 5/15/2015
Cert End Date 5/14/2016
Duration (Weeks) 52
Cert Created By GSPEAKER
Termination Date N/A
☐ Wait List Flag
Disqualification Start Date N/A
Disqualification End Date N/A
Disqualification Reason N/A

Certifications

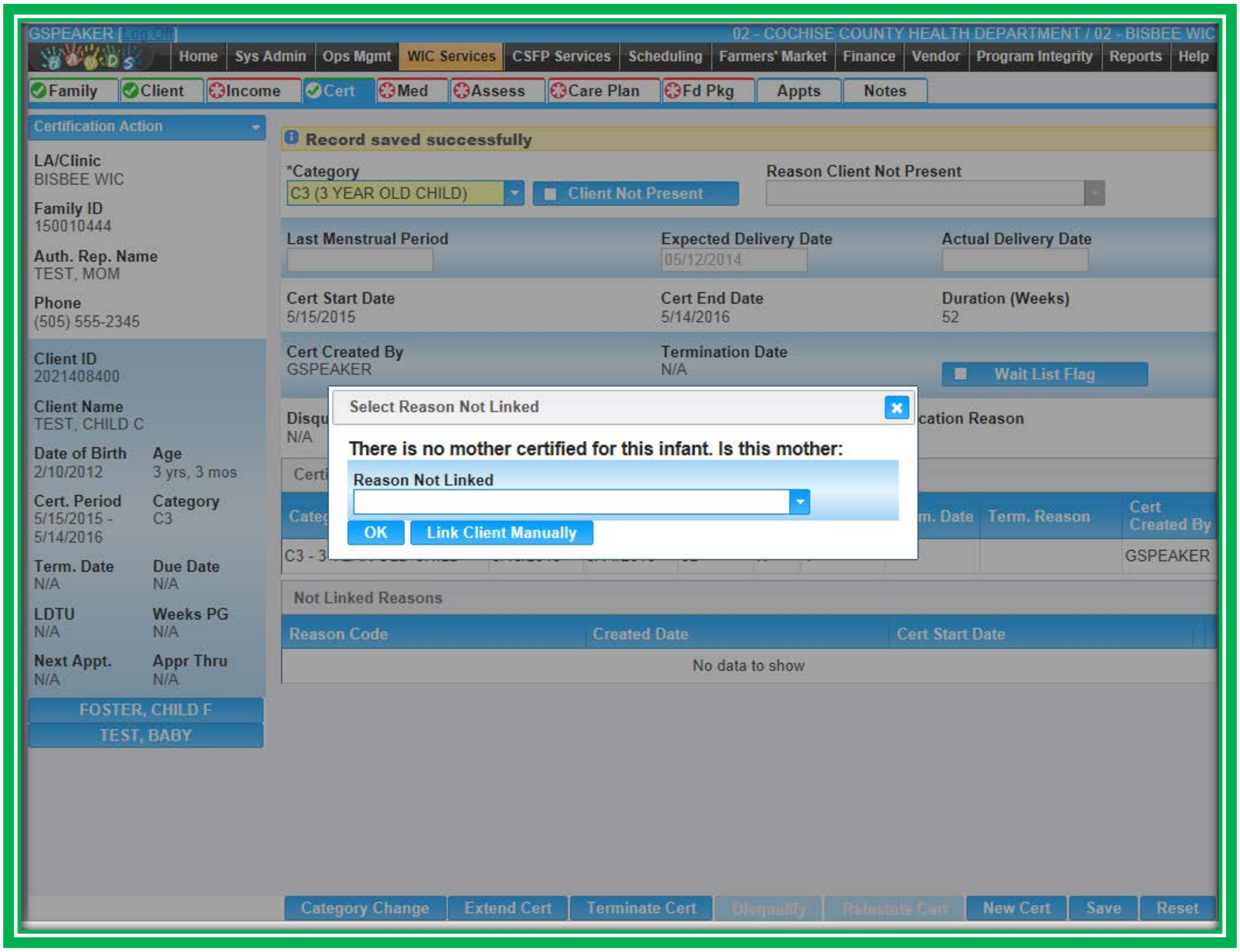
Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
C3 - 3 YEAR OLD CHILD	5/15/2015	5/14/2016	52	N	Y			GSPEAKER

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
MOM NOT WIC PARTICIPANT	05/15/2015	05/15/2015

Figure 78: Certification Action

Arizona WIC certification periods for children are one year. This means that six months into their certification, they will need a Mid-Cert Assessment. This will be discussed further in the Assessment module. You will also notice that if you have not linked your participant to a mother or infant/child on the Client Registration screen, a pop-up will appear on this screen asking you to select a Reason Not Linked. You can select a Reason Not Linked, Link Client Manually, or exit out of the pop-up. The linkage will not be fully enforced until you select the Complete Assessment button on the Care Plan screen.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Client Not Present
Wait List Flag
OK
Link Client Manually
Category Change
Extend Cert
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic BISBEE WIC
Family ID 150010444
Auth. Rep. Name TEST, MOM
Phone (505) 555-2345
Client ID 2021408400
Client Name TEST, CHILD C
Date of Birth 2/10/2012
Age 3 yrs, 3 mos
Cert. Period 5/15/2015 - 5/14/2016
Category C3
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A
FOSTER, CHILD F
TEST, BABY

Record saved successfully

*Category: C3 (3 YEAR OLD CHILD)
Reason Client Not Present:
Last Menstrual Period:
Expected Delivery Date: 05/12/2014
Actual Delivery Date:
Cert Start Date: 5/15/2015
Cert End Date: 5/14/2016
Duration (Weeks): 52
Cert Created By: GSPEAKER
Termination Date: N/A

Select Reason Not Linked

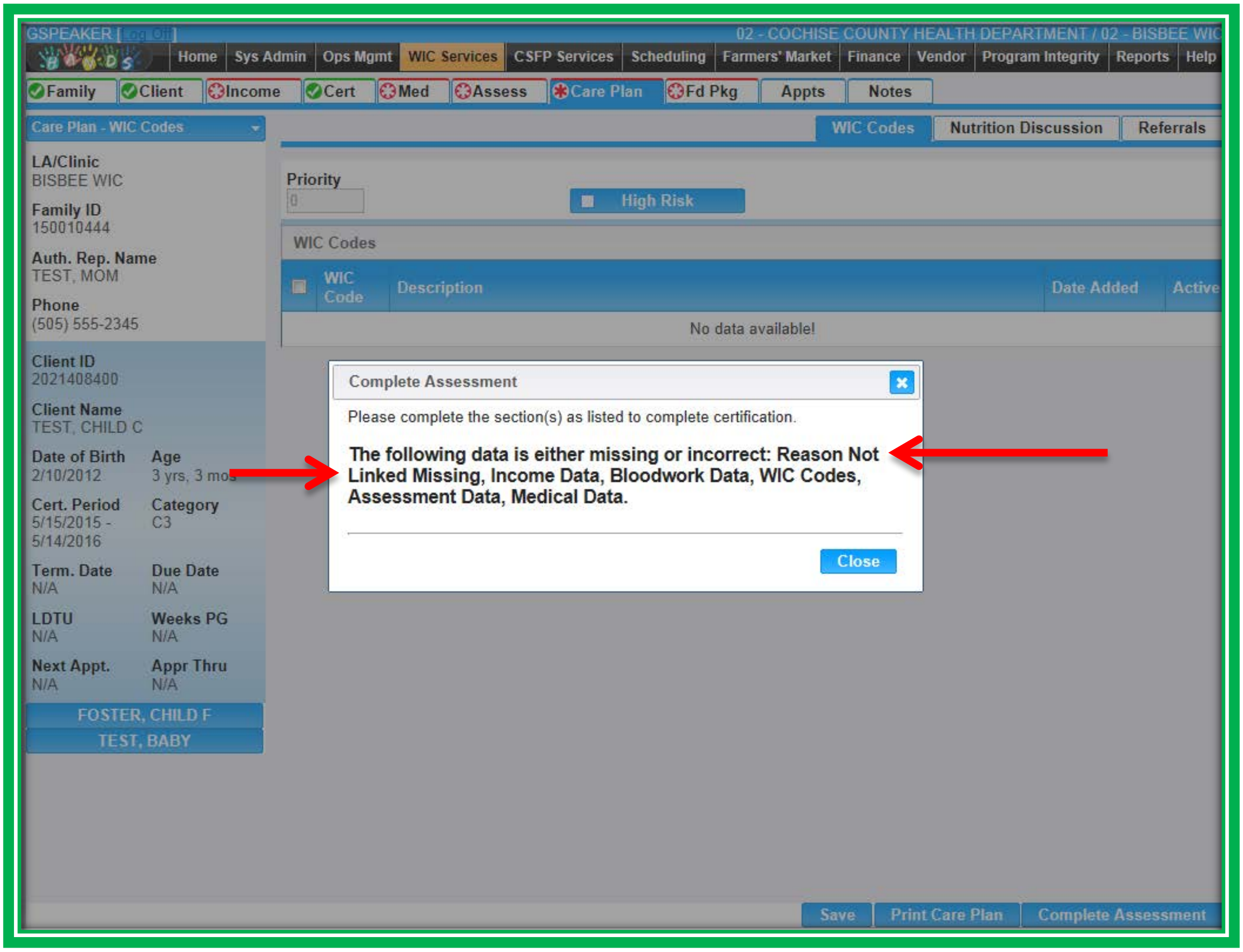
There is no mother certified for this infant. Is this mother:

Reason Not Linked:

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
No data to show		

Figure 79: Certification Action – Reason Not Linked Pop-up


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Care Plan - WIC Codes
WIC Codes
Nutrition Discussion
Referrals
High Risk
WIC Code
Description
Date Added
Active
Save
Print Care Plan
Complete Assessment
Close

LA/Clinic: BISBEE WIC
Family ID: 150010444
Auth. Rep. Name: TEST, MOM
Phone: (505) 555-2345
Client ID: 2021408400
Client Name: TEST, CHILD C
Date of Birth: 2/10/2012
Age: 3 yrs, 3 mos
Cert. Period: 5/15/2015 - 5/14/2016
Category: C3
Term. Date: N/A
Due Date: N/A
LDTU: N/A
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A
FOSTER, CHILD F
TEST, BABY

Priority: 0

WIC Codes

No data available!

Complete Assessment

Please complete the section(s) as listed to complete certification.

The following data is either missing or incorrect: Reason Not Linked Missing, Income Data, Bloodwork Data, WIC Codes, Assessment Data, Medical Data.

Figure 80: Care Plan – Cannot Complete Assessment Message

Now it's time to go over what you have learned so far. Please review Certification Action in Module 1 Part 2 on the HANDS Resource Site.

CASE STUDY: IT'S IN YOUR HANDS!

Now it is time for you to continue your journey into the world of HANDS.

1. Review Income Guidelines in Chapter 2 of the Policy and Procedure Manual, especially Adjunct Eligibility
2. Discuss the following with your Helping HAND
    a. Referral organizations in your area
    b. How to handle the Potential Duplicates pop-up
    c. How signature pads and scanners will work into the flow in your clinic/agency
3. Add the new family you created in Module 1 Part 1 to your clinic
    a. Fill in the Family Screen for the family you created in Part 1
        i. Authorized Rep. is the pregnant mom
        ii. All documentation is accounted for
    b. Add each client
        i. Pregnant woman, 16 weeks pregnant (over age 18) with
            1. Ten-month-old baby M/F
            2. Two-year-old child M/F
        ii. Select Proof of Address, Voter Registration and an acceptable form of ID for all family members
        iii. Make sure to link both children to mom using Mother's ID field
    c. Add Immunization information for baby
        i. Select No, and find the new Not Up To Date option in the pick list
        ii. The Referral Organization is in your hands so you decide whether you want to refer
    d. Add income for the family
        i. The family size is 5 with a monthly income of $1087.50
        ii. This income is applicable for all family members. The Authorized Rep. states that the baby is participating in AHCCCS; however, she only brought paystubs with her, and you are unable to verify adjunct eligibility status. She says she's not participating in the other programs, and is not interested.
            1. Is this participating in an Adjunctively Eligible Program with or without proof?
            2. Would this entire family be adjunctively eligible?
            3. How would you document this in the Adjunct Programs Grid?
            4. How would you document this in the Income Providers Grid?
            5. Check the box next to all family members or select Check All
    e. Complete Cert Action for each family member
        i. Mom is in her second trimester (16 weeks pregnant)
        ii. Baby was exclusively nursing; however, mom is experiencing sensitivity and has recently started her infant on Similac® Advance and is now partially nursing
            1. Baby is ten months old
            2. Baby was born four weeks early
        iii. Child just turned two years old

TRAINING NOTES

MODULE 2 ASSESSMENT PART 1

IN THIS SECTION:

- Women Medical
    - Weight Gain Grids
- Infant/Child Medical
    - Growth Charts
- Assessment Screen Sneak Peek

LEARNING OBJECTIVES:

By the end of this module, users will:

- Identify the updated and new items found in the Medical screens
- Document anthropometric and blood work data in HANDS
- Utilize Weight Gain Grids and Growth Charts, including the new zoom feature
- Recognize the linkage between HANDS screens and the new Assessment screen

RESOURCES FOR MODULE 2: BEFORE YOU CONTINUE YOUR JOURNEY

THINGS TO DO BEFORE YOU GET STARTED:

- Check to make sure that the HANDS Resource Site is accessible from your computer
- Read the following areas of the CMA HANDS Clinic Training Manual:
    - Module 3
        - Medical
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
    - Chapter 2
        - Section G Health and Nutrition Assessment
- Reference the 100 and 200 WIC Codes in your Agency's Nutrition Risk Manual and/or CSI Cheat Sheets
    - If you need additional help, please review ABCDE Guide, highlighting AB Assessment
- For the Arizona WIC Program, reference the following:
    - Arizona WIC Anthropometrics Module
    - Arizona WIC Laboratory Procedure Manual

OVERVIEW

During your training you will finish up the eligibility process and begin the ABCDE Assessment. We will discuss Certification (Cert) Action, but we'll focus mainly on AB Assessment. You will learn how to document the anthropometric measurements and blood work you've collected. You'll also learn how the growth charts and weight gain grids work in HANDS.

HANDS AND THE APPOINTMENT PATHWAY

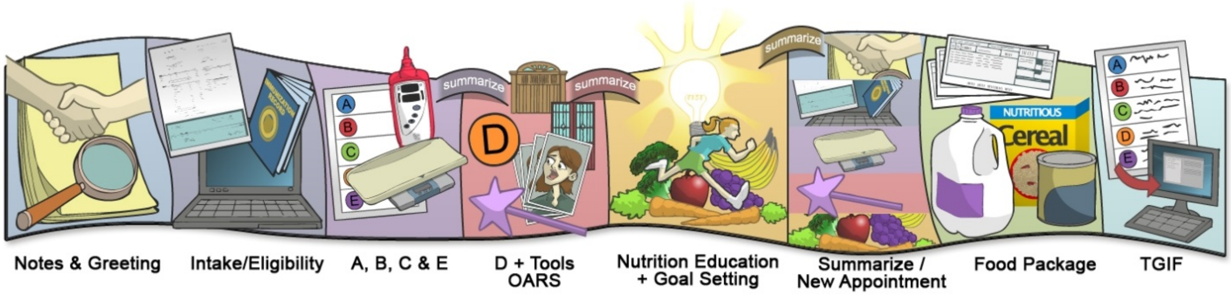

summarize
summarize
summarize
NUTRITIOUS
Cereal
D
Notes & Greeting
Intake/Eligibility
A, B, C & E
D + Tools OARS
Nutrition Education + Goal Setting
Summarize / New Appointment
Food Package
TGIF

Figure 81: HANDS Appointment Pathway

Medical

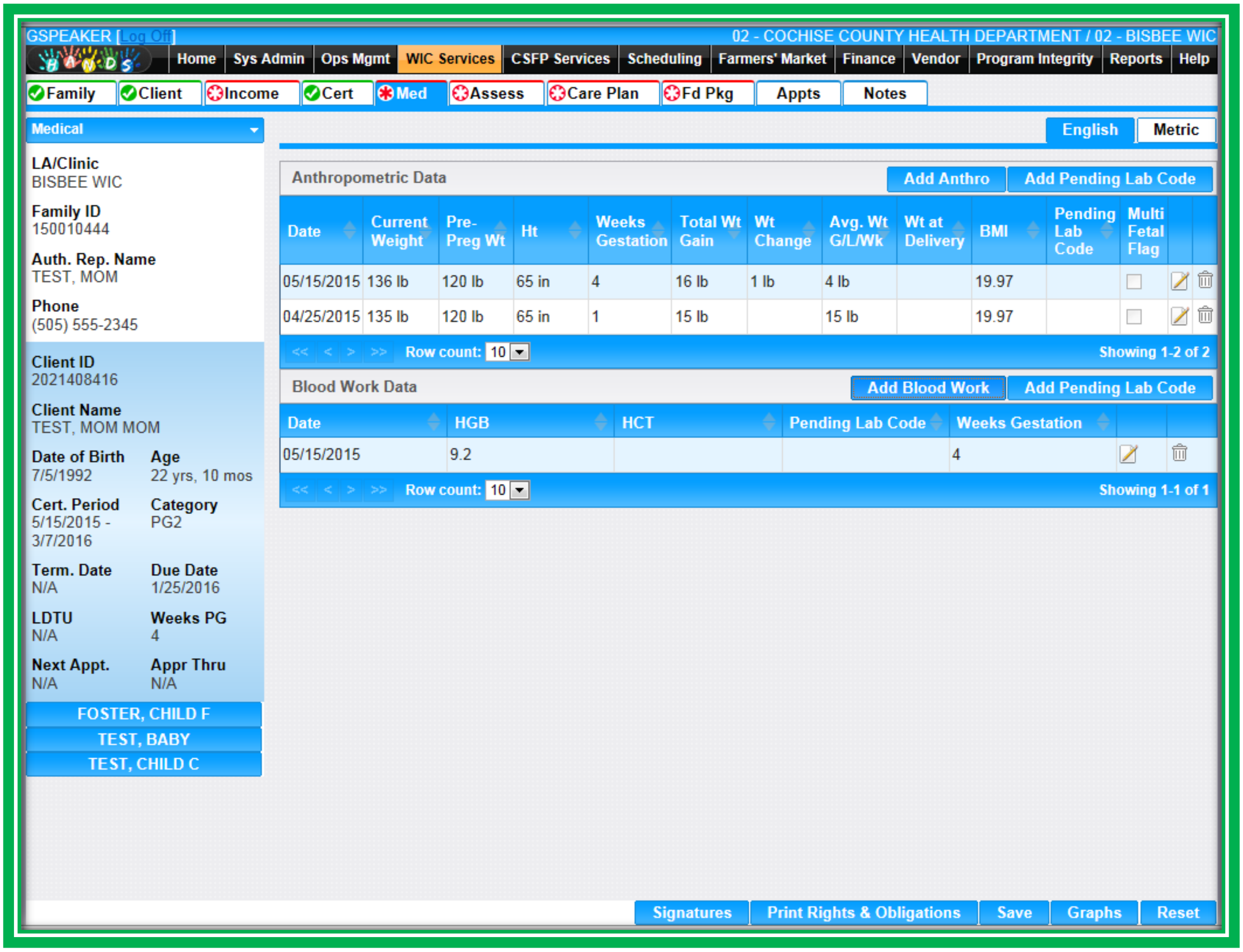
The lab is where you begin your ABC(E) Assessment. Elements in the ABC(E) Assessment include growth and blood work. Growth is very important, as it gives you a sense of how a little one is eating. Growth alone doesn't tell you there is a problem, but it gives you a clue as to how to probe.

Blood work tells you if a mom or child is at risk for anemia. This could be due to a number of factors, one of which may be low iron intake. The number value alone doesn't tell you what the problem may be, but it gives you a clue that you may need to probe for more details.

Together We Can

To ensure accurate information in the lab and for the Assessment, correct technique must be used. One practice to keep in mind is proper filling of the HemoCue® cuvette. If you need to stimulate blood flow, you may press gently with your thumb and forefinger until a drop of blood appears. Avoid milking or pressing the finger, as this may skew the results. For more information on Lab Procedures, please review your Lab Manual.

Once data is collected in the lab, you will input the info into HANDS using the Medical and Assessment screens. The HANDS Medical screen includes the integration of the Birth Data pop-up, Pending Lab Codes for Anthropometric & Blood Work Data, small tweaks to English vs. Metric selection, and changes to growth grid selection. The tab for the Medical screen has been abbreviated to Med in HANDS.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
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WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Medical
English
Metric
Add Anthro
Add Pending Lab Code
Add Blood Work
Add Pending Lab Code
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
Signatures
Print Rights & Obligations
Save
Graphs
Reset

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408416

Client Name
TEST, MOM MOM

Date of Birth
7/5/1992

Age
22 yrs, 10 mos

Cert. Period
5/15/2015 - 3/7/2016

Category
PG2

Term. Date
N/A

Due Date
1/25/2016

LDTU
N/A

Weeks PG
4

Next Appt.
N/A

Appr Thru
N/A

Anthropometric Data

Date	Current Weight	Pre-Preg Wt	Ht	Weeks Gestation	Total Wt Gain	Wt Change	Avg. Wt G/L/Wk	Wt at Delivery	BMI	Pending Lab Code	Multi Fetal Flag
05/15/2015	136 lb	120 lb	65 in	4	16 lb	1 lb	4 lb		19.97		☐
04/25/2015	135 lb	120 lb	65 in	1	15 lb		15 lb		19.97		☐

Row count: 10 Showing 1-2 of 2

Blood Work Data

Date	HGB	HCT	Pending Lab Code	Weeks Gestation
05/15/2015	9.2			4

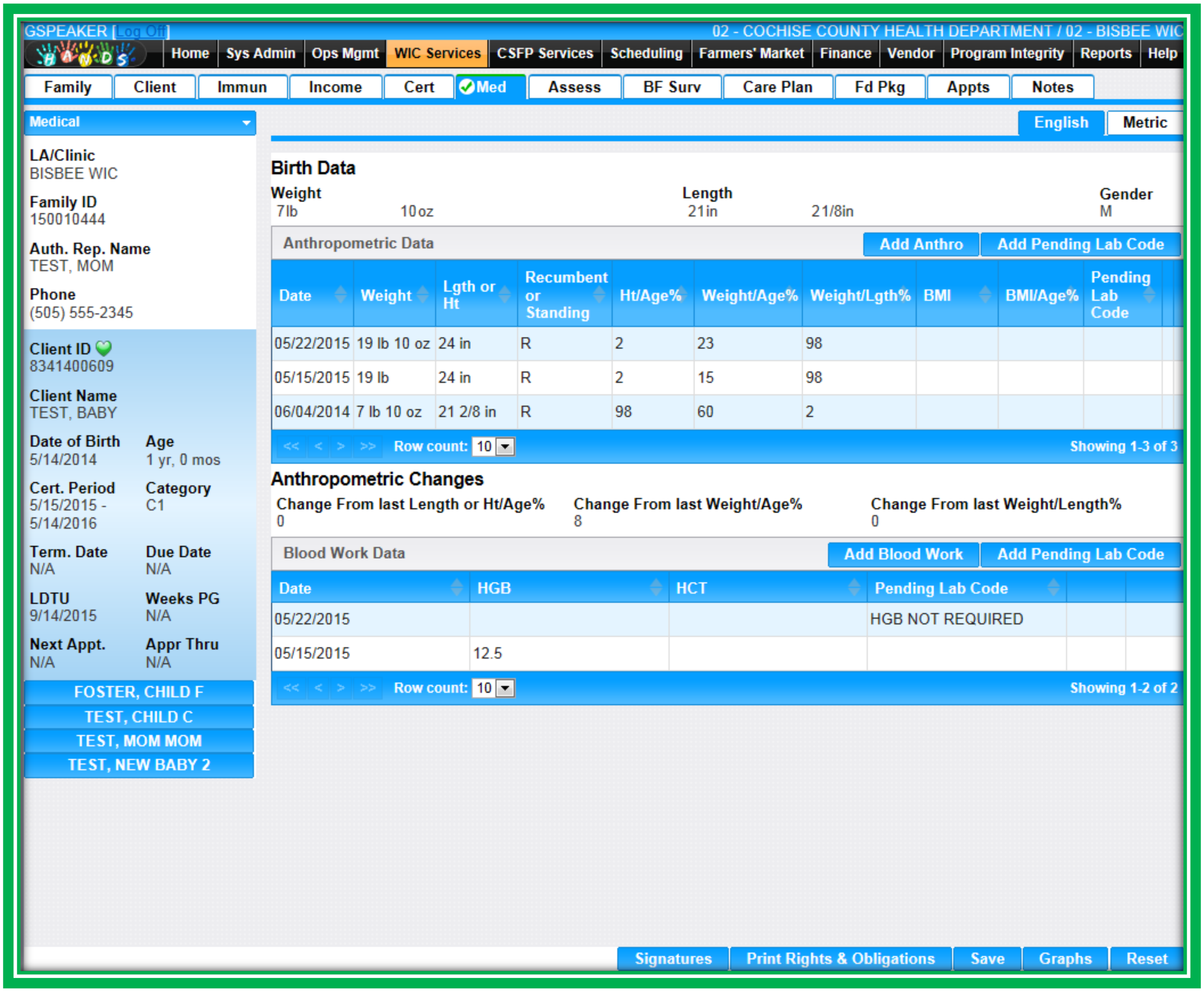
Row count: 10 Showing 1-1 of 1

Figure 82: Women Medical

Handy Tip: Pending Lab Codes are the same in Anthropometric and Blood Work sections. It is important to ensure you select the correct code, as it is tied to Food Benefit issuance.

In HANDS, you will enter Birth Data for clients up to age 24 months on the Medical screen instead of in a separate pop-up. Birth Data will not be required for foster children. You will add other anthropometric and blood work data using the Add Anthro buttons on the grids. These are discussed in more detail in the Consistency section of this workbook.

HANDS offers Pending Lab Codes. They are added using a separate button next to the Add buttons on the grids. The Pending Lab Codes will help keep the medical data accurate and have descriptions instead of numbers, so there is less guess work involved in selecting a code.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Medical
English
Metric
Add Anthro
Add Pending Lab Code
Add Blood Work
Add Pending Lab Code
Row count: 10
Showing 1-3 of 3
Row count: 10
Showing 1-2 of 2
FOSTER, CHILD F
TEST, CHILD C
TEST, MOM MOM
TEST, NEW BABY 2
Signatures
Print Rights & Obligations
Save
Graphs
Reset

LA/Clinic BISBEE WIC
Family ID 150010444
Auth. Rep. Name TEST, MOM
Phone (505) 555-2345
Client ID 8341400609
Client Name TEST, BABY
Date of Birth 5/14/2014
Age 1 yr, 0 mos
Cert. Period 5/15/2015 - 5/14/2016
Category C1
Term. Date N/A
Due Date N/A
LDTU 9/14/2015
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A

Birth Data

Weight 7lb 10oz
Length 21in 21/8in
Gender M

Anthropometric Data

Date	Weight	Lgth or Ht	Recumbent or Standing	Ht/Age%	Weight/Age%	Weight/Lgth%	BMI	BMI/Age%	Pending Lab Code
05/22/2015	19 lb 10 oz	24 in	R	2	23	98			
05/15/2015	19 lb	24 in	R	2	15	98			
06/04/2014	7 lb 10 oz	21 2/8 in	R	98	60	2			

Anthropometric Changes

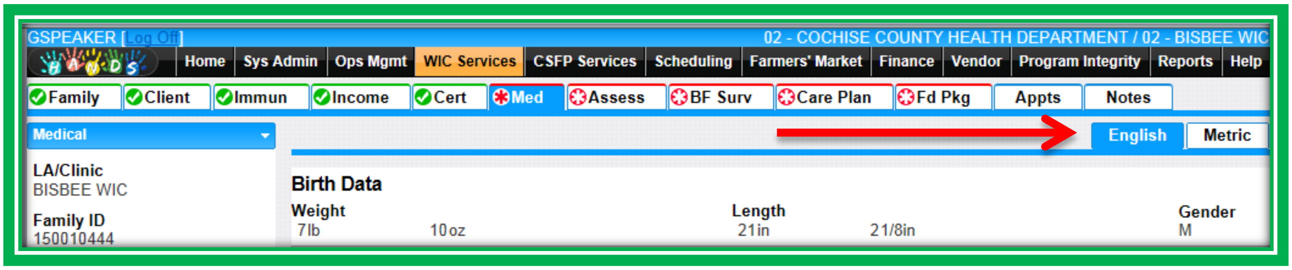
Change From last Length or Ht/Age% 0
Change From last Weight/Age% 8
Change From last Weight/Length% 0

Blood Work Data

Date	HGB	HCT	Pending Lab Code
05/22/2015			HGB NOT REQUIRED
05/15/2015	12.5		

Figure 83: Infant/Child Medical

HANDS provides you with the option to select English or Metric to view and enter data. The default for viewing and adding is English. However, sometimes a client may bring information that is in kg/gm and cm/mm. To view existing information in Metric format, you can select the Metric tab at the top of the Medical screen. You can switch back to English by selecting the English tab or refreshing your screen. To add this information, you will need to select the Metric hyperlink on the Add pop-up before you enter the information.

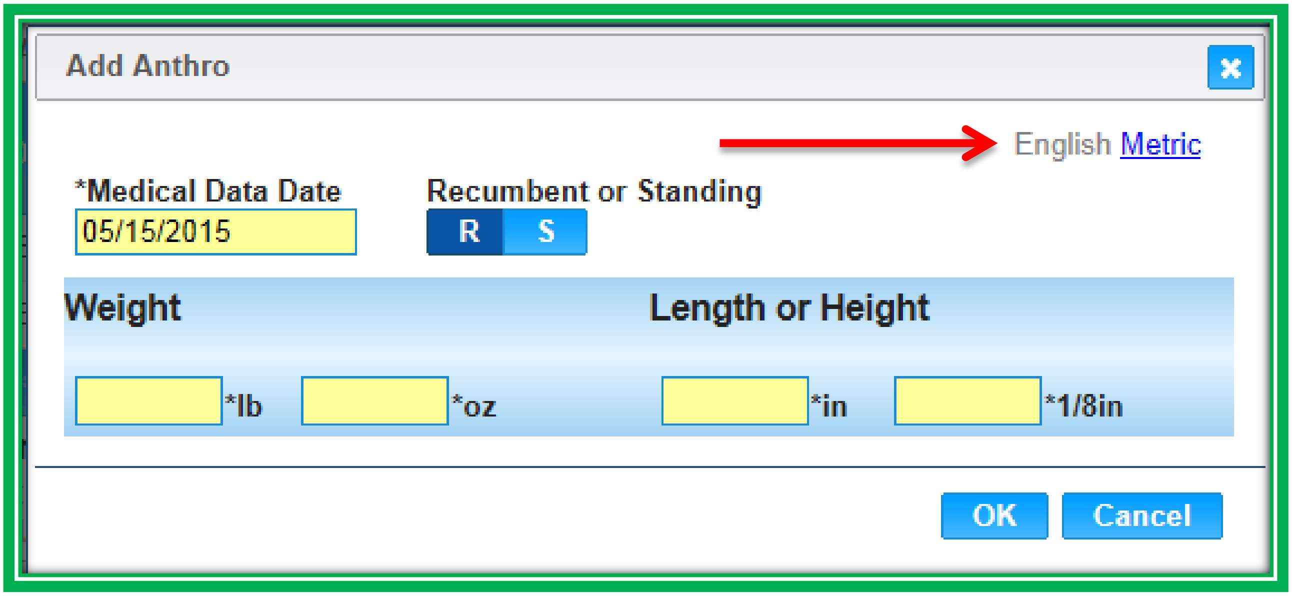

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Medical
English
Metric

LA/Clinic BISBEE WIC
Family ID 150010444

Birth Data

Weight 7lb 10oz
Length 21in 21/8in
Gender M

Figure 84: Viewing English/Metric


Add Anthro
English Metric
R
S
Weight
Length or Height
*lb
*oz
*in
*1/8in
OK
Cancel

*Medical Data Date

05/15/2015

Recumbent or Standing

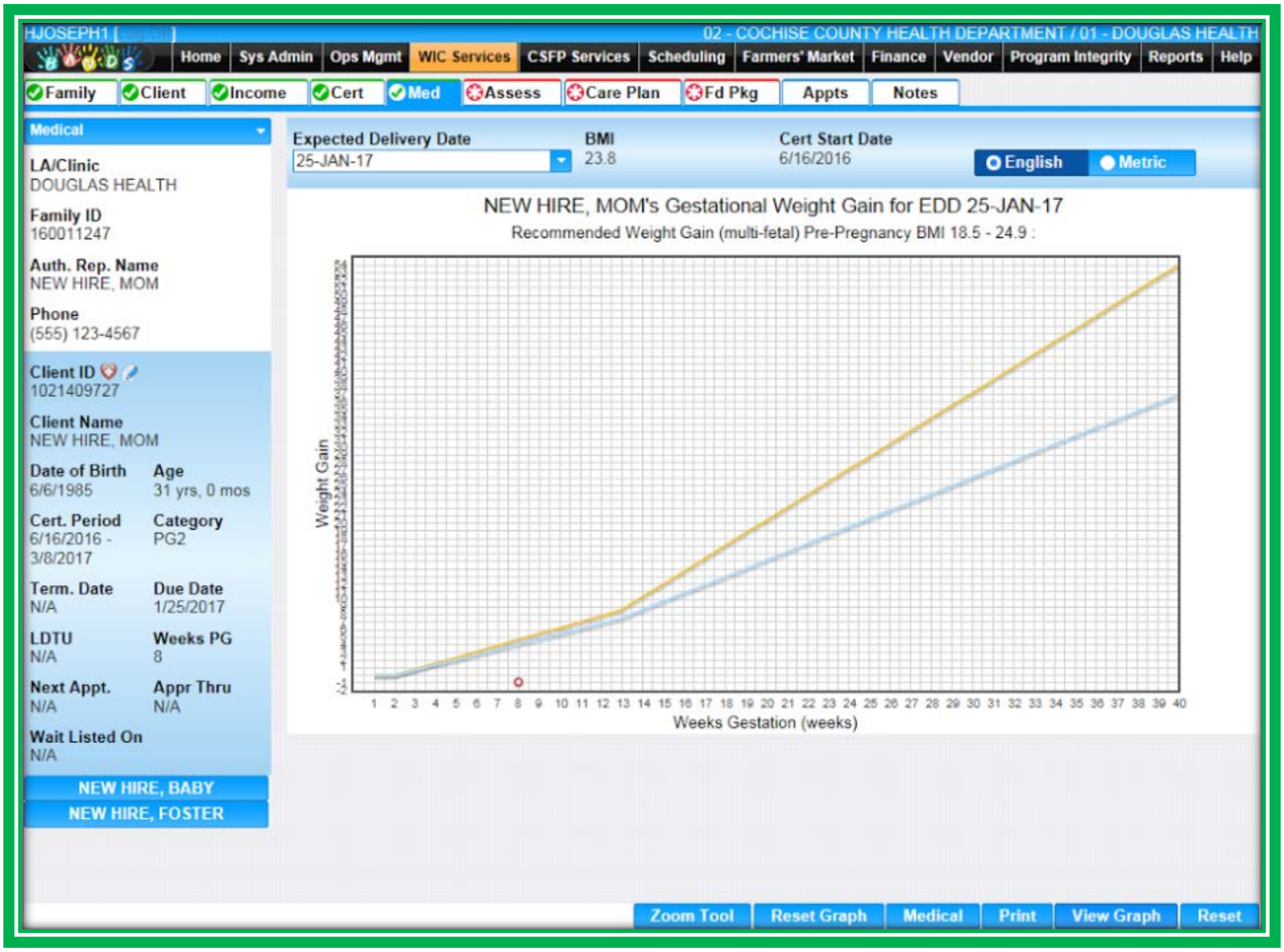
Figure 85: Adding English/Metric

Together We Can

To help with the appointment flow, ask your ABC(E) questions either in the lab or during the data entry on the Medical screen.

Graphs

Graphs have been updated as well. Women's weight gain grids will populate automatically after you select the Expected Delivery Date and click the View Graph button without having to select BMI grouping. If a woman has previous pregnancy information in the system, you will be able to see weight gain grids from her previous pregnancies in addition to the grid from her current pregnancy.


HJOSEPH1
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS HEALTH
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
✓Family
✓Client
✓Income
✓Cert
✓Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Medical
Weight Gain
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 32 33 34 35 36 37 38 39 40
Weeks Gestation (weeks)
NEW HIRE, BABY
NEW HIRE, FOSTER
Zoom Tool
Reset Graph
Medical
Print
View Graph
Reset

LA/Clinic
DOUGLAS HEALTH

Family ID
160011247

Auth. Rep. Name
NEW HIRE, MOM

Phone
(555) 123-4567

Client ID
1021409727

Client Name
NEW HIRE, MOM

Date of Birth 6/6/1985 | **Age** 31 yrs, 0 mos

Cert. Period 6/16/2016 - 3/8/2017 | **Category** PG2

Term. Date N/A | **Due Date** 1/25/2017

LDTU N/A | **Weeks PG** 8

Next Appt. N/A | **Appr Thru** N/A

Wait Listed On
N/A

Expected Delivery Date 25-JAN-17

BMI 23.8

Cert Start Date 6/16/2016

○ English ● Metric

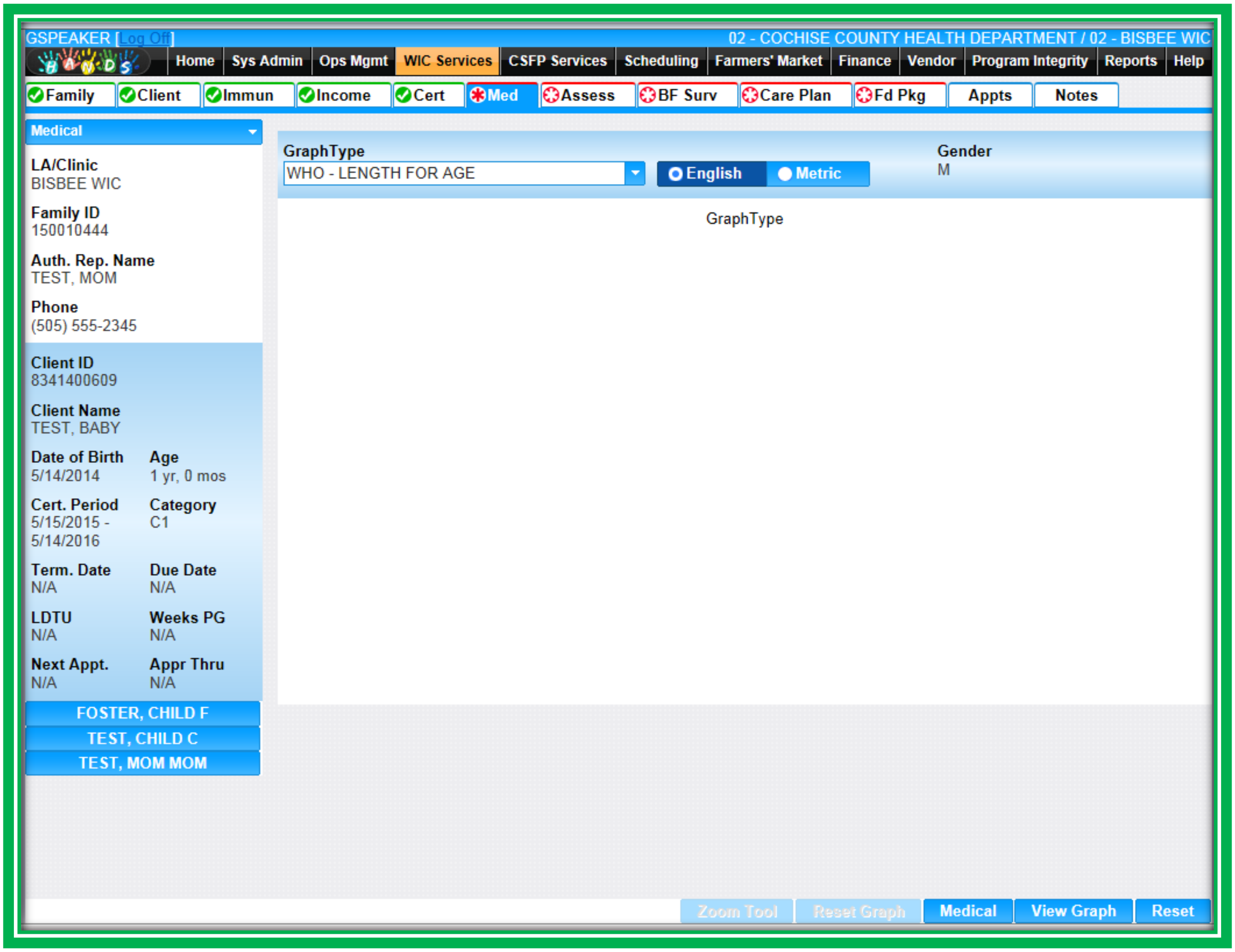
NEW HIRE, MOM's Gestational Weight Gain for EDD 25-JAN-17

Recommended Weight Gain (multi-fetal) Pre-Pregnancy BMI 18.5 - 24.9 :

Figure 86: HANDS Prenatal Weight Gain

For infant's and children's growth charts, you will need to know the appropriate chart based on age, as all of the charts are listed in the Graph Type pick list. Once you have selected the growth chart you would like to view from the pick list, click the View Graph button to display the chart. If you have a client who was born prematurely, adjusted age plot points will display on the chart. If you choose another growth chart or switch a chart from English to Metric, you will need to press the View Graph button again.

A new WIC Code, 135 Inadequate Growth, has been added to the system. Talk with your trainer/Helping HAND for more information about this code.

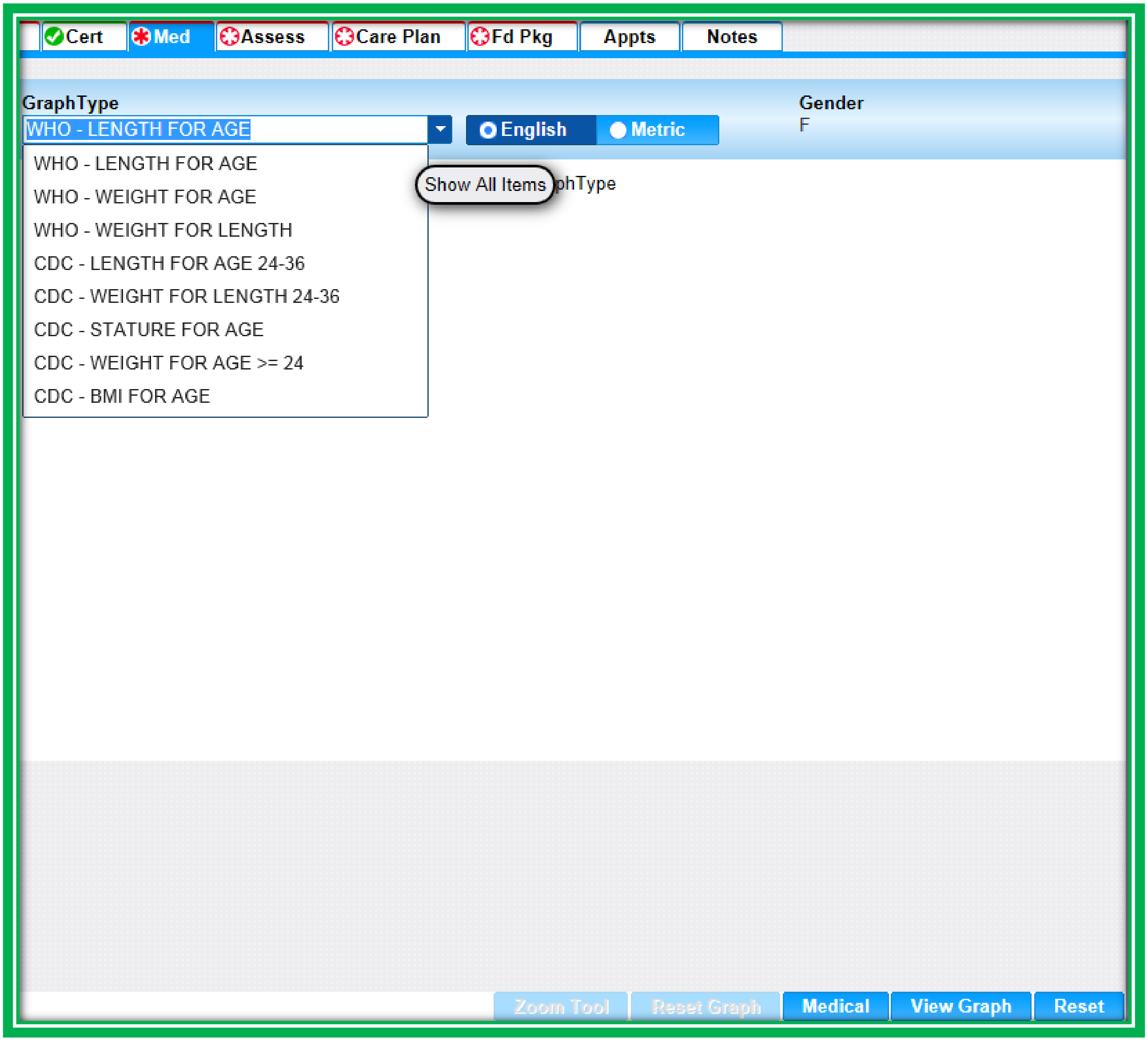

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
✓ Family
✓ Client
✓ Immun
✓ Income
✓ Cert
✱ Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Medical
GraphType
Zoom Tool
Reset Graph
Medical
View Graph
Reset

LA/Clinic BISBEE WIC
Family ID 150010444
Auth. Rep. Name TEST, MOM
Phone (505) 555-2345
Client ID 8341400609
Client Name TEST, BABY
Date of Birth 5/14/2014
Age 1 yr, 0 mos
Cert. Period 5/15/2015 - 5/14/2016
Category C1
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A

FOSTER, CHILD F
TEST, CHILD C
TEST, MOM MOM

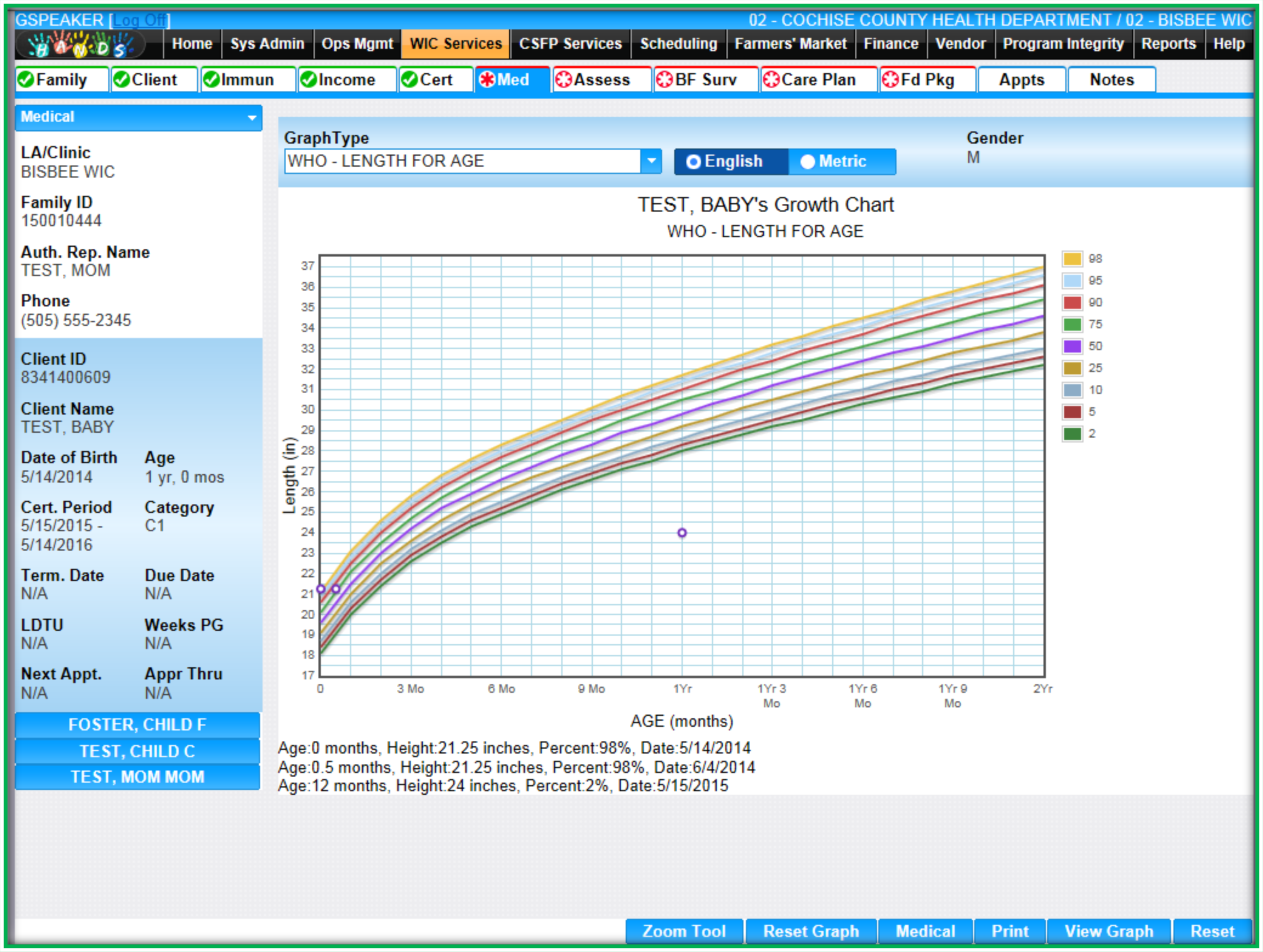
GraphType WHO - LENGTH FOR AGE
● English ○ Metric
Gender M

Figure 87: HANDS Graph Selection



Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
GraphType
WHO - LENGTH FOR AGE
English
Metric
Gender
F
WHO - LENGTH FOR AGE
WHO - WEIGHT FOR AGE
WHO - WEIGHT FOR LENGTH
CDC - LENGTH FOR AGE 24-36
CDC - WEIGHT FOR LENGTH 24-36
CDC - STATURE FOR AGE
CDC - WEIGHT FOR AGE >= 24
CDC - BMI FOR AGE
Show All Items
phType
Zoom Tool
Reset Graph
Medical
View Graph
Reset

Figure 88: Infant/Child HANDS Graph Selections Drop-Down Menu


GSPEAKER [Log Off]
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Medical
FOSTER, CHILD F
TEST, CHILD C
TEST, MOM MOM
Length (in)
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
0
3 Mo
6 Mo
9 Mo
1Yr
1Yr 3 Mo
1Yr 6 Mo
1Yr 9 Mo
2Yr
AGE (months)
98
95
90
75
50
25
10
5
2
Zoom Tool
Reset Graph
Medical
Print
View Graph
Reset

02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
8341400609

Client Name
TEST, BABY

Date of Birth 5/14/2014	**Age** 1 yr, 0 mos
Cert. Period 5/15/2015 - 5/14/2016	**Category** C1
Term. Date N/A	**Due Date** N/A
LDTU N/A	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

GraphType
WHO - LENGTH FOR AGE
● English ○ Metric

Gender
M

TEST, BABY's Growth Chart
WHO - LENGTH FOR AGE

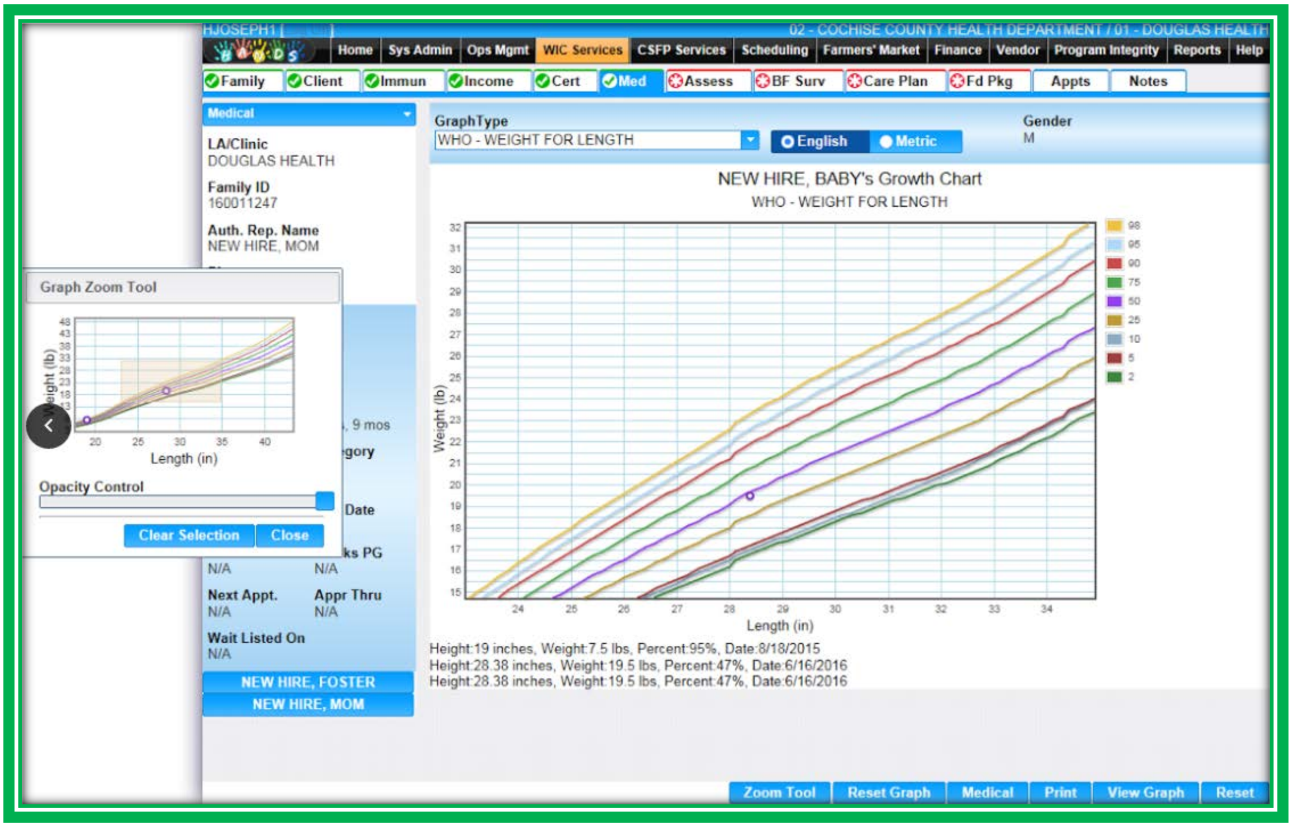
Age:0 months, Height:21.25 inches, Percent:98%, Date:5/14/2014
Age:0.5 months, Height:21.25 inches, Percent:98%, Date:6/4/2014
Age:12 months, Height:24 inches, Percent:2%, Date:5/15/2015

Figure 89: HANDS Weight for Length Graph

Together We Can

Starting conversations about growth can be difficult. Here are some suggestions. You could offer the growth chart with one of these questions: "Would you be interested in seeing where your child plots on the growth grid?" or "Would you like to see how your weight has been tracking?" If the client is not interested or declines, remember to "roll with resistance" and move on. No matter where they are on the graph, you'll always end up talking about diet and physical activity during the D Assessment.

You may also notice that the graphs have a new zoom feature. You can zoom in the infant and child growth charts by double-clicking on the area you want to see, and you can zoom in all graph types by opening the Zoom Tool and selecting an area. The zoom feature is especially helpful in areas of the graph where multiple points are very close together. If you have used the zoom feature but want to go back to normal view on your graph, you can click the Reset Graph button.


HJOSEPH1
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS HEALTH
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Medical
Graph Zoom Tool
Weight (lb)
48
43
38
33
28
23
18
13
20
25
30
35
40
Length (in)
Opacity Control
Clear Selection
Close
GraphType
WHO - WEIGHT FOR LENGTH
English
Metric
Gender
M
NEW HIRE, BABY's Growth Chart
WHO - WEIGHT FOR LENGTH
Weight (lb)
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
24
25
26
27
28
29
30
31
32
33
34
Length (in)
98
95
90
75
50
25
10
5
2
NEW HIRE, FOSTER
NEW HIRE, MOM
Zoom Tool
Reset Graph
Medical
Print
View Graph
Reset

LA/Clinic
DOUGLAS HEALTH

Family ID
160011247

Auth. Rep. Name
NEW HIRE, MOM

, 9 mos

gory

Date

ks PG
N/A
N/A

Next Appt.
N/A

Appr Thru
N/A

Wait Listed On
N/A

Height:19 inches, Weight:7.5 lbs, Percent:95%, Date:8/18/2015
Height:28.38 inches, Weight:19.5 lbs, Percent:47%, Date:6/16/2016
Height:28.38 inches, Weight:19.5 lbs, Percent:47%, Date:6/16/2016

Figure 90: HANDS Zoom Tool

In HANDS you will be able to print weight gain grids and growth charts. Since you do not have Citrix, you will not have to go through Uniprint to select your clinic’s printer, saving you some time.

Together We Can

If a client’s weight charts as High Risk (□□97 end of range on prenatal), here are some tips on approaching the situation.

Do not bring up the weight unless the Authorized Rep. does. A great way to explain growth to caregivers without bringing up weight is, “Children generally plot somewhere between these two lines. What matters most is how they grow over time. Today, [child’s name] is plotting here. How do you feel about his/her growth?”

These tips will also work for discussing WIC Code 114. If you need more help, please ask your Helping HAND for guidance.

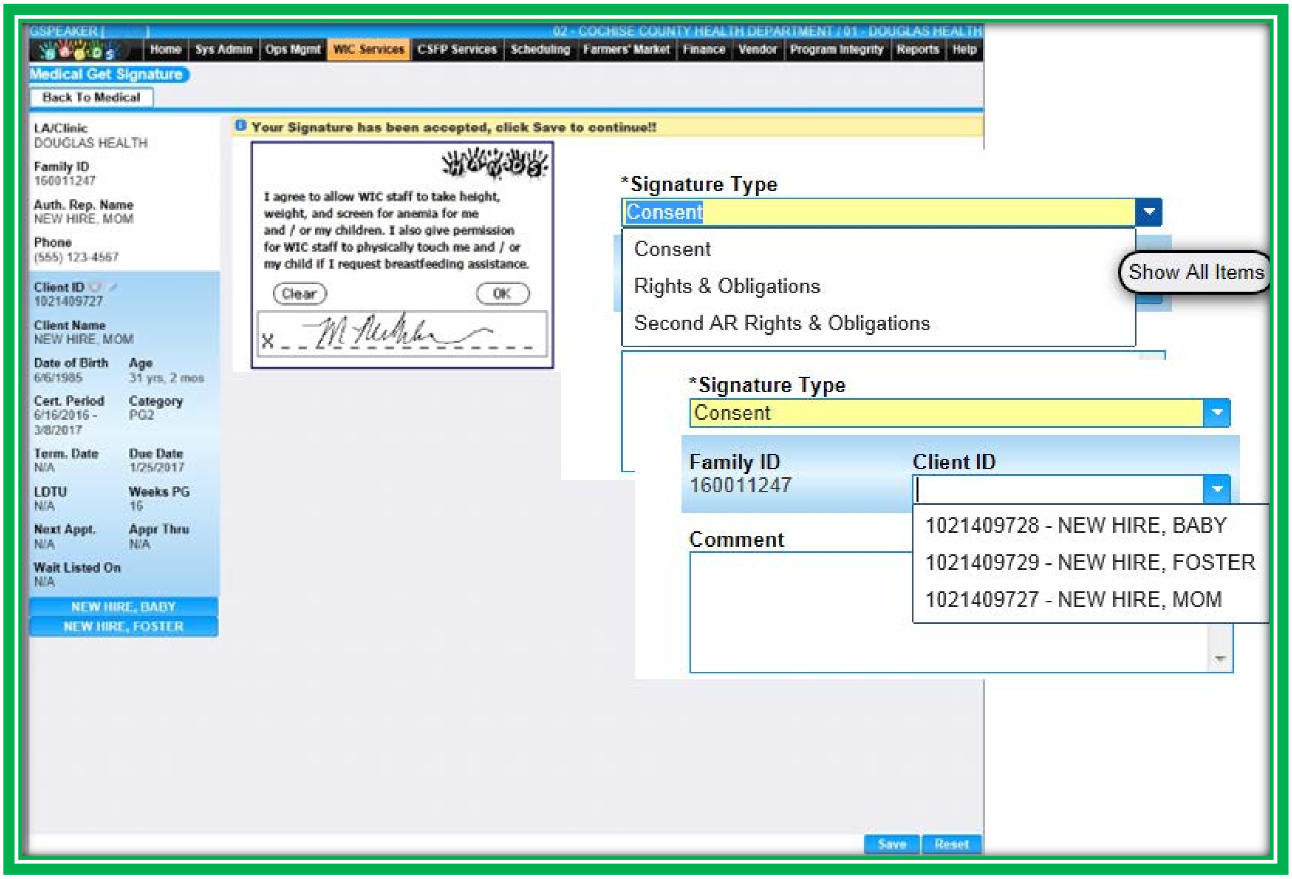
Signature

The Medical screen has new signature pad functionality as well. You will be able to utilize the signature pad to document several things, including:

- Consent
  - Signature to allow WIC staff to:
    - Measure height/weight
  - Measure hemoglobin
  - Physically touch the client or their child/children during breastfeeding instruction
- Rights and Obligations
  - Signature for the Rights and Obligations Form
  - This is for the 1st Authorized Representative
- Second Authorized Representative Rights and Obligations
  - Signature for the Rights and Obligations Form
  - This is for the 2nd Authorized Representative

You will use the Signatures button to start the process. When clicked, the Signatures button launches your signature pad and takes you to the Signature Information screen.

You will need to select the type of signature you're collecting. You **will not** have to select the client for which you are collecting the signature. There is also space in the Comment box for you to leave a note, if needed. Like Notes, the Comment field on the Signature Information screen can hold up to 2000 characters.


GSPEAKER |
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS HEALTH
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Medical Get Signature
Back To Medical
Clear
OK
X
NEW HIRE, BABY
NEW HIRE, FOSTER
Consent
Rights & Obligations
Second AR Rights & Obligations
Show All Items
Save
Reset

LA/Clinic DOUGLAS HEALTH
Family ID 160011247
Auth. Rep. Name NEW HIRE, MOM
Phone (555) 123-4567
Client ID 1021409727
Client Name NEW HIRE, MOM
Date of Birth 6/6/1985
Age 31 yrs, 2 mos
Cert. Period 6/16/2016 - 3/8/2017
Category PG2
Term. Date N/A
Due Date 1/25/2017
LDTU N/A
Weeks PG 16
Next Appt. N/A
Appr Thru N/A
Wait Listed On N/A

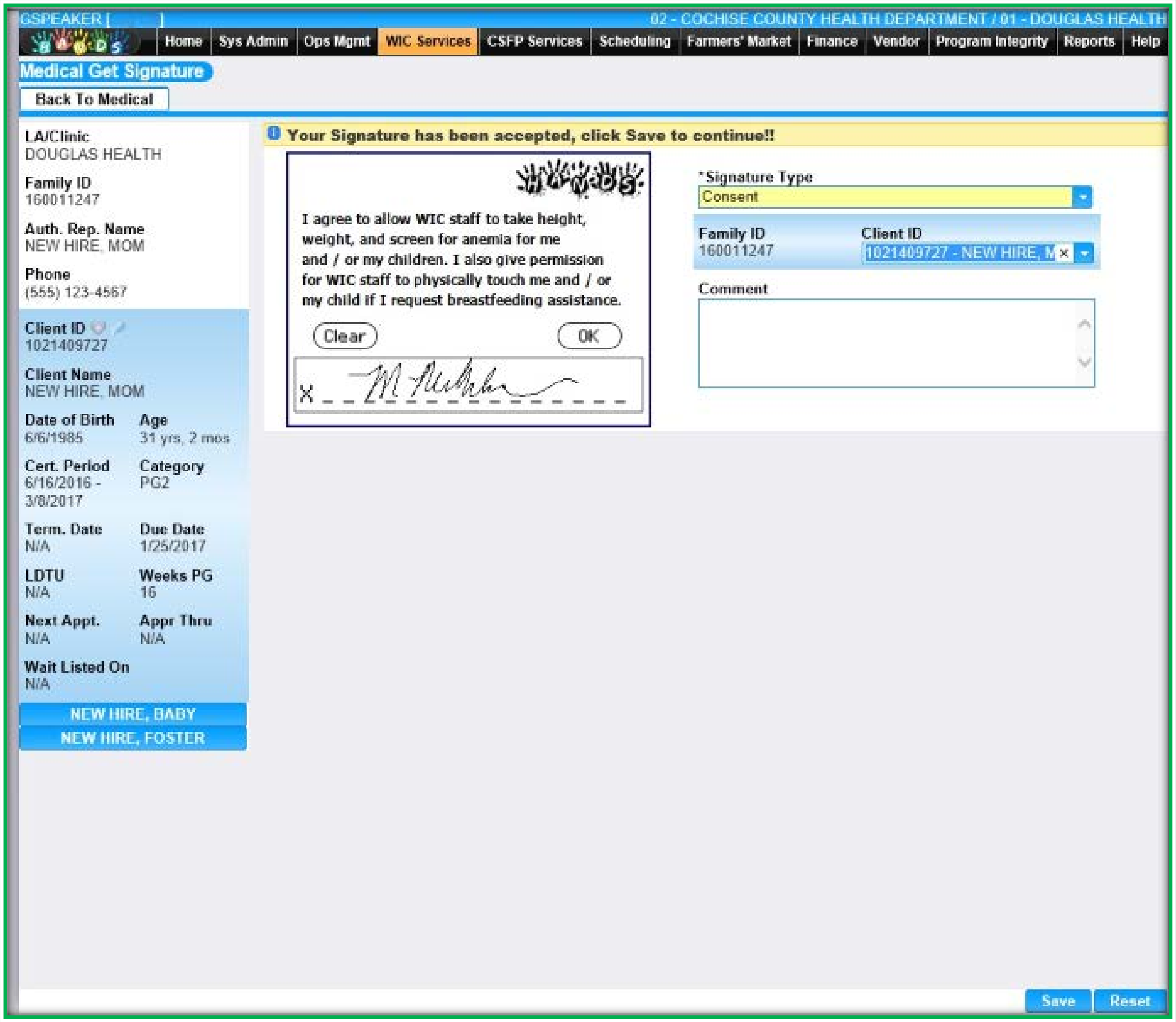
Your Signature has been accepted, click Save to continue!!

I agree to allow WIC staff to take height, weight, and screen for anemia for me and / or my children. I also give permission for WIC staff to physically touch me and / or my child if I request breastfeeding assistance.

*Signature Type: Consent

*Signature Type: Consent
Family ID 160011247
Client ID
1021409728 - NEW HIRE, BABY
1021409729 - NEW HIRE, FOSTER
1021409727 - NEW HIRE, MOM
Comment

Figure 91: Signature Type & Client ID drop down menu


GSPEAKER [ ]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS HEALTH
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Medical Get Signature
Back To Medical
Clear
OK
NEW HIRE, BABY
NEW HIRE, FOSTER
Save
Reset

Your Signature has been accepted, click Save to continue!!

LA/Clinic: DOUGLAS HEALTH
Family ID: 160011247
Auth. Rep. Name: NEW HIRE, MOM
Phone: (555) 123-4567
Client ID: 1021409727
Client Name: NEW HIRE, MOM
Date of Birth: 6/6/1985
Age: 31 yrs, 2 mos
Cert. Period: 6/16/2016 - 3/8/2017
Category: PG2
Term. Date: N/A
Due Date: 1/25/2017
LDTU: N/A
Weeks PG: 16
Next Appt.: N/A
Appt Thru: N/A
Wait Listed On: N/A

I agree to allow WIC staff to take height, weight, and screen for anemia for me and / or my children. I also give permission for WIC staff to physically touch me and / or my child if I request breastfeeding assistance.

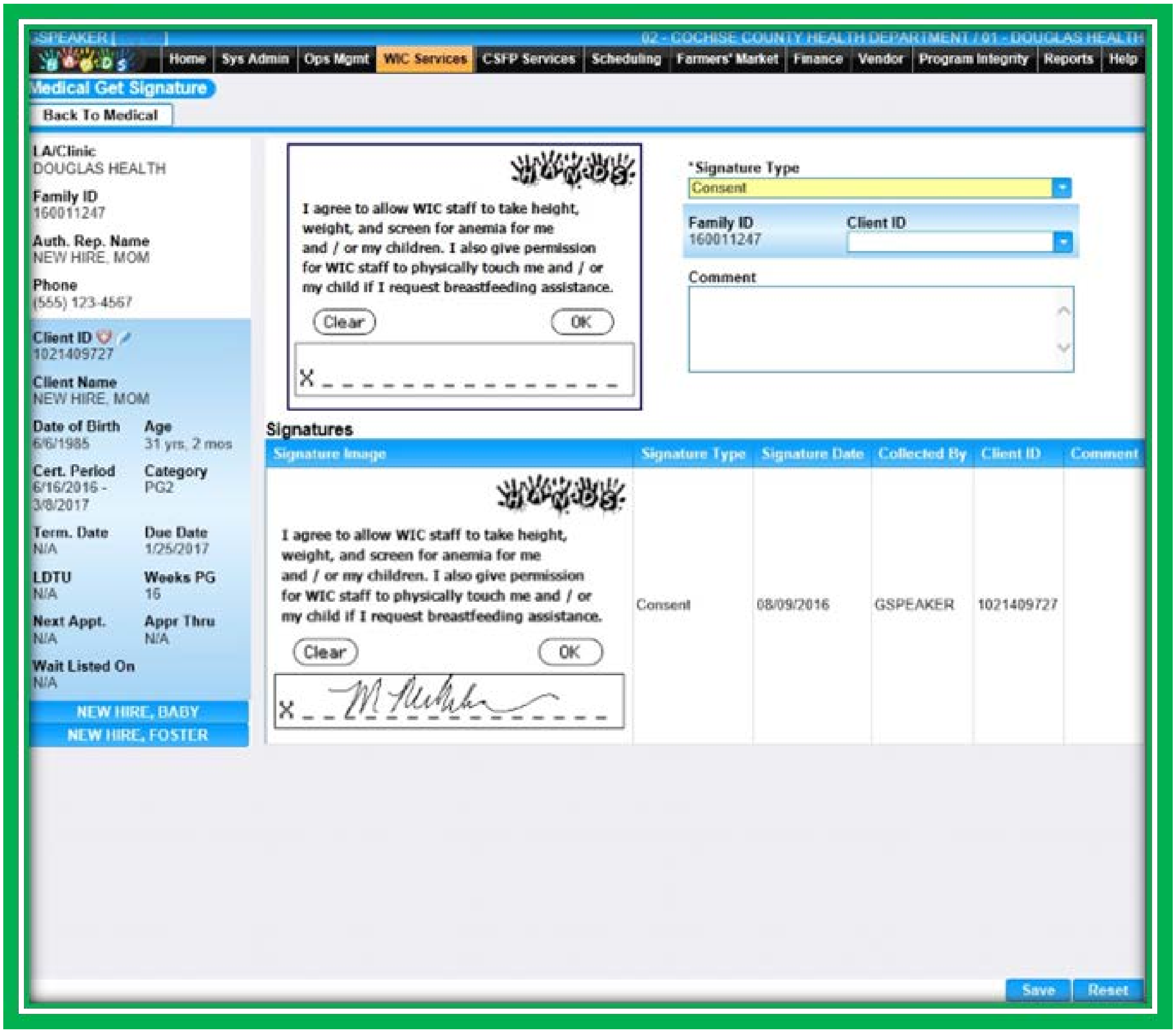
X

*Signature Type: Consent
Family ID: 160011247
Client ID: 1021409727 - NEW HIRE, M
Comment:

Figure 92: Signature Information

After you enter information on the screen, the Authorized Rep. will sign using the signature pad. They can then select OK if they are satisfied with their signature, or they can select Clear and sign again. On the Information screen, you can press the Reset button to clear the screen and revert back to its original view. To cancel the entire process and return back to the main screen, you can press the button on the top left of the screen. In the figure above, this button is Back To Medical.

Once you have entered the client's information and everything is correct on the Information screen, you will click on the Save button. After you save, the signature information, including an image of the signature, will display in the Signatures grid. More information about signatures will be provided in Module 7.


GSPEAKER |
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS HEALTH
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Medical Get Signature
Back To Medical
Clear
OK
NEW HIRE, BABY
NEW HIRE, FOSTER
Save
Reset

LA/Clinic
DOUGLAS HEALTH

Family ID
160011247

Auth. Rep. Name
NEW HIRE, MOM

Phone
(555) 123-4567

Client ID
1021409727

Client Name
NEW HIRE, MOM

Date of Birth: 6/6/1985
Age: 31 yrs, 2 mos
Cert. Period: 6/16/2016 - 3/8/2017
Category: PG2
Term. Date: N/A
Due Date: 1/25/2017
LDTU: N/A
Weeks PG: 16
Next Appt.: N/A
Appr Thru: N/A
Wait Listed On: N/A

I agree to allow WIC staff to take height, weight, and screen for anemia for me and / or my children. I also give permission for WIC staff to physically touch me and / or my child if I request breastfeeding assistance.

X

*Signature Type
Consent

Family ID
160011247

Client ID

Comment

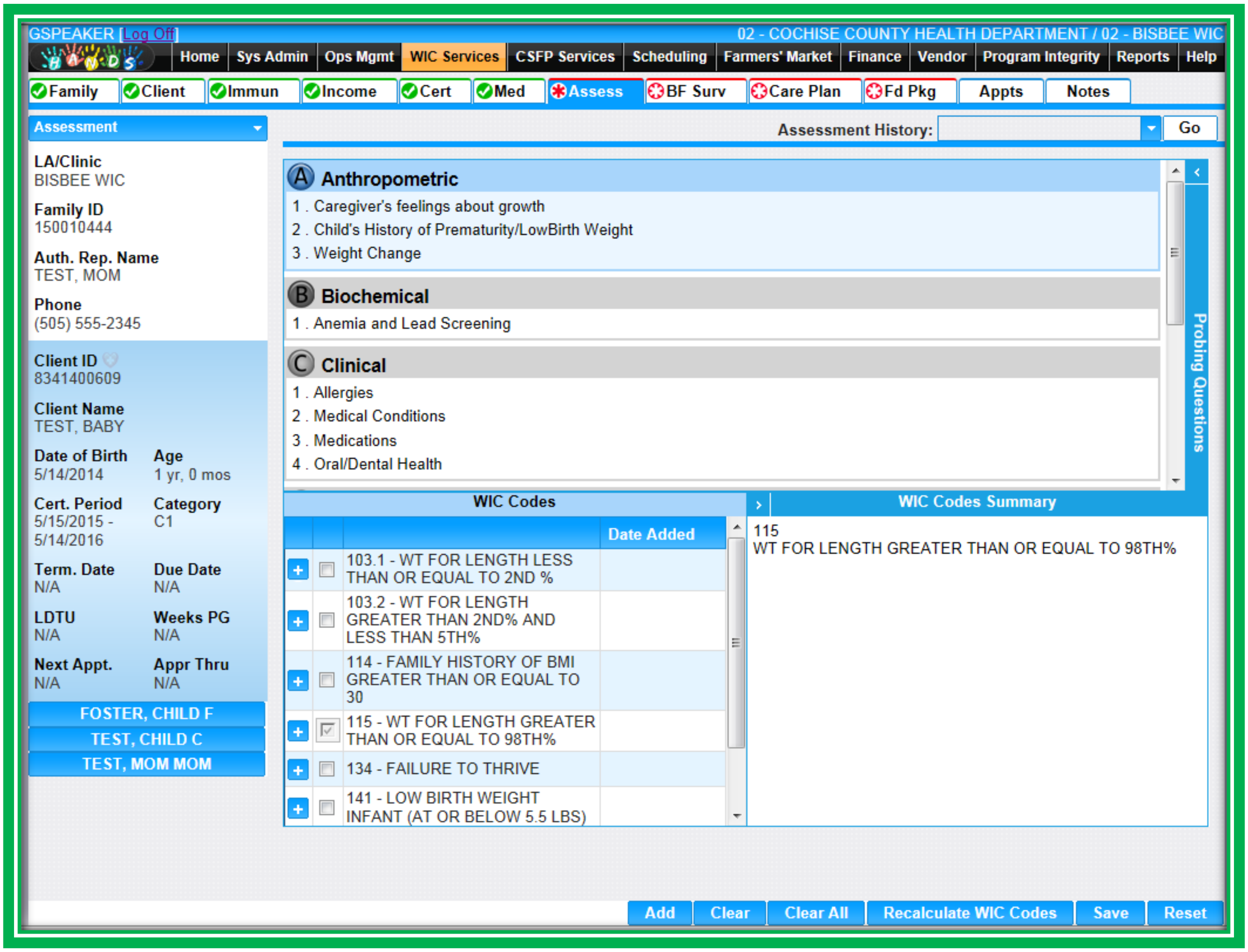
Signatures

Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
I agree to allow WIC staff to take height, weight, and screen for anemia for me and / or my children. I also give permission for WIC staff to physically touch me and / or my child if I request breastfeeding assistance. Clear OK X	Consent	08/09/2016	GSPEAKER	1021409727	

Figure 93: Signatures Grid

Assessment Sneak Peek

The HANDS system will calculate some WIC Codes for you based on the information you enter on different screens. For example, if you select that a client has recently entered foster care, WIC Code 903 will populate on the Assessment and Care Plan screens. The medical information you enter may also add WIC Codes to the client's file. If the birth data you enter indicates that the client was born underweight or large for gestational age, and these are WIC Codes that your State Agency uses, the WIC Code will display in the Assessment and Care Plan screens. The data you have entered up to this point, combined with all the input you gleaned from the participant using your OARS skills, are the tools you will need for the next part of your journey, the Assessment.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Assessment
Assessment History:
Go
Probing Questions
Add
Clear
Clear All
Recalculate WIC Codes
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
8341400609

Client Name
TEST, BABY

Date of Birth 5/14/2014	**Age** 1 yr, 0 mos
Cert. Period 5/15/2015 - 5/14/2016	**Category** C1
Term. Date N/A	**Due Date** N/A
LDTU N/A	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

FOSTER, CHILD F
TEST, CHILD C
TEST, MOM MOM

A Anthropometric
1 . Caregiver's feelings about growth
2 . Child's History of Prematurity/LowBirth Weight
3 . Weight Change

B Biochemical
1 . Anemia and Lead Screening

C Clinical
1 . Allergies
2 . Medical Conditions
3 . Medications
4 . Oral/Dental Health

WIC Codes

			Date Added
+	☐	103.1 - WT FOR LENGTH LESS THAN OR EQUAL TO 2ND %	
+	☐	103.2 - WT FOR LENGTH GREATER THAN 2ND% AND LESS THAN 5TH%	
+	☐	114 - FAMILY HISTORY OF BMI GREATER THAN OR EQUAL TO 30	
+	☑	115 - WT FOR LENGTH GREATER THAN OR EQUAL TO 98TH%	
+	☐	134 - FAILURE TO THRIVE	
+	☐	141 - LOW BIRTH WEIGHT INFANT (AT OR BELOW 5.5 LBS)	

WIC Codes Summary
115
WT FOR LENGTH GREATER THAN OR EQUAL TO 98TH%

Figure 94: HANDS Assessment

> *Now it's time to go over what you have learned so far. Please review Women Medical and Assessment Sneak Peek, and Infant/Child Medical in Module 2 on the HANDS Resource Site.*

CASE STUDY: IT'S IN YOUR HANDS!

Now it is time for you to continue your journey into the world of HANDS.

1. Discuss the following with your Helping HAND:
    a. Pending Codes and benefit issuance
    b. Growth grids and overweight WIC Codes
    c. WIC Code 135
    d. Review Anthropometric and Biochemical WIC Codes as needed
2. Work to do before you start
    a. Log into the HANDS Training Database
    b. Search for your family from the previous exercises using WIC Services Search
3. Click on the Medical screen
4. Capture consent and the Rights and Obligations Signatures
5. Enter the following information for each family member:
6. Baby:
    a. Birth data: 4 pounds, 3 ounces. 19 inches
    b. Today's weight: 21 pounds, 4 ounces. Today's height: 28 and 6/8 inches.
    c. Blood work:
        i. Why is hemoglobin needed for this infant?
        ii. Input a hemoglobin value of 12.5
    d. Select graph:
        i. What graphs in the graph pick list are appropriate for this baby?
        ii. Select appropriate graph(s) and select View Graph
7. Child:
    a. Today's weight: 27 pounds, 5 ounces. Today's height: 33 and 2/8 inches.
    b. Blood work:
        i. Hemoglobin: 12.5
8. Mom:
    a. Pre-pregnancy weight: 140 pounds
    b. Height: 5 ft. 6 inches
    c. Current weight: 145
    d. Blood work:
        i. Hemoglobin: 13.1
    e. Select graph
        i. View mom's prenatal weight gain grid
9. What, if any, WIC Codes would you expect HANDS to assign based on this data?
10. Click on the Assessment screen for each family member to check the codes assigned

TRAINING NOTES

MODULE 3 ASSESSMENT PART 2 AND BREASTFEEDING SURVEILLANCE

IN THIS SECTION:

- Finishing up the Assessment
- Breastfeeding Surveillance

LEARNING OBJECTIVES:

By the end of this module, users will:

- Demonstrate understanding of the new Assessment screen
- Identify the updated and new items found in the Breastfeeding Surveillance screen
- Complete Assessments for a family
- Enter Breastfeeding Surveillance data for an infant

RESOURCES FOR MODULE 3: BEFORE YOU CONTINUE YOUR JOURNEY

THINGS TO DO BEFORE YOU GET STARTED:

- Check to make sure that the HANDS Resource Site is accessible from your computer
- Read the following areas of the CMA HANDS Clinic Training Manual:
    - Module 3
        - Assessment
    - Module 5
        - Breastfeeding Surveillance
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
    - Chapter 2
        - Section G Health and Nutrition Assessment
    - Chapter 19
- If you need additional Assessment help, please review your agency's Nutrition Risk Manual and the ABCDE Guide

OVERVIEW

During your training we will continue moving along the pathway and finish the ABCDE Assessment. We'll also talk about WIC Codes and how you will document these codes in the system. Also the Breastfeeding Surveillance is next to the Assessment screen as its own screen. We'll also take some time to talk about things you can consider to help connect with families and make your job easier.

HANDS AND THE APPOINTMENT PATHWAY

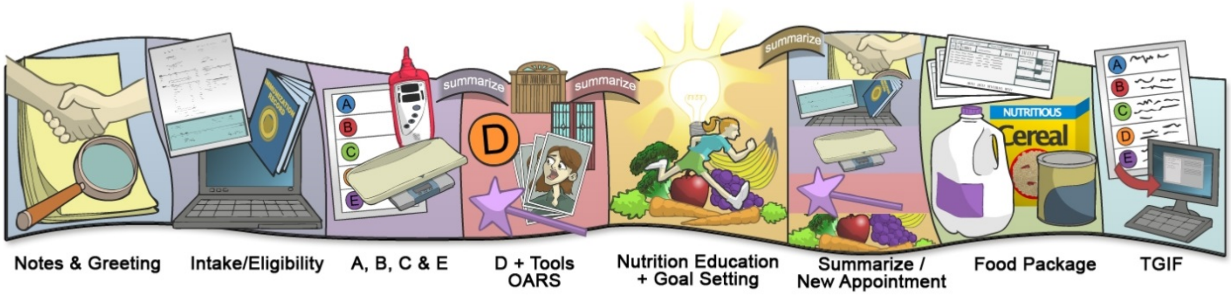

summarize
summarize
summarize
NUTRITIOUS
Cereal
Notes & Greeting
Intake/Eligibility
A, B, C & E
D + Tools
OARS
Nutrition Education
+ Goal Setting
Summarize /
New Appointment
Food Package
TGIF

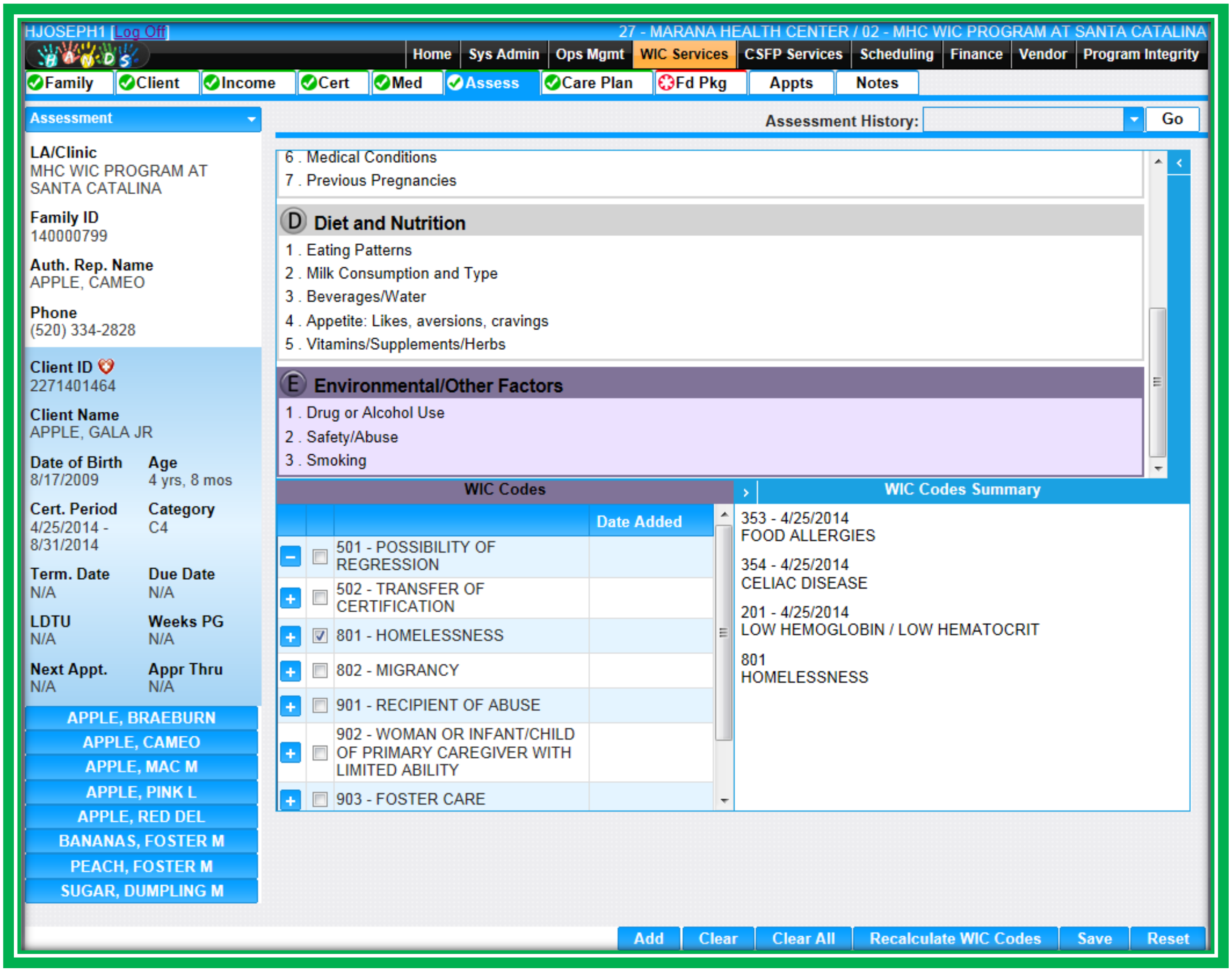
Figure 95: HANDS Appointment Pathway

Assessment

Handy Tip: Scroll bars indicate there's something else on the screen. Make sure you scroll to the bottom or to the side to view everything, especially on new screens like Assessment.

Along the Assessment pathway, you have completed your AB Assessment, and likely have had the C and E conversation with your client. Now it's time to document any codes that you'd like to assign from those conversations and any codes that you may find during your D conversation.

The great news is that HANDS has an interactive Assessment screen that matches the ABCDE Assessment tools you have been using or will receive during GTHM training.


HJOSEPH1 [Log Off]
27 - MARANA HEALTH CENTER / 02 - MHC WIC PROGRAM AT SANTA CATALINA
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Finance
Vendor
Program Integrity
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Assessment
Assessment History:
Go
WIC Codes
WIC Codes Summary
Date Added
APPLE, BRAEBURN
APPLE, CAMEO
APPLE, MAC M
APPLE, PINK L
APPLE, RED DEL
BANANAS, FOSTER M
PEACH, FOSTER M
SUGAR, DUMPLING M
Add
Clear
Clear All
Recalculate WIC Codes
Save
Reset

LA/Clinic
MHC WIC PROGRAM AT SANTA CATALINA

Family ID
140000799

Auth. Rep. Name
APPLE, CAMEO

Phone
(520) 334-2828

Client ID
2271401464

Client Name
APPLE, GALA JR

Date of Birth 8/17/2009	**Age** 4 yrs, 8 mos
Cert. Period 4/25/2014 - 8/31/2014	**Category** C4
Term. Date N/A	**Due Date** N/A
LDTU N/A	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

6 . Medical Conditions
7 . Previous Pregnancies

D Diet and Nutrition

1 . Eating Patterns
2 . Milk Consumption and Type
3 . Beverages/Water
4 . Appetite: Likes, aversions, cravings
5 . Vitamins/Supplements/Herbs

E Environmental/Other Factors

1 . Drug or Alcohol Use
2 . Safety/Abuse
3 . Smoking

			Date Added
−	☐	501 - POSSIBILITY OF REGRESSION	
+	☐	502 - TRANSFER OF CERTIFICATION	
+	☑	801 - HOMELESSNESS	
+	☐	802 - MIGRANCY	
+	☐	901 - RECIPIENT OF ABUSE	
+	☐	902 - WOMAN OR INFANT/CHILD OF PRIMARY CAREGIVER WITH LIMITED ABILITY	
+	☐	903 - FOSTER CARE	

353 - 4/25/2014
FOOD ALLERGIES

354 - 4/25/2014
CELIAC DISEASE

201 - 4/25/2014
LOW HEMOGLOBIN / LOW HEMATOCRIT

801
HOMELESSNESS

Figure 96: Assessment – Main Group E

The ABCDE Assessment sections include Standard Questions. Standard Questions require you to enter data and will sometimes trigger system-run calculations. These items are required to include in your note and typically have a WIC Code associated with them. These were added to help you assign codes more easily, especially those based on calculations. Some examples are listed below. One code you will need to assign in HANDS that will not be assigned for you is WIC Code 332: Closely Spaced Pregnancies. Other codes that you may see and that will be calculated for you are below.

WIC Codes linked to Standard Questions:

- Prenatal care information and related codes:
  - 334: Lack of Prenatal Care
- Previous pregnancy info and related codes:
  - 333: High Parity and Young Age
- Infant breastfeeding and formula feeding information and related codes:
  - 411.6: Improperly Diluting Formula
  - 411.7: Limiting the Frequency of Nursing

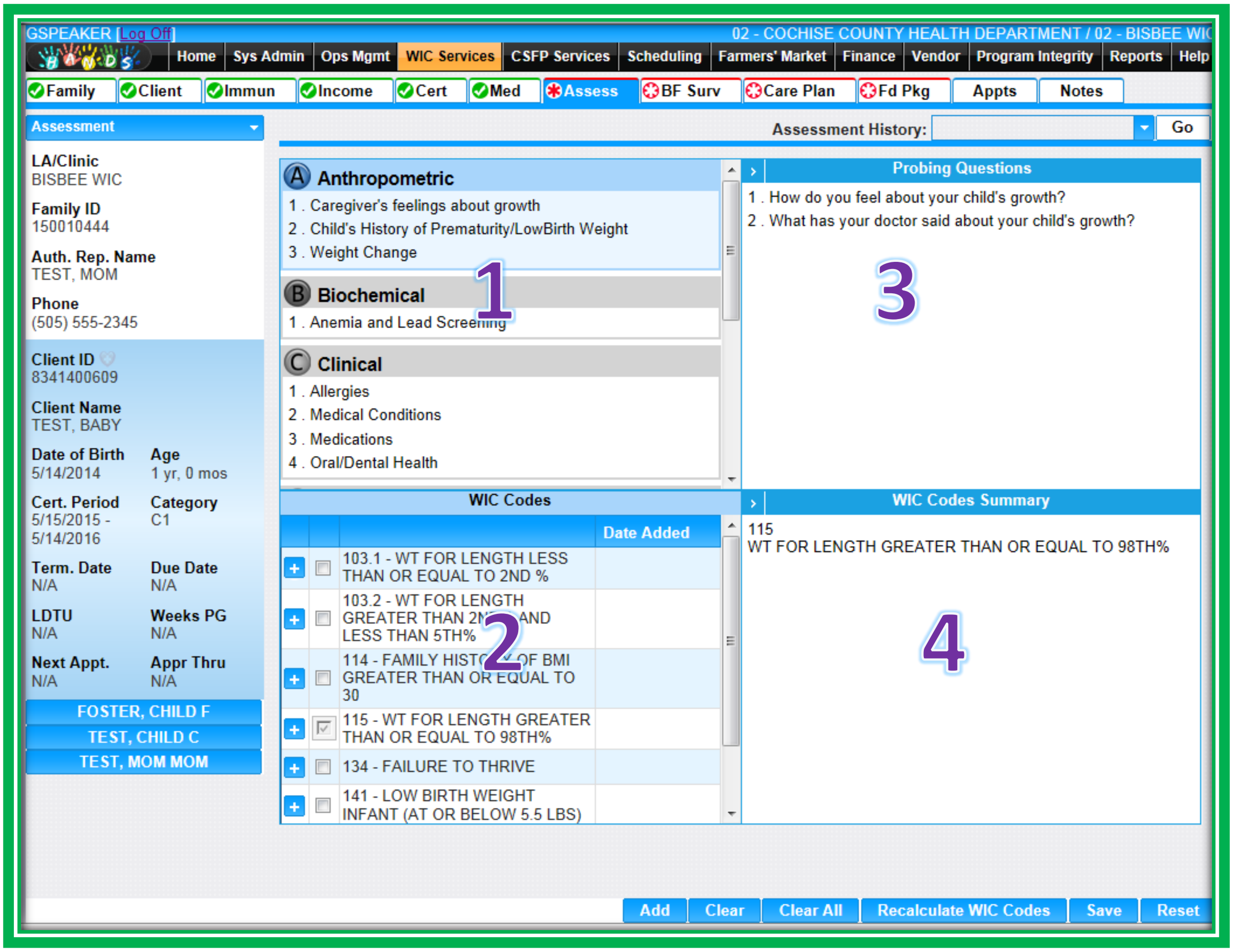
Together We Can

To help make assigning codes easier, use the CSI Cheat Sheets with WIC Code info and cut-offs.

Assessment Layout

SECTION 1 MAIN GROUPS

The Assessment screen is split into four sections.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Assessment
Assessment History:
Go
FOSTER, CHILD F
TEST, CHILD C
TEST, MOM MOM
1
2
3
4
Add
Clear
Clear All
Recalculate WIC Codes
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
8341400609

Client Name
TEST, BABY

Date of Birth 5/14/2014	**Age** 1 yr, 0 mos
Cert. Period 5/15/2015 - 5/14/2016	**Category** C1
Term. Date N/A	**Due Date** N/A
LDTU N/A	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

A Anthropometric
1 . Caregiver's feelings about growth
2 . Child's History of Prematurity/LowBirth Weight
3 . Weight Change

B Biochemical
1 . Anemia and Lead Screening

C Clinical
1 . Allergies
2 . Medical Conditions
3 . Medications
4 . Oral/Dental Health

Probing Questions
1 . How do you feel about your child's growth?
2 . What has your doctor said about your child's growth?

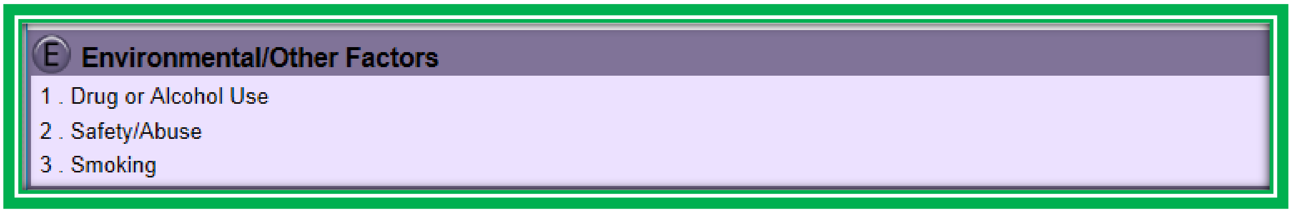
WIC Codes

			Date Added
+	☐	103.1 - WT FOR LENGTH LESS THAN OR EQUAL TO 2ND %	
+	☐	103.2 - WT FOR LENGTH GREATER THAN 2ND AND LESS THAN 5TH%	
+	☐	114 - FAMILY HISTORY OF BMI GREATER THAN OR EQUAL TO 30	
+	☑	115 - WT FOR LENGTH GREATER THAN OR EQUAL TO 98TH%	
+	☐	134 - FAILURE TO THRIVE	
+	☐	141 - LOW BIRTH WEIGHT INFANT (AT OR BELOW 5.5 LBS)	

WIC Codes Summary
115
WT FOR LENGTH GREATER THAN OR EQUAL TO 98TH%

Figure 97: Assessment – Main Groups A – Probing Questions Open

Section 1 consists of the Main Groups, which are A, B, C, D, and E. This section is located in the top left of the screen and contains the Assessment topics and Standard Questions, if applicable. Each Main Group is a different color based on the ABCDE Guide.



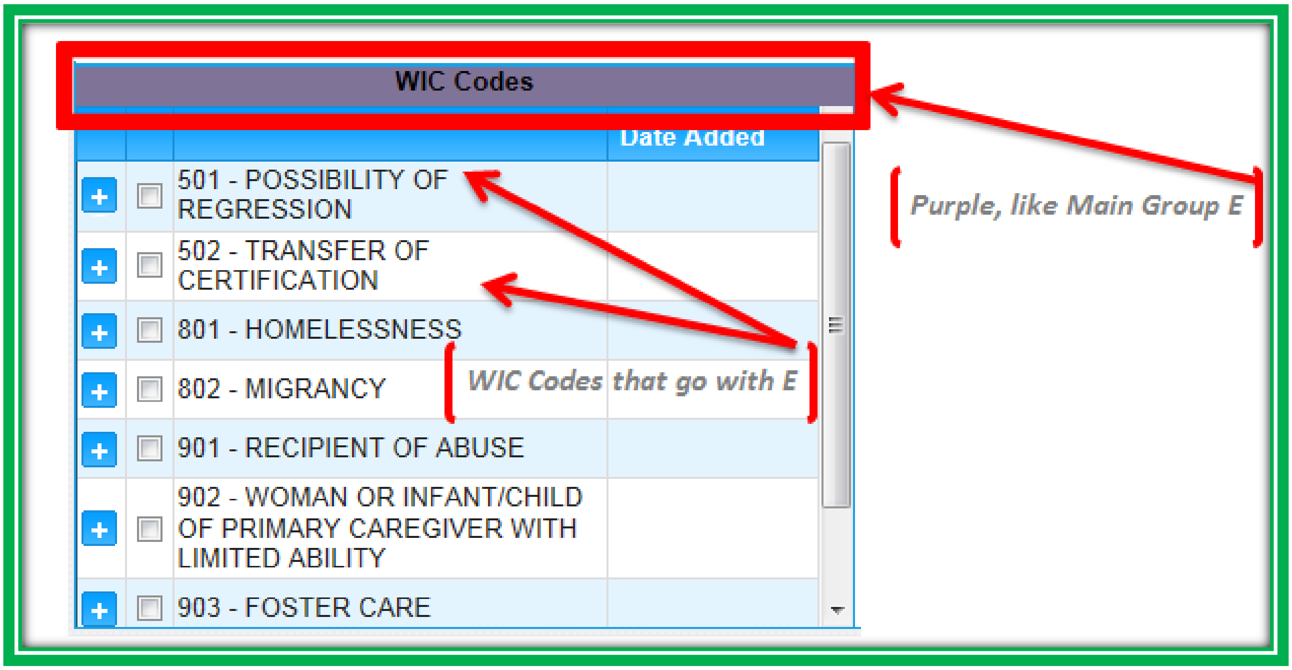
Ⓔ **Environmental/Other Factors**

1 . Drug or Alcohol Use
2 . Safety/Abuse
3 . Smoking

Figure 98: Assessment Main Group E

SECTION 2 WIC CODES

Section 2 is the WIC Codes section in the bottom left of the screen. This section displays WIC Codes associated with the Main Group you have selected. The header changes color based on the Main Group you have selected for easy identification of the section you are on.



WIC Codes

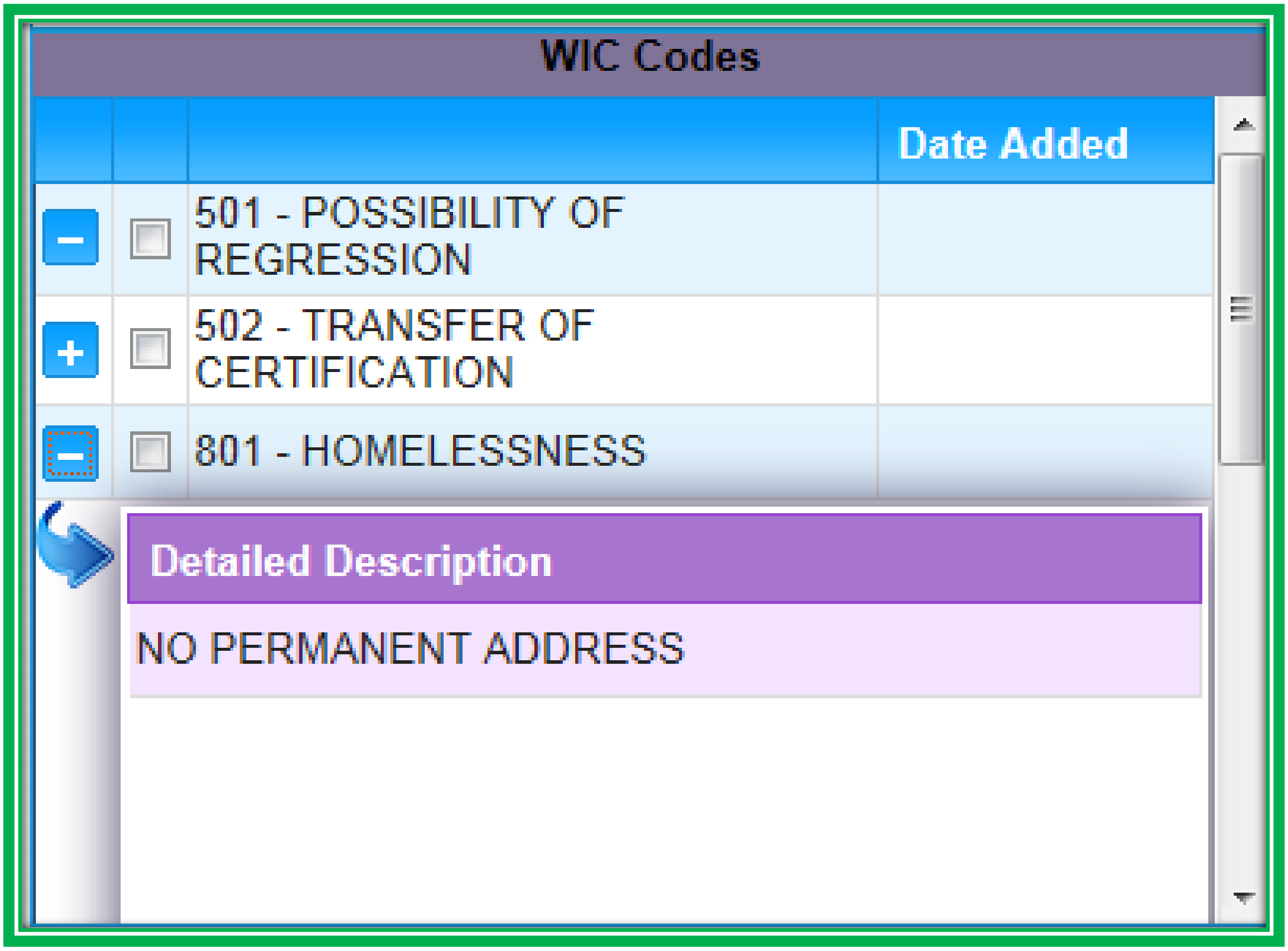
			Date Added
+	☐	501 - POSSIBILITY OF REGRESSION	
+	☐	502 - TRANSFER OF CERTIFICATION	
+	☐	801 - HOMELESSNESS	
+	☐	802 - MIGRANCY	
+	☐	901 - RECIPIENT OF ABUSE	
+	☐	902 - WOMAN OR INFANT/CHILD OF PRIMARY CAREGIVER WITH LIMITED ABILITY	
+	☐	903 - FOSTER CARE	

Purple, like Main Group E

WIC Codes that go with E

Figure 99: WIC Codes

If a WIC Code has been added and the Assessment process has been completed, you will see a date in the Date Added area next to the WIC Code. If you need more information about a WIC Code, you can see the detailed description by selecting the blue plus sign.



WIC Codes

			Date Added
−	☐	501 - POSSIBILITY OF REGRESSION	
+	☐	502 - TRANSFER OF CERTIFICATION	
−	☐	801 - HOMELESSNESS	

Detailed Description

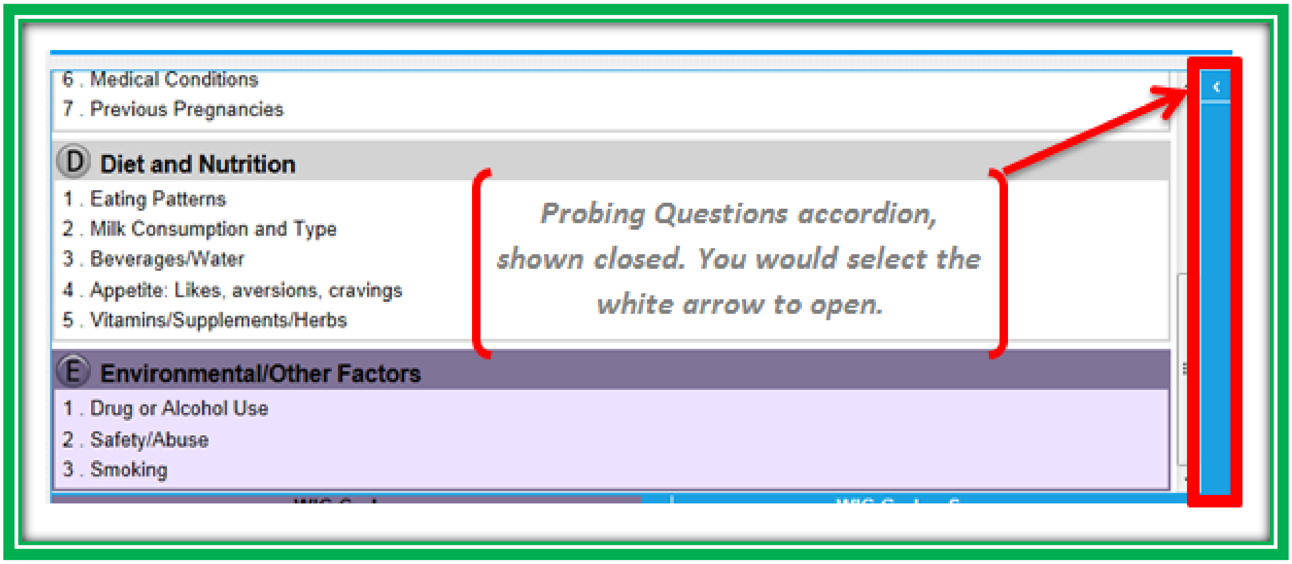
NO PERMANENT ADDRESS

Figure 100: WIC Codes Detailed Description

System-assigned WIC Codes will be read-only and you will not be able to deselect them. However, if you think a system-assigned WIC Code is incorrect, you can go back and change the data that caused the code to be assigned. These changes can only be done before you click Complete Assessment on the Care Plan screen. After that, the WIC Code cannot be updated. User-assigned WIC Codes can be deselected on the Assessment screen before the Assessment is completed.

SECTION 3 PROBING QUESTIONS

Section 3 contains Probing Questions and is hidden in the top right of the screen. You can access these questions using a white arrow. The questions in this section change based on the Main Group selected and are there in case you need a little extra help. Probing Questions for Main Group E may look something like the figures below.

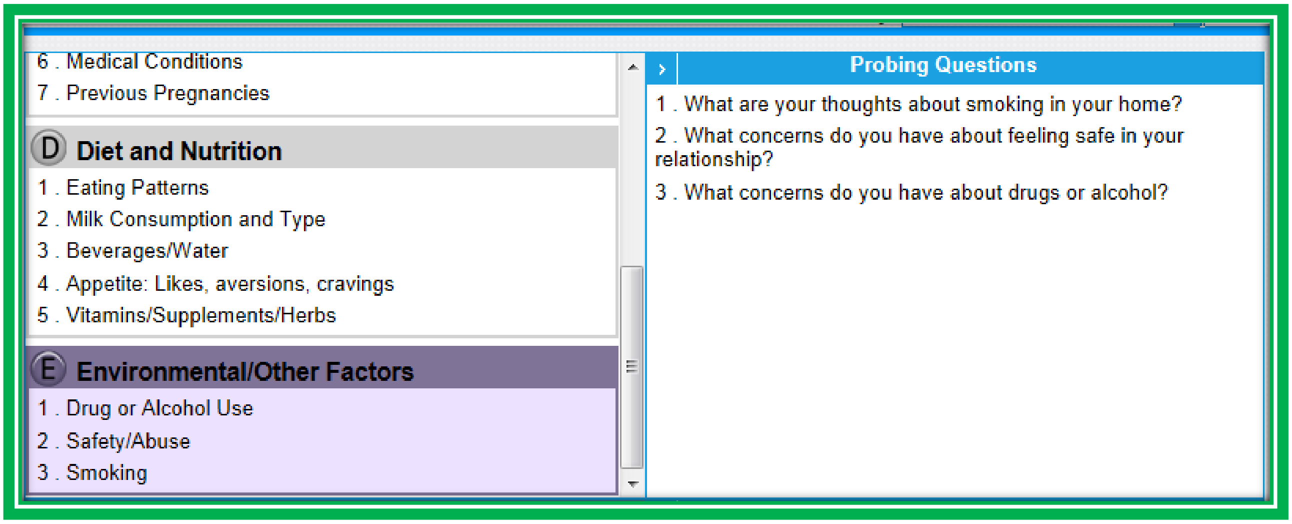

6 . Medical Conditions
7 . Previous Pregnancies

D Diet and Nutrition
1 . Eating Patterns
2 . Milk Consumption and Type
3 . Beverages/Water
4 . Appetite: Likes, aversions, cravings
5 . Vitamins/Supplements/Herbs

E Environmental/Other Factors
1 . Drug or Alcohol Use
2 . Safety/Abuse
3 . Smoking

Probing Questions accordion, shown closed. You would select the white arrow to open.

Figure 101: Assessment – Probing Questions Closed


6 . Medical Conditions
7 . Previous Pregnancies

D Diet and Nutrition
1 . Eating Patterns
2 . Milk Consumption and Type
3 . Beverages/Water
4 . Appetite: Likes, aversions, cravings
5 . Vitamins/Supplements/Herbs

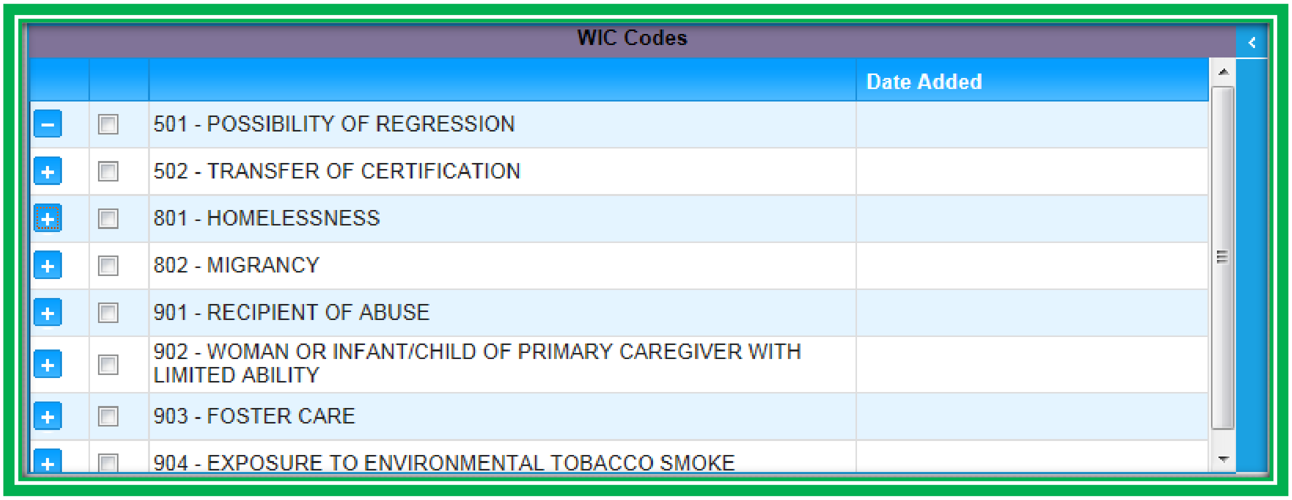
E Environmental/Other Factors
1 . Drug or Alcohol Use
2 . Safety/Abuse
3 . Smoking

Probing Questions
1 . What are your thoughts about smoking in your home?
2 . What concerns do you have about feeling safe in your relationship?
3 . What concerns do you have about drugs or alcohol?

Figure 102: Assessment – Probing Questions Open

SECTION 4 WIC CODES SUMMARY

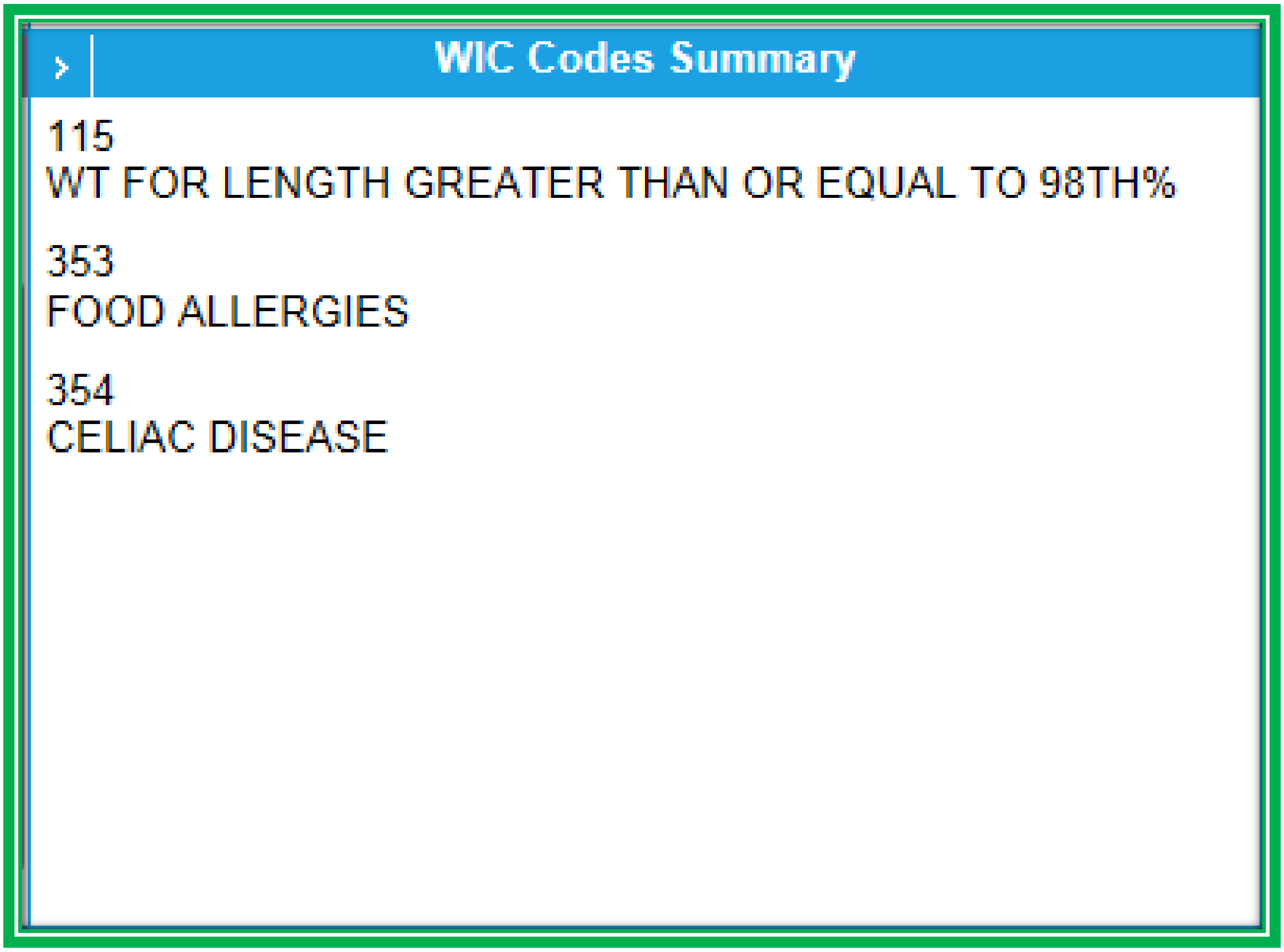
Section 4, the WIC Codes Summary, is shown open in the bottom right of the screen. Like the Probing Questions section, you can open and close it using a small, white arrow.



WIC Codes

			Date Added
−	☐	501 - POSSIBILITY OF REGRESSION	
+	☐	502 - TRANSFER OF CERTIFICATION	
+	☐	801 - HOMELESSNESS	
+	☐	802 - MIGRANCY	
+	☐	901 - RECIPIENT OF ABUSE	
+	☐	902 - WOMAN OR INFANT/CHILD OF PRIMARY CAREGIVER WITH LIMITED ABILITY	
+	☐	903 - FOSTER CARE	
+	☐	904 - EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE	

Figure 103: WIC Codes Summary – Closed



WIC Codes Summary

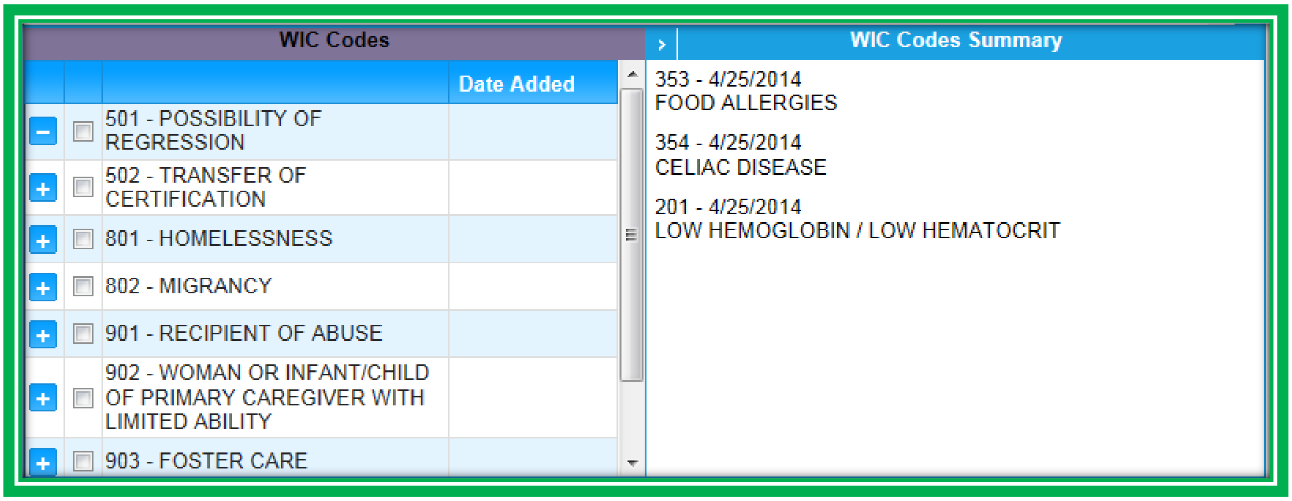
115
WT FOR LENGTH GREATER THAN OR EQUAL TO 98TH%

353
FOOD ALLERGIES

354
CELIAC DISEASE

Figure 104: WIC Codes Summary

The WIC Codes Summary section lists all of the WIC Codes selected by the user(s) and the system, regardless of the Main Group selected. The WIC Codes will have a date if the Assessment process has been completed; this is the date the code was added to the client record. This section will update when additional WIC Codes are added, either by the user or by the system. The WIC Codes Summary section may look similar to the figures below.



WIC Codes

			Date Added
−	☐	501 - POSSIBILITY OF REGRESSION	
+	☐	502 - TRANSFER OF CERTIFICATION	
+	☐	801 - HOMELESSNESS	
+	☐	802 - MIGRANCY	
+	☐	901 - RECIPIENT OF ABUSE	
+	☐	902 - WOMAN OR INFANT/CHILD OF PRIMARY CAREGIVER WITH LIMITED ABILITY	
+	☐	903 - FOSTER CARE	

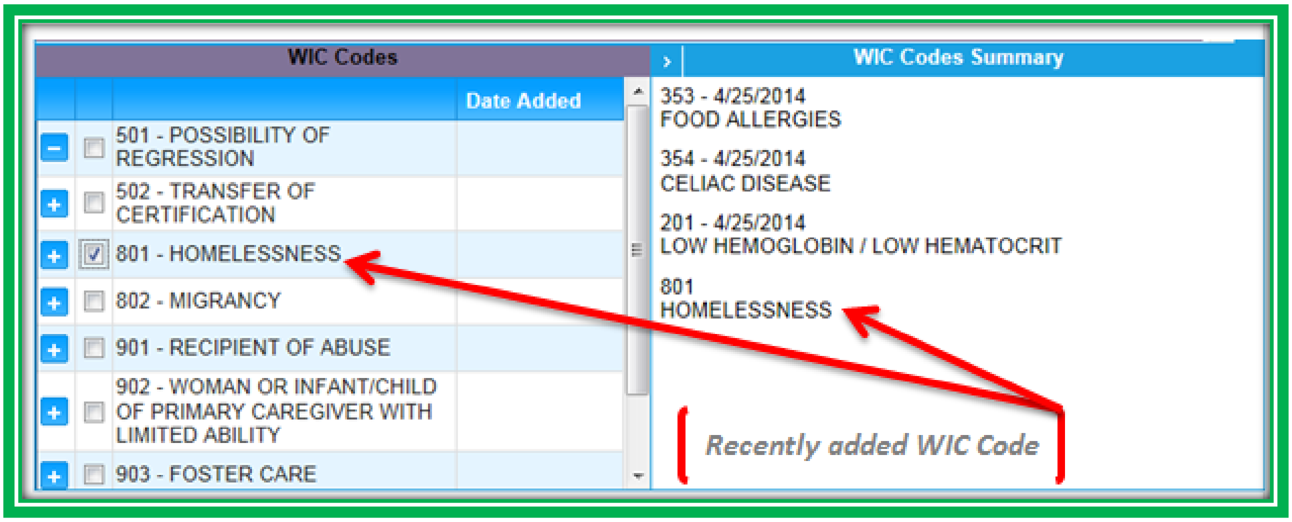
WIC Codes Summary

353 - 4/25/2014
FOOD ALLERGIES

354 - 4/25/2014
CELIAC DISEASE

201 - 4/25/2014
LOW HEMOGLOBIN / LOW HEMATOCRIT

Figure 105: Adding WIC Code Part 1



WIC Codes

			Date Added
−	☐	501 - POSSIBILITY OF REGRESSION	
+	☐	502 - TRANSFER OF CERTIFICATION	
+	☑	801 - HOMELESSNESS	
+	☐	802 - MIGRANCY	
+	☐	901 - RECIPIENT OF ABUSE	
+	☐	902 - WOMAN OR INFANT/CHILD OF PRIMARY CAREGIVER WITH LIMITED ABILITY	
+	☐	903 - FOSTER CARE	

WIC Codes Summary

353 - 4/25/2014
FOOD ALLERGIES

354 - 4/25/2014
CELIAC DISEASE

201 - 4/25/2014
LOW HEMOGLOBIN / LOW HEMATOCRIT

801
HOMELESSNESS

Recently added WIC Code

Figure 106: Adding WIC Code Part 2

BUTTONS

There are several buttons on the Assessment screen. These buttons and their associated functionality are described below.

Name	Button	Functionality
Add		Adds a new Assessment record. Note: This is only needed when adding additional records, for example, at Mid-Cert. The very first record automatically displays.
Clear		Clears the WIC Codes from the selected section.
Clear All		Clears all the selected WIC Codes in the Assessment. Note: Will not clear the system-generated codes
Save		Saves the Assessment to the client record. Notes: WIC Codes are not formally added to the client's record until the Complete Assessment button is clicked on the Care Plan screen. After saving, the High Risk Heart is activated, if applicable.
Recalculate WIC Codes	Recalculate WIC Codes	This button is not needed at this time.
Reset		Returns the Assessment back to the original view without saving changes.

Table 3: Assessment Buttons

Assessment Processes

ADDING NEW ASSESSMENTS

New Assessments are needed for certification, Breastfeeding Assessments, and during the mid-cert process for infants, children, and breastfeeding women (IEN, IFF, IPN, IPN+, C1-C4, PN, EN, and PN+). A new Assessment will also be needed if a client changes categories during their certification. More information on mid-cert processes is discussed later.

New Assessments will automatically display at certification. At other times, you can add a new Assessment by selecting the Add button. When you add an Assessment to a client record, the system will present you with an Assessment that has blank Standard Questions. The WIC Codes Summary section will still display all the codes that have been assigned to the client.

After you save and select Complete Assessment, any WIC Codes that were duplicates of codes that were discovered at certification will keep the original date, and new codes will be given the current date. This process ensures a thorough evaluation that meets the needs of the participant.

Together We Can

Transition to D by summarizing ABC(E) first, “So it sounds like everything is going well with his growth and that the doctor has no concerns. I’d like to get a better sense of how you feel he’s been eating.”

Invite with a GTHM tool and keep it specific by saying, “Pick a picture that best describes how you feel about mealtime with Johnny.”

UPDATING ASSESSMENTS

You will be able to update an Assessment during a certification period by adding additional WIC Codes to an existing record and clicking the Save button. You would update an Assessment when the client provides you with additional information related to their health or nutrition status and this information leads to the assignment of one or more WIC Codes. Examples of when you would update an Assessment include:

- A pregnant woman learns that she has gestational diabetes
- A child is recently diagnosed with celiac disease
- A family becomes homeless

ADDING MID-CERTIFICATION ASSESSMENTS

Arizona WIC observes year-long certs for:

- Infants (IEN, IPN, IPN+, IFF)
- Breastfeeding women (EN, PN, PN+)
- Children (C1-C4)

These categories will require a six-month Mid-Certification Assessment, or Mid-Certification. What is a Mid-Certification? It is basically a certification minus eligibility (Proof of ID, Address, and Income). It includes a complete ABCDE assessment with a new assessment page, assigning any new WIC Codes, providing education, goal setting, and all the associated documentation, including the Note. When it is time for a Mid-Certification, the system will require new information to be entered, including a new Assessment.

VIEWING ASSESSMENT HISTORY

If a client has more than one Assessment in a certification period, you can view their previous records using the Assessment History pick list in the upper right-hand corner of the screen. In order to do this, select the date of the Assessment you wish to view from the pick list and click Go. The Assessment you select will display in read-only format. To return to the main screen, click the Cancel button.

COMPLETING ASSESSMENTS

During both the certification and the mid-cert processes, you must finalize all of the Assessment and eligibility information you have collected and then click the Complete Assessment button on the Care Plan screen before the system will allow you to print checks. Try to make it a habit to finalize all of your Assessments by reviewing the client’s WIC Codes, adding any Nutrition Discussion contacts and Referrals, and then clicking the Complete Assessment button on the Care Plan screen. A complete Assessment also includes a Note. More information about completing Assessments is included in the Care Plan module.

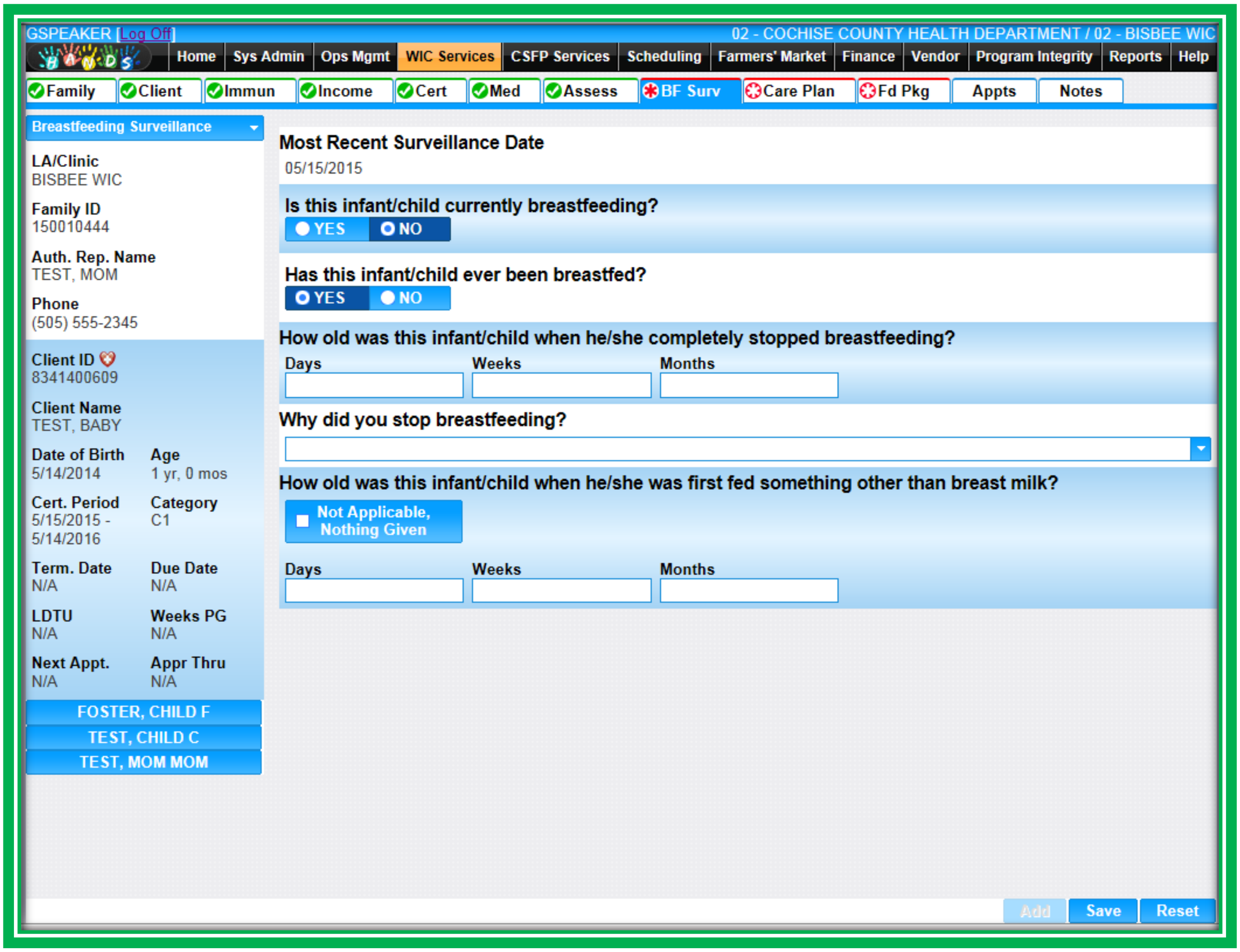
Together We Can

Remember to look at the client, not the computer. Have your conversation, and use your ABCDE Guide Note Tracker to keep track of info and possible codes you’d like to assign.

Now it’s time to go over what you have learned so far. Please review Assessment in Module 3 on the HANDS Resource Site.

Breastfeeding Surveillance

The Breastfeeding Surveillance is its own screen and part of the Certification Flow. The Most Recent Surveillance Date field will default to the current date if the client has not had a Breastfeeding Surveillance filled out before. For existing records, this field will populate with the last time the Surveillance was completed. The purpose of this field is to help when you are entering an age in the duration fields. You can use it, along with Date of Birth in the Active Record and the information the Authorized Rep. provides you, to determine the age of the infant/child when the Surveillance was last completed.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
✓Family
✓Client
✓Immun
✓Income
✓Cert
✓Med
✓Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Breastfeeding Surveillance
FOSTER, CHILD F
TEST, CHILD C
TEST, MOM MOM
Add
Save
Reset

LA/Clinic BISBEE WIC

Family ID 150010444

Auth. Rep. Name TEST, MOM

Phone (505) 555-2345

Client ID 8341400609

Client Name TEST, BABY

Date of Birth 5/14/2014 **Age** 1 yr, 0 mos

Cert. Period 5/15/2015 - 5/14/2016 **Category** C1

Term. Date N/A **Due Date** N/A

LDTU N/A **Weeks PG** N/A

Next Appt. N/A **Appr Thru** N/A

Most Recent Surveillance Date 05/15/2015

Is this infant/child currently breastfeeding? ○ YES ● NO

Has this infant/child ever been breastfed? ● YES ○ NO

How old was this infant/child when he/she completely stopped breastfeeding?

Days ______ Weeks ______ Months ______

Why did you stop breastfeeding?

How old was this infant/child when he/she was first fed something other than breast milk?

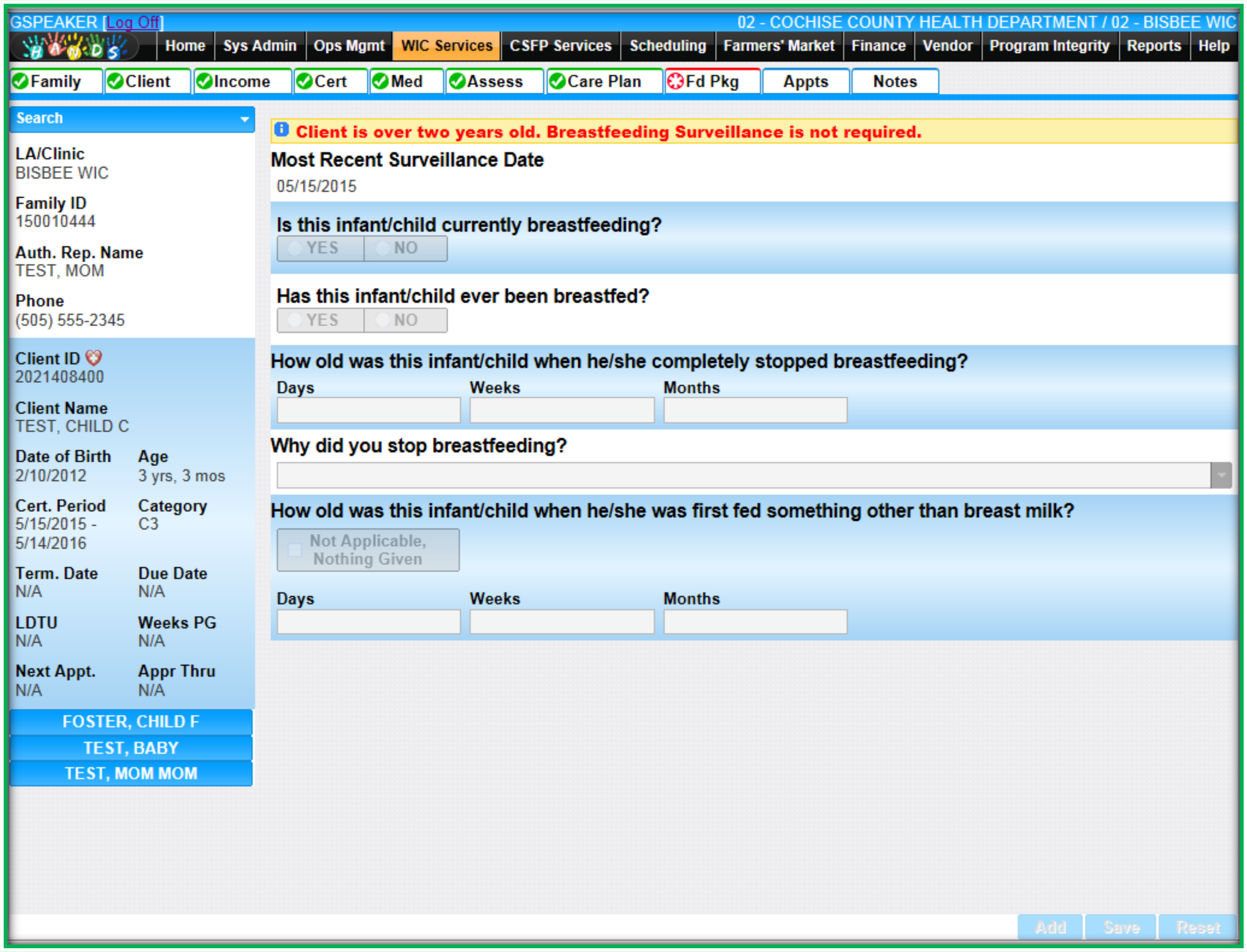
☐ Not Applicable, Nothing Given

Days ______ Weeks ______ Months ______

Figure 107: Breastfeeding Surveillance

To add a new record to the screen, click the Add button, fill out the appropriate fields, and click Save. The HANDS Breastfeeding Surveillance screen will need to be updated each time you see the client, until the child is two years old. Once the infant/child has stopped breastfeeding and the screen is completed, it will be view only.

Since the Breastfeeding Surveillance screen is only applicable to clients under 24 months, it will only appear for them in the Certification Flow tabs. If you toggle between clients on the screen using the Active Record and select a client over 24 months, a disabled screen will appear with a message reminding you that the client is over two years old.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Search
FOSTER, CHILD F
TEST, BABY
TEST, MOM MOM
Add
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408400

Client Name
TEST, CHILD C

Date of Birth 2/10/2012	Age 3 yrs, 3 mos
Cert. Period 5/15/2015 - 5/14/2016	Category C3
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

Client is over two years old. Breastfeeding Surveillance is not required.

Most Recent Surveillance Date
05/15/2015

Is this infant/child currently breastfeeding?
○ YES ○ NO

Has this infant/child ever been breastfed?
○ YES ○ NO

How old was this infant/child when he/she completely stopped breastfeeding?
Days Weeks Months

Why did you stop breastfeeding?

How old was this infant/child when he/she was first fed something other than breast milk?
☐ Not Applicable, Nothing Given
Days Weeks Months

Figure 108: Disabled Breastfeeding Surveillance

Together We Can

This data helps establish our breastfeeding numbers. Make sure you fill out the data correctly!

Now it's time to go over what you have learned so far. Please review Breastfeeding Surveillance in Module 3 on the HANDS Resource Site.

CASE STUDY: IT'S IN YOUR HANDS!

Now it is time for you to continue your journey into the world of HANDS.

1. Discuss the following with your Helping HAND:
   a. Breastfeeding Surveillance
      i. Who, when, and where is this info collected?
   b. Review Clinical, Dietary and Environmental Codes as needed
   c. Adding an Assessment during a Mid-Cert Assessment (Health Check)
   d. Adding WIC Codes during an existing cert
   e. Review use of projective tools and OARS during D Assessment as needed
2. Work to do before you start
   a. Log into the HANDS Training Database
   b. Search for your family using the WIC Services Search
   c. Navigate to the Assessment tab
3. Complete the Assessment for each family member:
   a. What would be your opening question/approach for this family?
   b. Baby:
      i. During the ABC(E) assessment in the lab:
         1. Mom states all is going well with baby, and although the baby was born early, he/she has "caught up" and is doing well. There are no other Medical or E concerns.
      ii. During the D Assessment in the lab:
         1. Mom's response to your opening question is that she feels breastfeeding is special to her, but since she's been pregnant, she's been more sensitive and nursing has been a bit painful. She enjoys the morning, nighttime and comfort nursing and doesn't want to stop those, but feels that she probably couldn't offer the breast anymore because of the sensitivity and pain. She nurses the baby about three times per day and has been offering about nine ounces of Similac® Advance per day. She mixes the formula appropriately, one scoop per two ounces of water. She uses filtered tap water. She first offered the formula about two months ago.
         2. Her little one is eating solids well and feeding him/herself finger foods like puffs, avocado, and soft foods. The baby eats meats (ground) ok, but is a bit pickier with these foods. Her pediatrician recently recommended Vitamin D drops, and she has started putting them in her baby's bottle. She has some questions about cups and when she can start offering milk.
      iii. Child:
         1. During the ABC(E) Assessment: Mom tells you that her two-year-old has been healthy since birth and that the doctor has no concerns about weight or health. The doctor recently suggested a multivitamin, which she has started.

2. During the D Assessment: Mom says her two-year-old is a picky eater, though fruit is always a hit. Veggies are another story, though zucchini is a favorite. The toddler is also a bit picky with meat, though meatballs and meats in sauces are generally eaten. They offer 1% milk a few times per day in a regular cup, and cheese is often a snack. They eat three meals per day plus two snacks and additional treats on occasion. She says that they try to eat family meals but that it can be hard with her job schedule. She notices her two-year-old does not eat as well when she's been away at work and always wants to sit on her lap.

iv. Mom:
  1. During the ABC(E) Assessment:
    a. Mom tells you that she hasn't seen her doctor yet. She recently switched jobs and didn't have health care, though they just got on AHCCCS and she made an appointment. She feels her weight gain has been a little lower than her previous two pregnancies. She's been sick with this pregnancy like she's been sick with all of them.
  2. During the D Assessment:
    a. In addition to what she told you about nursing her baby, she tells you that she takes her prenatal vitamin, though she has to take it at night. Sometimes she feels too sick to eat and has thrown up a few times. She knows not to eat certain foods that aren't cooked well and has stopped drinking caffeine. She'd like to be able to eat a little more because she was worried she wasn't gaining enough due to her sickness. She'd like to breastfeed her next baby as well, though she'd like her ten-month-old to wean soon.

v. What WIC Codes do you think apply for each family member?

Baby: ______________________
Child: ______________________
Mom: ______________________

vi. Complete the Assessment screen for each family member.
  1. Complete the Standard Questions using the data above.
  2. What WIC Codes did HANDS assign?

TRAINING NOTES

MODULE 4 CARE PLAN AND NOTES

IN THIS SECTION:

- Care Plan
  - WIC Codes
  - Nutrition Discussion
  - Referrals
- Breastfeeding Promotional Items
- Notes
  - Staff Alerts
- Completing your Assessment

LEARNING OBJECTIVES:

By the end of this module, users will:

- Identify the updated and new items found in the Care Plan, Breastfeeding Promotional Items, and Notes Screens
- Complete the Assessment process for a family
- Demonstrate understanding of Notes, including Staff Alerts
- Document Breastfeeding Promotional Items

RESOURCES FOR MODULE 4: BEFORE YOU CONTINUE YOUR JOURNEY

THINGS TO DO BEFORE YOU GET STARTED:

- Check to make sure that the HANDS Resource Site is accessible from your computer
- Read the following areas of the CMA HANDS Clinic Training Manual:
  - Module 3
    - Care Plan
  - Module 10
    - Notes
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
  - Chapter 2
  - Chapter 6
  - Chapter 7
- If you need additional PCS help, please review:
  - PCS: Setting the Stage Online Course - Arizona WIC
  - Principles of Influence 101 Online Course - Arizona WIC
  - WIC PCE: Introduction to WIC Listens Online Course - Arizona WIC

OVERVIEW

During your training you will be focusing on documenting the nutrition education you offer, any referrals that are made, and completing your assessment. We'll also spend some time talking about Mandatory Referrals, as these will be handled differently in HANDS. In general, these are screens you'll be using after you've had your conversation with the family.

HANDS AND THE APPOINTMENT PATHWAY

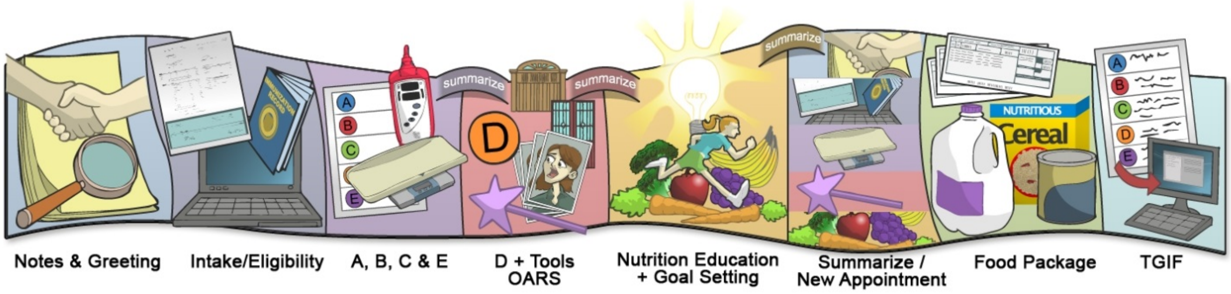


Figure 109: HANDS Appointment Pathway

Care Plan

The Care Plan area has three screens: the WIC Codes, Nutrition Discussion, and Referrals screens.

The information you document on the Care Plan is related to the nutrition education you offered and any referrals you've made. This is important because during a one-year WIC certification, a participant will need to have a minimum of four different nutrition education contacts, or Nutrition Discussions, in their file: one at the time of certification, a follow-up contact, a mid-certification contact, and a final follow-up contact.

The Care Plan has always been an important screen for documentation. Now, in addition to documentation, the Care Plan is an important screen in completing the certification or mid-cert process.

Completing Assessments

During the certification or mid-cert processes, you must finalize all of the Assessment and eligibility information you have collected and then click the Complete Assessment button before you can print checks. This is an opportunity to double-check that all of the info is correct. You can:

- Fix any incorrect data in the Medical screen
- Deselect WIC Codes that don't apply on the Assessment screen
  - You cannot deselect system-generated WIC Codes
- Add anything you may have forgotten

It's important to do all of this BEFORE you click Complete Assessment. Once you have clicked that button, the WIC Codes cannot be deselected on the Assessment screen. It's also important to click the Complete Assessment button if you update any Assessment records or add any new Assessments during a certification period. That way, the WIC Codes and the Date Added are assigned to the client's record. This keeps an accurate history of each participant's WIC Codes in their file.

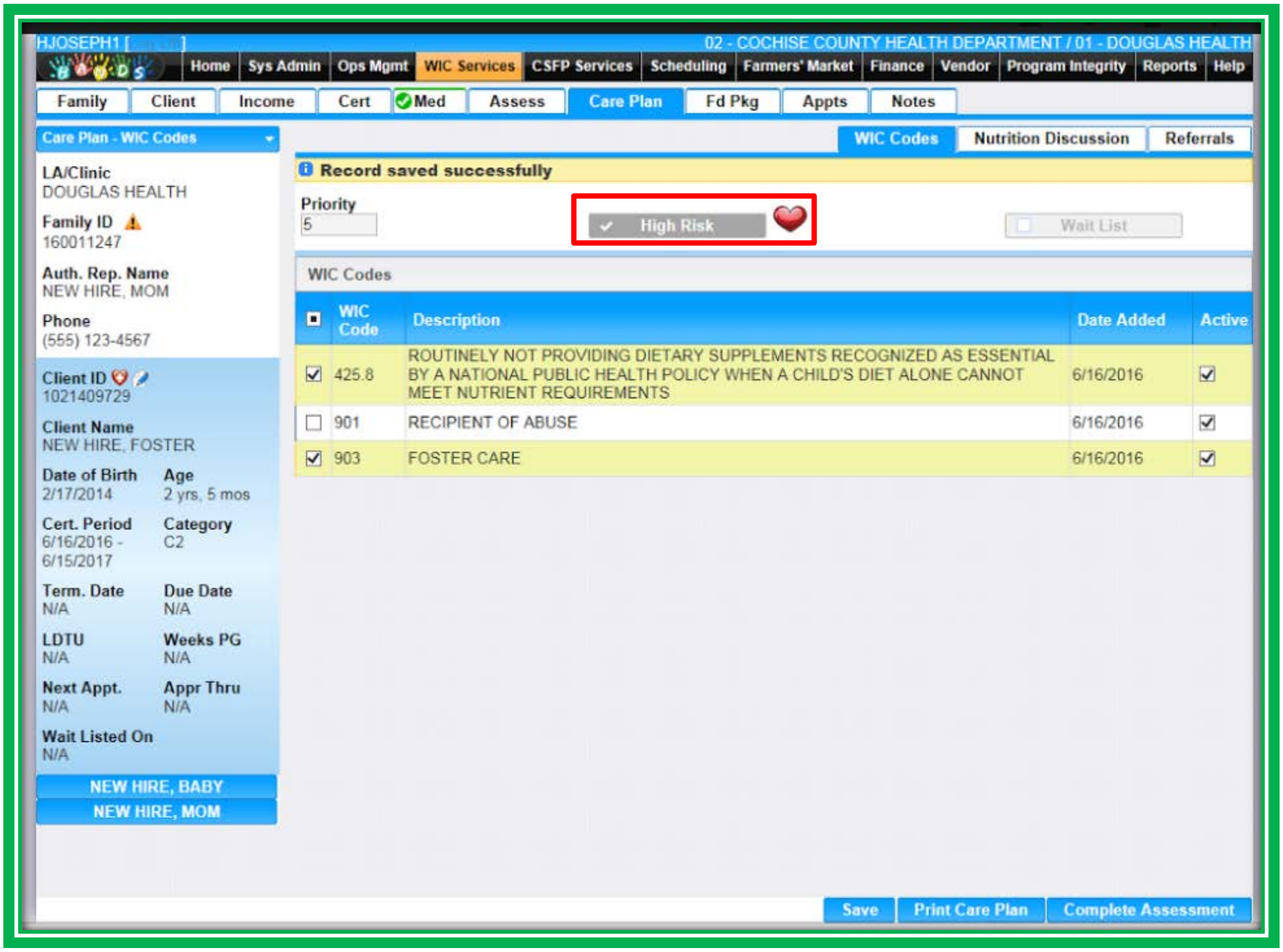
WIC Codes

WIC Codes will all be documented on the Assessment screen. The only items that will be documented on the WIC Codes screen in Care Plan are the High Risk Heart and the Active checkbox. All other items will be view only; however, the WIC Codes screen gives you a quick snapshot of the WIC Codes in the same area as the other Care Plan information.

HIGH RISK HEART

Nutritionists with special roles will be able to change the High Risk Heart back and forth from red to green by clicking on it. A red High Risk Heart lets you know that the client is high risk and needs to be seen by the Nutritionist or Dietitian (RDN). If the Nutritionist/RD feels that the client does not need to attend additional high-risk appointments during the certification period, they will turn the heart green. You will need to read the Note(s) to get a complete picture of the client's needs, including if/when they might need to be referred back to high-risk appointments. If the same high-risk code was assigned at another certification, or a new high-risk Code is assigned, the red heart will be reactivated.

The icon in the Active Record will change along with the High Risk Heart. The icon change will not be immediate; it will change either after the screen is refreshed or after you navigate to another screen.


HJOSEPH1 [Log Out]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS HEALTH
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Care Plan - WIC Codes
WIC Codes
Nutrition Discussion
Referrals
Save
Print Care Plan
Complete Assessment

Record saved successfully

Priority 5

✓ High Risk ❤

☐ Wait List

LA/Clinic DOUGLAS HEALTH

Family ID 160011247

Auth. Rep. Name NEW HIRE, MOM

Phone (555) 123-4567

Client ID 1021409729

Client Name NEW HIRE, FOSTER

Date of Birth 2/17/2014

Age 2 yrs, 5 mos

Cert. Period 6/16/2016 - 6/15/2017

Category C2

Term. Date N/A

Due Date N/A

LDTU N/A

Weeks PG N/A

Next Appt. N/A

Appr Thru N/A

Wait Listed On N/A

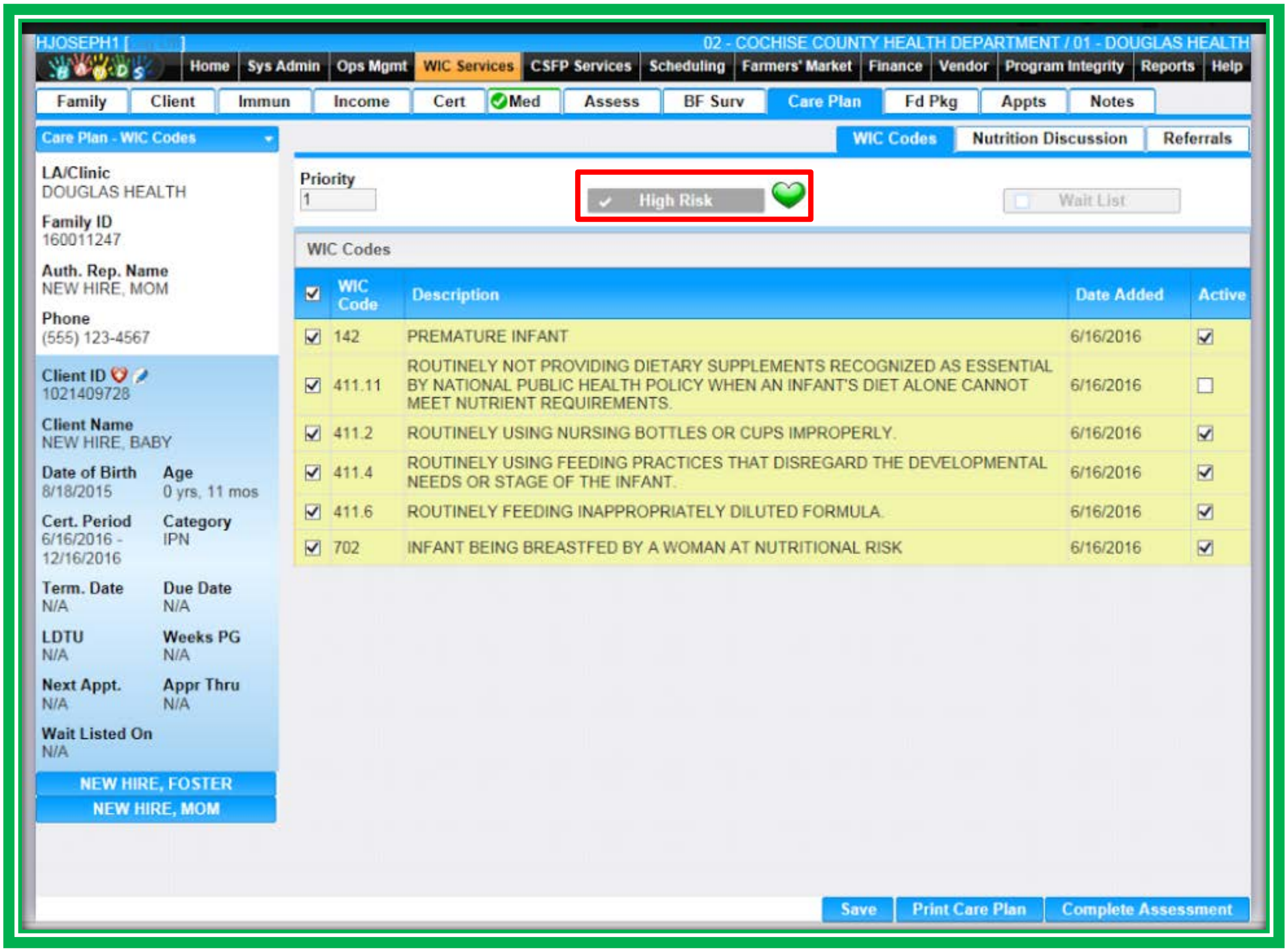
NEW HIRE, BABY

NEW HIRE, MOM

WIC Codes

■	WIC Code	Description	Date Added	Active
☑	425.8	ROUTINELY NOT PROVIDING DIETARY SUPPLEMENTS RECOGNIZED AS ESSENTIAL BY A NATIONAL PUBLIC HEALTH POLICY WHEN A CHILD'S DIET ALONE CANNOT MEET NUTRIENT REQUIREMENTS	6/16/2016	☑
☐	901	RECIPIENT OF ABUSE	6/16/2016	☑
☑	903	FOSTER CARE	6/16/2016	☑

Figure 110: Care Plan – WIC Codes – Red Heart


HJOSEPH1
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS HEALTH
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Care Plan - WIC Codes
WIC Codes
Nutrition Discussion
Referrals
NEW HIRE, FOSTER
NEW HIRE, MOM
Save
Print Care Plan
Complete Assessment

LA/Clinic
DOUGLAS HEALTH

Family ID
160011247

Auth. Rep. Name
NEW HIRE, MOM

Phone
(555) 123-4567

Client ID
1021409728

Client Name
NEW HIRE, BABY

Date of Birth 8/18/2015
Age 0 yrs, 11 mos

Cert. Period 6/16/2016 - 12/16/2016
Category IPN

Term. Date N/A
Due Date N/A

LDTU N/A
Weeks PG N/A

Next Appt. N/A
Appr Thru N/A

Wait Listed On
N/A

Priority 1

☑ High Risk

☐ Wait List

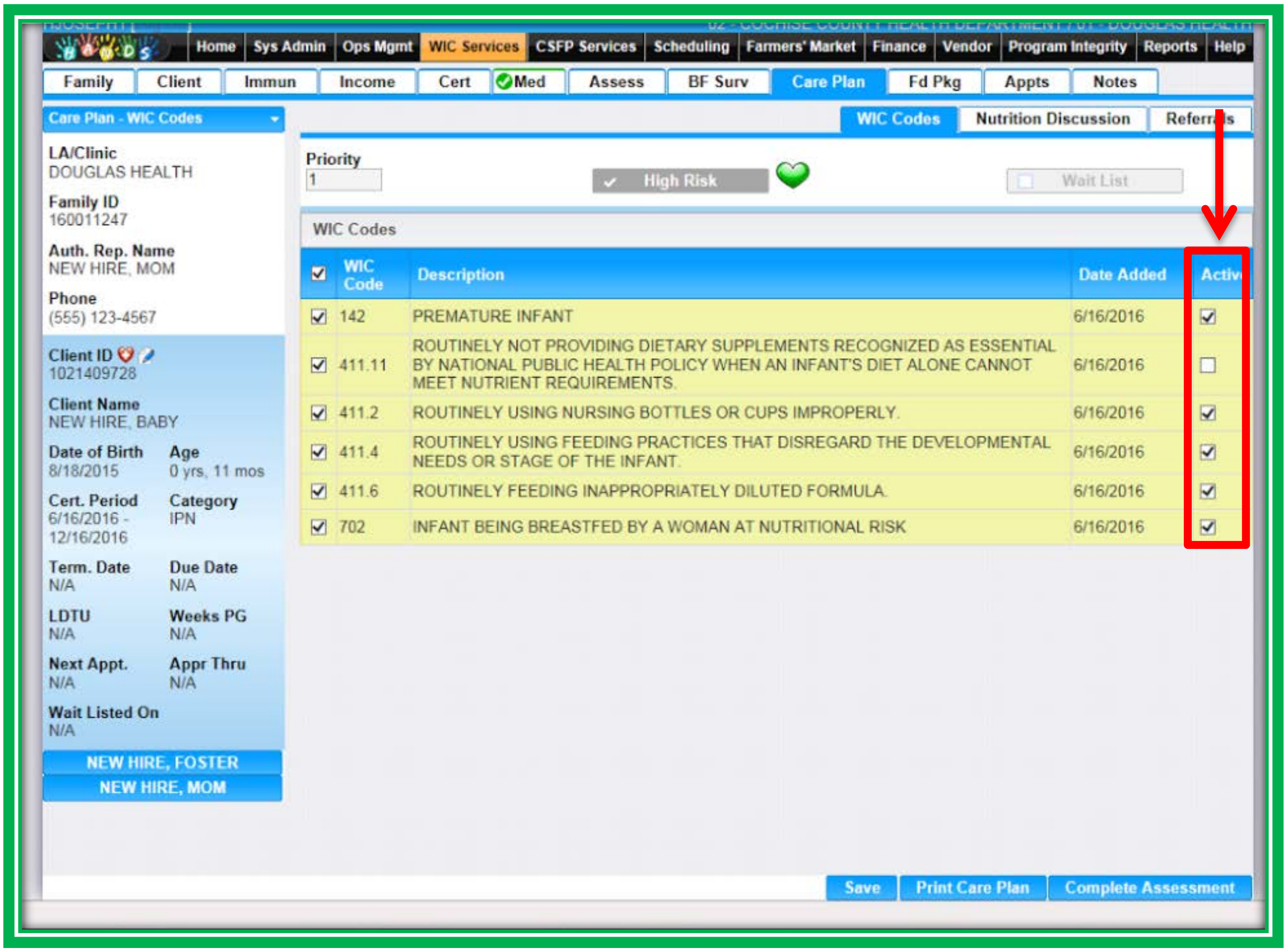
WIC Codes

☑	WIC Code	Description	Date Added	Active
☑	142	PREMATURE INFANT	6/16/2016	☑
☑	411.11	ROUTINELY NOT PROVIDING DIETARY SUPPLEMENTS RECOGNIZED AS ESSENTIAL BY NATIONAL PUBLIC HEALTH POLICY WHEN AN INFANT'S DIET ALONE CANNOT MEET NUTRIENT REQUIREMENTS.	6/16/2016	☐
☑	411.2	ROUTINELY USING NURSING BOTTLES OR CUPS IMPROPERLY.	6/16/2016	☑
☑	411.4	ROUTINELY USING FEEDING PRACTICES THAT DISREGARD THE DEVELOPMENTAL NEEDS OR STAGE OF THE INFANT.	6/16/2016	☑
☑	411.6	ROUTINELY FEEDING INAPPROPRIATELY DILUTED FORMULA.	6/16/2016	☑
☑	702	INFANT BEING BREASTFED BY A WOMAN AT NUTRITIONAL RISK	6/16/2016	☑

Figure 111: Care Plan – WIC Codes – Green Heart

ACTIVE CHECKBOX

You will also be able to designate whether a client's WIC Code is being actively followed by using the Active checkbox. An example would be if a client was anemic at certification but is no longer anemic. You would deselect WIC Code 201.1 or 201.2 to let others know that this risk is not currently being discussed with the client. Of course, you will want to document this in your note as well.


Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Care Plan - WIC Codes
WIC Codes
Nutrition Discussion
Referrals
High Risk
Wait List
NEW HIRE, FOSTER
NEW HIRE, MOM
Save
Print Care Plan
Complete Assessment

LA/Clinic DOUGLAS HEALTH
Family ID 160011247
Auth. Rep. Name NEW HIRE, MOM
Phone (555) 123-4567
Client ID 1021409728
Client Name NEW HIRE, BABY
Date of Birth 8/18/2015
Age 0 yrs, 11 mos
Cert. Period 6/16/2016 - 12/16/2016
Category IPN
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A
Wait Listed On N/A

Priority 1

WIC Codes

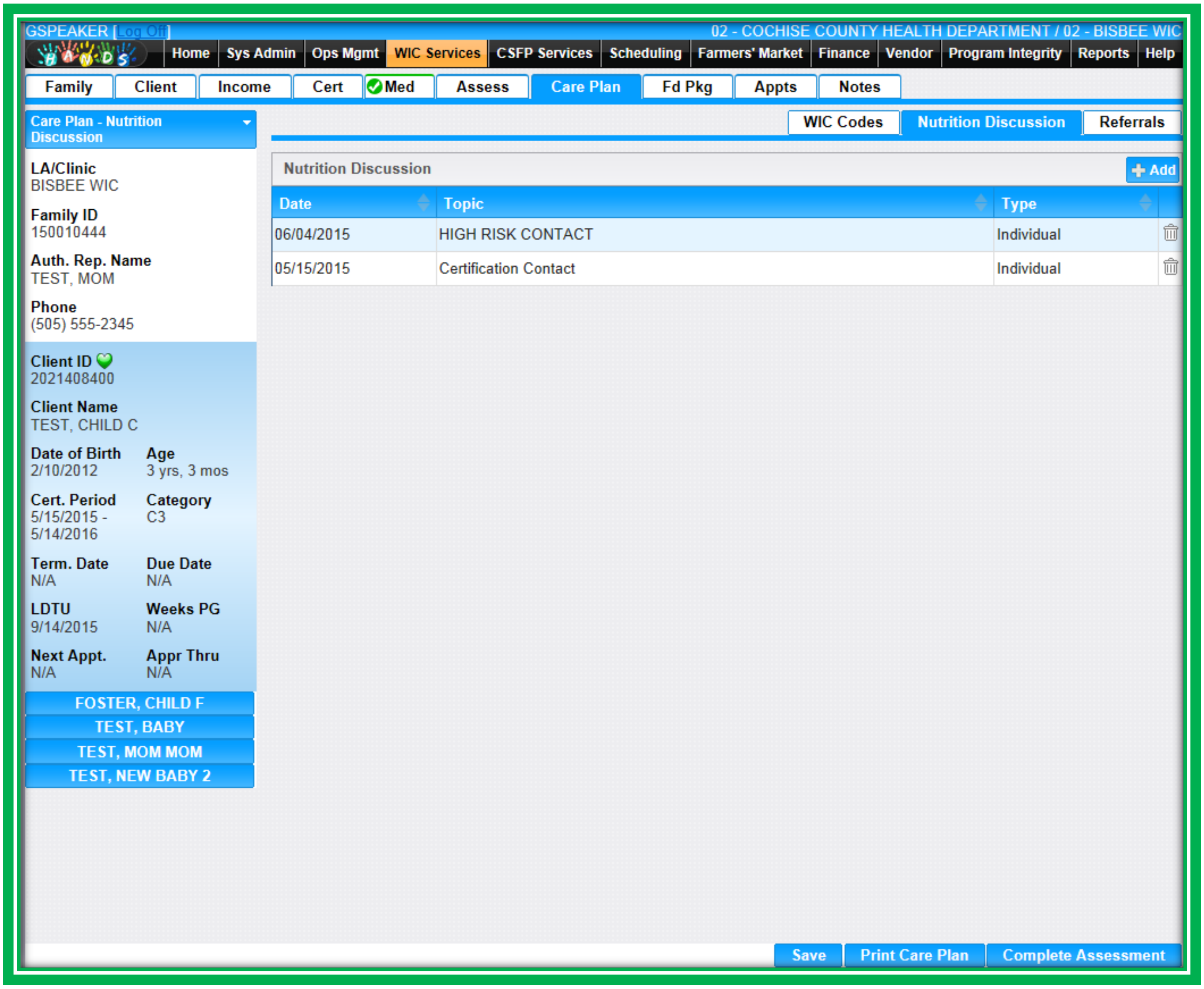
☑	WIC Code	Description	Date Added	Activ
☑	142	PREMATURE INFANT	6/16/2016	☑
☑	411.11	ROUTINELY NOT PROVIDING DIETARY SUPPLEMENTS RECOGNIZED AS ESSENTIAL BY NATIONAL PUBLIC HEALTH POLICY WHEN AN INFANT'S DIET ALONE CANNOT MEET NUTRIENT REQUIREMENTS.	6/16/2016	☐
☑	411.2	ROUTINELY USING NURSING BOTTLES OR CUPS IMPROPERLY.	6/16/2016	☑
☑	411.4	ROUTINELY USING FEEDING PRACTICES THAT DISREGARD THE DEVELOPMENTAL NEEDS OR STAGE OF THE INFANT.	6/16/2016	☑
☑	411.6	ROUTINELY FEEDING INAPPROPRIATELY DILUTED FORMULA.	6/16/2016	☑
☑	702	INFANT BEING BREASTFED BY A WOMAN AT NUTRITIONAL RISK	6/16/2016	☑

Figure 112: Care Plan – WIC Codes – Active Checkbox

Nutrition Discussion

In the Care Plan - Nutrition Discussion tab, you'll document which kind of nutrition contact, or discussion, you've completed. Information about the topics you discussed with your client will be covered in your note! You'll document the type of appointment at which the contact was made; some examples are below:

- Certification Contact
- Nutrition Ed Contact
- Mid-Certification Contact
- High-Risk Contact


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
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Cert
✓ Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Care Plan - Nutrition Discussion
WIC Codes
Nutrition Discussion
Referrals
FOSTER, CHILD F
TEST, BABY
TEST, MOM MOM
TEST, NEW BABY 2
+ Add
Save
Print Care Plan
Complete Assessment

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408400

Client Name
TEST, CHILD C

Date of Birth 2/10/2012	**Age** 3 yrs, 3 mos
Cert. Period 5/15/2015 - 5/14/2016	**Category** C3
Term. Date N/A	**Due Date** N/A
LDTU 9/14/2015	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

Nutrition Discussion

Date	Topic	Type
06/04/2015	HIGH RISK CONTACT	Individual
05/15/2015	Certification Contact	Individual

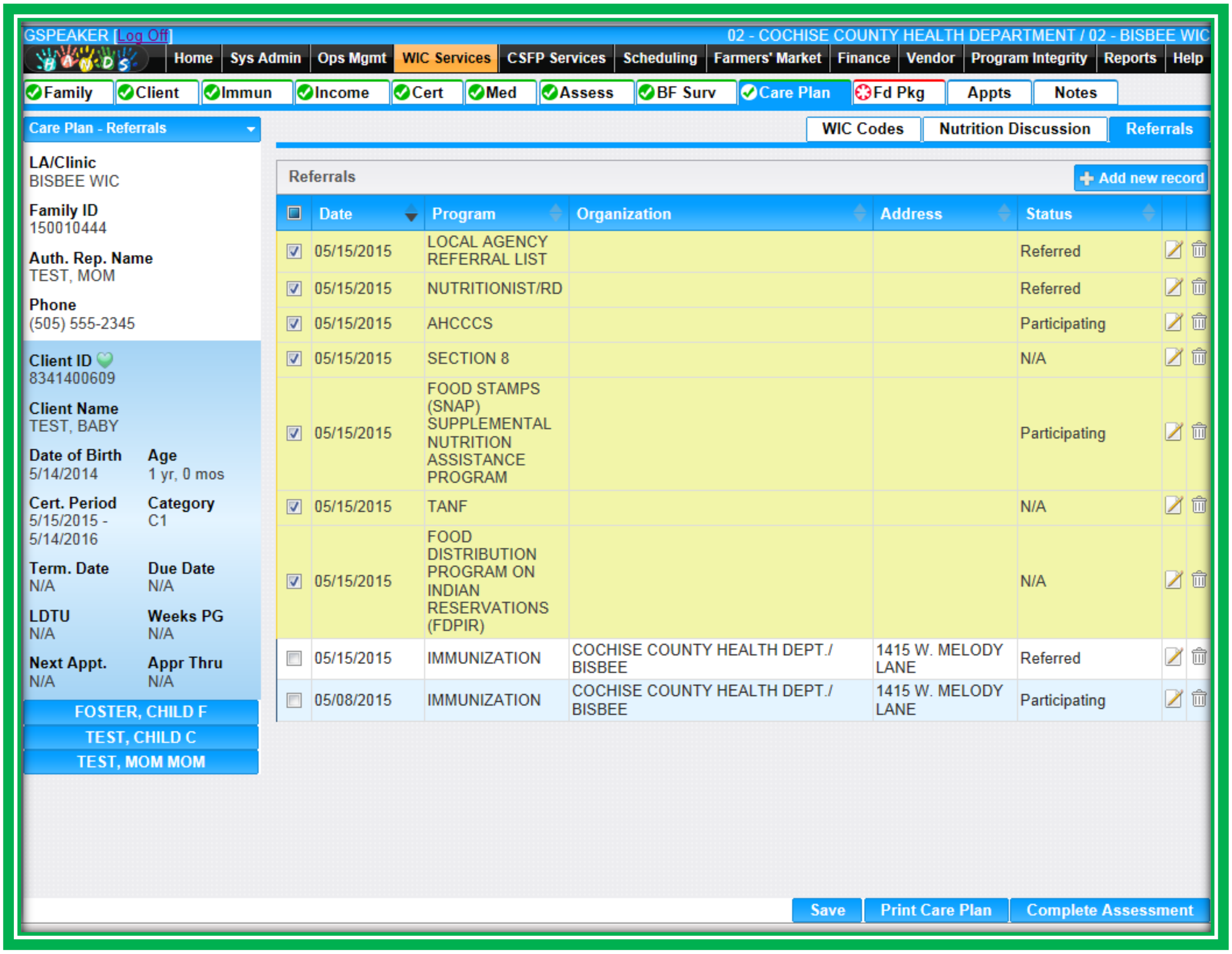
Figure 113: Care Plan – Nutrition Discussion

Referrals

In HANDS, the referral screen function is used to help you more accurately record what referrals you’ve made. There are several referrals that we are mandated to track in WIC. For Arizona, the ones that are associated with income determination include:

- AHCCCS
- TANF
- SNAP

The Care Plan will now record whether you’ve referred the family to one of these programs, whether they are currently participating in the program, or whether they’re not eligible or not interested in the program (N/A).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Program Integrity
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Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Care Plan - Referrals
WIC Codes
Nutrition Discussion
Referrals
Add new record
FOSTER, CHILD F
TEST, CHILD C
TEST, MOM MOM
Save
Print Care Plan
Complete Assessment

LA/Clinic BISBEE WIC
Family ID 150010444
Auth. Rep. Name TEST, MOM
Phone (505) 555-2345
Client ID 8341400609
Client Name TEST, BABY
Date of Birth 5/14/2014
Age 1 yr, 0 mos
Cert. Period 5/15/2015 - 5/14/2016
Category C1
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A

Referrals

☐	Date	Program	Organization	Address	Status
☑	05/15/2015	LOCAL AGENCY REFERRAL LIST			Referred
☑	05/15/2015	NUTRITIONIST/RD			Referred
☑	05/15/2015	AHCCCS			Participating
☑	05/15/2015	SECTION 8			N/A
☑	05/15/2015	FOOD STAMPS (SNAP) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM			Participating
☑	05/15/2015	TANF			N/A
☑	05/15/2015	FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)			N/A
☐	05/15/2015	IMMUNIZATION	COCHISE COUNTY HEALTH DEPT./ BISBEE	1415 W. MELODY LANE	Referred
☐	05/08/2015	IMMUNIZATION	COCHISE COUNTY HEALTH DEPT./ BISBEE	1415 W. MELODY LANE	Participating

Figure 114: Care Plan – Referrals

This information is important because we report this data to other federal programs. To help make this process faster, you can update the information in the Income screen in the Adjunctive Eligibility Grid. This grid "talks" to the Care Plan screen, but this doesn't work in reverse; the Care Plan screen will not update the Income screen.

You will also find Local Agency Referral List on the list of referrals. This covers any other mandated referrals, such as referrals to domestic violence programs, food bank information, info about lead screening, and folate. When you and the client have reviewed the referral list, record this action by ensuring the Status is set to Referred for the Local Agency Referral List.

ADD A NEW REFERRAL

If you would like to add a new Referral, take the following steps:

1. Click on the Add New Record button to open the Add pop-up
    a. Select the Referral Program from the Program pick list
    b. Select the Referral Organization from the Organization pick list
        i. This is optional
    c. Select the Referral Status from the Status pick list:
        i. Part. Proof
            1. The client is participating and brought proof with them, or you can confirm eligibility through an official verification system (if allowed by your agency)
        ii. Part. No Proof
            1. The client is participating in a program, but forgot proof
        iii. Referred
            1. You referred the participant to the program
        iv. Fam Elig Proof
            1. **Note: These requirements are for Arizona WIC. Please check your State Agency's requirements for Family Eligibility.**
            2. The participant is a member of a household containing one of the following who also brought proof with them, or you can confirm eligibility through an official verification system (if allowed by your agency): a(n)
                a. TANF recipient, or
                b. Section 8 recipient, or
                c. FDPIR recipient, or
                d. SNAP recipient, or
                e. Pregnant woman enrolled in AHCCCS, or
                f. Infant enrolled in AHCCCS
        v. N/A
            1. None of the items in the pick list are applicable or of interest to the participant
    d. Select the OK button
2. Select the Save button on the main screen

EDIT A REFERRAL

To set or change the Status of an existing Referral, will take the following steps:

1. Click the icon to 📝 open the Edit pop-up
    a. If the Status is already populated by the system using data from another screen, you cannot change the Status on this screen
    b. Select the desired Referral Status from the Status pick list:
        i. Part. Proof

            1. The client is participating and brought proof with them, or you can confirm eligibility through an official verification system (if allowed by your agency)
        ii. Part. No Proof
            1. The client is participating in a program, but forgot proof
        iii. Referred
            1. You referred the participant to the program
        iv. Fam Elig Proof
            1. **Note: These requirements are for Arizona WIC. Please check your State Agency's requirements for Family Eligibility.**
            2. The participant is a member of a household containing on of the following **and** brought proof with them, or you can confirm eligibility through an official verification system (if allowed by your Agency): a(n)
                a. TANF recipient, or
                b. Section 8 recipient, or
                c. FDPIR recipient, or
                d. SNAP recipient, or
                e. Pregnant woman enrolled in AHCCCS, or
                f. Infant enrolled in AHCCCS
        v. N/A
            1. None of the items in the pick list are applicable or of interest to the participant
    c. Select the OK button
2. Select the Save button on the main screen

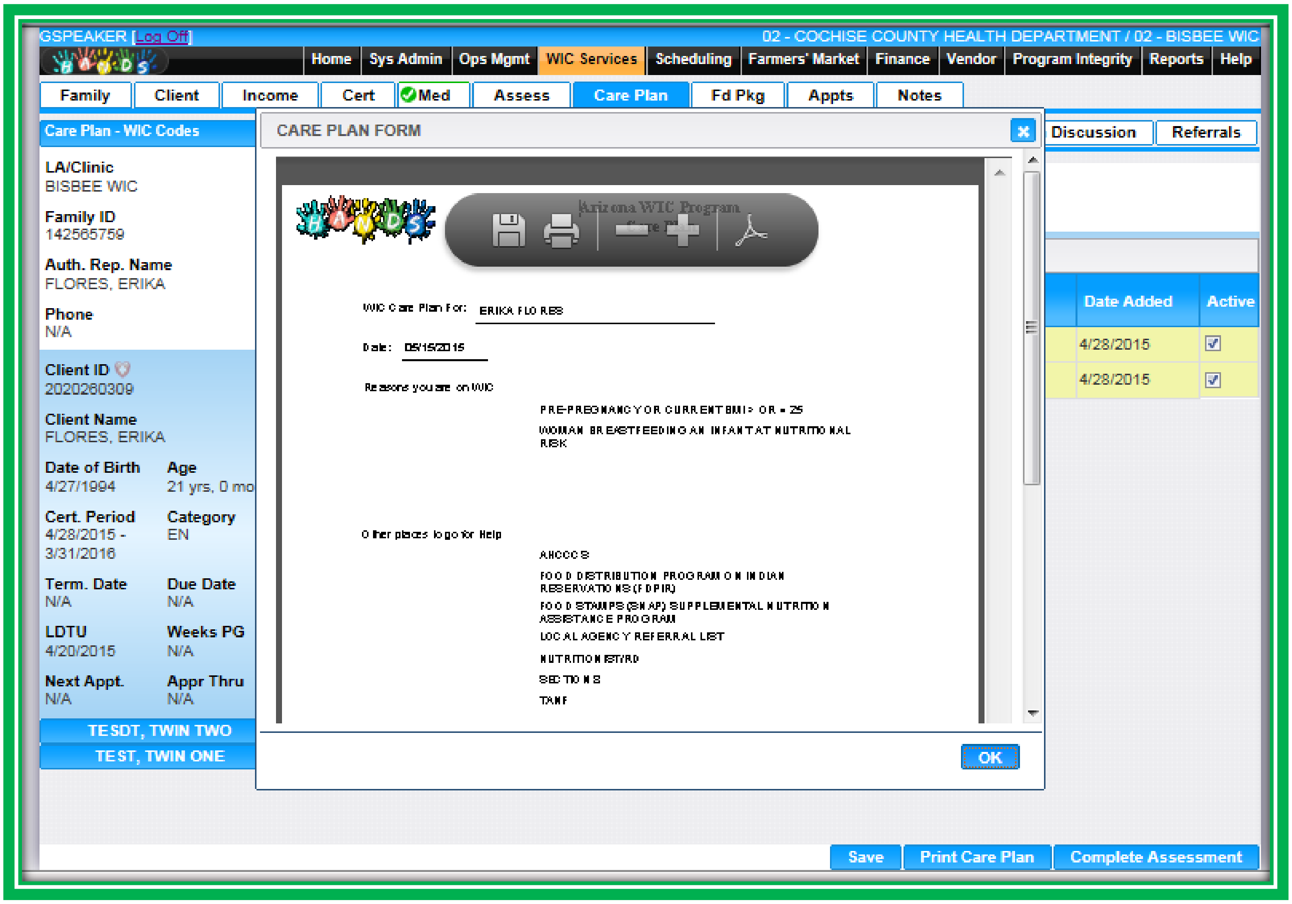
Together We Can

For most families, we hand out this info, but if you make a specific referral to any program on that list, make sure to include it on the Referral screen so that it can be followed.

Printing the Care Plan

You will be able to print the Care Plan in HANDS. There are checkboxes on the left-hand side of the grids on each of the Care Plan screens, which allow you to select the items you want to appear on the Care Plan. You will select the items on the screen, then select the Save button. This process will need to be completed on each screen in the Care Plan until you have selected all of the items you want to appear on the printout. Then you will select the Print Care Plan button. The system will display a PDF of the document and give you different options to choose from, including:

- Save
- Print file
    - You have to print using this option or the Adobe Reader toolbar
- Zoom (in/out)
- Adobe Reader toolbar
    - This opens a new toolbar
- OK
    - This closes the window


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Care Plan - WIC Codes
CARE PLAN FORM
Discussion
Referrals
Arizona WIC Program
Care Plan
OK
Save
Print Care Plan
Complete Assessment

LA/Clinic
BISBEE WIC

Family ID
142565759

Auth. Rep. Name
FLORES, ERIKA

Phone
N/A

Client ID
2020260309

Client Name
FLORES, ERIKA

Date of Birth 4/27/1994	Age 21 yrs, 0 mo
Cert. Period 4/28/2015 - 3/31/2016	Category EN
Term. Date N/A	Due Date N/A
LDTU 4/20/2015	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

TESDT, TWIN TWO
TEST, TWIN ONE

WIC Care Plan For: ERIKA FLORES

Date: 05/15/2015

Reasons you are on WIC
PRE-PREGNANCY OR CURRENT BMI > OR = 25
WOMAN BREASTFEEDING AN INFANT AT NUTRITIONAL RISK

Other places to go for Help
AHCCCS
FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)
FOOD STAMPS (SNAP) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
LOCAL AGENCY REFERRAL LIST
NUTRITIONIST/RD
SECTION 8
TANF

Date Added	Active
4/28/2015	☑
4/28/2015	☑

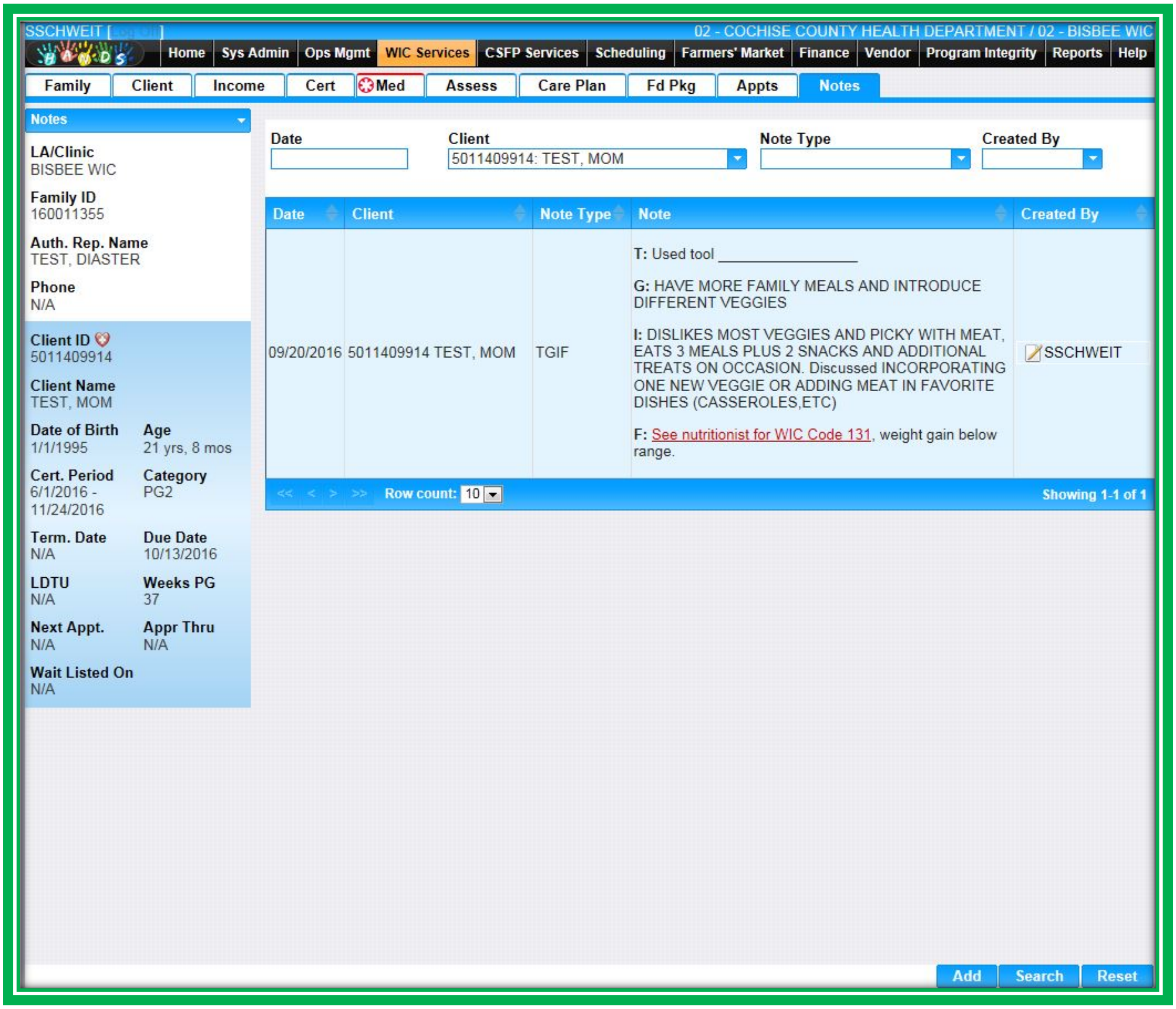
Figure 115: Care Plan – Print Care Plan

Now it's time to go over what you have learned so far. Please review Care Plan – WIC Codes, Nutrition Discussion, and Referrals in Module 4 on the HANDS Resource Site.

Notes

Notes are an important part of the certification process. In the note, you document important aspects of the certification and the services you provided. Just as documenting the income you verified in the Income screen is important, a complete note is vital. Notes also help you as the counselor follow up with your client.

The Notes screen is no longer a small pop-up accessible from several different screens; it is now its own screen. It has been restructured and is easier. You will be able to access and add a note to any family member's file from the same page.


SSCHWEIT [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
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WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Notes
<< < > >>
Add
Search
Reset

LA/Clinic BISBEE WIC
Family ID 160011355
Auth. Rep. Name TEST, DIASTER
Phone N/A
Client ID 5011409914
Client Name TEST, MOM
Date of Birth 1/1/1995
Age 21 yrs, 8 mos
Cert. Period 6/1/2016 - 11/24/2016
Category PG2
Term. Date N/A
Due Date 10/13/2016
LDTU N/A
Weeks PG 37
Next Appt. N/A
Appr Thru N/A
Wait Listed On N/A

Date
Client 5011409914: TEST, MOM
Note Type
Created By

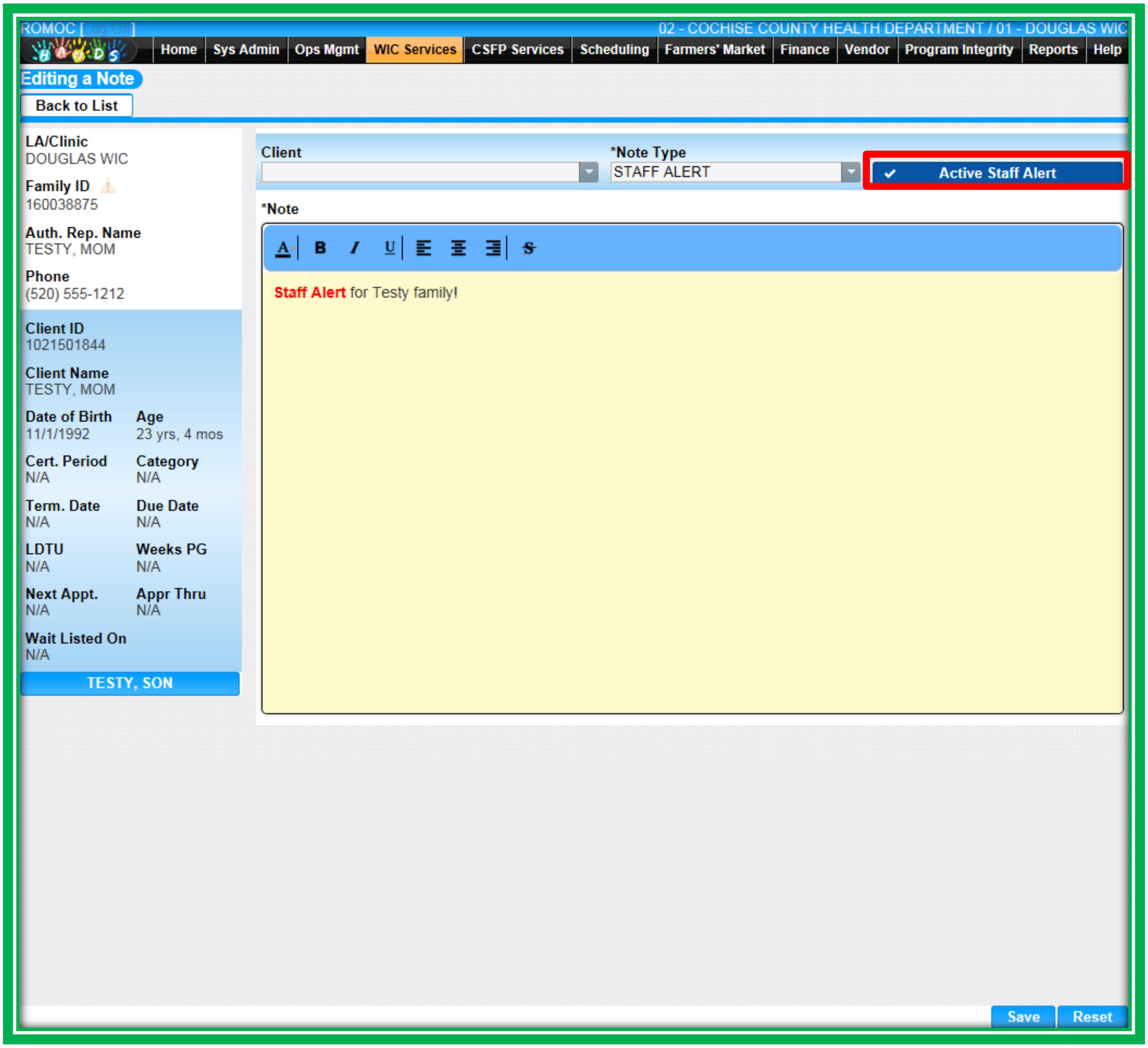
Date	Client	Note Type	Note	Created By
09/20/2016	5011409914 TEST, MOM	TGIF	T: Used tool ________________ G: HAVE MORE FAMILY MEALS AND INTRODUCE DIFFERENT VEGGIES I: DISLIKES MOST VEGGIES AND PICKY WITH MEAT, EATS 3 MEALS PLUS 2 SNACKS AND ADDITIONAL TREATS ON OCCASION. Discussed INCORPORATING ONE NEW VEGGIE OR ADDING MEAT IN FAVORITE DISHES (CASSEROLES,ETC) F: See nutritionist for WIC Code 131, weight gain below range.	SSCHWEIT

Row count: 10
Showing 1-1 of 1

Figure 116: Notes

The field Note Type allows you to categorize your note based on the type of service you're providing. When you mark a note as a Staff Alert, an icon will appear on the Active Record. By hovering over the icon, it will inform you that the client has a Staff Alert and that you should view the notes. If you click on the icon, you will be taken to the Notes screen.

When you create a Staff Alert in a client record, it is applied to all of the clients in the family. Anything that you feel needs to draw the attention of the next reader should be marked as a Staff Alert. After a Staff Alert no longer applies, the user will de-select the Active Staff Alert checkbox. This will remove the Staff Alert icon from the active record.


ROMOC [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 01 - DOUGLAS WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Editing a Note
Back to List
TESTY, SON
Save
Reset

LA/Clinic
DOUGLAS WIC

Family ID
160038875

Auth. Rep. Name
TESTY, MOM

Phone
(520) 555-1212

Client ID
1021501844

Client Name
TESTY, MOM

Date of Birth: 11/1/1992
Age: 23 yrs, 4 mos
Cert. Period: N/A
Category: N/A
Term. Date: N/A
Due Date: N/A
LDTU: N/A
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A
Wait Listed On: N/A

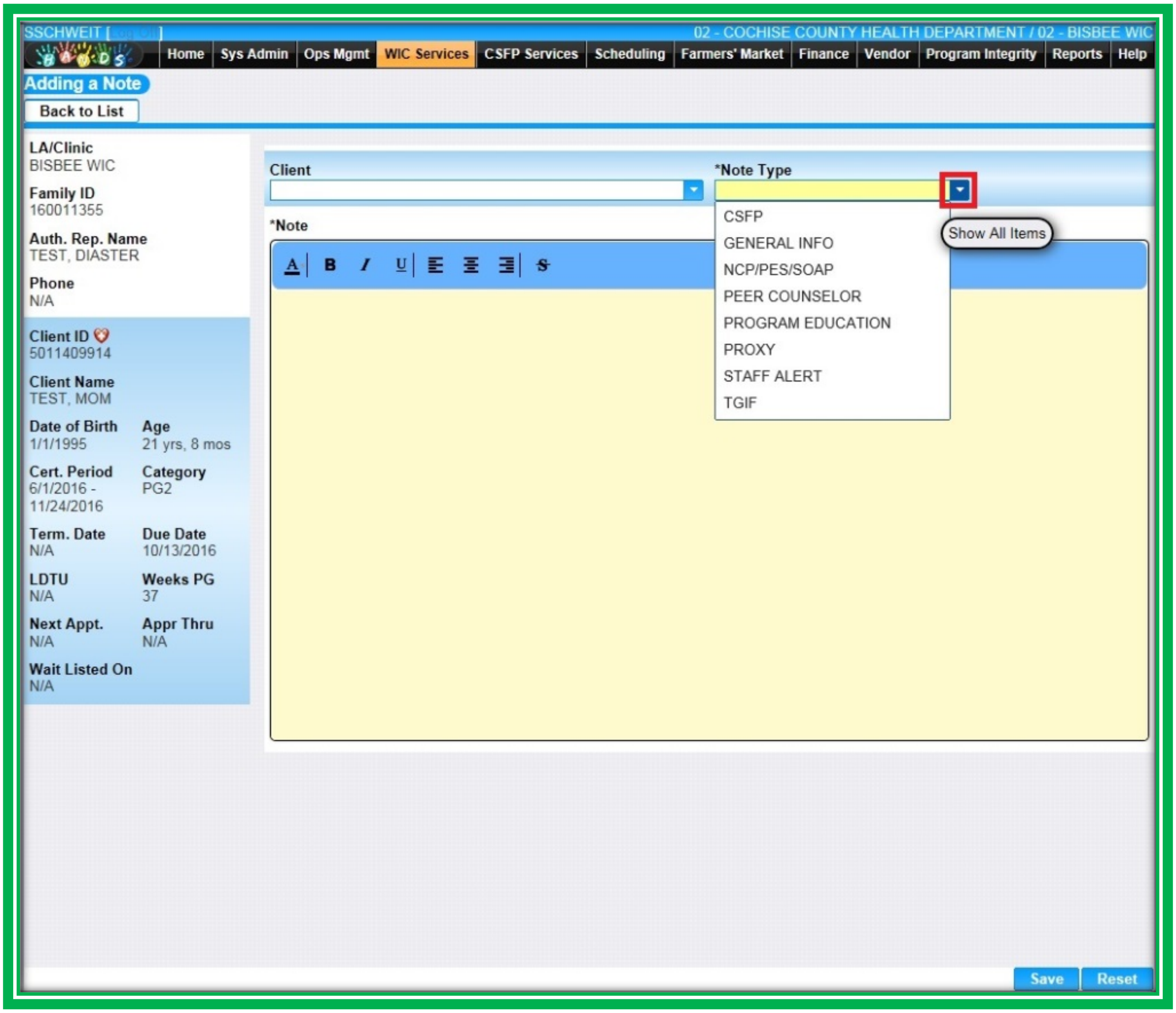
Client:
*Note Type: STAFF ALERT
☑ Active Staff Alert

*Note
Staff Alert for Testy family!

Figure 117: Notes – Add – Client Pick List

All other notes that you create are only applied to single clients; however, the Copy (Ctrl+C) and Paste (Ctrl+V) shortcuts work in HANDS. These shortcuts will allow you to paste and tailor client notes or TGIF templates, if applicable. There are several Note Types in HANDS; they may change from time to time. Examples include:

- CSFP
- General Info
- NCP/PES/SOAP
- Peer Counselor
- Program Education
- Proxy
- Staff Alert
- TGIF


SSCHWEIT [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Adding a Note
Back to List
Client
*Note Type
*Note
CSFP
GENERAL INFO
NCP/PES/SOAP
PEER COUNSELOR
PROGRAM EDUCATION
PROXY
STAFF ALERT
TGIF
Show All Items
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
160011355

Auth. Rep. Name
TEST, DIASTER

Phone
N/A

Client ID
5011409914

Client Name
TEST, MOM

Date of Birth: 1/1/1995
Age: 21 yrs, 8 mos

Cert. Period: 6/1/2016 - 11/24/2016
Category: PG2

Term. Date: N/A
Due Date: 10/13/2016

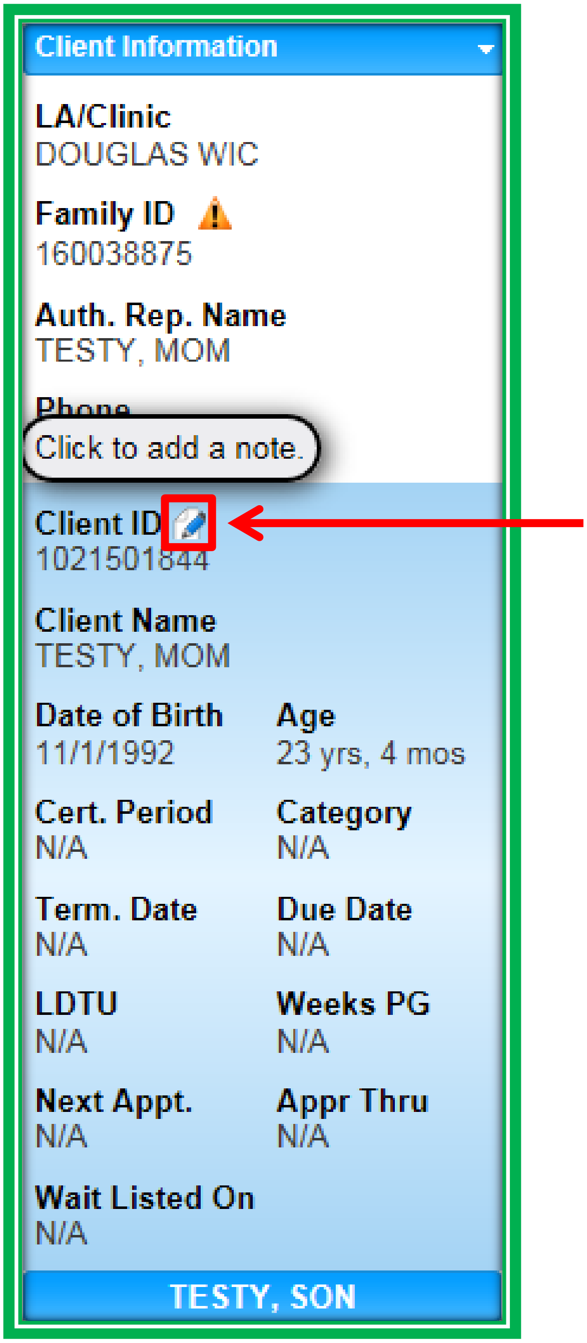
LDTU: N/A
Weeks PG: 37

Next Appt.: N/A
Appr Thru: N/A

Wait Listed On
N/A

Figure 118: Notes – Add – Note Type Pick List

Another function is the Notes icon, you can access the Notes icon from the clients active record. Once you click on the Notes icon, a text box pops up on the current screen, the text will display the clients names and ID, you will then select the 'Note Type' and now it's ready for imputing information.


Client Information

LA/Clinic
DOUGLAS WIC

Family ID
160038875

Auth. Rep. Name
TESTY, MOM

Phone

Click to add a note.

Client ID
1021501844

Client Name
TESTY, MOM

Date of Birth 11/1/1992	Age 23 yrs, 4 mos
Cert. Period N/A	Category N/A
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

Wait Listed On
N/A

TESTY, SON

Figure 119: Note icon- Add Note

In HANDS, the system assigns the date created to the note, so Notes cannot be backdated. On the rare occasion that you find yourself behind on your notes, you will need to include the actual date you saw the client in the body of the note to ensure accuracy.

Together We Can

Why are notes important? Notes aren’t just a task that has to be done; they also protect you and our program. The note shows that you did your job; it describes what mom may have told you and what services you offered. If a client’s file is ever subpoenaed by the courts, one of the first places they look is your note. A well written and thorough note helps your Program Integrity team complete fraud investigations and defend WIC in the courtroom. So, your note not only enables you to follow up with the client, it may also defend you in a court of law one day!

Now it’s time to go over what you have learned so far. Please review Notes in Module 4 on the HANDS Resource Site.

CASE STUDY: IT'S IN YOUR HANDS!

Now it is time for you to continue your journey into the world of HANDS.

1. Discuss the following with your Helping HAND:
    a. Using Complete Assessment during a Mid-Cert Assessment (Health Check) or adding additional WIC Codes
    b. Examples of when to deselect the Active box for a WIC Code
    c. Any questions you have about the new Nutrition Discussion Topic List
    d. Referrals within your agency and in your area
        i. Using the Income screen to make documenting referrals easier
        ii. High/Medium-Risk Referral Policy
    e. TGIF requirements in your agency
    f. How the red/green High Risk Heart Works
2. Work to do before you start
    a. Log into the HANDS Training Database
    b. Search for your family using the WIC Services Search
    c. Refer to the Case Study in Module 3 Assessment Part 2 for details on your family's situation
3. Document in the Care Plan and:
    a. What topics would you offer mom in your discussion based on her need?
        i. Baby:____________________
        ii. Child:____________________
        iii. Mom:____________________
    b. Select the contact type in the Nutrition Discussion Topic pick list
    c. What referrals would you offer?
    d. Write your TGIF for each family member in the Notes screen
        i. Note: Include info about tailoring baby's food package. How would you tailor her food package?

TRAINING NOTES

MODULE 5 FOOD PACKAGE PART 1 AND BREAST PUMP ISSUANCE AND RETURN

IN THIS SECTION:

- Food Package
  - Food Package Assignment
  - Food Benefit Issuance
- Breast Pump Issuance and Return

LEARNING OBJECTIVES:

By the end of this module, users will:

- Identify the updated and new items found in the Food Package Assignment and Food Benefit Issuance screens
- Demonstrate understanding of the new Breast Pump Issuance and Return screen
- Assign food packages and issue benefits to a family

RESOURCES FOR MODULE 5: BEFORE YOU CONTINUE YOUR JOURNEY

THINGS TO DO BEFORE YOU GET STARTED:

- Check to make sure that the HANDS Resource Site is accessible from your computer
- Read the following areas of the CMA HANDS Clinic Training Manual:
  - Module 4
    - Food Package Assignment
    - Food Benefit Issuance
  - Module 5
    - Breast Pump Issuance and Return
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
  - Chapter 3
  - Chapter 4
  - Chapter 9
    - Section B Local Agency Responsibilities
  - Chapter 19

OVERVIEW

During your training you will be focusing on assigning and issuing food packages to participants and getting to know the new Breast Pump Issuance and Return screen.

HANDS AND THE APPOINTMENT PATHWAY

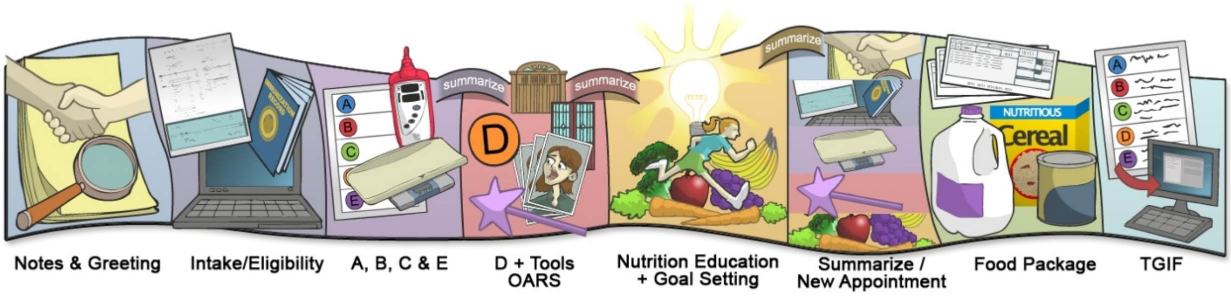
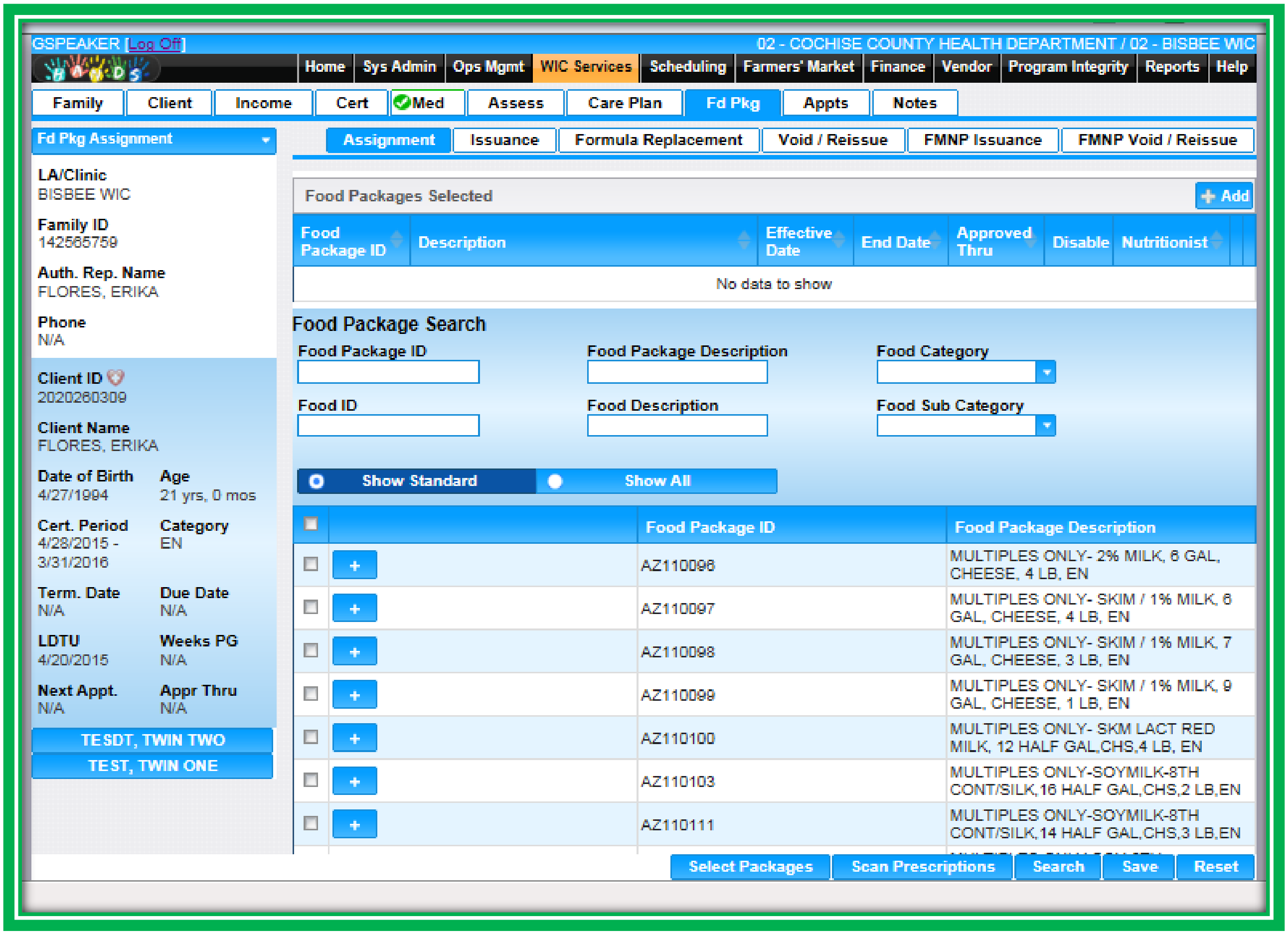

summarize
summarize
summarize
D
A
B
C
D
E
NUTRITIOUS
Cereal
Notes & Greeting
Intake/Eligibility
A, B, C & E
D + Tools
OARS
Nutrition Education
+ Goal Setting
Summarize /
New Appointment
Food Package
TGIF

Figure 120: HANDS Appointment Pathway

Food Package Assignment

The journey along the Appointment Pathway is almost complete, and it's time to work with our clients to find a food package that works for them. The way to search for food packages is a simple process and can be done on the main screen, and you will notice that the Quick Add feature is conveniently placed at the top of your screen.

The Quick Add feature will allow you to add a food package if you already know the ID. You can also add the Effective, End, and Approved Thru Dates in this window; they are consolidated into one area on the main screen.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Assignment
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
+ Add
● Show Standard
○ Show All
TESDT, TWIN TWO
TEST, TWIN ONE
Select Packages
Scan Prescriptions
Search
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
142565759

Auth. Rep. Name
FLORES, ERIKA

Phone
N/A

Client ID
2020260309

Client Name
FLORES, ERIKA

Date of Birth 4/27/1994	**Age** 21 yrs, 0 mos
Cert. Period 4/28/2015 - 3/31/2016	**Category** EN
Term. Date N/A	**Due Date** N/A
LDTU 4/20/2015	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

Food Packages Selected

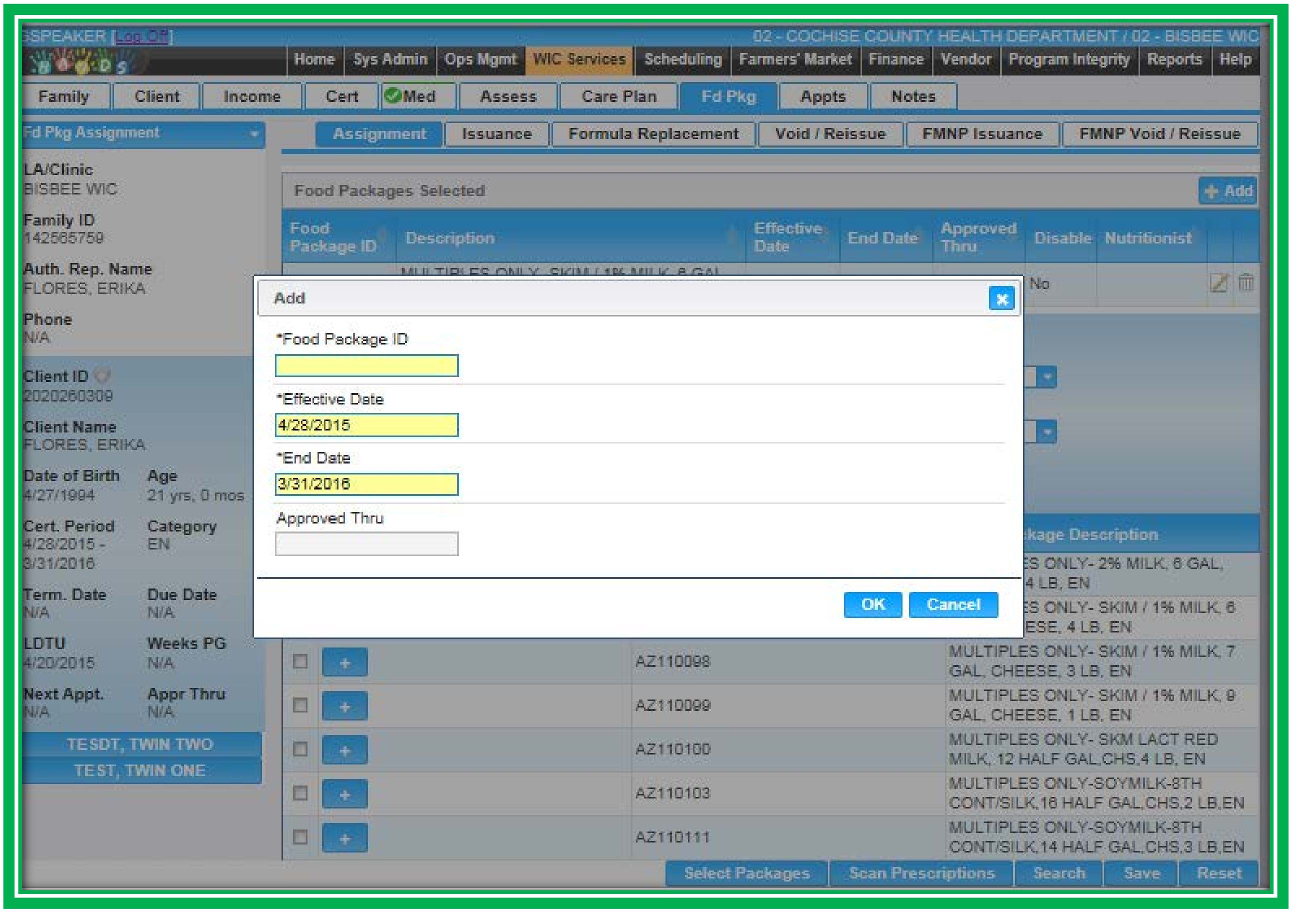
Food Package ID	Description	Effective Date	End Date	Approved Thru	Disable	Nutritionist
No data to show						

Food Package Search

Food Package ID
Food Package Description
Food Category
Food ID
Food Description
Food Sub Category

☐		Food Package ID	Food Package Description
☐	+	AZ110096	MULTIPLES ONLY- 2% MILK, 6 GAL, CHEESE, 4 LB, EN
☐	+	AZ110097	MULTIPLES ONLY- SKIM / 1% MILK, 6 GAL, CHEESE, 4 LB, EN
☐	+	AZ110098	MULTIPLES ONLY- SKIM / 1% MILK, 7 GAL, CHEESE, 3 LB, EN
☐	+	AZ110099	MULTIPLES ONLY- SKIM / 1% MILK, 9 GAL, CHEESE, 1 LB, EN
☐	+	AZ110100	MULTIPLES ONLY- SKM LACT RED MILK, 12 HALF GAL,CHS,4 LB, EN
☐	+	AZ110103	MULTIPLES ONLY-SOYMILK-8TH CONT/SILK,16 HALF GAL,CHS,2 LB,EN
☐	+	AZ110111	MULTIPLES ONLY-SOYMILK-8TH CONT/SILK,14 HALF GAL,CHS,3 LB,EN

Figure 121: Food Package Assignment


SPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Assignment
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Food Packages Selected
Add
Food Package ID
Description
Effective Date
End Date
Approved Thru
Disable
Nutritionist
OK
Cancel
Select Packages
Scan Prescriptions
Search
Save
Reset

LA/Clinic
BISBEE WIC
Family ID
142565759
Auth. Rep. Name
FLORES, ERIKA
Phone
N/A
Client ID
2020260309
Client Name
FLORES, ERIKA
Date of Birth 4/27/1994
Age 21 yrs, 0 mos
Cert. Period 4/28/2015 - 3/31/2016
Category EN
Term. Date N/A
Due Date N/A
LDTU 4/20/2015
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A
TESDT, TWIN TWO
TEST, TWIN ONE

Add
*Food Package ID
*Effective Date 4/28/2015
*End Date 3/31/2016
Approved Thru

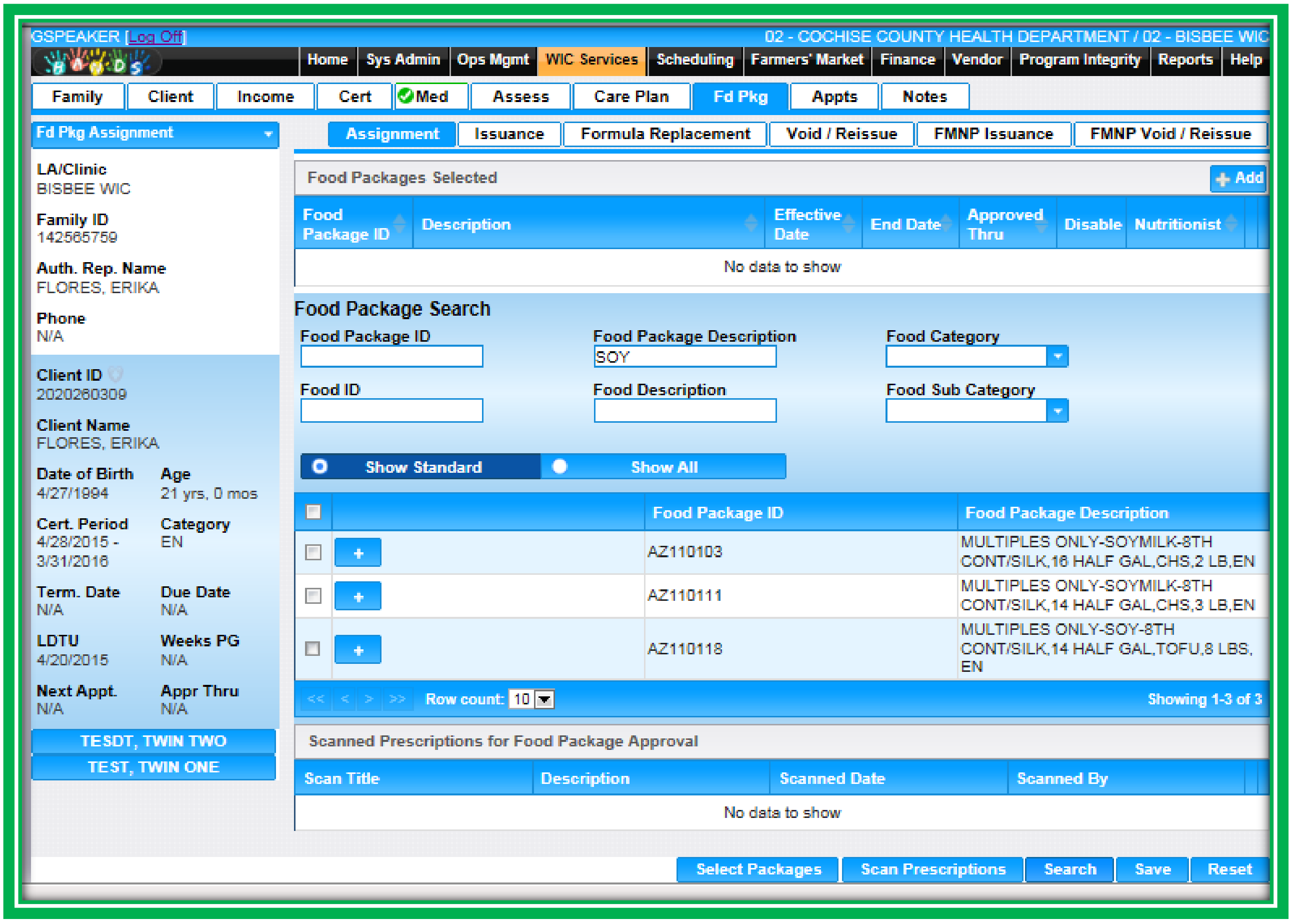
		Food Package ID	Package Description
☐	+	AZ110098	MULTIPLES ONLY- SKIM / 1% MILK, 7 GAL, CHEESE, 3 LB, EN
☐	+	AZ110099	MULTIPLES ONLY- SKIM / 1% MILK, 9 GAL, CHEESE, 1 LB, EN
☐	+	AZ110100	MULTIPLES ONLY- SKM LACT RED MILK, 12 HALF GAL,CHS,4 LB, EN
☐	+	AZ110103	MULTIPLES ONLY-SOYMILK-8TH CONT/SILK,16 HALF GAL,CHS,2 LB,EN
☐	+	AZ110111	MULTIPLES ONLY-SOYMILK-8TH CONT/SILK,14 HALF GAL,CHS,3 LB,EN

Figure 122: Food Package Assignment – Quick Add

By default, all primary standard food packages for the client's category will be displayed in the Food Package Search section. Only active food packages will display.

To search for and select food packages, take the following steps:

1. To see more than the standard packages
    a. Select Show All
    b. Select Search or the Enter key
        i. All of the food packages for the client's category will display
2. Searching using the Search Criteria fields
    a. Select the Show Standard or Show All radio button
    b. Enter criteria in any of the following fields:
        i. Food Package ID number
        ii. Food Package Description
        iii. Food Description
        iv. Food ID Number
        v. Food Category
            1. Example: Milk – Whole
        vi. Food Subcategory
            2. Example: Ultra High Temperature (UHT) Milk – Whole
    c. Select Search or the Enter key
        i. The results will appear in the grid at the bottom of the screen


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Assignment
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Add
TESDT, TWIN TWO
TEST, TWIN ONE
Select Packages
Scan Prescriptions
Search
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
142565759

Auth. Rep. Name
FLORES, ERIKA

Phone
N/A

Client ID
2020260309

Client Name
FLORES, ERIKA

Date of Birth 4/27/1994	Age 21 yrs, 0 mos
Cert. Period 4/28/2015 - 3/31/2016	Category EN
Term. Date N/A	Due Date N/A
LDTU 4/20/2015	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

Food Packages Selected

Food Package ID	Description	Effective Date	End Date	Approved Thru	Disable	Nutritionist
No data to show						

Food Package Search

Food Package ID:	Food Package Description: SOY	Food Category:
Food ID:	Food Description:	Food Sub Category:

● Show Standard ○ Show All

☐		Food Package ID	Food Package Description
☐	+	AZ110103	MULTIPLES ONLY-SOYMILK-8TH CONT/SILK,16 HALF GAL,CHS,2 LB,EN
☐	+	AZ110111	MULTIPLES ONLY-SOYMILK-8TH CONT/SILK,14 HALF GAL,CHS,3 LB,EN
☐	+	AZ110118	MULTIPLES ONLY-SOY-8TH CONT/SILK,14 HALF GAL,TOFU,8 LBS, EN

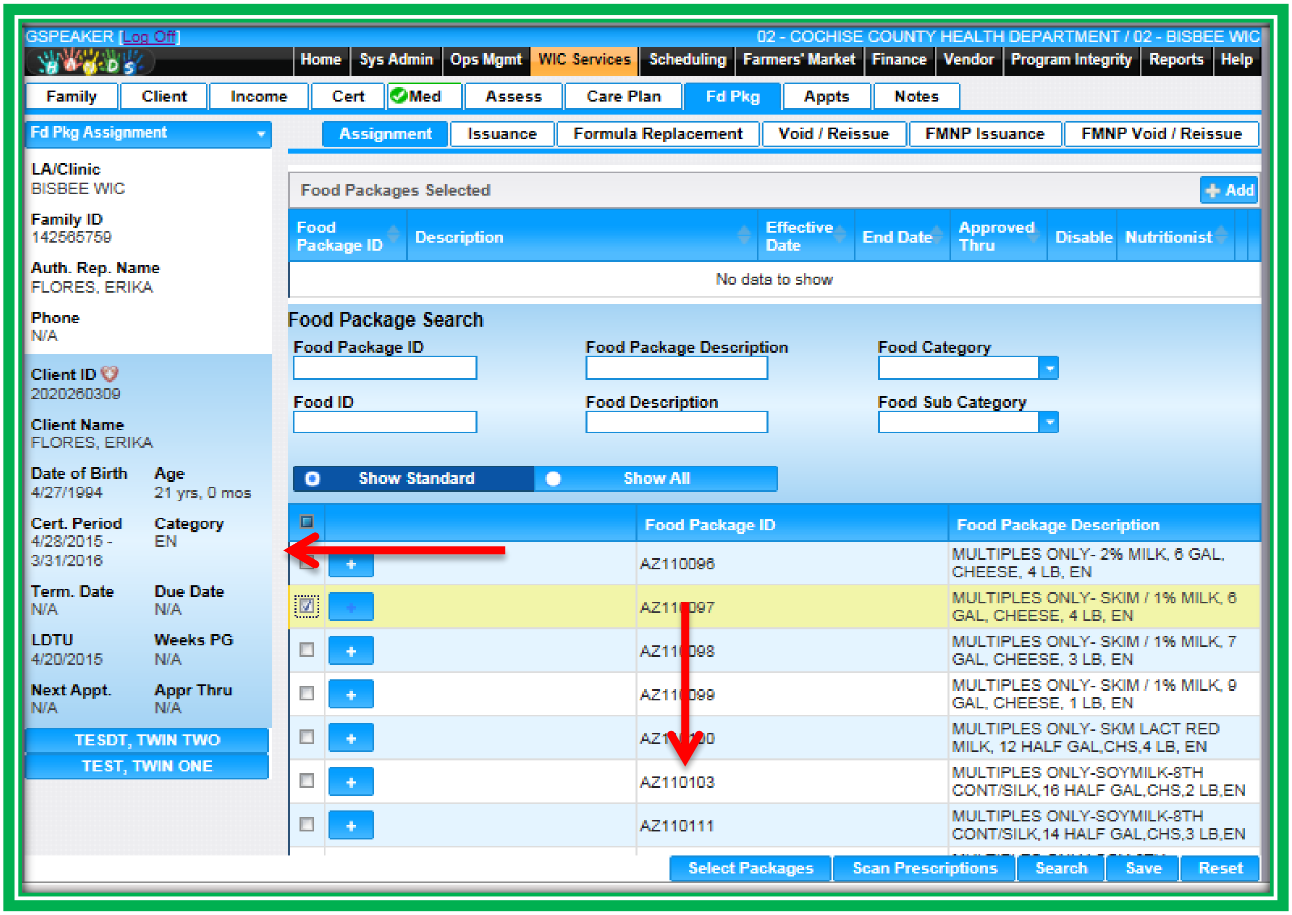
<< < > >> Row count: 10 Showing 1-3 of 3

Scanned Prescriptions for Food Package Approval

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Figure 123: Food Package Assignment – Search

d. If needed, expand the number of results in the grid using the Row Count feature
e. Select food package(s) using the checkboxes on the far left in each row of the grid
    i. You can select more than one food package on a single page; however, if you go to another page in the search results, your selection(s) will be lost.
    ii. Select the packages in the order you need them (e.g., IFF who is going to change category to C1 during the active certification, IFF package would be selected first, then the C1 package to cover the entire certification period).
    iii. HANDS will automatically calculate the food package Effective and End Date for you; however, if you would like to adjust them, add an Approved Thru Date, or Disable a food package, you can click on the icon
f. Click the Select Packages button on the bottom of the screen
g. Click Save


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Assignment
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Add
Show Standard
Show All
TESDT, TWIN TWO
TEST, TWIN ONE
Select Packages
Scan Prescriptions
Search
Save
Reset

LA/Clinic BISBEE WIC

Family ID 142565759

Auth. Rep. Name FLORES, ERIKA

Phone N/A

Client ID 2020260309

Client Name FLORES, ERIKA

Date of Birth 4/27/1994 **Age** 21 yrs, 0 mos

Cert. Period 4/28/2015 - 3/31/2016 **Category** EN

Term. Date N/A **Due Date** N/A

LDTU 4/20/2015 **Weeks PG** N/A

Next Appt. N/A **Appr Thru** N/A

Food Packages Selected

Food Package ID	Description	Effective Date	End Date	Approved Thru	Disable	Nutritionist
No data to show						

Food Package Search

Food Package ID

Food Package Description

Food Category

Food ID

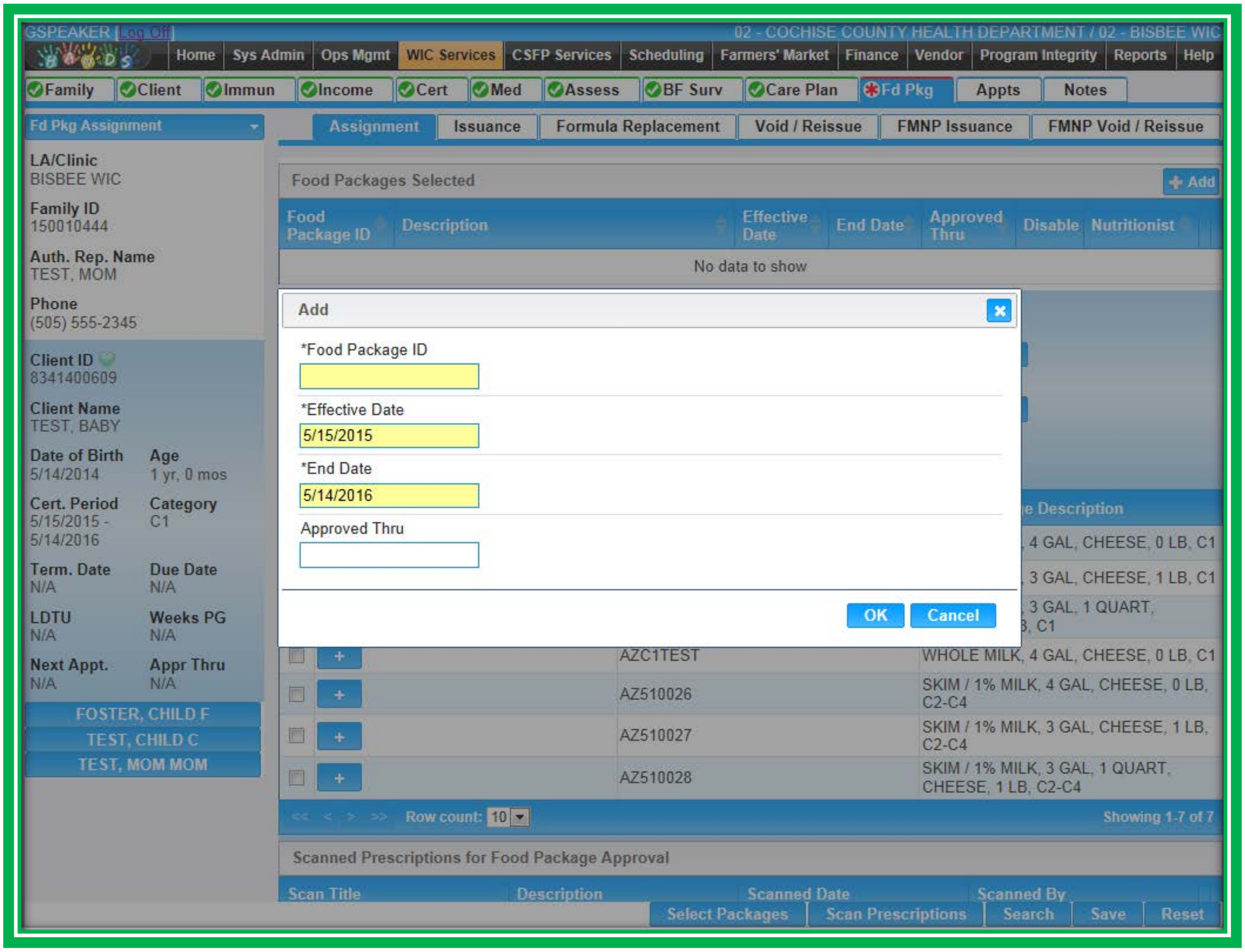
Food Description

Food Sub Category

● Show Standard ○ Show All

☐		Food Package ID	Food Package Description
☐	+	AZ110096	MULTIPLES ONLY- 2% MILK, 6 GAL, CHEESE, 4 LB, EN
☑	+	AZ110097	MULTIPLES ONLY- SKIM / 1% MILK, 6 GAL, CHEESE, 4 LB, EN
☐	+	AZ110098	MULTIPLES ONLY- SKIM / 1% MILK, 7 GAL, CHEESE, 3 LB, EN
☐	+	AZ110099	MULTIPLES ONLY- SKIM / 1% MILK, 9 GAL, CHEESE, 1 LB, EN
☐	+	AZ110100	MULTIPLES ONLY- SKM LACT RED MILK, 12 HALF GAL,CHS,4 LB, EN
☐	+	AZ110103	MULTIPLES ONLY-SOYMILK-8TH CONT/SILK,16 HALF GAL,CHS,2 LB,EN
☐	+	AZ110111	MULTIPLES ONLY-SOYMILK-8TH CONT/SILK,14 HALF GAL,CHS,3 LB,EN

Figure 124: Food Package Assignment – Select Packages


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Assignment
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Food Packages Selected
Add
Food Package ID
Description
Effective Date
End Date
Approved Thru
Disable
Nutritionist
No data to show
FOSTER, CHILD F
TEST, CHILD C
TEST, MOM MOM
Row count: 10
Showing 1-7 of 7
Scanned Prescriptions for Food Package Approval
Scan Title
Description
Scanned Date
Scanned By
Select Packages
Scan Prescriptions
Search
Save
Reset
OK
Cancel

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
8341400609

Client Name
TEST, BABY

Date of Birth 5/14/2014
Age 1 yr, 0 mos

Cert. Period 5/15/2015 - 5/14/2016
Category C1

Term. Date N/A
Due Date N/A

LDTU N/A
Weeks PG N/A

Next Appt. N/A
Appr Thru N/A

Add

*Food Package ID

*Effective Date
5/15/2015

*End Date
5/14/2016

Approved Thru

Food Package ID	Description
	4 GAL, CHEESE, 0 LB, C1
	3 GAL, CHEESE, 1 LB, C1
	3 GAL, 1 QUART, ... B, C1
AZC1TEST	WHOLE MILK, 4 GAL, CHEESE, 0 LB, C1
AZ510026	SKIM / 1% MILK, 4 GAL, CHEESE, 0 LB, C2-C4
AZ510027	SKIM / 1% MILK, 3 GAL, CHEESE, 1 LB, C2-C4
AZ510028	SKIM / 1% MILK, 3 GAL, 1 QUART, CHEESE, 1 LB, C2-C4

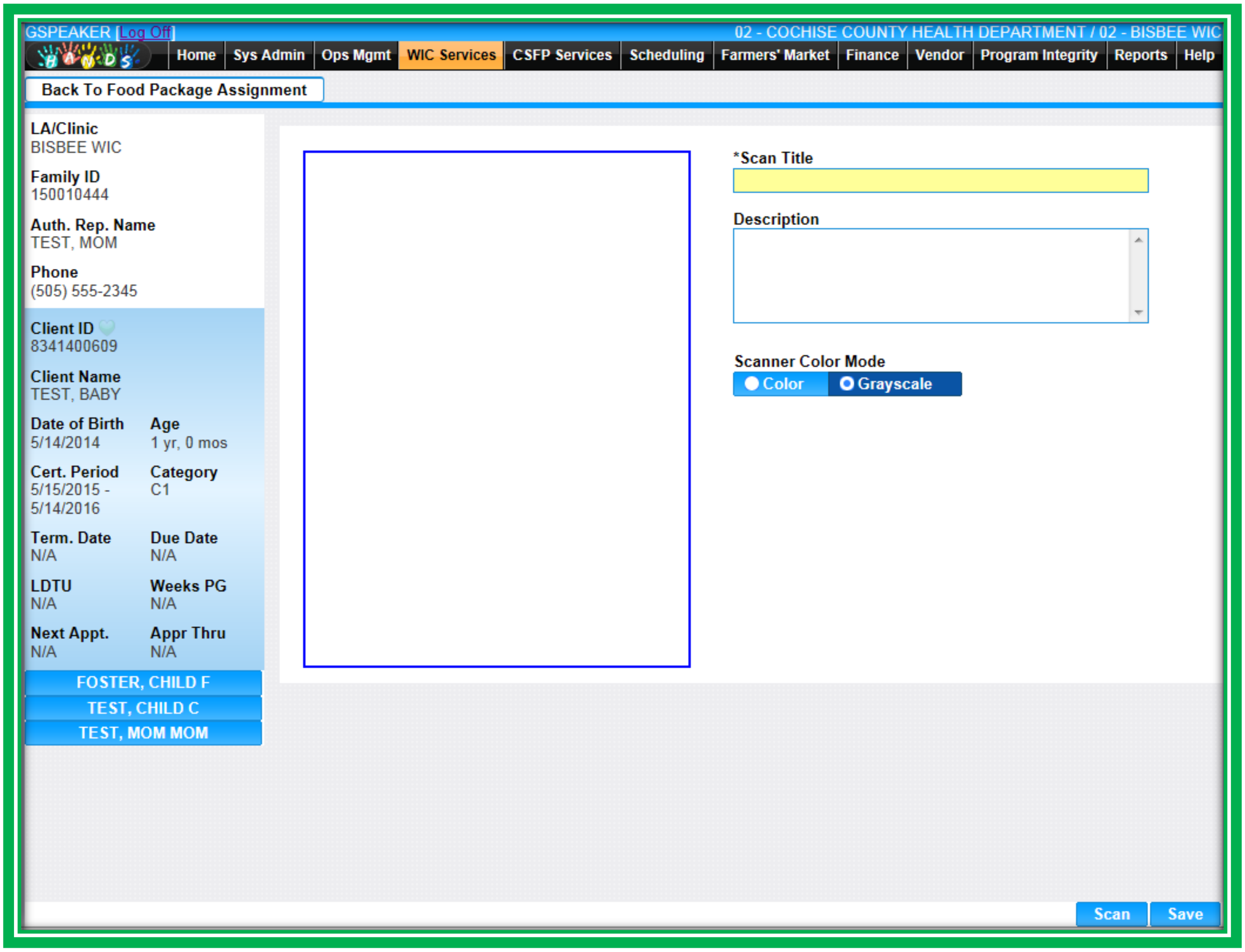
Figure 125: Food Package Assignment – Edit

There are a few other things to consider on the Food Package Assignment screen. History has been moved to the client History screen, with detailed information visible on the Food Benefit Lookup screen. The Pickup Interval field will only be on the Food Benefit Issuance screen. More information will be provided on benefit dates in the next section.

Scanning

Scanning functionality is available on the Food Package Assignment screen. You will be able to scan food package prescriptions on this screen. To start the scan process, you will select the Scan Prescriptions button.

After scanning is complete, select the Save button if you are satisfied, or you can adjust the document on the scanner and press the Scan button again. To cancel the entire process and return back to the main screen, press the button on the top left of the screen. In the figure below, this button is Back To Food Package Assignment.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Food Package Assignment
FOSTER, CHILD F
TEST, CHILD C
TEST, MOM MOM
Scan
Save

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
8341400609

Client Name
TEST, BABY

Date of Birth 5/14/2014	Age 1 yr, 0 mos
Cert. Period 5/15/2015 - 5/14/2016	Category C1
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

*Scan Title

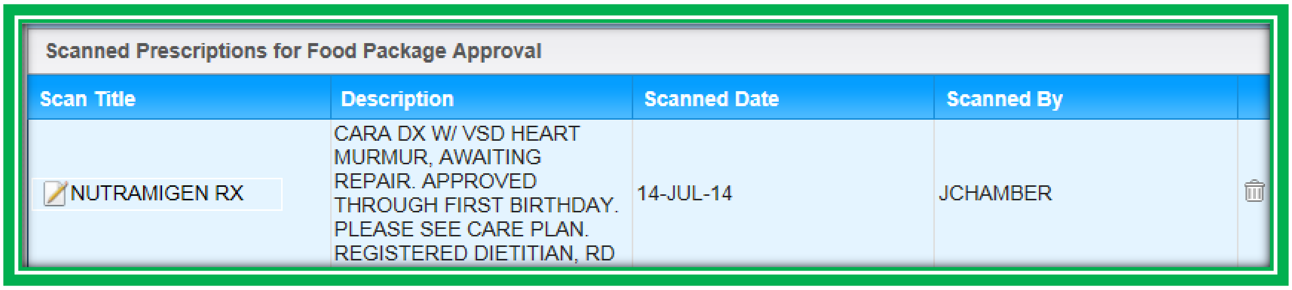
Description

Scanner Color Mode
○ Color ● Grayscale

Figure 126: Scan Information

The scanned items will appear in a grid on the screen, titled Scanned Prescriptions for Food Package Approval. The grid will list:

- Scan Title
- Description
- Scanned Date
- Scanned By
  - The person who scanned the item



Scanned Prescriptions for Food Package Approval

Scan Title	Description	Scanned Date	Scanned By	
NUTRAMIGEN RX	CARA DX W/ VSD HEART MURMUR, AWAITING REPAIR. APPROVED THROUGH FIRST BIRTHDAY. PLEASE SEE CARE PLAN. REGISTERED DIETITIAN, RD	14-JUL-14	JCHAMBER	

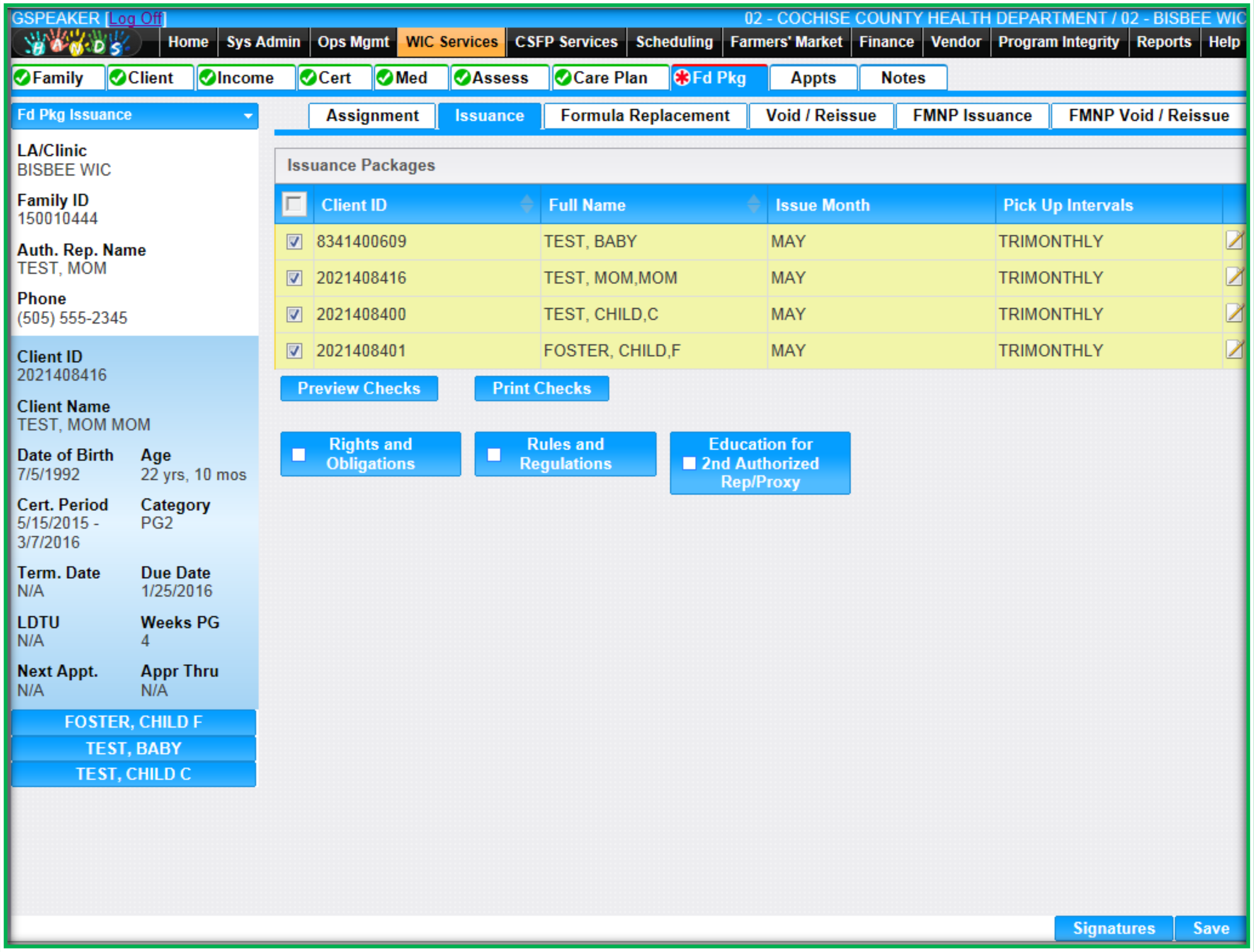
Figure 127: Scanned Prescriptions for Food Package Approval

Together We Can

Make sure you are tailoring food packages appropriately. If a mom is only using two cans of formula per month, manually void the checks accordingly.

Food Benefit Issuance

When it comes time to issue benefits, you will notice that HANDS will figure out the benefit month for you. The entire family will now have the same spend dates, and when new family members are added in, they will have the same dates as well. These changes are to help prepare the system and the clients for Electronic Benefit Transfer (eWIC) in the future and to help streamline the screen for easier use now.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Issuance
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Preview Checks
Print Checks
Rights and Obligations
Rules and Regulations
Education for 2nd Authorized Rep/Proxy
Signatures
Save

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408416

Client Name
TEST, MOM MOM

Date of Birth	Age
7/5/1992	22 yrs, 10 mos

Cert. Period	Category
5/15/2015 - 3/7/2016	PG2

Term. Date	Due Date
N/A	1/25/2016

LDTU	Weeks PG
N/A	4

Next Appt.	Appr Thru
N/A	N/A

FOSTER, CHILD F
TEST, BABY
TEST, CHILD C

Issuance Packages

☐	Client ID	Full Name	Issue Month	Pick Up Intervals
☑	8341400609	TEST, BABY	MAY	TRIMONTHLY
☑	2021408416	TEST, MOM,MOM	MAY	TRIMONTHLY
☑	2021408400	TEST, CHILD,C	MAY	TRIMONTHLY
☑	2021408401	FOSTER, CHILD,F	MAY	TRIMONTHLY

☐ Rights and Obligations
☐ Rules and Regulations
☐ Education for 2nd Authorized Rep/Proxy

Figure 128: Food Benefit Issuance

HANDS will automatically keep track of the client's benefit start date. How does it do this? It keeps the original start date the client was given at their time of cert, and makes sure that each month's benefits match that same day of the month. For example, if a client's first date to use (FDTU) was the 15th, HANDS will automatically keep that date for each month. So if a client comes in earlier or later than the 15th for their next set of benefits, the checks will still print out with the FDTU as the 15th of the month. If they come in early, they'll have to wait until the 15th before they can use the next set of checks. If they come in later than the 15th, they won't miss out on checks; they'll just have until the 15th of the following month to use them.

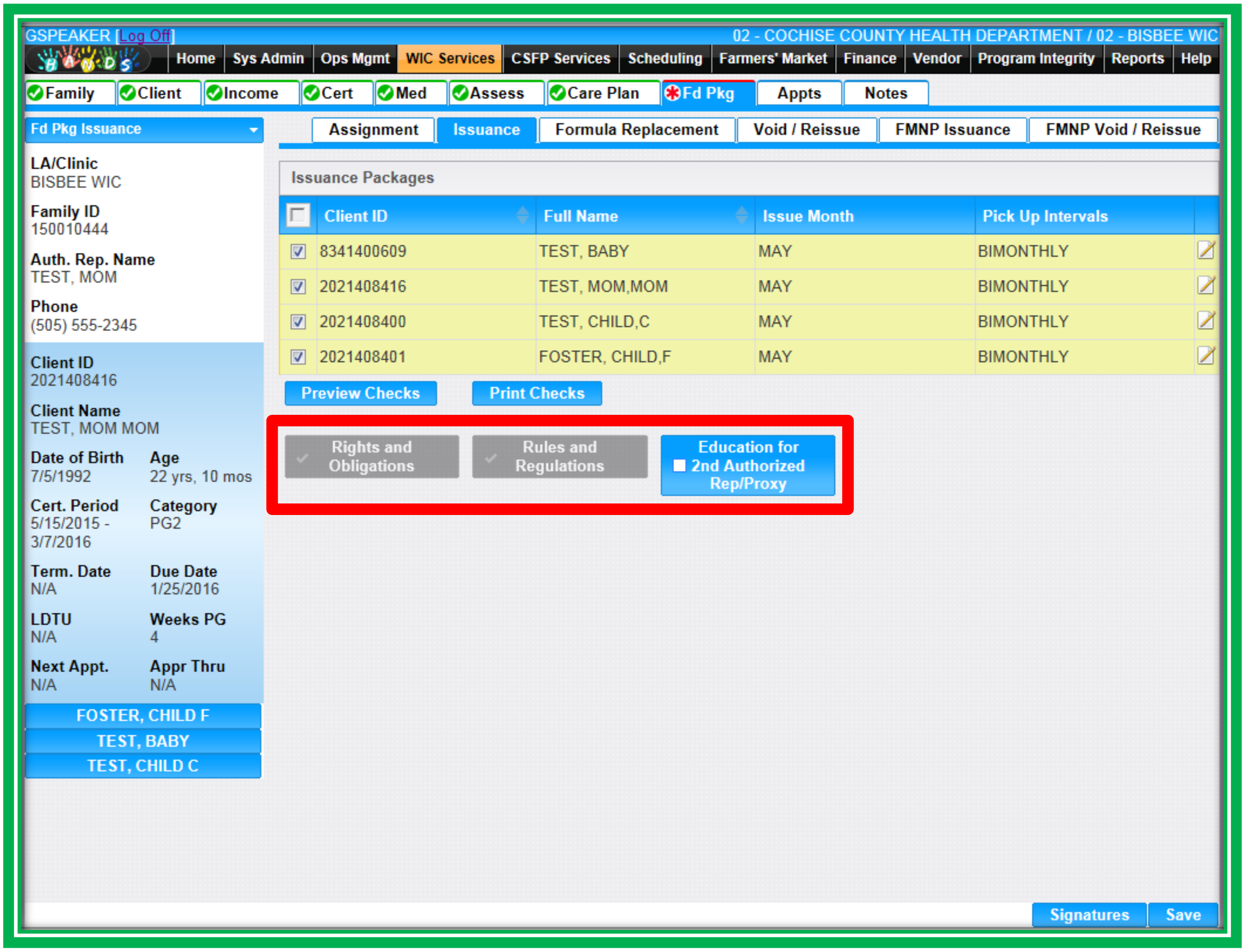
Handy Tip: Even if you haven't made any changes to the screen, you will need to click Save before the system will allow you to issue benefits.

In addition to the synchronized spend periods, you will notice that only active family members appear on this screen. You will also see that this is the only place to document Pick-Up Intervals and that the field defaults to Trimonthly. Pick-Up Intervals must be documented for each family member. The system will automatically select the clients that are eligible for benefits, and you will have the option to deselect them, if you wish.

The Food Benefit Issuance screen is a family-based screen, so you will be able to get to it whether you are in the Family Information screen or in a client record. You will be able to print benefits for single or multiple members of the family.

Documentation of Program Education is conveniently located in this screen. You will see three checkboxes, one for Rules and Regulations, one for Rights and Obligations, and one for Education for 2nd Authorized Rep./Proxy. The Rules and Regulations and Rights and Obligations checkboxes will be enabled each time a client in the family is being certified or transfers from out-of-state. When either of these checkboxes is selected, a note will be automatically generated for you in the Notes screen, and the checkbox will be disabled for the rest of the certification period. If more than one client is being certified or transferred at the same time, then a note will be generated for each client.

The Education for 2nd Authorized Rep./Proxy will be available each time food benefits are issued. Each time it is selected, it will generate a note in the all of the family members' files.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Issuance
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Issuance Packages
Preview Checks
Print Checks
Rights and Obligations
Rules and Regulations
Education for 2nd Authorized Rep/Proxy
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
Signatures
Save

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408416

Client Name
TEST, MOM MOM

Date of Birth 7/5/1992
Age 22 yrs, 10 mos

Cert. Period 5/15/2015 - 3/7/2016
Category PG2

Term. Date N/A
Due Date 1/25/2016

LDTU N/A
Weeks PG 4

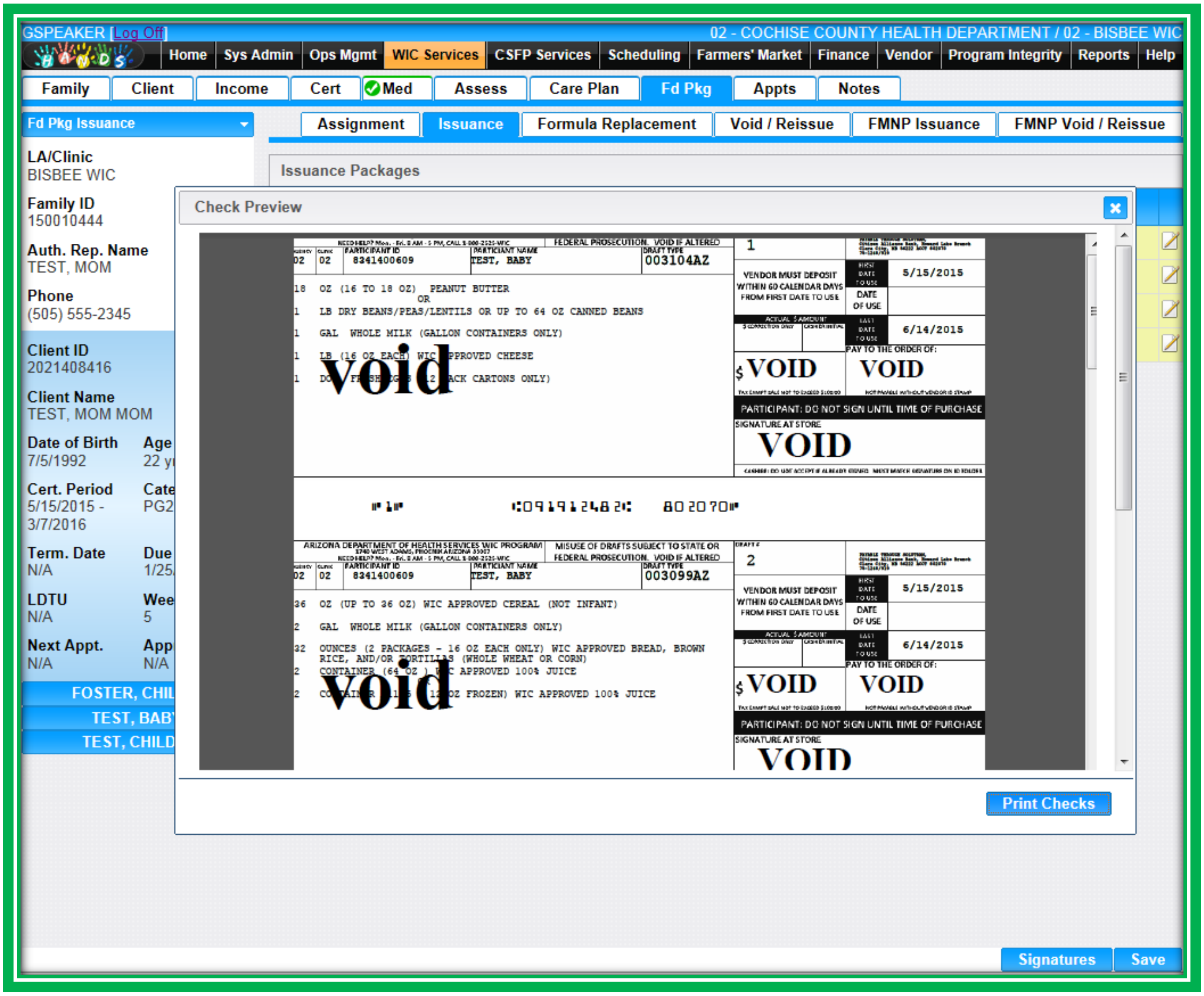
Next Appt. N/A
Appr Thru N/A

☐	Client ID	Full Name	Issue Month	Pick Up Intervals
☑	8341400609	TEST, BABY	MAY	BIMONTHLY
☑	2021408416	TEST, MOM,MOM	MAY	BIMONTHLY
☑	2021408400	TEST, CHILD,C	MAY	BIMONTHLY
☑	2021408401	FOSTER, CHILD,F	MAY	BIMONTHLY

Figure 129: Food Benefit Issuance – Program Education

You will be able to print benefits from two different areas in the screen. You can print from the Preview Checks window, or you can print directly from the main screen using the Print Checks button.

After benefits have been issued, a message will display at the top of the screen informing you that the client has been issued benefits for the month. This message will be displayed on the Food Benefit Issuance screen for the entire benefit month.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Issuance
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Issuance Packages
Check Preview
Print Checks
Signatures
Save

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408416

Client Name
TEST, MOM MOM

Date of Birth: 7/5/1992
Age: 22 y

Cert. Period: 5/15/2015 - 3/7/2016
Cate: PG2

Term. Date: N/A
Due: 1/25

LDTU: N/A
Wee: 5

Next Appt.: N/A
App: N/A

FOSTER, CHIL
TEST, BAB
TEST, CHILD

NEED HELP? Mon. - Fri. 8 AM - 5 PM, CALL 1-800-252-5-WIC
FEDERAL PROSECUTION. VOID IF ALTERED

AGENCY	CLINIC	PARTICIPANT ID	PARTICIPANT NAME	DRAFT TYPE	DRAFT #
02	02	8341400609	TEST, BABY	003104AZ	1

18 OZ (16 TO 18 OZ) PEANUT BUTTER
OR
1 LB DRY BEANS/PEAS/LENTILS OR UP TO 64 OZ CANNED BEANS
1 GAL WHOLE MILK (GALLON CONTAINERS ONLY)
1 LB (16 OZ EACH) WIC APPROVED CHEESE
1 DOZ FRESH EGGS (12 PACK CARTONS ONLY)

void

VENDOR MUST DEPOSIT WITHIN 60 CALENDAR DAYS FROM FIRST DATE TO USE

FIRST DATE TO USE: 5/15/2015
DATE OF USE:
LAST DATE TO USE: 6/14/2015

ACTUAL $ AMOUNT

$ VOID

PAY TO THE ORDER OF: VOID

PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHASE

SIGNATURE AT STORE
VOID

⑈1⑈ ⑆091912482⑆ 8020 70⑈

ARIZONA DEPARTMENT OF HEALTH SERVICES WIC PROGRAM
NEED HELP? Mon. - Fri. 8 AM - 5 PM, CALL 1-800-252-5-WIC
MISUSE OF DRAFTS SUBJECT TO STATE OR FEDERAL PROSECUTION. VOID IF ALTERED

AGENCY	CLINIC	PARTICIPANT ID	PARTICIPANT NAME	DRAFT TYPE	DRAFT #
02	02	8341400609	TEST, BABY	003099AZ	2

36 OZ (UP TO 36 OZ) WIC APPROVED CEREAL (NOT INFANT)
2 GAL WHOLE MILK (GALLON CONTAINERS ONLY)
32 OUNCES (2 PACKAGES - 16 OZ EACH ONLY) WIC APPROVED BREAD, BROWN RICE, AND/OR TORTILLAS (WHOLE WHEAT OR CORN)
2 CONTAINER (64 OZ) WIC APPROVED 100% JUICE
2 CONTAINER (11.5 - 12 OZ FROZEN) WIC APPROVED 100% JUICE

void

VENDOR MUST DEPOSIT WITHIN 60 CALENDAR DAYS FROM FIRST DATE TO USE

FIRST DATE TO USE: 5/15/2015
DATE OF USE:
LAST DATE TO USE: 6/14/2015

ACTUAL $ AMOUNT

$ VOID

PAY TO THE ORDER OF: VOID

PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHASE

SIGNATURE AT STORE
VOID

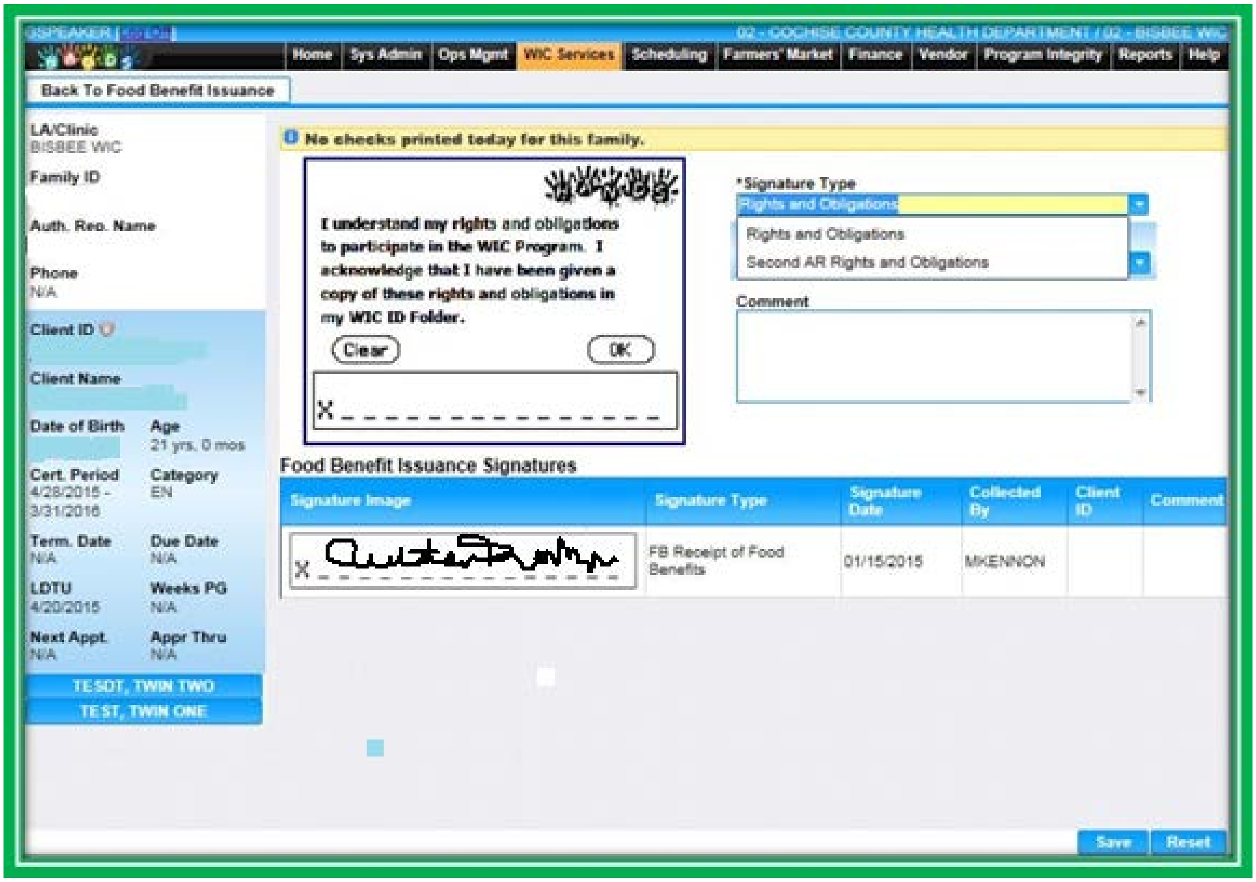
Figure 130: Food Benefit Issuance – Print Preview

Signature

The Income Eligibility screen has new signature pad functionality as well. You will be able to utilize the signature pad to document several things, including:

- Rights and Obligations
    - Signature for the Rights and Obligations Form
    - This is for the 1st Authorized Representative
- 2nd Authorized Representative Rights and Obligations
    - Signature for the Rights and Obligations Form
    - This is for the 2nd Authorized Representative

You will use the Signatures button to start the process. When clicked, the Signatures button launches your signature pad and takes you to the Signature Information screen. You will need to select the type of signature you're collecting. You **will not** have to select the client for which you are collecting the signature. There is also space in the Comment box on the information screen for you to leave a note, if needed. Like Notes, the Comment field on the Signature Information screen can hold up to 2000 characters.



LA/Clinic
BISBEE WIC
Family ID
Auth. Rep. Name
Phone
N/A
Client ID [redacted]
Client Name [redacted]
Date of Birth [redacted]
Age
21 yrs, 0 mos
Cert. Period
4/28/2015 - 3/31/2016
Category
EN
Term. Date
N/A
Due Date
N/A
LDTU
4/20/2015
Weeks PG
N/A
Next Appt.
N/A
Appr Thru
N/A
TESOT, TWIN TWO
TEST, TWIN ONE

No checks printed today for this family.

I understand my rights and obligations to participate in the WIC Program. I acknowledge that I have been given a copy of these rights and obligations in my WIC ID Folder.

X

*Signature Type
Rights and Obligations
Rights and Obligations
Second AR Rights and Obligations

Comment

Food Benefit Issuance Signatures

Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X	FB Receipt of Food Benefits	01/15/2015	MKENNON		

Figure 131: Signature Information

After you enter information on the screen, the Authorized Rep. will sign using the signature pad. They can then select OK if they are satisfied with their signature, or they can select Clear and sign again. On the Signature Information screen, you can press the Reset button to clear the screen and revert back to its original view. To cancel the entire process and return back to the main screen, you can press the button on the top left of the screen. In the figure above, this button is Back To Food Benefit Issuance.

Once you have entered the client's information and everything is correct on the Information screen, you will click the Save button. After you save, the signature information, including an image of the signature, will display in the Signatures grid. More information about signatures will be provided in Module 7.

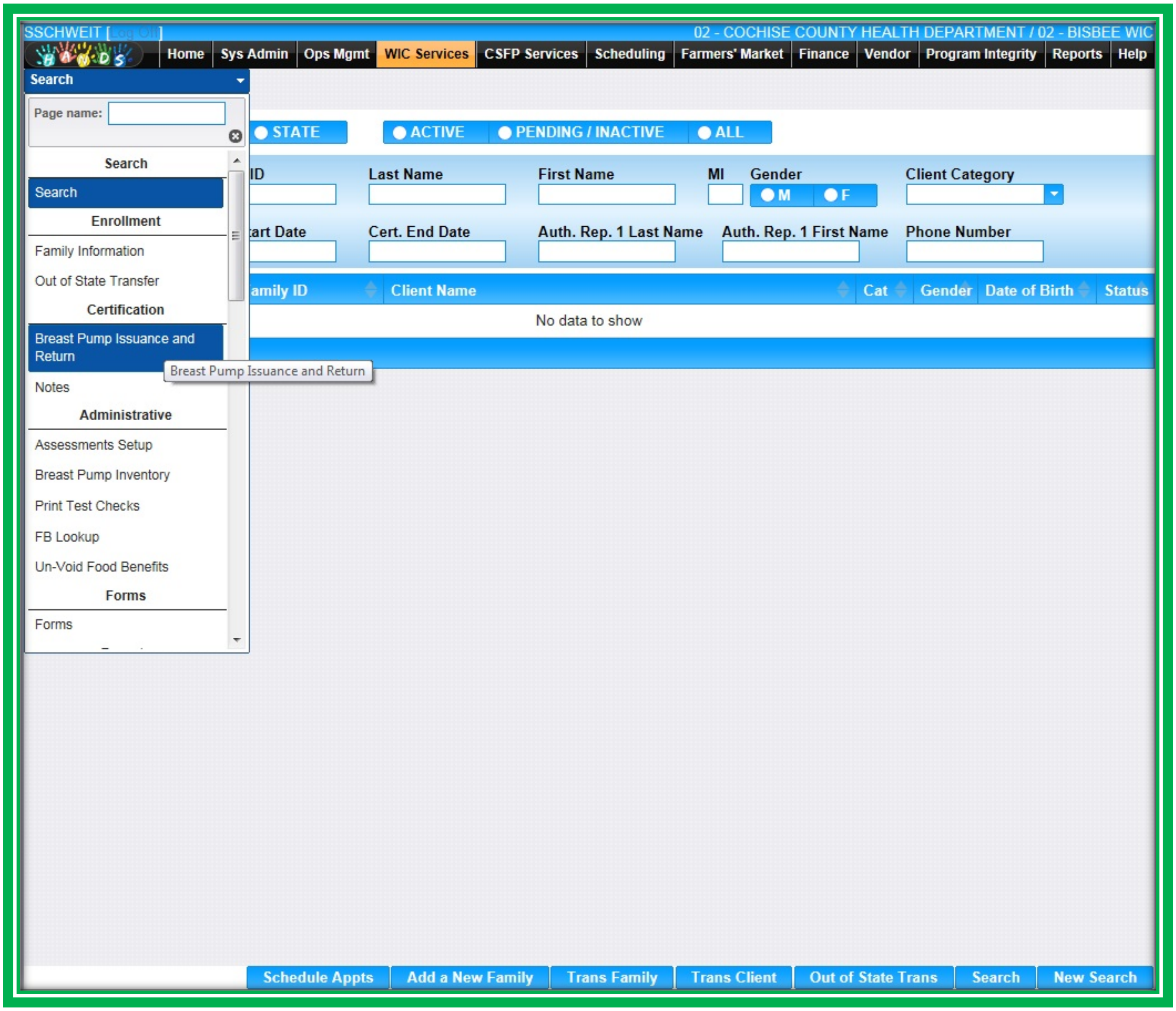
Now it's time to go over what you have learned so far. Please review Food Package Assignment and Food Benefit Issuance in Module 5 on the HANDS Resource Site.

Breast Pump Issuance and Return

Breast pumps will now be tracked in the HANDS system. During this training we will learn how to issue and return breast pumps.

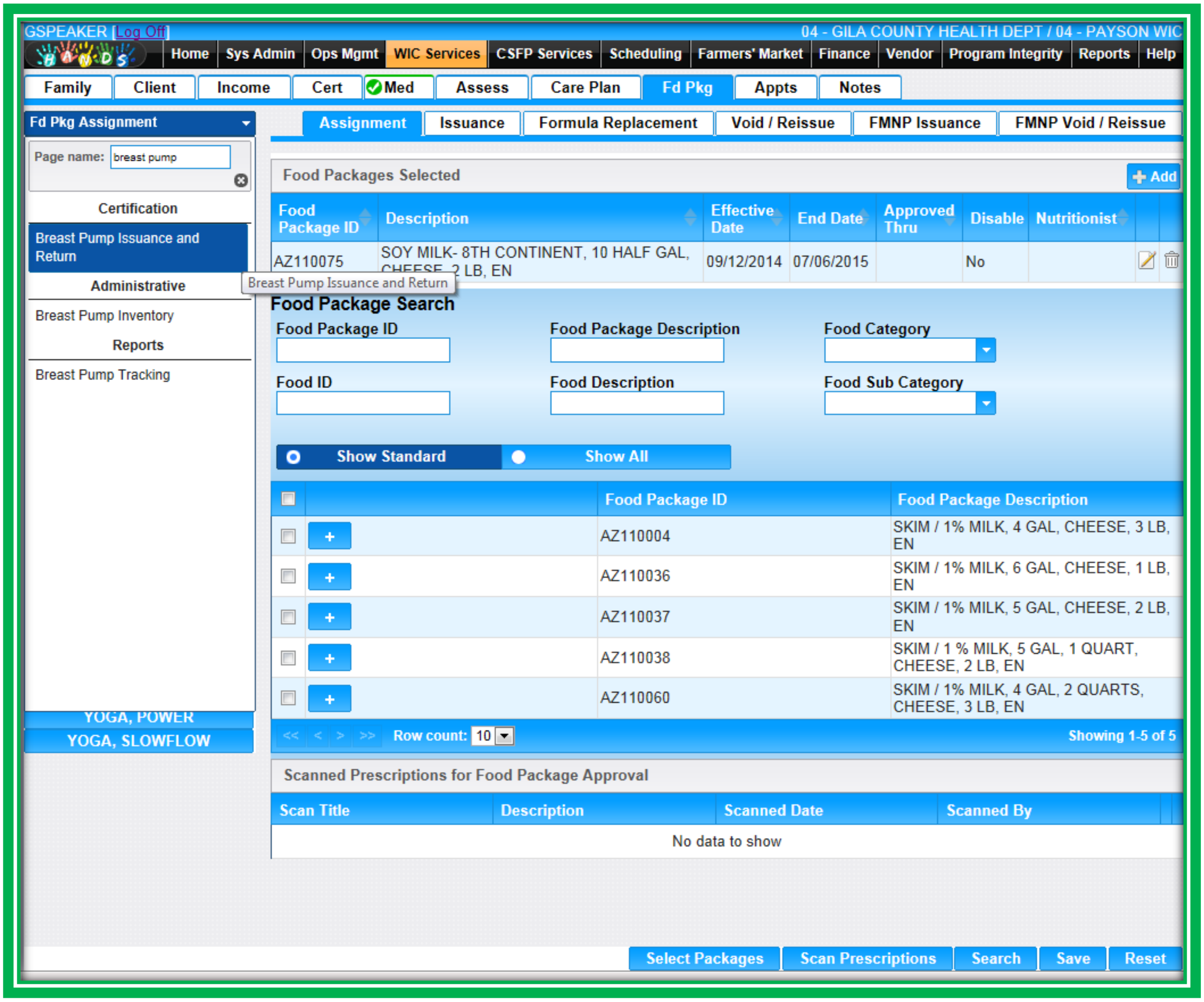
You will know when a client has a breast pump issued to them as soon as you bring up their file because the Breast Pump Active Record icon will display. The icon's hover feature will list the due date for the pump. In HANDS, pumps will be tied to the client, so when the client transfers, the breast pump record will transfer with them.

You can get to the Breast Pump Issuance and Return screen on the Client/Family Search screen or while you are in the client record. To navigate to the screen, use the Navigation Drop-Down Menu found on either the Client/Family Search screen or in the Active Record.


SSCHWEIT [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Search
Page name:
Search
Search
Enrollment
Family Information
Out of State Transfer
Certification
Breast Pump Issuance and Return
Breast Pump Issuance and Return
Notes
Administrative
Assessments Setup
Breast Pump Inventory
Print Test Checks
FB Lookup
Un-Void Food Benefits
Forms
Forms
STATE
ACTIVE
PENDING / INACTIVE
ALL
ID
Last Name
First Name
MI
Gender
M
F
Client Category
art Date
Cert. End Date
Auth. Rep. 1 Last Name
Auth. Rep. 1 First Name
Phone Number
amily ID
Client Name
Cat
Gender
Date of Birth
Status
Schedule Appts
Add a New Family
Trans Family
Trans Client
Out of State Trans
Search
New Search

No data to show

Figure 132: Client/Family Search Navigation Menu


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Assignment
Page name: breast pump
Certification
Breast Pump Issuance and Return
Administrative
Breast Pump Inventory
Reports
Breast Pump Tracking
YOGA, POWER
YOGA, SLOWFLOW
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Breast Pump Issuance and Return
Add
Show Standard
Show All
Select Packages
Scan Prescriptions
Search
Save
Reset

Food Packages Selected

Food Package ID	Description	Effective Date	End Date	Approved Thru	Disable	Nutritionist
AZ110075	SOY MILK- 8TH CONTINENT, 10 HALF GAL, CHEESE, 2 LB, EN	09/12/2014	07/06/2015		No	

Food Package Search

Food Package ID:
Food Package Description:
Food Category:
Food ID:
Food Description:
Food Sub Category:

☐		Food Package ID	Food Package Description
☐	+	AZ110004	SKIM / 1% MILK, 4 GAL, CHEESE, 3 LB, EN
☐	+	AZ110036	SKIM / 1% MILK, 6 GAL, CHEESE, 1 LB, EN
☐	+	AZ110037	SKIM / 1% MILK, 5 GAL, CHEESE, 2 LB, EN
☐	+	AZ110038	SKIM / 1 % MILK, 5 GAL, 1 QUART, CHEESE, 2 LB, EN
☐	+	AZ110060	SKIM / 1% MILK, 4 GAL, 2 QUARTS, CHEESE, 3 LB, EN

Row count: 10 Showing 1-5 of 5

Scanned Prescriptions for Food Package Approval

Scan Title	Description	Scanned Date	Scanned By
No data to show			

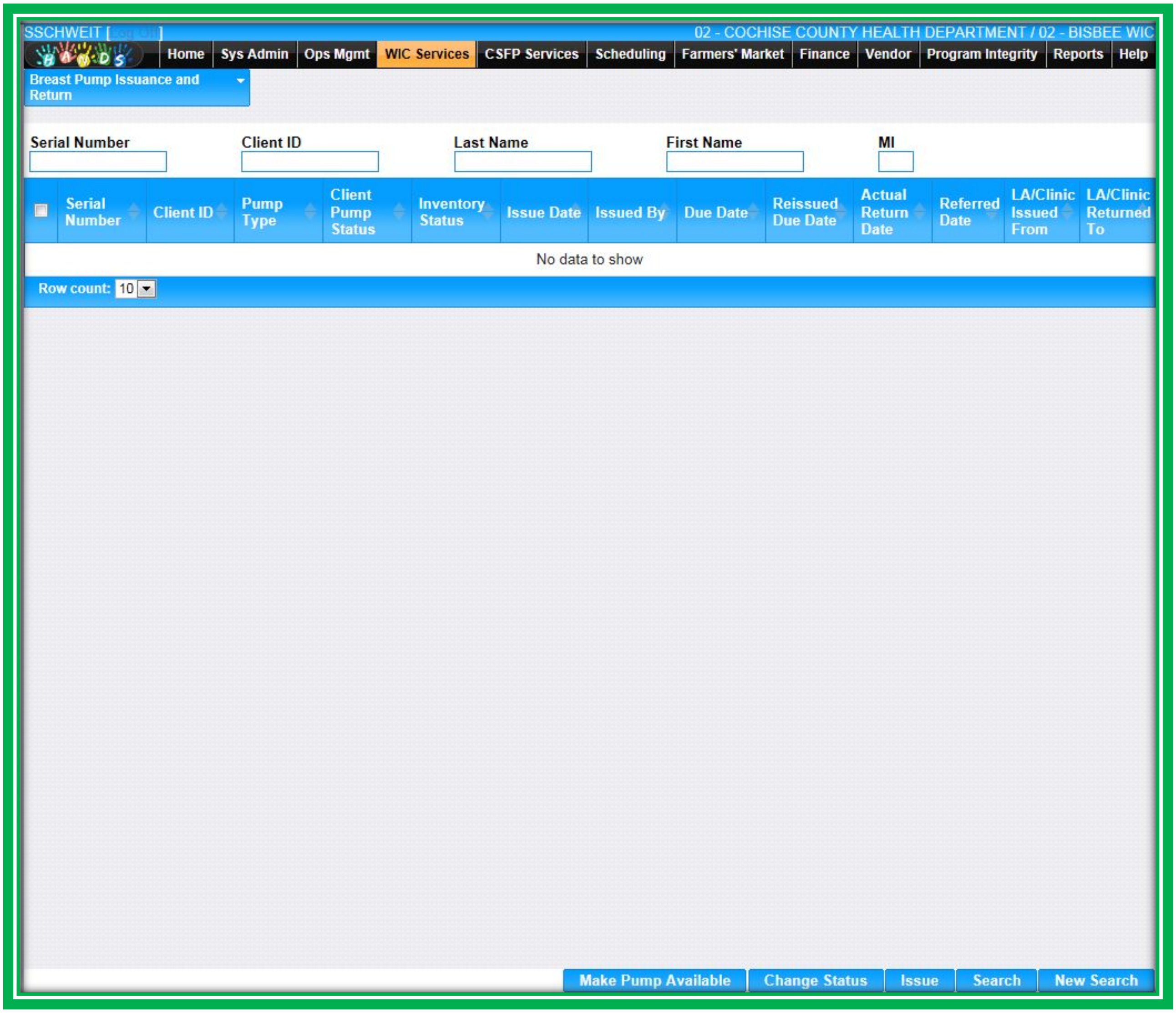
Figure 133: Active Record Navigation Menu

Issuing a Pump

Handy Tip: When issuing pumps, you will only be able to see breast pumps assigned to your clinic. Also, you will only be able to issue pumps with a status of Active.

The procedure for issuing a pump in HANDS is a little different. When a mom asks for a pump, your first step is to conduct a Breastfeeding Assessment according to your State Agency policy. This Assessment will use both the Assessment and Notes screens. On the Assessment screen, you will update the questions about the number of breastfeedings in a 24-hour period and the ounces of formula in 24 hours if they are applicable to the client's category. Why the Assessment(s)? You want to be sure that you are identifying the need and ensuring that the pump is the best resource for the client's needs.

The first step is to retrieve the breast pump from the designated storage area in your clinic. From the active client record, select the Breast Pump Issuance and Return screen at the bottom of the screen, click the Issue button.

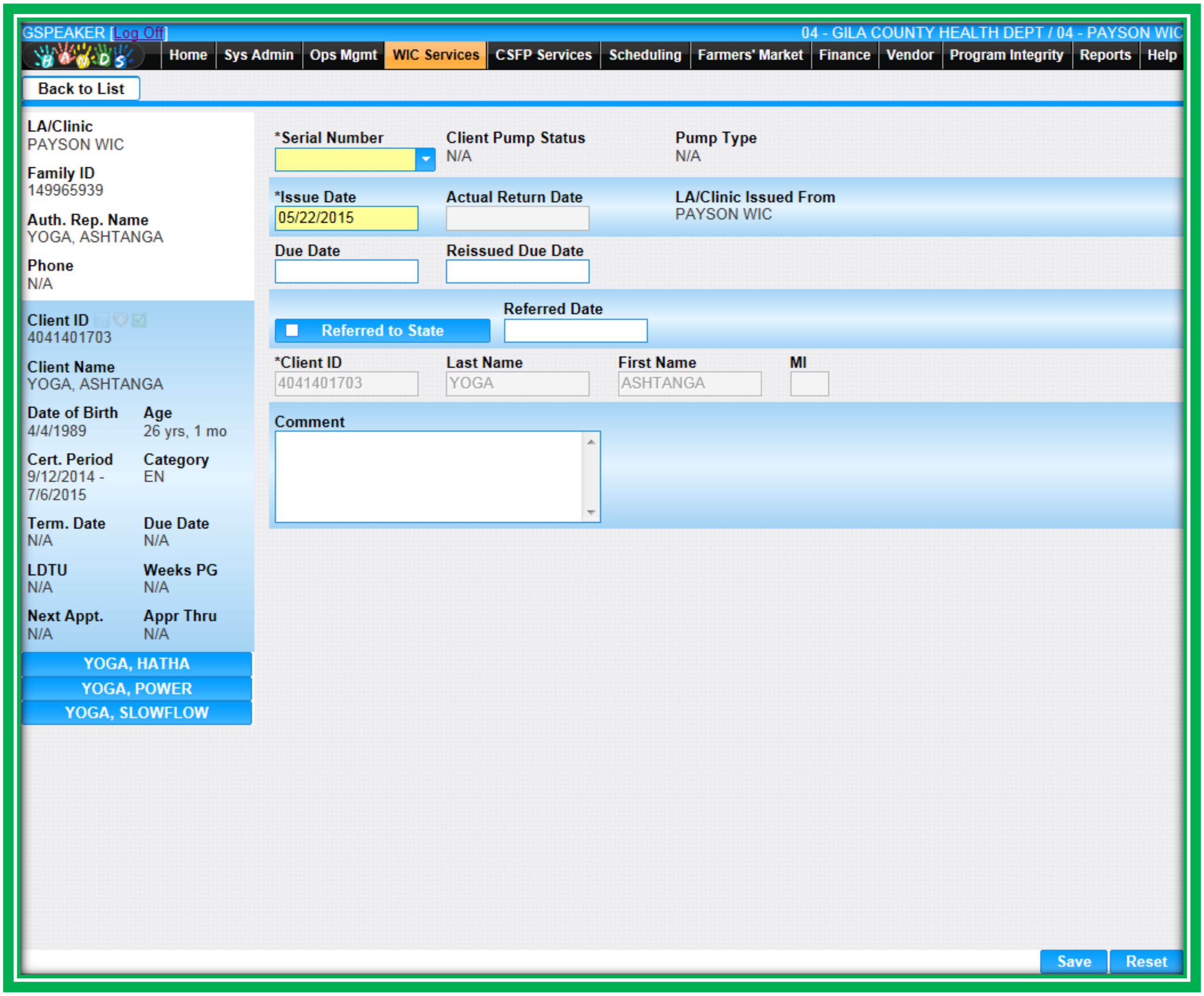

SSCHWEIT [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Breast Pump Issuance and Return
Row count: 10
Make Pump Available
Change Status
Issue
Search
New Search

Serial Number | Client ID | Last Name | First Name | MI

☐	Serial Number	Client ID	Pump Type	Client Pump Status	Inventory Status	Issue Date	Issued By	Due Date	Reissued Due Date	Actual Return Date	Referred Date	LA/Clinic Issued From	LA/Clinic Returned To
						No data to show							

Figure 134: Breast Pump Issuance and Return – Search

In the Serial Number field, enter the breast pump's serial number and wait for the Client Pump Status to change from N/A to Available. Next you will select and update the Due Date and enter a comment, if applicable.


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back to List
YOGA, HATHA
YOGA, POWER
YOGA, SLOWFLOW
Save
Reset

LA/Clinic
PAYSON WIC

Family ID
149965939

Auth. Rep. Name
YOGA, ASHTANGA

Phone
N/A

Client ID
4041401703

Client Name
YOGA, ASHTANGA

Date of Birth	Age
4/4/1989	26 yrs, 1 mo

Cert. Period	Category
9/12/2014 - 7/6/2015	EN

Term. Date	Due Date
N/A	N/A

LDTU	Weeks PG
N/A	N/A

Next Appt.	Appr Thru
N/A	N/A

*Serial Number	Client Pump Status	Pump Type
	N/A	N/A

*Issue Date	Actual Return Date	LA/Clinic Issued From
05/22/2015		PAYSON WIC

Due Date	Reissued Due Date

☐ Referred to State

Referred Date

*Client ID	Last Name	First Name	MI
4041401703	YOGA	ASHTANGA	

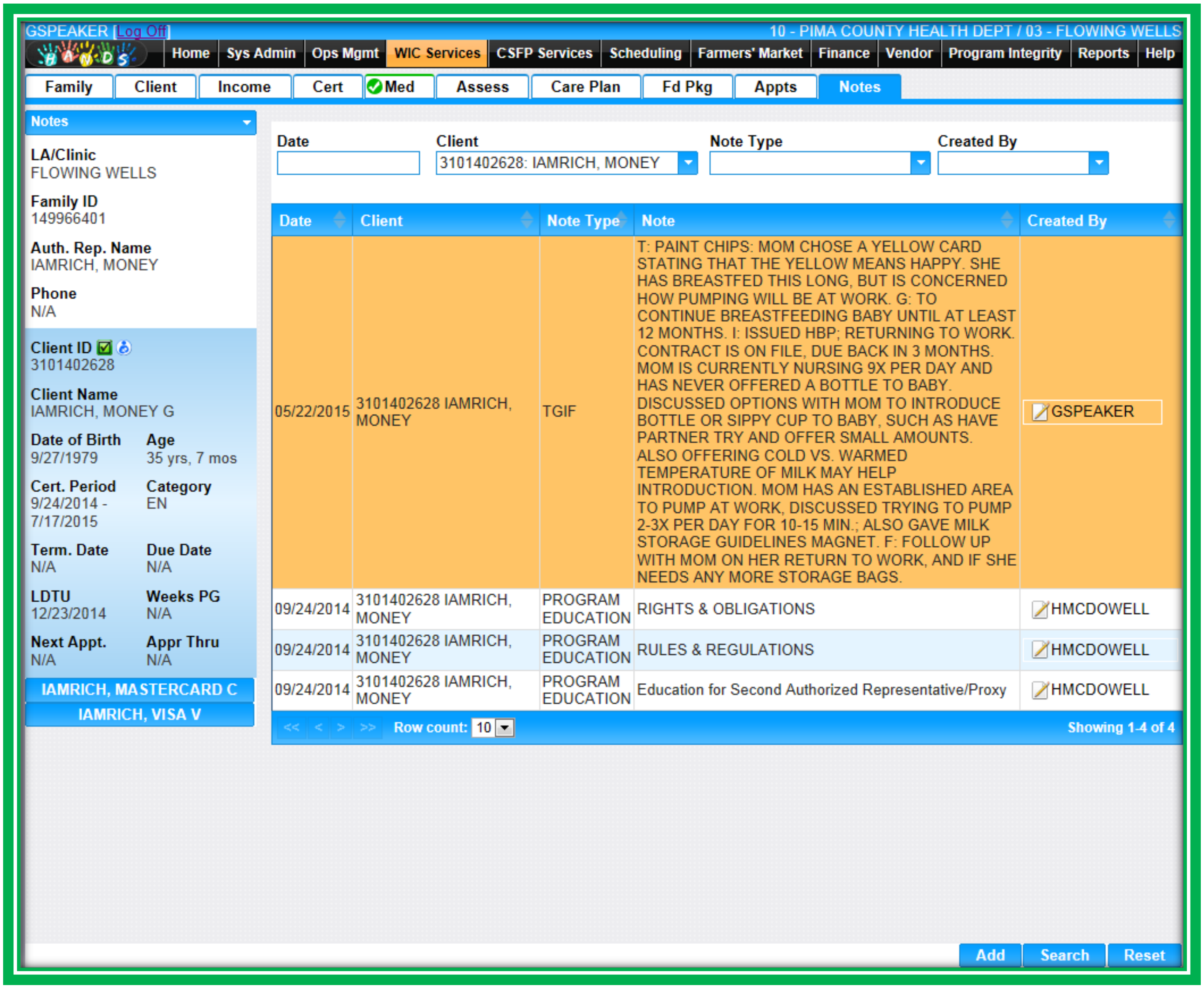
Comment

Figure 135: Breast Pump Issuance and Return – Issue

After the pump is issued, don't forget your TGIF note to document the Assessment and service. Here is what you will document: mom's situation, the pump that was provided, verification that the proper form(s) was signed, and any other important info.

Example Note:

T: Paint chips: Mom chose a yellow card stating that the yellow means happy. She has breastfed this long, but is concerned how pumping will be at work.
G: To continue breastfeeding baby until at least 12 months.
I: Issued HBP; returning to work. Contract is on file, due back in 3 months. Mom is currently nursing 9x per day and has never offered a bottle to baby. Discussed options with mom to introduce bottle or sippy cup to baby, such as have partner try and offer small amounts. Also offering cold vs. warmed temperature of milk may help introduction. Mom has an established area to pump at work, discussed trying to pump 2-3x per day for 10-15 min.; also gave milk storage guidelines magnet.
F: Follow up with mom on her return to work, and if she needs any more storage bags.


GSPEAKER [Log Off]
10 - PIMA COUNTY HEALTH DEPT / 03 - FLOWING WELLS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Add
Search
Reset

Notes

LA/Clinic: FLOWING WELLS
Family ID: 149966401
Auth. Rep. Name: IAMRICH, MONEY
Phone: N/A
Client ID: 3101402628
Client Name: IAMRICH, MONEY G
Date of Birth: 9/27/1979
Age: 35 yrs, 7 mos
Cert. Period: 9/24/2014 - 7/17/2015
Category: EN
Term. Date: N/A
Due Date: N/A
LDTU: 12/23/2014
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A

IAMRICH, MASTERCARD C
IAMRICH, VISA V

Date:
Client: 3101402628: IAMRICH, MONEY
Note Type:
Created By:

Date	Client	Note Type	Note	Created By
05/22/2015	3101402628 IAMRICH, MONEY	TGIF	T: PAINT CHIPS: MOM CHOSE A YELLOW CARD STATING THAT THE YELLOW MEANS HAPPY. SHE HAS BREASTFED THIS LONG, BUT IS CONCERNED HOW PUMPING WILL BE AT WORK. G: TO CONTINUE BREASTFEEDING BABY UNTIL AT LEAST 12 MONTHS. I: ISSUED HBP; RETURNING TO WORK. CONTRACT IS ON FILE, DUE BACK IN 3 MONTHS. MOM IS CURRENTLY NURSING 9X PER DAY AND HAS NEVER OFFERED A BOTTLE TO BABY. DISCUSSED OPTIONS WITH MOM TO INTRODUCE BOTTLE OR SIPPY CUP TO BABY, SUCH AS HAVE PARTNER TRY AND OFFER SMALL AMOUNTS. ALSO OFFERING COLD VS. WARMED TEMPERATURE OF MILK MAY HELP INTRODUCTION. MOM HAS AN ESTABLISHED AREA TO PUMP AT WORK, DISCUSSED TRYING TO PUMP 2-3X PER DAY FOR 10-15 MIN.; ALSO GAVE MILK STORAGE GUIDELINES MAGNET. F: FOLLOW UP WITH MOM ON HER RETURN TO WORK, AND IF SHE NEEDS ANY MORE STORAGE BAGS.	GSPEAKER
09/24/2014	3101402628 IAMRICH, MONEY	PROGRAM EDUCATION	RIGHTS & OBLIGATIONS	HMCDOWELL
09/24/2014	3101402628 IAMRICH, MONEY	PROGRAM EDUCATION	RULES & REGULATIONS	HMCDOWELL
09/24/2014	3101402628 IAMRICH, MONEY	PROGRAM EDUCATION	Education for Second Authorized Representative/Proxy	HMCDOWELL

Row count: 10
Showing 1-4 of 4

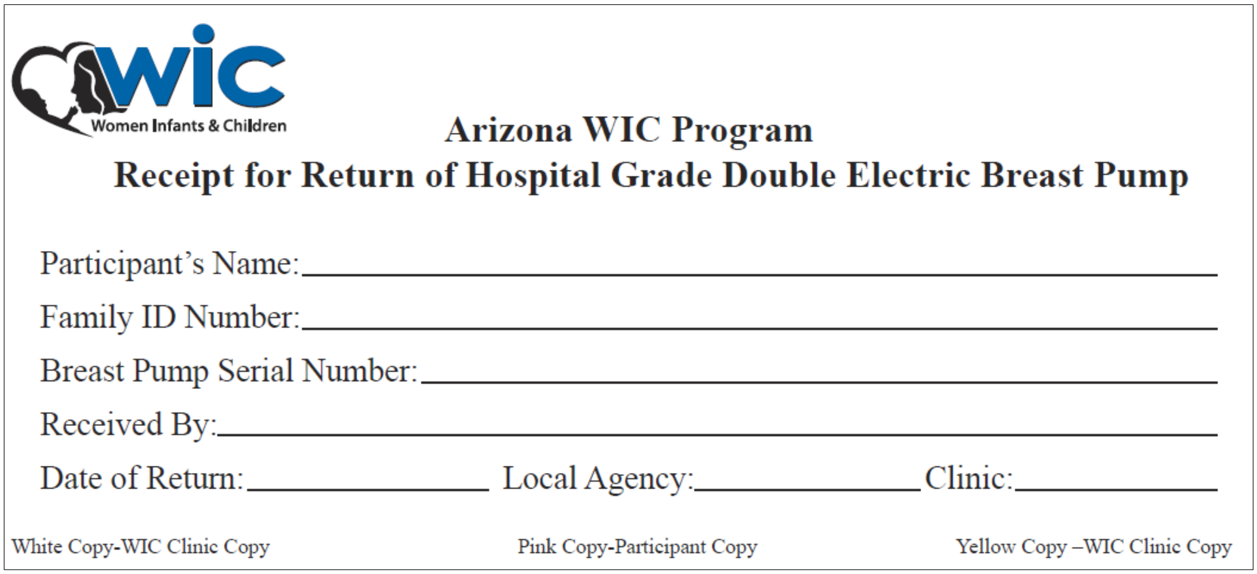
Figure 136: Breastfeeding Assessment Note

Together We Can

Be sure you review the Hospital-Grade Breast Pump Release form with mom and have her initial where indicated, in addition to getting her signature and scanning it into the system. The length of issuance will be based on your Assessment, ranging from one to three months. After the three-month period has expired, mom will need to sign a new contract and that, too, will be scanned into the system. This will occur until mom is finished with pumping or it is deemed she no longer needs the pump.

Returning a Pump

When a mom returns a pump, fill out the Breast Pump Return Receipt form. After the form is filled out and signed, scan a copy into the client record, then shred; give one copy to mom and leave the final copy with the receipt booklet.



WIC Women Infants & Children

Arizona WIC Program

Receipt for Return of Hospital Grade Double Electric Breast Pump

Participant's Name:____

Family ID Number:____

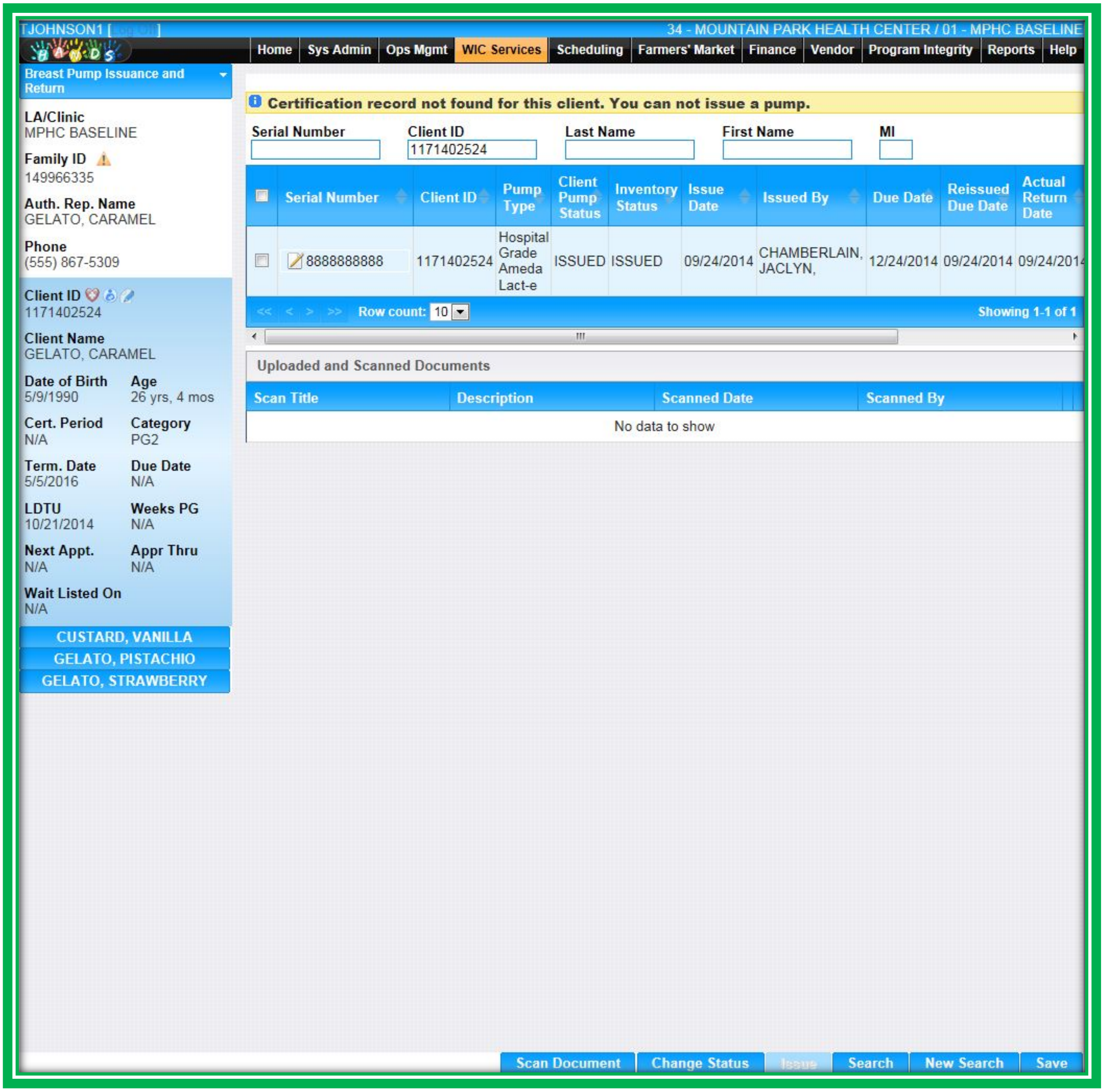
Breast Pump Serial Number:__________________________________

Received By:____

Date of Return:____________ Local Agency:____________ Clinic:____________

White Copy-WIC Clinic Copy Pink Copy-Participant Copy Yellow Copy –WIC Clinic Copy

Figure 137: Breast Pump Return Receipt


TJOHNSON1 [Log Off]
34 - MOUNTAIN PARK HEALTH CENTER / 01 - MPHC BASELINE
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Breast Pump Issuance and Return
CUSTARD, VANILLA
GELATO, PISTACHIO
GELATO, STRAWBERRY
Scan Document
Change Status
Issue
Search
New Search
Save

LA/Clinic MPHC BASELINE

Family ID 149966335

Auth. Rep. Name GELATO, CARAMEL

Phone (555) 867-5309

Client ID 1171402524

Client Name GELATO, CARAMEL

Date of Birth 5/9/1990 **Age** 26 yrs, 4 mos

Cert. Period N/A **Category** PG2

Term. Date 5/5/2016 **Due Date** N/A

LDTU 10/21/2014 **Weeks PG** N/A

Next Appt. N/A **Appr Thru** N/A

Wait Listed On N/A

Certification record not found for this client. You can not issue a pump.

Serial Number	Client ID	Last Name	First Name	MI
	1171402524			

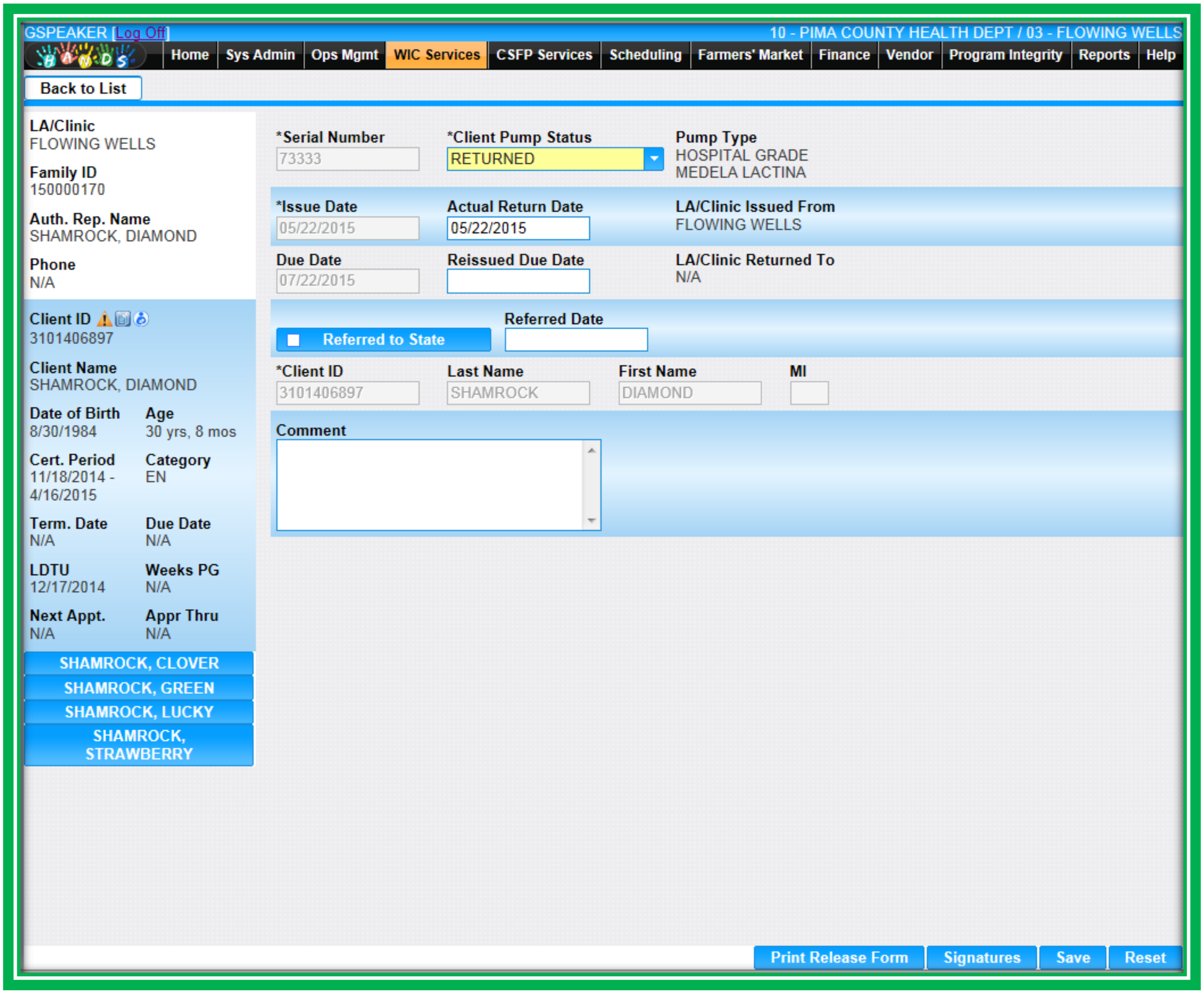
☐	Serial Number	Client ID	Pump Type	Client Pump Status	Inventory Status	Issue Date	Issued By	Due Date	Reissued Due Date	Actual Return Date
☐	8888888888	1171402524	Hospital Grade Ameda Lact-e	ISSUED	ISSUED	09/24/2014	CHAMBERLAIN, JACLYN,	12/24/2014	09/24/2014	09/24/201

Row count: 10 Showing 1-1 of 1

Uploaded and Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Figure 138: Breast Pump Issuance and Return – Search

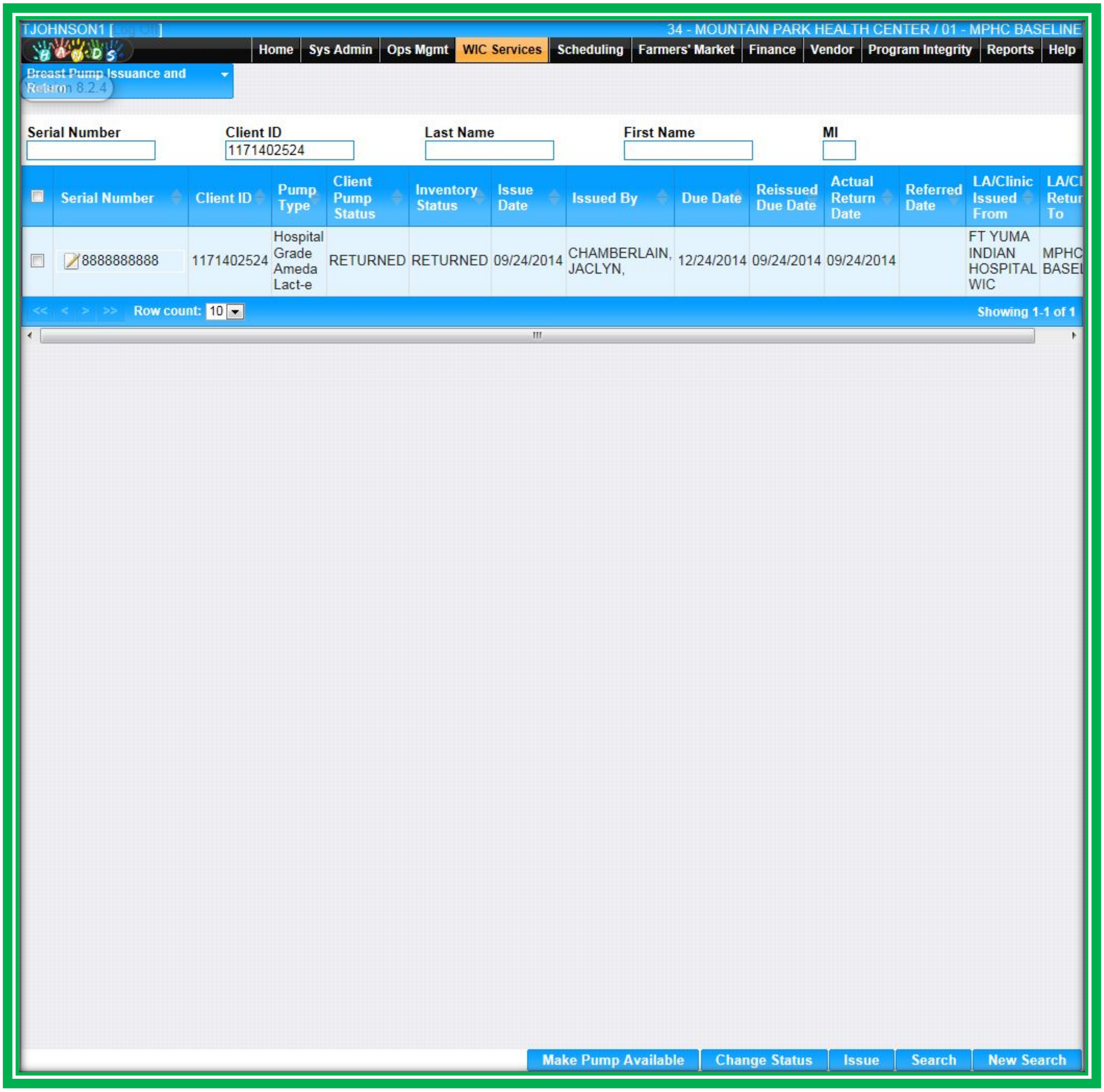

GSPEAKER [Log Off]
10 - PIMA COUNTY HEALTH DEPT / 03 - FLOWING WELLS
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back to List
SHAMROCK, CLOVER
SHAMROCK, GREEN
SHAMROCK, LUCKY
SHAMROCK, STRAWBERRY
Print Release Form
Signatures
Save
Reset

LA/Clinic: FLOWING WELLS
Family ID: 150000170
Auth. Rep. Name: SHAMROCK, DIAMOND
Phone: N/A
Client ID: 3101406897
Client Name: SHAMROCK, DIAMOND
Date of Birth: 8/30/1984
Age: 30 yrs, 8 mos
Cert. Period: 11/18/2014 - 4/16/2015
Category: EN
Term. Date: N/A
Due Date: N/A
LDTU: 12/17/2014
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A

*Serial Number: 73333
*Client Pump Status: RETURNED
Pump Type: HOSPITAL GRADE MEDELA LACTINA
*Issue Date: 05/22/2015
Actual Return Date: 05/22/2015
LA/Clinic Issued From: FLOWING WELLS
Due Date: 07/22/2015
Reissued Due Date:
LA/Clinic Returned To: N/A
☐ Referred to State
Referred Date:
*Client ID: 3101406897
Last Name: SHAMROCK
First Name: DIAMOND
MI:
Comment:

Figure 139: Breast Pump Issuance and Return – Return Part 1

Once the return of the breast pump has been documented in the client file, it is released from their record and the pump icon will no long display. After cleaning the pump, make the pump available again in the system. From the WIC Services screen, use the Navigation Pick List and select Breast Pump Issuance and Return. Enter the breast pump's serial number and search. Select the pump and click the Make Available button at the bottom of the screen. *If the pump is not in working order, do not make the pump available; instead, select the pump's serial number and change the status to the desired status.


TJOHNSON1 [Log Off]
34 - MOUNTAIN PARK HEALTH CENTER / 01 - MPHC BASELINE
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Breast Pump Issuance and Return 8.2.4
<< < > >>
Make Pump Available
Change Status
Issue
Search
New Search

Serial Number
Client ID 1171402524
Last Name
First Name
MI

☐	Serial Number	Client ID	Pump Type	Client Pump Status	Inventory Status	Issue Date	Issued By	Due Date	Reissued Due Date	Actual Return Date	Referred Date	LA/Clinic Issued From	LA/Cl Retur To
☐	8888888888	1171402524	Hospital Grade Ameda Lact-e	RETURNED	RETURNED	09/24/2014	CHAMBERLAIN, JACLYN,	12/24/2014	09/24/2014	09/24/2014		FT YUMA INDIAN HOSPITAL WIC	MPHC BASEL

Row count: 10

Showing 1-1 of 1

Figure 140: Breast Pump Issuance and Return – Return Part 2

Now it's time to go over what you have learned so far. Please review Breast Pump Issuance and Return in Module 5 on the HANDS Resource Site.

CASE STUDY: IT'S IN YOUR HANDS!

Now it is time for you to continue your journey into the world of HANDS.

1. Discuss the following with your Helping HAND:
    a. Local Agency policy on pump issuance and return
        i. Issuing a breast pump
    b. Impact of synchronized start dates
        i. Referrals to food banks and other programs for moms who come to the clinic early for formula benefits
    c. Scanning a food package prescription and approval
2. Work to do before you start
    a. Log into the HANDS Training Database
    b. Search for your family using the WIC Services Search
    c. Navigate to the Food Package Screen for your family
3. For each family member, assign a food package:
    a. Assign a PG2 package to Mom
    b. Based on the amount of formula mom reported baby was taking (see Module 3 Case Study), assign an IPN Similac ® Advance package and a C1 package to the baby
        i. How would you tailor the formula package to meet her needs?
        ii. Since the baby was premature and low birth weight, what adjustments, if any, would you make to his/her food packages?
    c. Assign a C2 package to the child
4. Navigate to the Issuance screen
    a. How many months of benefits would you issue to each family member?
    b. What do you document on this screen to indicate that you have reviewed Rules and Regulations and Rights and Obligations?
    c. Go to Signature and practice signing on the signature pad to capture client's signature on the Rights and Obligations form
    d. Preview checks
    e. Issue benefits to this family. Keep the printed checks for use in a later module.

TRAINING NOTES

MODULE 6 CERT ACTION AND FOOD PACKAGE PART 2

IN THIS SECTION:

- Certification Action
  - Category Change
  - Terminate and Reinstate
  - Extend Cert
- Food Package
  - Void/Reissue
  - Formula Replacement

LEARNING OBJECTIVES:

By the end of this module, users will:

- Identify the updated and new items found in the Void/Reissue Food Benefits, Formula Replacement, and sections of the Cert Action screens
- Demonstrate competence by using the Void/Reissue and Formula Replacement screens
- Practice the various features of the Cert Action screen

RESOURCES FOR MODULE 6: BEFORE YOU CONTINUE YOUR JOURNEY

THINGS TO DO BEFORE YOU GET STARTED:

- Check to make sure that the HANDS Resource Site is accessible from your computer
- Read the following areas of the CMA HANDS Clinic Training Manual:
  - Module 3
    - Category Change
  - Module 4
    - Void/Reissue
    - Formula Replacement
  - Module 8
    - Termination & Reinstatement
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
  - Chapter 2
  - Chapter 3
  - Chapter 4
  - Chapter 9
    - Section B Local Agency Responsibilities

OVERVIEW

During your training we will be going deeper into the Cert Action screen, as well as focusing on voiding, reissuing, and replacing benefits. We will also take a look at the new HANDS Formula Replacement screen.

HANDS AND THE APPOINTMENT PATHWAY

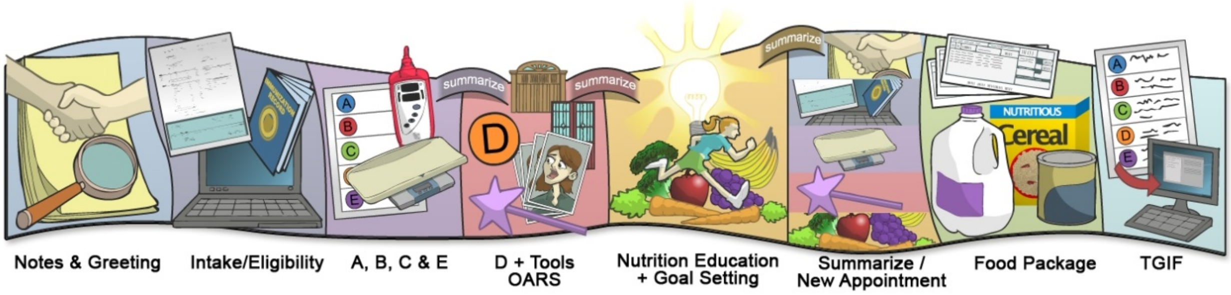

summarize
summarize
summarize
A
B
C
D
E
D
NUTRITIOUS
Cereal
Notes & Greeting
Intake/Eligibility
A, B, C & E
D + Tools
OARS
Nutrition Education
+ Goal Setting
Summarize /
New Appointment
Food Package
TGIF

Figure 141: HANDS Appointment Pathway

Cert Action

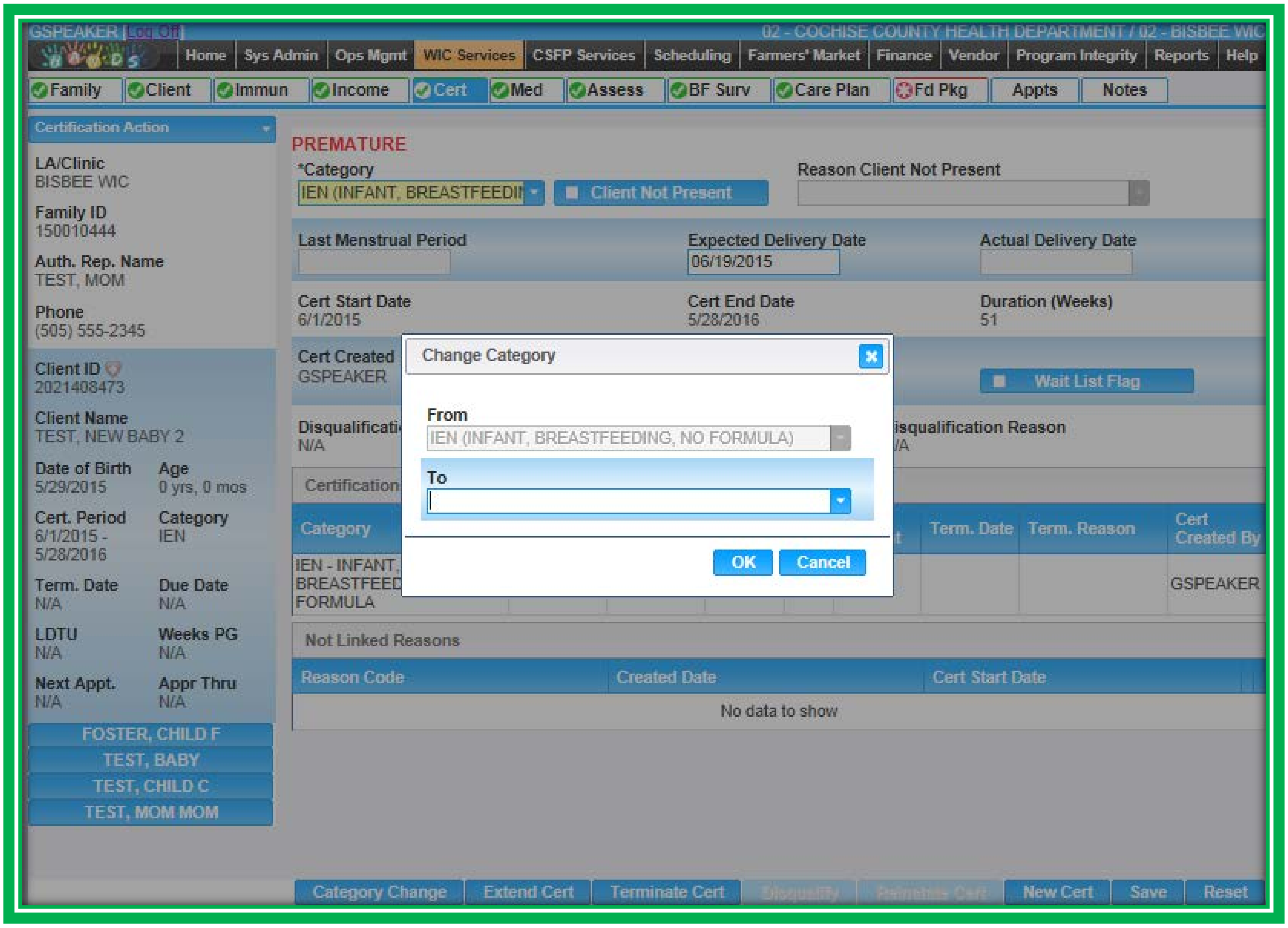
The Cert Action screen is combined with several other screens to help make doing your job easier and faster. Some of the items, like extending certifications, will be based on roles and Local Agency policy. You will want to discuss how these items will work in your area.

Category Change

Category Change in HANDS will prompt you to complete an Assessment, and you must always write your Breastfeeding Assessment Note. If the client is an infant, you will verify the Breastfeeding Surveillance data is accurate as well. Review and tailor the client's food package and ensure an appropriate package is assigned based on the client's age, needs, and category.

Together We Can

When a breastfeeding/breastfed client comes in for a category change, it means something has changed with their breastfeeding status. Don't forget your Breastfeeding Assessment! This includes info about amount and frequency of nursing per day, and formula prep, when applicable. Based on the new category, a new Assessment will need to be added in the Assessment screen. Complete the Standard Questions in the D Main Group of the Assessment screen, and don't forget your TGIF note!


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Client Not Present
Wait List Flag
Category Change
Extend Cert
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, MOM MOM

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408473

Client Name
TEST, NEW BABY 2

Date of Birth: 5/29/2015 | Age: 0 yrs, 0 mos

Cert. Period: 6/1/2015 - 5/28/2016 | Category: IEN

Term. Date: N/A | Due Date: N/A

LDTU: N/A | Weeks PG: N/A

Next Appt.: N/A | Appr Thru: N/A

PREMATURE

*Category: IEN (INFANT, BREASTFEEDII

Reason Client Not Present:

Last Menstrual Period:

Expected Delivery Date: 06/19/2015

Actual Delivery Date:

Cert Start Date: 6/1/2015

Cert End Date: 5/28/2016

Duration (Weeks): 51

Cert Created: GSPEAKER

Disqualificati: N/A

isqualification Reason: /A

Certification

Category		Term. Date	Term. Reason	Cert Created By
IEN - INFANT, BREASTFEED FORMULA				GSPEAKER

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
No data to show		

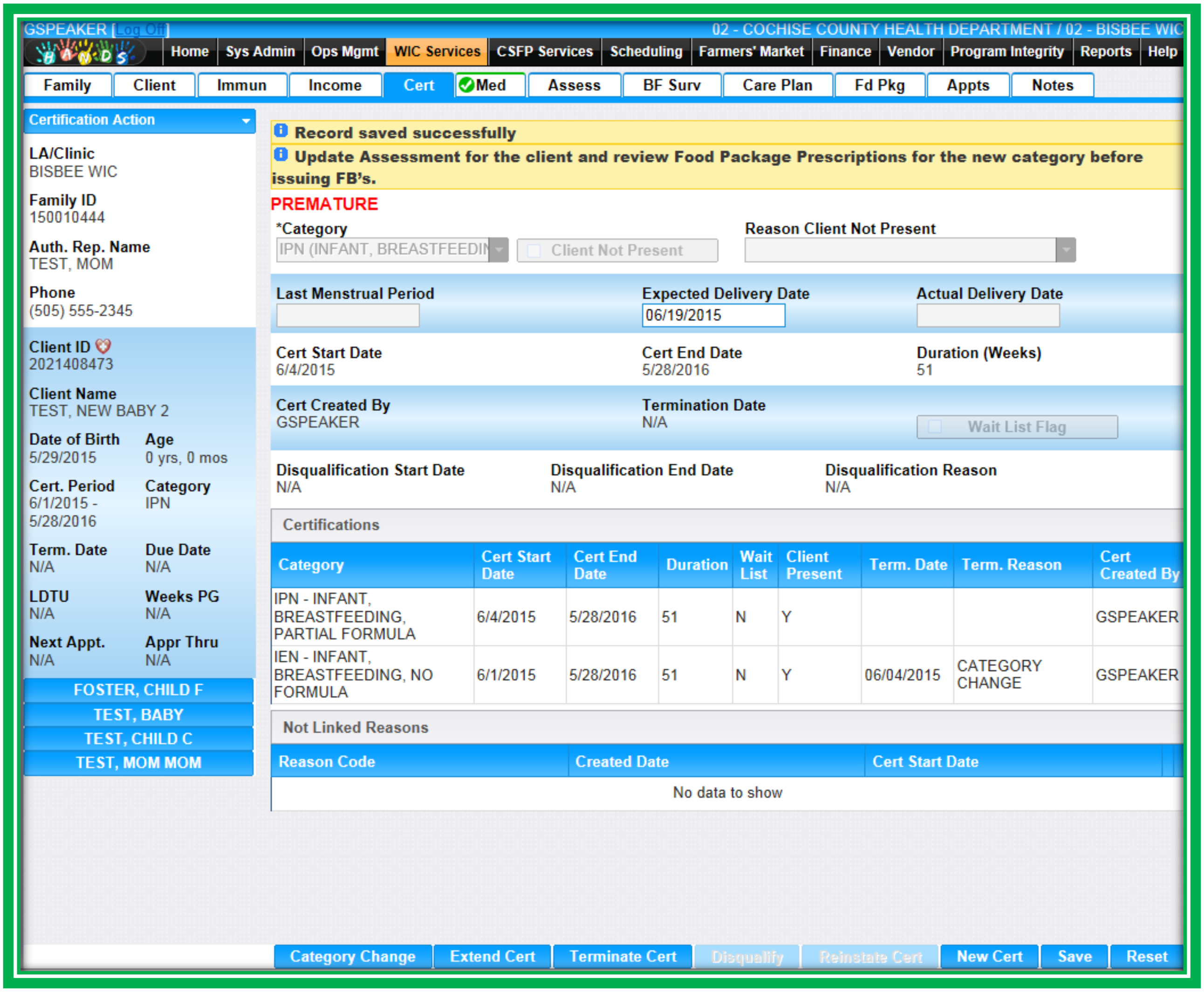
Change Category

From: IEN (INFANT, BREASTFEEDING, NO FORMULA)

To:

OK | Cancel

Figure 142: Category Change Part 1


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Certification Action
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, MOM MOM
Category Change
Extend Cert
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic BISBEE WIC
Family ID 150010444
Auth. Rep. Name TEST, MOM
Phone (505) 555-2345
Client ID 2021408473
Client Name TEST, NEW BABY 2
Date of Birth 5/29/2015
Age 0 yrs, 0 mos
Cert. Period 6/1/2015 - 5/28/2016
Category IPN
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A

Record saved successfully

Update Assessment for the client and review Food Package Prescriptions for the new category before issuing FB's.

PREMATURE

*Category: IPN (INFANT, BREASTFEEDIN
☐ Client Not Present
Reason Client Not Present:
Last Menstrual Period:
Expected Delivery Date: 06/19/2015
Actual Delivery Date:
Cert Start Date: 6/4/2015
Cert End Date: 5/28/2016
Duration (Weeks): 51
Cert Created By: GSPEAKER
Termination Date: N/A
☐ Wait List Flag
Disqualification Start Date: N/A
Disqualification End Date: N/A
Disqualification Reason: N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
IPN - INFANT, BREASTFEEDING, PARTIAL FORMULA	6/4/2015	5/28/2016	51	N	Y			GSPEAKER
IEN - INFANT, BREASTFEEDING, NO FORMULA	6/1/2015	5/28/2016	51	N	Y	06/04/2015	CATEGORY CHANGE	GSPEAKER

Not Linked Reasons

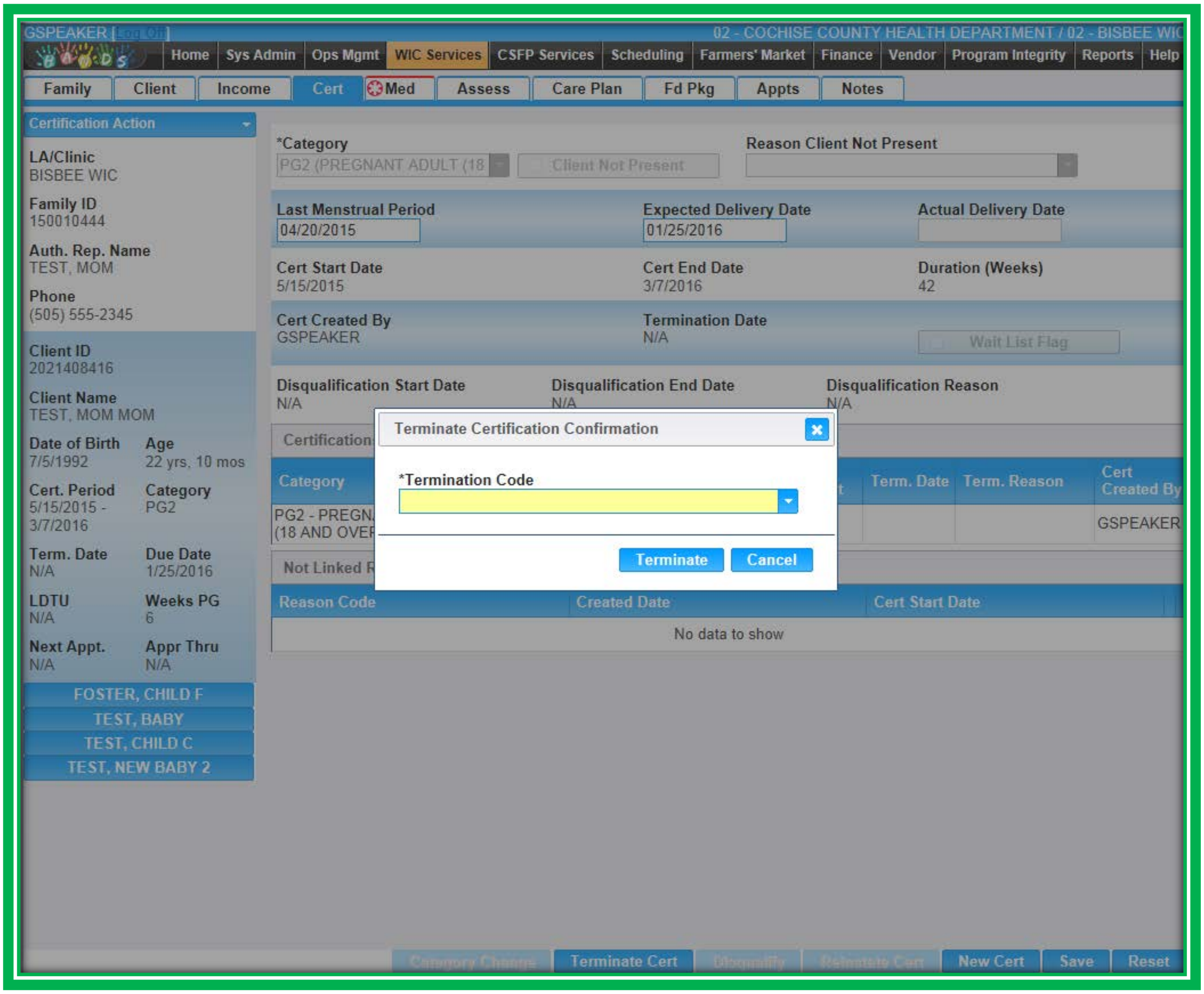
Reason Code	Created Date	Cert Start Date
No data to show		

Figure 143: Category Change Part 2

Now it's time to go over what you have learned so far. Please review Cert Action – Category Change in Module 6 on the HANDS Resource Site.

Terminate and Reinstate

The Terminate Cert button is on the Cert Action screen. A pop-up will display, and you will be able to select a reason right then and there. Then select whether you want to print the Notice of Ineligibility or not, and save. It's just that easy!


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Client Not Present
Wait List Flag
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, NEW BABY 2
Terminate
Cancel
Category Change
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic: BISBEE WIC
Family ID: 150010444
Auth. Rep. Name: TEST, MOM
Phone: (505) 555-2345
Client ID: 2021408416
Client Name: TEST, MOM MOM
Date of Birth: 7/5/1992
Age: 22 yrs, 10 mos
Cert. Period: 5/15/2015 - 3/7/2016
Category: PG2
Term. Date: N/A
Due Date: 1/25/2016
LDTU: N/A
Weeks PG: 6
Next Appt.: N/A
Appr Thru: N/A

*Category: PG2 (PREGNANT ADULT (18
Reason Client Not Present:
Last Menstrual Period: 04/20/2015
Expected Delivery Date: 01/25/2016
Actual Delivery Date:
Cert Start Date: 5/15/2015
Cert End Date: 3/7/2016
Duration (Weeks): 42
Cert Created By: GSPEAKER
Termination Date: N/A
Disqualification Start Date: N/A
Disqualification End Date: N/A
Disqualification Reason: N/A

Certification

Category		Term. Date	Term. Reason	Cert Created By
PG2 - PREGN (18 AND OVEF				GSPEAKER

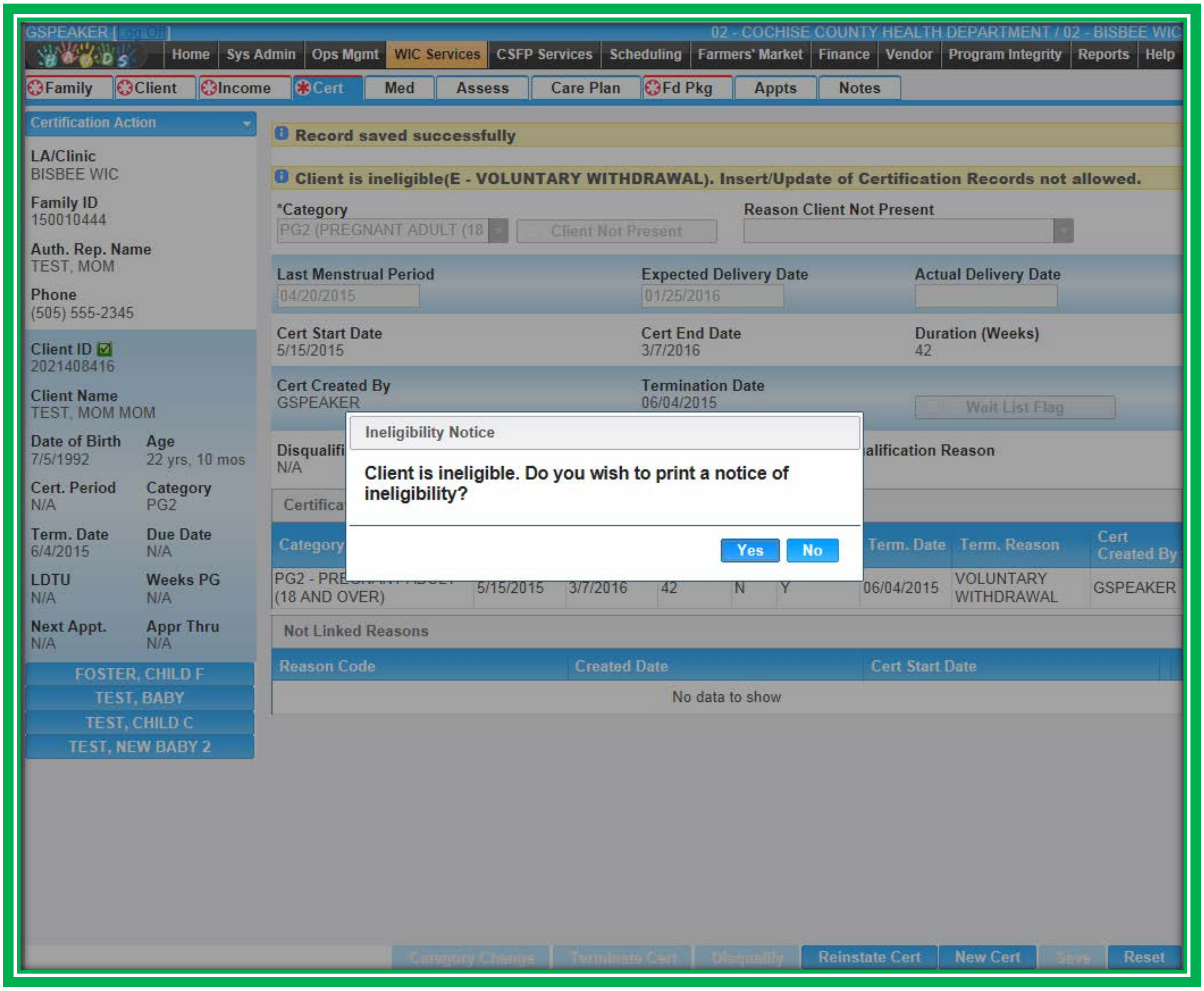
Not Linked R

Reason Code	Created Date	Cert Start Date
No data to show		

Terminate Certification Confirmation

*Termination Code:

Figure 144: Terminate Part 1


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Category Change
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic BISBEE WIC
Family ID 150010444
Auth. Rep. Name TEST, MOM
Phone (505) 555-2345
Client ID ☑ 2021408416
Client Name TEST, MOM MOM
Date of Birth 7/5/1992
Age 22 yrs, 10 mos
Cert. Period N/A
Category PG2
Term. Date 6/4/2015
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A

FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, NEW BABY 2

Record saved successfully

Client is ineligible(E - VOLUNTARY WITHDRAWAL). Insert/Update of Certification Records not allowed.

***Category** PG2 (PREGNANT ADULT (18
☐ Client Not Present
Reason Client Not Present
Last Menstrual Period 04/20/2015
Expected Delivery Date 01/25/2016
Actual Delivery Date
Cert Start Date 5/15/2015
Cert End Date 3/7/2016
Duration (Weeks) 42
Cert Created By GSPEAKER
Termination Date 06/04/2015
☐ Wait List Flag
Disqualifi N/A
alification Reason

Certifica

Category						Term. Date	Term. Reason	Cert Created By
PG2 - PRE (18 AND OVER)	5/15/2015	3/7/2016	42	N	Y	06/04/2015	VOLUNTARY WITHDRAWAL	GSPEAKER

Not Linked Reasons

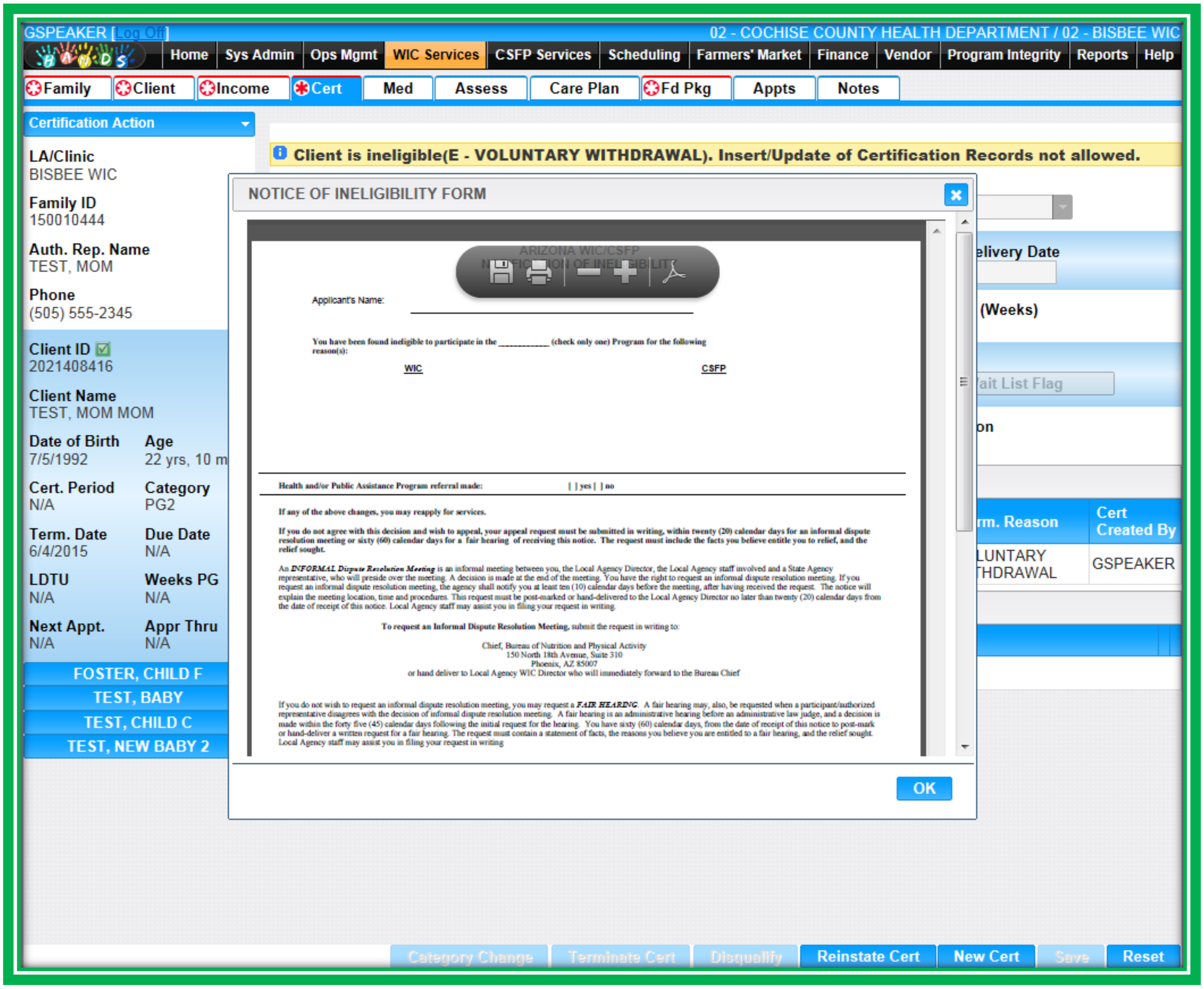
Reason Code	Created Date	Cert Start Date
No data to show		

Ineligibility Notice

Client is ineligible. Do you wish to print a notice of ineligibility?

Yes No

Figure 145: Terminate Part 2


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
elivery Date
(Weeks)
ait List Flag
on
rm. Reason
Cert Created By
Category Change
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset
OK

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID ☑
2021408416

Client Name
TEST, MOM MOM

Date of Birth: 7/5/1992
Age: 22 yrs, 10 m

Cert. Period: N/A
Category: PG2

Term. Date: 6/4/2015
Due Date: N/A

LDTU: N/A
Weeks PG: N/A

Next Appt.: N/A
Appr Thru: N/A

FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, NEW BABY 2

LUNTARY THDRAWAL | GSPEAKER

Client is ineligible(E - VOLUNTARY WITHDRAWAL). Insert/Update of Certification Records not allowed.

NOTICE OF INELIGIBILITY FORM

ARIZONA WIC/CSFP
N…FIC…ION OF INEL…GIBILITY

Applicant's Name: ____________________

You have been found ineligible to participate in the ___________ (check only one) Program for the following reason(s):

WIC | CSFP

Health and/or Public Assistance Program referral made: [ ] yes [ ] no

If any of the above changes, you may reapply for services.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within twenty (20) calendar days for an informal dispute resolution meeting or sixty (60) calendar days for a fair hearing of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought.

An ***INFORMAL Dispute Resolution Meeting*** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting. A decision is made at the end of the meeting. You have the right to request an informal dispute resolution meeting. If you request an informal dispute resolution meeting, the agency shall notify you at least ten (10) calendar days before the meeting, after having received the request. The notice will explain the meeting location, time and procedures. This request must be post-marked or hand-delivered to the Local Agency Director no later than twenty (20) calendar days from the date of receipt of this notice. Local Agency staff may assist you in filing your request in writing.

To request an Informal Dispute Resolution Meeting, submit the request in writing to:

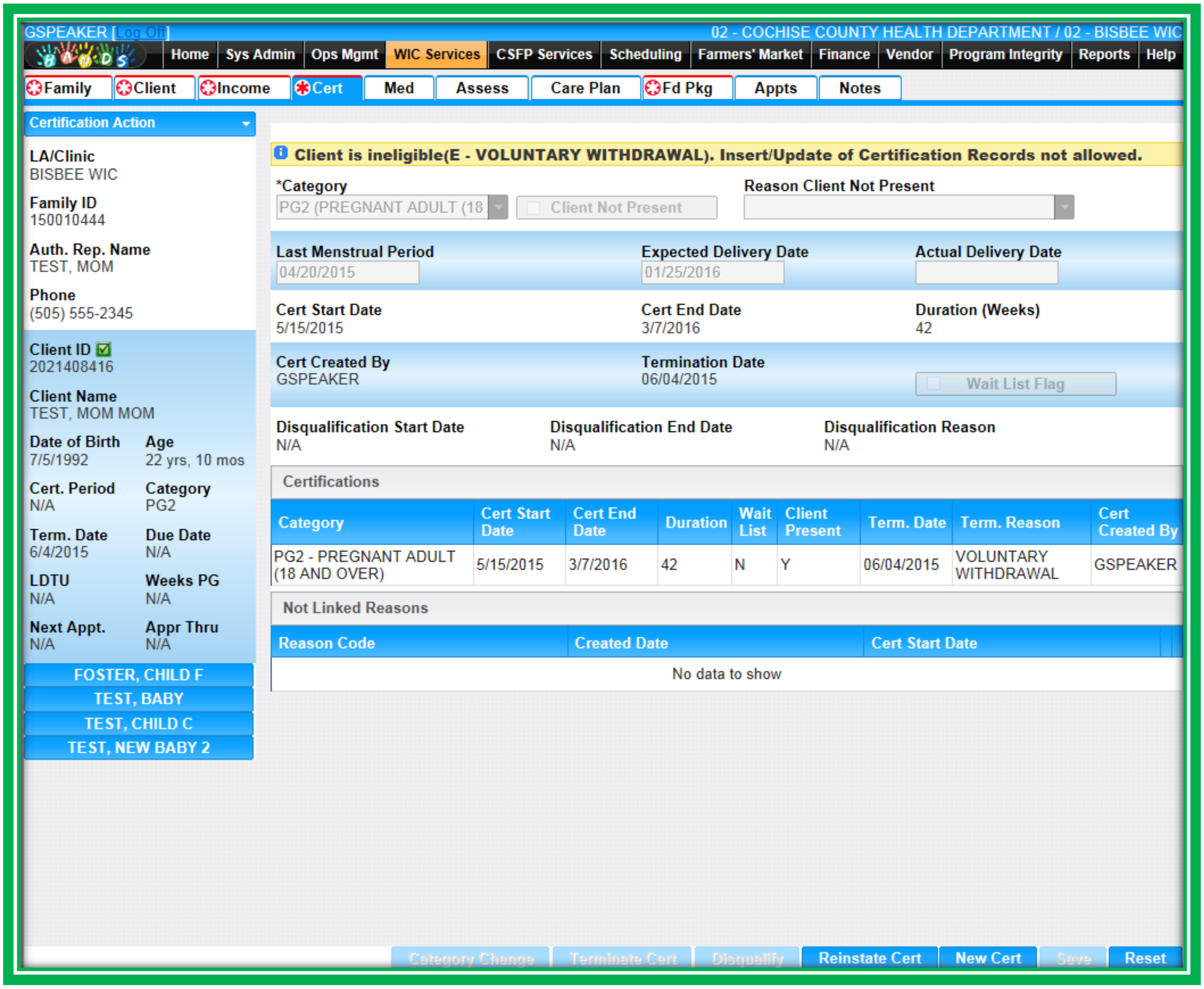
Chief, Bureau of Nutrition and Physical Activity
150 North 18th Avenue, Suite 310
Phoenix, AZ 85007
or hand deliver to Local Agency WIC Director who will immediately forward to the Bureau Chief

If you do not wish to request an informal dispute resolution meeting, you may request a ***FAIR HEARING***. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of informal dispute resolution meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this notice to post-mark or hand-deliver a written request for a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. Local Agency staff may assist you in filing your request in writing

Figure 146: Terminate Part 3

Reinstating a client is just as simple. All you need to do is select the Reinstate button and answer Yes to the confirmation question. The termination data will be removed, and the client will be reinstated. There are some rules that apply, which include:

- The client must have a Cert End Date that is either today's date or a future date
- Only a State-level staff person can reinstate a disqualified client
- Only the most recent certification can be reinstated
- You can terminate and reinstate on the same day


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, NEW BABY 2
Category Change
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic BISBEE WIC

Family ID 150010444

Auth. Rep. Name TEST, MOM

Phone (505) 555-2345

Client ID ☑ 2021408416

Client Name TEST, MOM MOM

Date of Birth 7/5/1992 **Age** 22 yrs, 10 mos

Cert. Period N/A **Category** PG2

Term. Date 6/4/2015 **Due Date** N/A

LDTU N/A **Weeks PG** N/A

Next Appt. N/A **Appr Thru** N/A

Client is ineligible(E - VOLUNTARY WITHDRAWAL). Insert/Update of Certification Records not allowed.

***Category** PG2 (PREGNANT ADULT (18

☐ Client Not Present

Reason Client Not Present

Last Menstrual Period 04/20/2015

Expected Delivery Date 01/25/2016

Actual Delivery Date

Cert Start Date 5/15/2015

Cert End Date 3/7/2016

Duration (Weeks) 42

Cert Created By GSPEAKER

Termination Date 06/04/2015

☐ Wait List Flag

Disqualification Start Date N/A

Disqualification End Date N/A

Disqualification Reason N/A

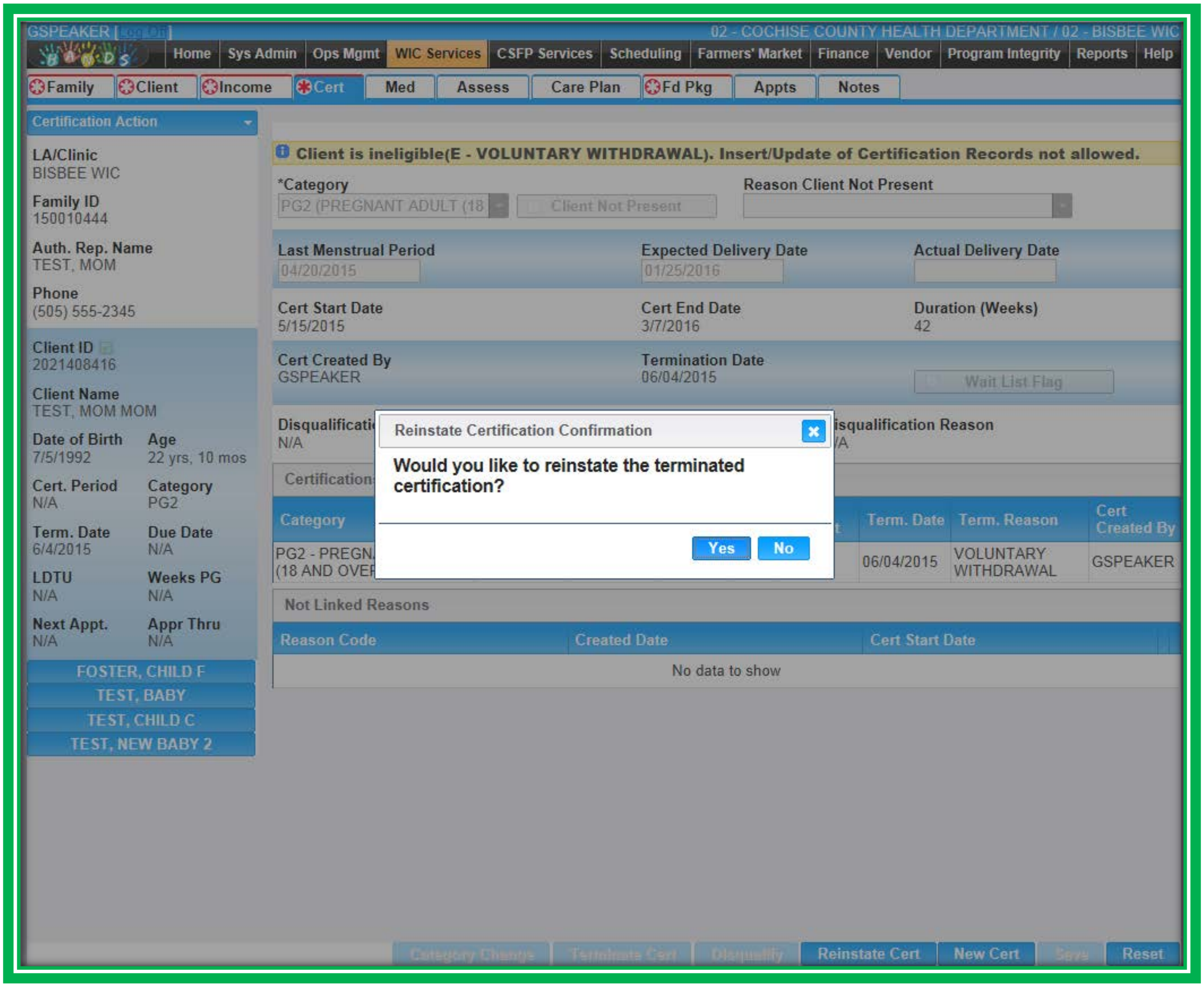
Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
PG2 - PREGNANT ADULT (18 AND OVER)	5/15/2015	3/7/2016	42	N	Y	06/04/2015	VOLUNTARY WITHDRAWAL	GSPEAKER

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
No data to show		

Figure 147: Reinstate Part 1


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Client Not Present
Wait List Flag
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, NEW BABY 2
Yes
No
Category Change
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic: BISBEE WIC
Family ID: 150010444
Auth. Rep. Name: TEST, MOM
Phone: (505) 555-2345
Client ID: 2021408416
Client Name: TEST, MOM MOM
Date of Birth: 7/5/1992
Age: 22 yrs, 10 mos
Cert. Period: N/A
Category: PG2
Term. Date: 6/4/2015
Due Date: N/A
LDTU: N/A
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A

Client is ineligible(E - VOLUNTARY WITHDRAWAL). Insert/Update of Certification Records not allowed.

*Category: PG2 (PREGNANT ADULT (18
Reason Client Not Present:
Last Menstrual Period: 04/20/2015
Expected Delivery Date: 01/25/2016
Actual Delivery Date:
Cert Start Date: 5/15/2015
Cert End Date: 3/7/2016
Duration (Weeks): 42
Cert Created By: GSPEAKER
Termination Date: 06/04/2015
Disqualificati…: N/A
…isqualification Reason: …/A

Reinstate Certification Confirmation

Would you like to reinstate the terminated certification?

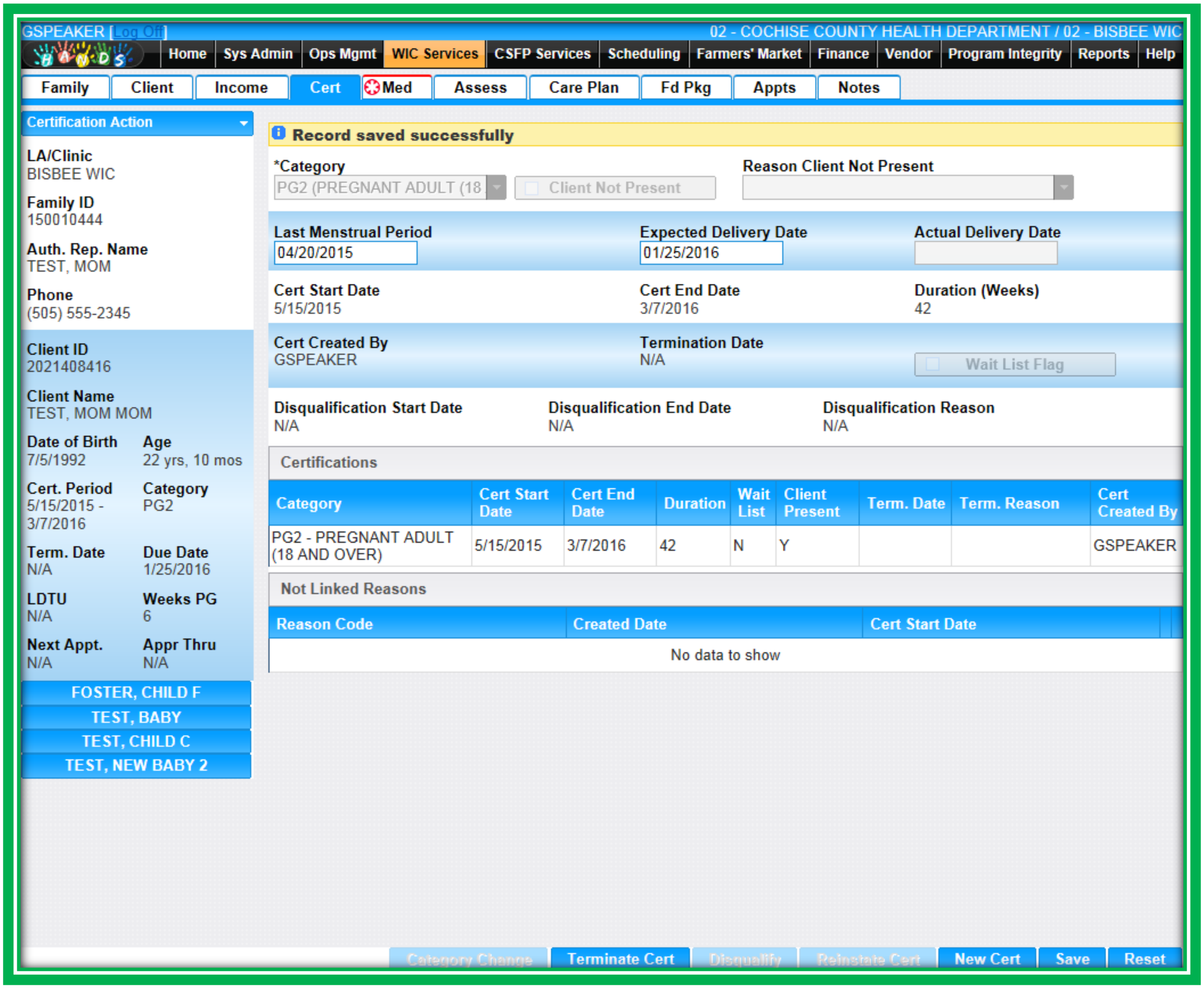
Certification…

Category	…	Term. Date	Term. Reason	Cert Created By
PG2 - PREGN… (18 AND OVE…	…	06/04/2015	VOLUNTARY WITHDRAWAL	GSPEAKER

Not Linked Reasons

Reason Code	Created Date	Cert Start Date
No data to show		

Figure 148: Reinstate Part 2


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Category Change
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

Record saved successfully

LA/Clinic BISBEE WIC
Family ID 150010444
Auth. Rep. Name TEST, MOM
Phone (505) 555-2345
Client ID 2021408416
Client Name TEST, MOM MOM
Date of Birth 7/5/1992
Age 22 yrs, 10 mos
Cert. Period 5/15/2015 - 3/7/2016
Category PG2
Term. Date N/A
Due Date 1/25/2016
LDTU N/A
Weeks PG 6
Next Appt. N/A
Appr Thru N/A

FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, NEW BABY 2

***Category** PG2 (PREGNANT ADULT (18
☐ Client Not Present
Reason Client Not Present
Last Menstrual Period 04/20/2015
Expected Delivery Date 01/25/2016
Actual Delivery Date
Cert Start Date 5/15/2015
Cert End Date 3/7/2016
Duration (Weeks) 42
Cert Created By GSPEAKER
Termination Date N/A
☐ Wait List Flag
Disqualification Start Date N/A
Disqualification End Date N/A
Disqualification Reason N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
PG2 - PREGNANT ADULT (18 AND OVER)	5/15/2015	3/7/2016	42	N	Y			GSPEAKER

Not Linked Reasons

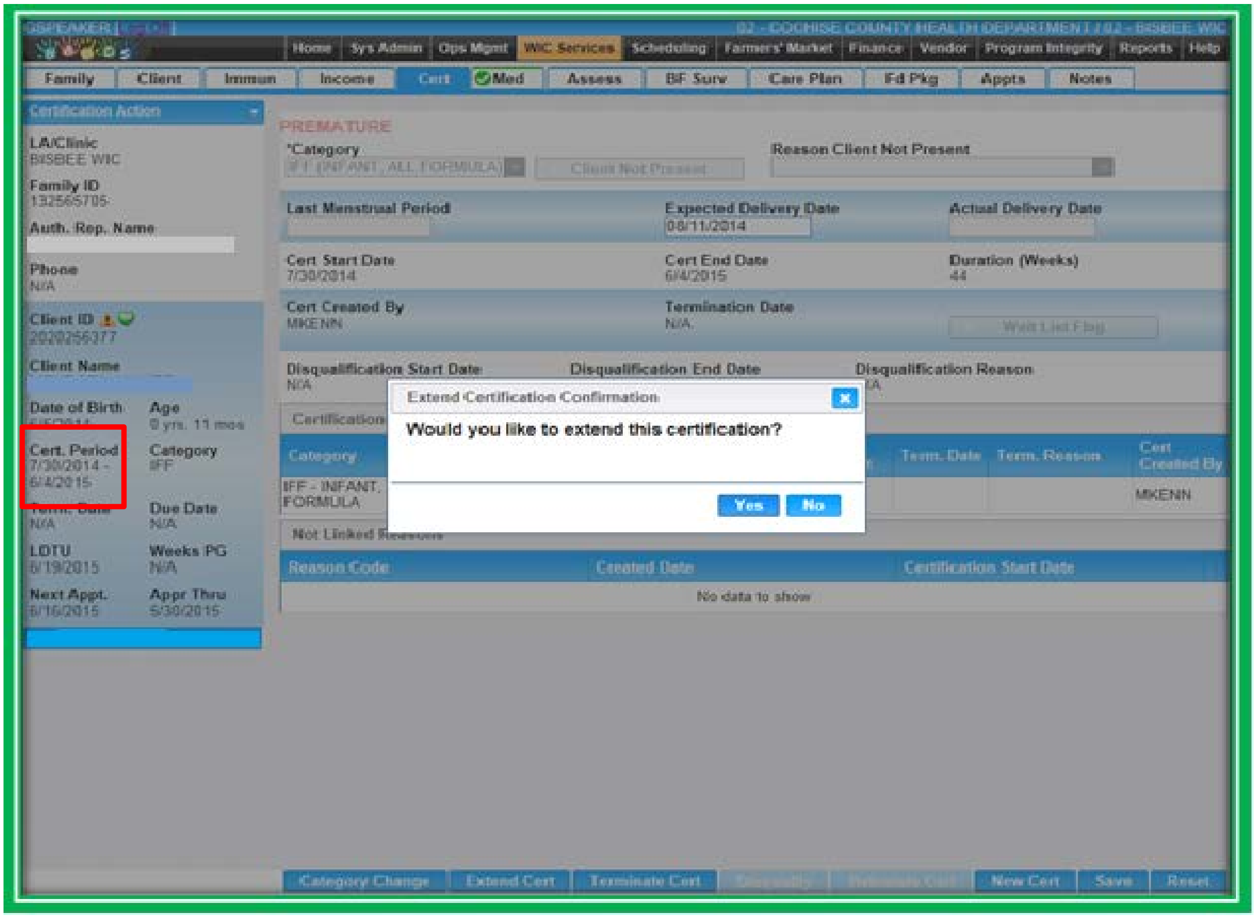
Reason Code	Created Date	Cert Start Date
No data to show		

Figure 149: Reinstate Part 3

Now it's time to go over what you have learned so far. Please review Cert Action – Terminate and Reinstate in Module 6 on the HANDS Resource Site.

Extending Certifications

HANDS will allow you to extend certifications. You can do this using the Extend Cert button, which is enabled for infant and children's categories. It extends the Cert End Date by 30 days for the client selected and can only be used once per certification. After it has been used, the button is disabled. This button will be used based on Local Agency policy and procedures.



02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Certification Action
PREMATURE
Client Not Present
Wait List Flag
Certification
Not Linked Reasons
Category Change
Extend Cert
Terminate Cert
New Cert
Save
Reset

LA/Clinic: BISBEE WIC
Family ID: 132565705
Auth. Rep. Name:
Phone: N/A
Client ID: 2020256377
Client Name: [redacted]
Date of Birth:
Age: 0 yrs. 11 mos
Cert. Period: 7/30/2014 - 6/4/2015
Category: IFF
Term. Date: N/A
Due Date: N/A
LDTU: 6/19/2015
Weeks PG: N/A
Next Appt.: 6/16/2015
Appr Thru: 5/30/2015

*Category: IFF (INFANT, ALL FORMULA)
Reason Client Not Present:
Last Menstrual Period:
Expected Delivery Date: 08/11/2014
Actual Delivery Date:
Cert Start Date: 7/30/2014
Cert End Date: 6/4/2015
Duration (Weeks): 44
Cert Created By: MIKENN
Termination Date: N/A
Disqualification Start Date: N/A
Disqualification End Date:
Disqualification Reason: N/A

Category	Term. Date	Term. Reason	Cert Created By
IFF - INFANT, FORMULA			MIKENN

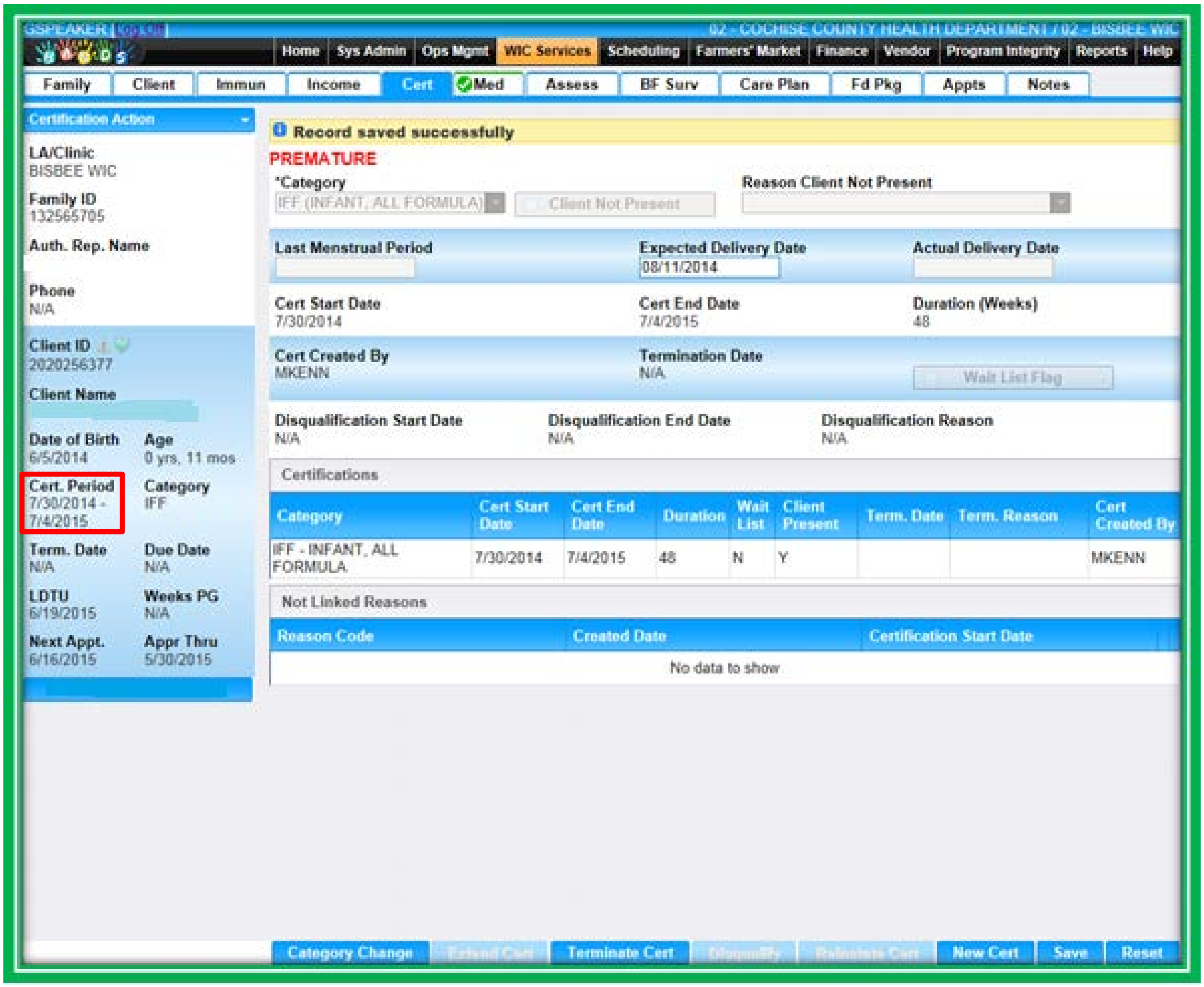
Reason Code	Created Date	Certification Start Date
No data to show		

Extend Certification Confirmation

Would you like to extend this certification?

Yes No

Figure 150: Extend Certification Part 1


GSPEAKER | Log Out
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Client Not Present
Wait List Flag
Category Change
Extend Cert
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic BISBEE WIC

Family ID 132565705

Auth. Rep. Name

Phone N/A

Client ID 2020256377

Client Name [redacted]

Date of Birth 6/5/2014 **Age** 0 yrs, 11 mos

Cert. Period 7/30/2014 - 7/4/2015 **Category** IFF

Term. Date N/A **Due Date** N/A

LDTU 6/19/2015 **Weeks PG** N/A

Next Appt. 6/16/2015 **Appr Thru** 5/30/2015

Record saved successfully

PREMATURE

*Category: IFF (INFANT, ALL FORMULA)

Reason Client Not Present:

Last Menstrual Period	Expected Delivery Date	Actual Delivery Date
	08/11/2014	

Cert Start Date	Cert End Date	Duration (Weeks)
7/30/2014	7/4/2015	48

Cert Created By	Termination Date
MKENN	N/A

Disqualification Start Date	Disqualification End Date	Disqualification Reason
N/A	N/A	N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
IFF - INFANT, ALL FORMULA	7/30/2014	7/4/2015	48	N	Y			MKENN

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

Figure 151: Extend Certification Part 2

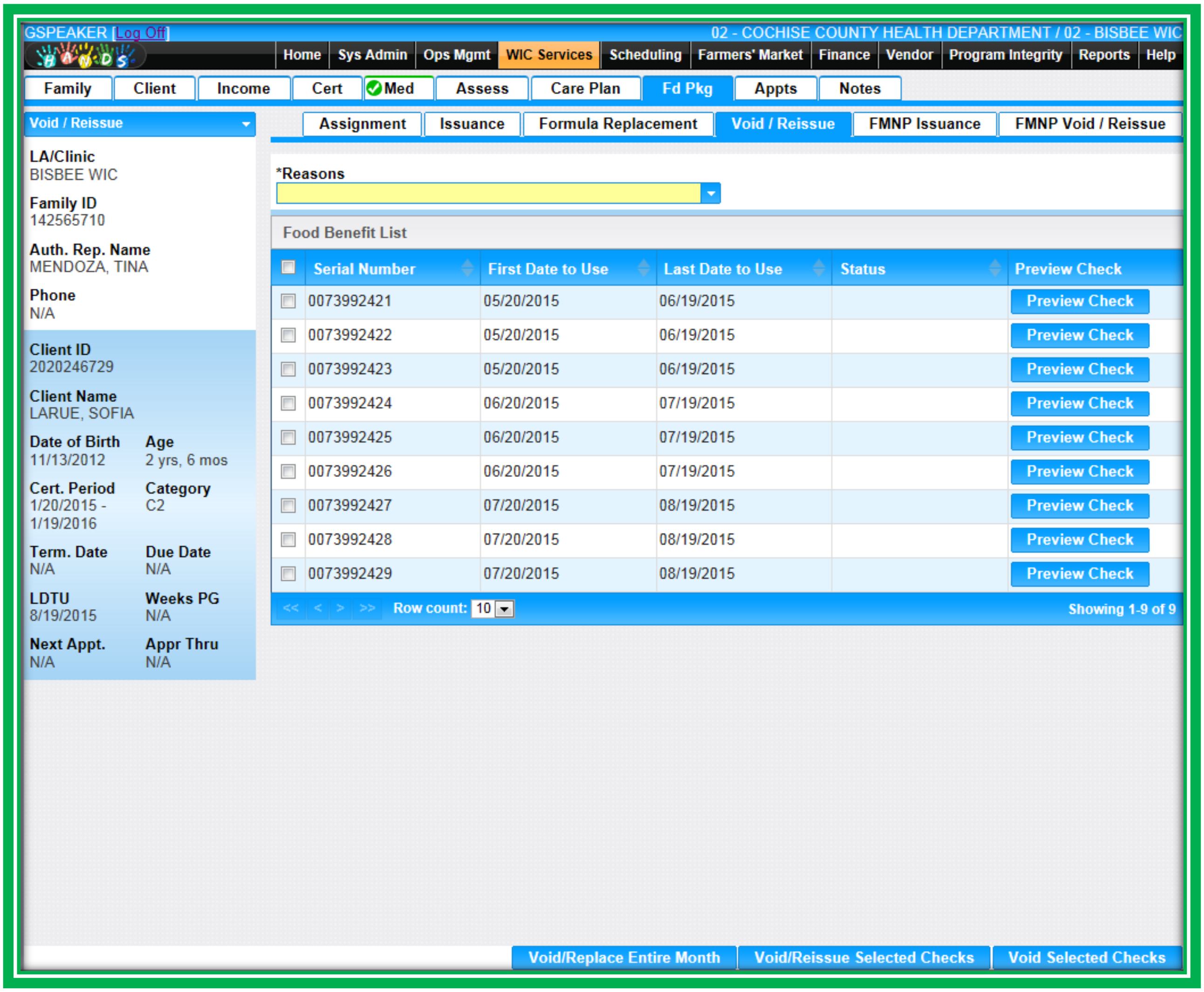
Now it's time to go over what you have learned so far. Please review Cert Action – Extend Cert in Module 6 on the HANDS Resource Site.

Food Package Part 2

In HANDS the Void/Return screen is called Void/Reissue. Formula Replacement is now a stand-alone screen. The work done on these two screens will help process voids and formula replacements more efficiently.

VOID/REISSUE

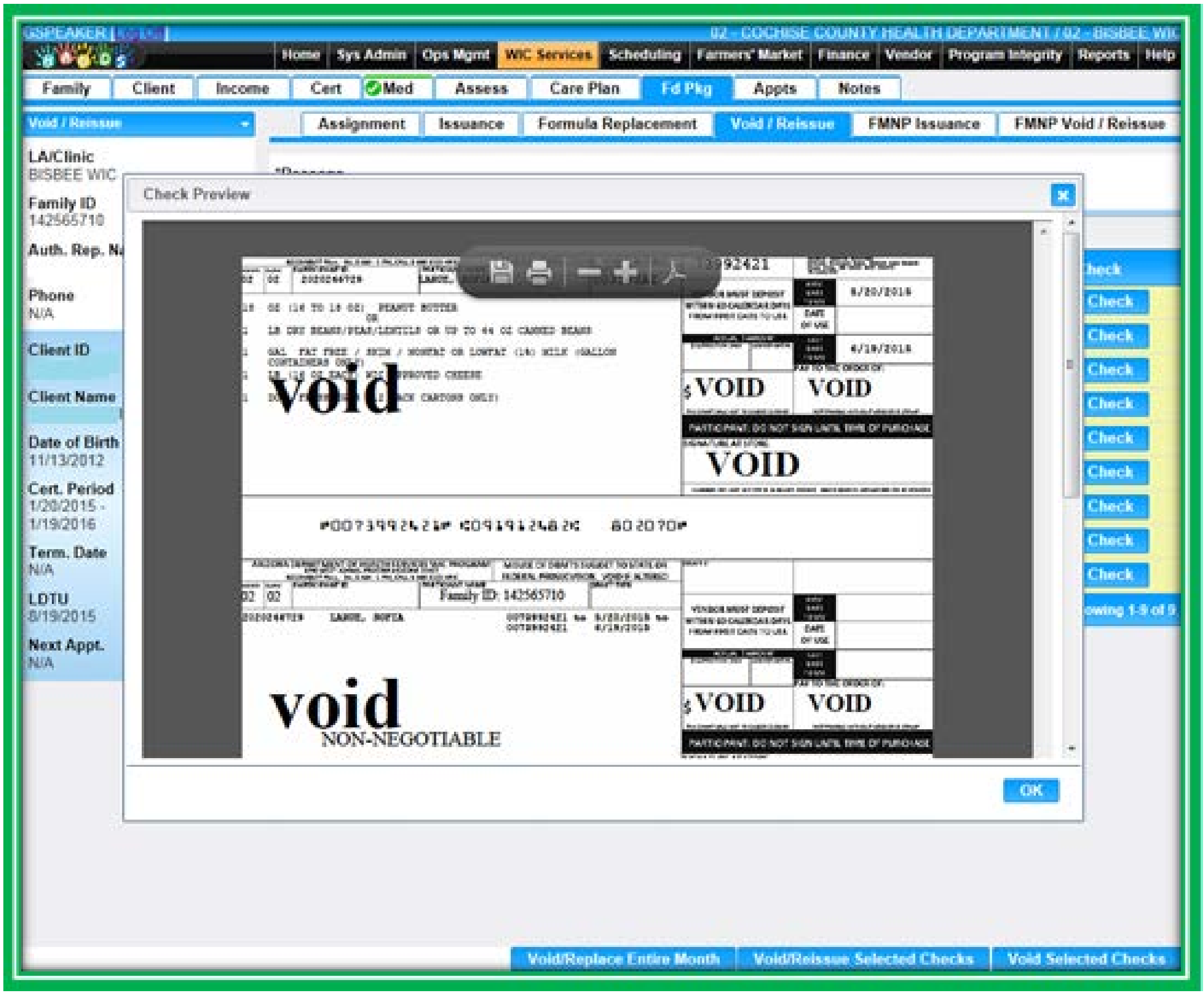
The HANDS Void/Reissue screen has functional conveniences. You can apply one Void Reason to multiple checks. In addition, you will not have to select or deselect the Reissue checkbox any longer. You can view the benefits that have been issued to the client to ensure you are voiding the correct item. In HANDS, this is done by selecting the Preview Check button.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Void / Reissue
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
*Reasons
Food Benefit List
<< < > >> Row count: 10
Showing 1-9 of 9
Void/Replace Entire Month
Void/Reissue Selected Checks
Void Selected Checks

LA/Clinic
BISBEE WIC
Family ID
142565710
Auth. Rep. Name
MENDOZA, TINA
Phone
N/A
Client ID
2020246729
Client Name
LARUE, SOFIA
Date of Birth 11/13/2012
Age 2 yrs, 6 mos
Cert. Period 1/20/2015 - 1/19/2016
Category C2
Term. Date N/A
Due Date N/A
LDTU 8/19/2015
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A

☐	Serial Number	First Date to Use	Last Date to Use	Status	Preview Check
☐	0073992421	05/20/2015	06/19/2015		Preview Check
☐	0073992422	05/20/2015	06/19/2015		Preview Check
☐	0073992423	05/20/2015	06/19/2015		Preview Check
☐	0073992424	06/20/2015	07/19/2015		Preview Check
☐	0073992425	06/20/2015	07/19/2015		Preview Check
☐	0073992426	06/20/2015	07/19/2015		Preview Check
☐	0073992427	07/20/2015	08/19/2015		Preview Check
☐	0073992428	07/20/2015	08/19/2015		Preview Check
☐	0073992429	07/20/2015	08/19/2015		Preview Check

Figure 152: Void/Reissue


02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Void / Reissue
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Check Preview
VOID
void
NON-NEGOTIABLE
Check
OK
Void/Replace Entire Month
Void/Reissue Selected Checks
Void Selected Checks

LA/Clinic
BISBEE WIC
Family ID
142565710
Auth. Rep. N
Phone
N/A
Client ID
Client Name
Date of Birth
11/13/2012
Cert. Period
1/20/2015 - 1/19/2016
Term. Date
N/A
LDTU
8/19/2015
Next Appt.
N/A

Figure 153: Void/Reissue – Benefit Display

HANDS Void/Reissue screen gives you three different options when dealing with client benefits:

1. Void/Replace Entire Month
    a. This is used for a food package change
    b. This can only be done for the entire month
2. Void/Reissue Selected Checks
    a. This is used when you need to replace checks with the same food package
    b. You may choose multiple checks/months or only selected checks
3. Void Selected Checks
    a. This is used when you want to void checks but not replace or reissue them
    b. This option will be used when you manually tailor IPN checks

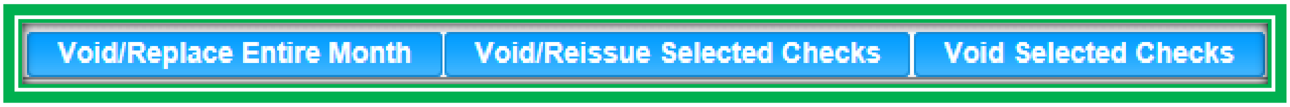
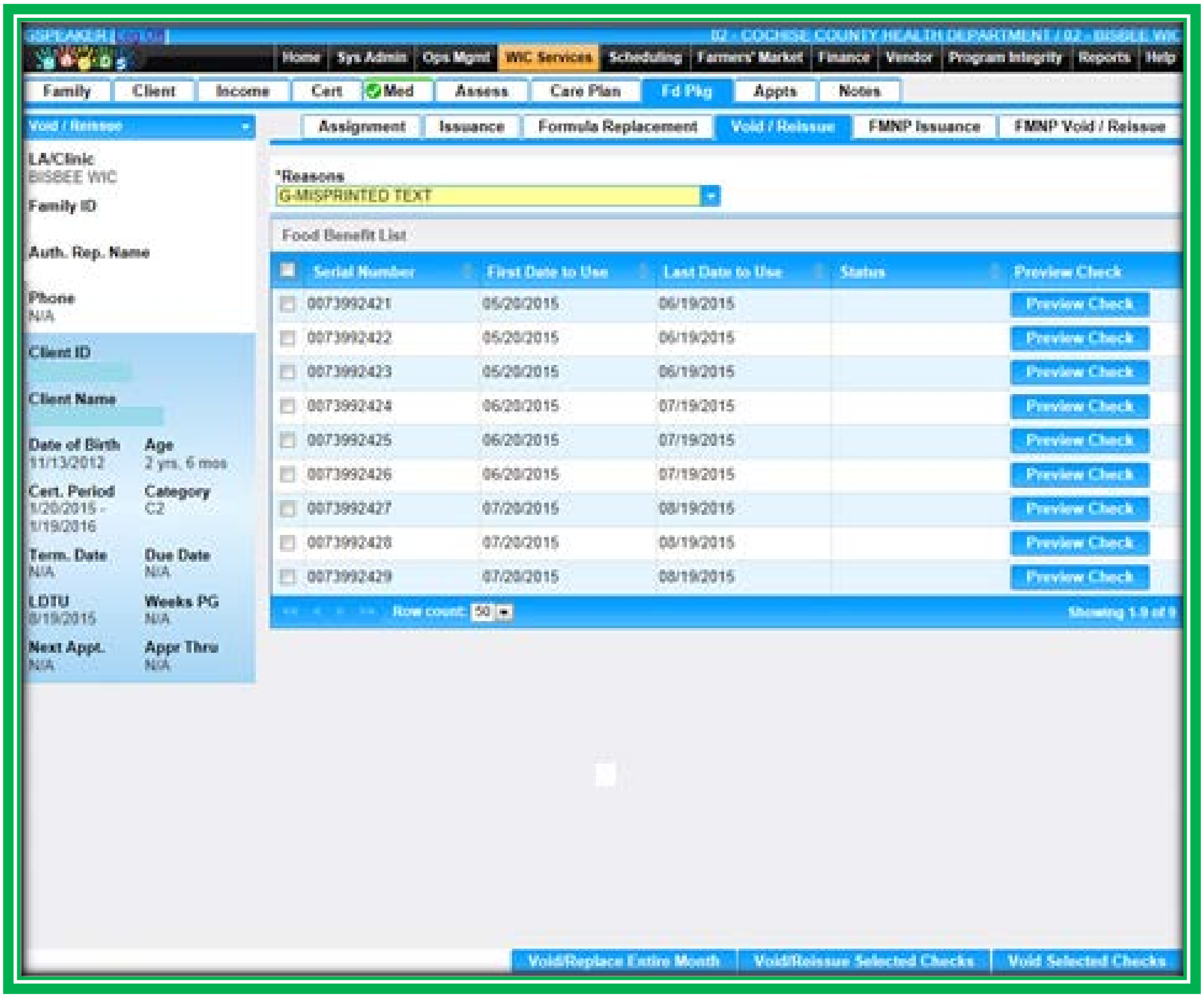

Void/Replace Entire Month
Void/Reissue Selected Checks
Void Selected Checks

Figure 154: Void/Reissue – Buttons

Void

The process to void without reissuing benefits has been simplified. If you want to void without reissuing benefits, you will only need to select your Void Reason once, check which benefits you wish to void, and click the **Void Selected Checks** button.



Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Void / Reissue
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Void/Replace Entire Month
Void/Reissue Selected Checks
Void Selected Checks

02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC

LA/Clinic
BISBEE WIC

Family ID

Auth. Rep. Name

Phone
N/A

Client ID
[redacted]

Client Name
[redacted]

Date of Birth
11/13/2012

Age
2 yrs, 6 mos

Cert. Period
1/20/2015 - 1/19/2016

Category
C2

Term. Date
N/A

Due Date
N/A

LDTU
8/19/2015

Weeks PG
N/A

Next Appt.
N/A

Appr Thru
N/A

*Reasons
G-MISPRINTED TEXT

Food Benefit List

☐	Serial Number	First Date to Use	Last Date to Use	Status	Preview Check
☐	0073992421	05/20/2015	06/19/2015		Preview Check
☐	0073992422	05/20/2015	06/19/2015		Preview Check
☐	0073992423	05/20/2015	06/19/2015		Preview Check
☐	0073992424	06/20/2015	07/19/2015		Preview Check
☐	0073992425	06/20/2015	07/19/2015		Preview Check
☐	0073992426	06/20/2015	07/19/2015		Preview Check
☐	0073992427	07/20/2015	08/19/2015		Preview Check
☐	0073992428	07/20/2015	08/19/2015		Preview Check
☐	0073992429	07/20/2015	08/19/2015		Preview Check

Row count: 50

Showing 1-9 of 9

Figure 155: Void/Reissue

Void and Reissue

If you wish to void and reissue benefits, you will use the same process, except you will select the **Void/Reissue Selected Checks** button instead of the Void button. ***When you reissue, you will be printing the exact same checks that you are voiding. This is true, even if you have assigned a new food package to the client.***

Void and Replace

There is also a new **Void/Replace Entire Month** function, which will allow you to void and replace a full benefit month when there has been a food package change. The Void/Replace Entire Month function will allow you to print replacement checks without going back to the Food Benefit Issuance screen. This process is as follows:

1. Enter a new food package on the Food Package Assignment screen
    a. Disable the old food package
    b. Ensure the dates are the same
2. On the Void/Reissue screen
    a. Select the Void Reason
    b. If you wish, view the issued benefits to ensure you are replacing the correct items
    c. Select the food benefits you wish to replace using the checkbox(es) at the left-hand side of the grid
        i. You must select the entire month(s)
    d. Click the **Void/Replace Entire Month** button

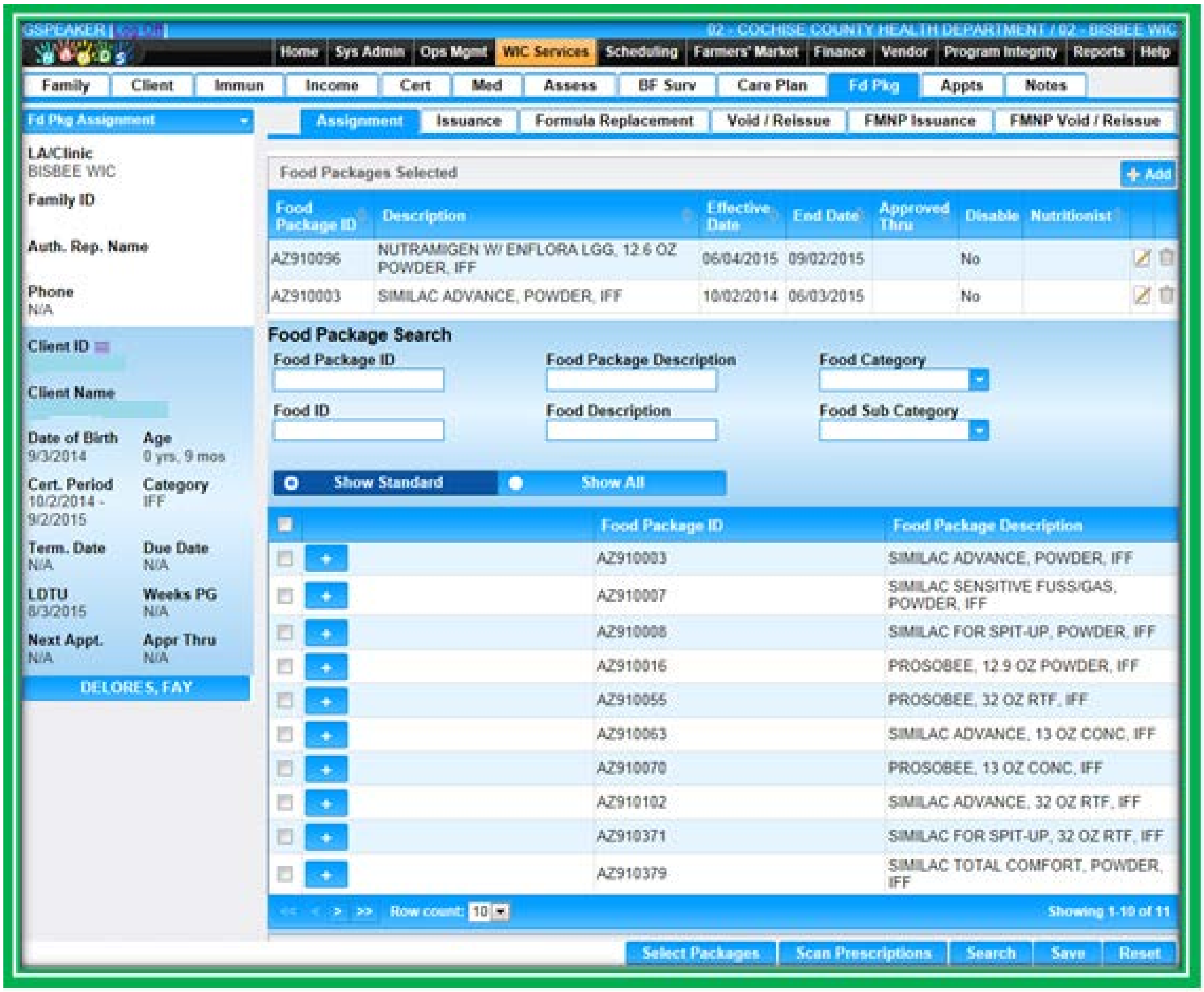
Together We Can

Here are few reminders about voiding:
* Verify that you are giving the new checks to the client
* Do not replace lost or stolen checks
* Ensure you have the checks you are voiding on hand

Now it's time to go over what you have learned so far. Please review Void/Reissue in Module 6 on the HANDS Resource Site.

FORMULA REPLACEMENT

Formula Replacement has been made its own screen in HANDS. You will start by disabling the old food package and adding a new food package on the Food Package Assignment screen. The new food package will need to have the same Effective and End Dates as the old package. Make sure you have the correct approval information for the new food package. You may also need to scan in a new prescription.


GSPEAKER | Log Off |
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Fd Pkg Assignment
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
+ Add
○ Show Standard
● Show All
Row count: 10
Select Packages
Scan Prescriptions
Search
Save
Reset

LA/Clinic
BISBEE WIC

Family ID

Auth. Rep. Name

Phone
N/A

Client ID
[redacted]

Client Name
[redacted]

Date of Birth: 9/3/2014
Age: 0 yrs, 9 mos
Cert. Period: 10/2/2014 - 9/2/2015
Category: IFF
Term. Date: N/A
Due Date: N/A
LDTU: 8/3/2015
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A

DELORES, FAY

Food Packages Selected

Food Package ID	Description	Effective Date	End Date	Approved Thru	Disable	Nutritionist
AZ910096	NUTRAMIGEN W/ ENFLORA LGG, 12.6 OZ POWDER, IFF	06/04/2015	09/02/2015		No	
AZ910003	SIMILAC ADVANCE, POWDER, IFF	10/02/2014	06/03/2015		No	

Food Package Search

Food Package ID
Food Package Description
Food Category
Food ID
Food Description
Food Sub Category

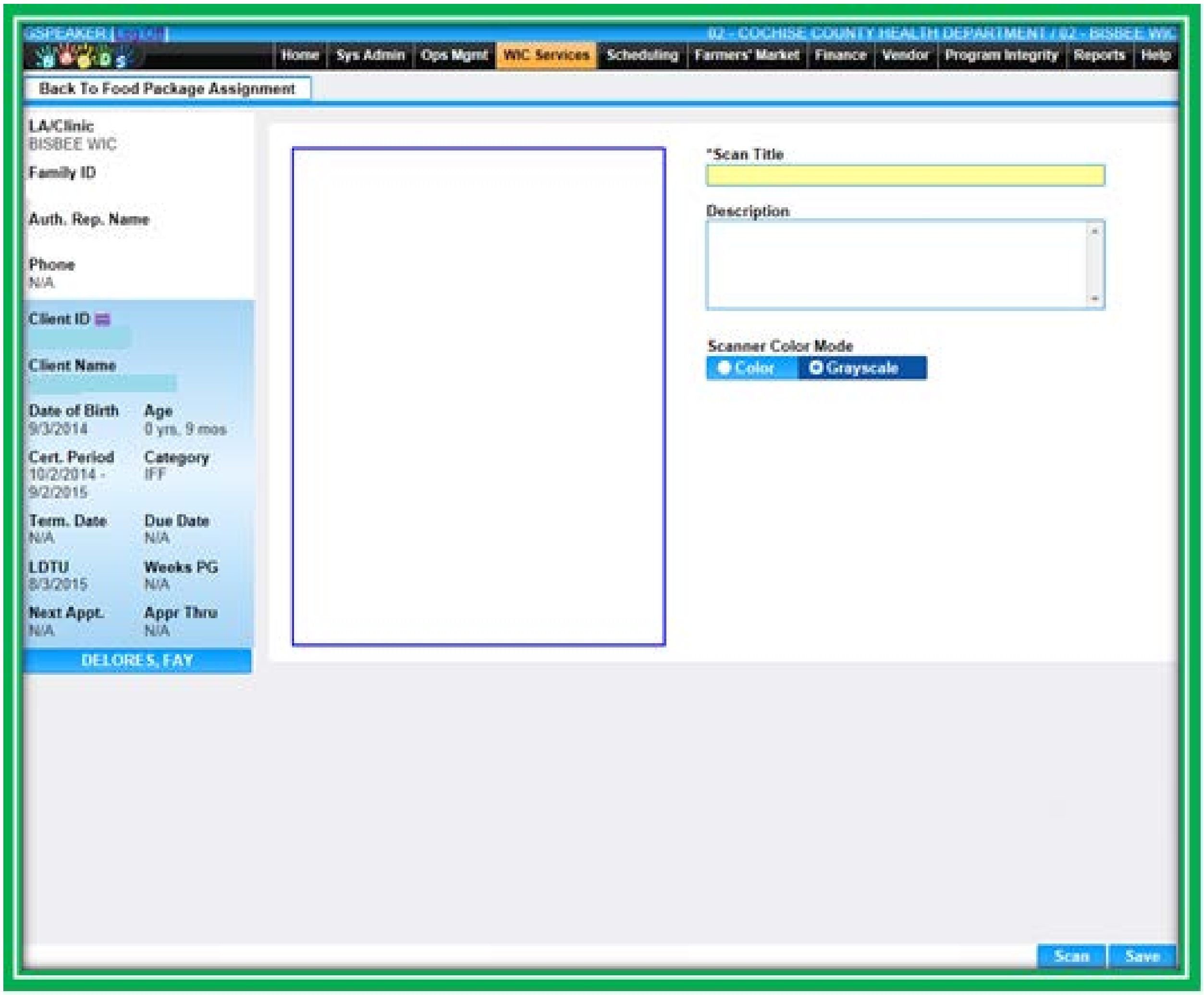
☐		Food Package ID	Food Package Description
☐	+	AZ910003	SIMILAC ADVANCE, POWDER, IFF
☐	+	AZ910007	SIMILAC SENSITIVE FUSS/GAS, POWDER, IFF
☐	+	AZ910008	SIMILAC FOR SPIT-UP, POWDER, IFF
☐	+	AZ910016	PROSOBEE, 12.9 OZ POWDER, IFF
☐	+	AZ910055	PROSOBEE, 32 OZ RTF, IFF
☐	+	AZ910063	SIMILAC ADVANCE, 13 OZ CONC, IFF
☐	+	AZ910070	PROSOBEE, 13 OZ CONC, IFF
☐	+	AZ910102	SIMILAC ADVANCE, 32 OZ RTF, IFF
☐	+	AZ910371	SIMILAC FOR SPIT-UP, 32 OZ RTF, IFF
☐	+	AZ910379	SIMILAC TOTAL COMFORT, POWDER, IFF

Showing 1-10 of 11

Figure 156: Food Package Assignment

Scanning

To start the scan process, select the Scan Prescriptions button. After scanning is complete, click the Save button if you are satisfied, or you can adjust the document on the scanner and click the Scan button again. To cancel the entire process and return back to the main screen, you can press the button on the top left of the screen. In the figure below, this button is Back To Food Package Assignment.


GSPEAKER | Log Off
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Food Package Assignment
Scan
Save

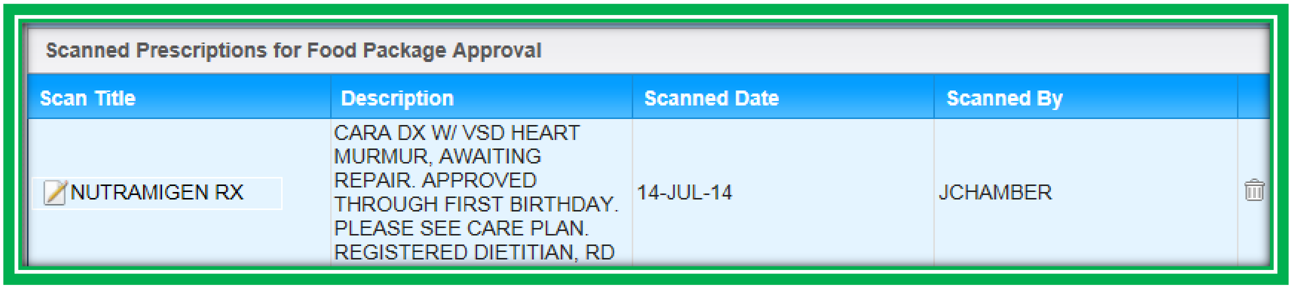
LA/Clinic
BISBEE WIC
Family ID
Auth. Rep. Name
Phone
N/A
Client ID [redacted]
Client Name [redacted]
Date of Birth 9/3/2014
Age 0 yrs, 9 mos
Cert. Period 10/2/2014 - 9/2/2015
Category IFF
Term. Date N/A
Due Date N/A
LDTU 8/3/2015
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A
DELORES, FAY

*Scan Title
Description
Scanner Color Mode
● Color ○ Grayscale

Figure 157: Scan Information

The scanned items will appear in a grid on the screen, titled Scanned Prescriptions for Food Package Approval. The grid will list:

- Scan Title
- Description
- Scanned Date
- Scanned By
  - The person who scanned the item



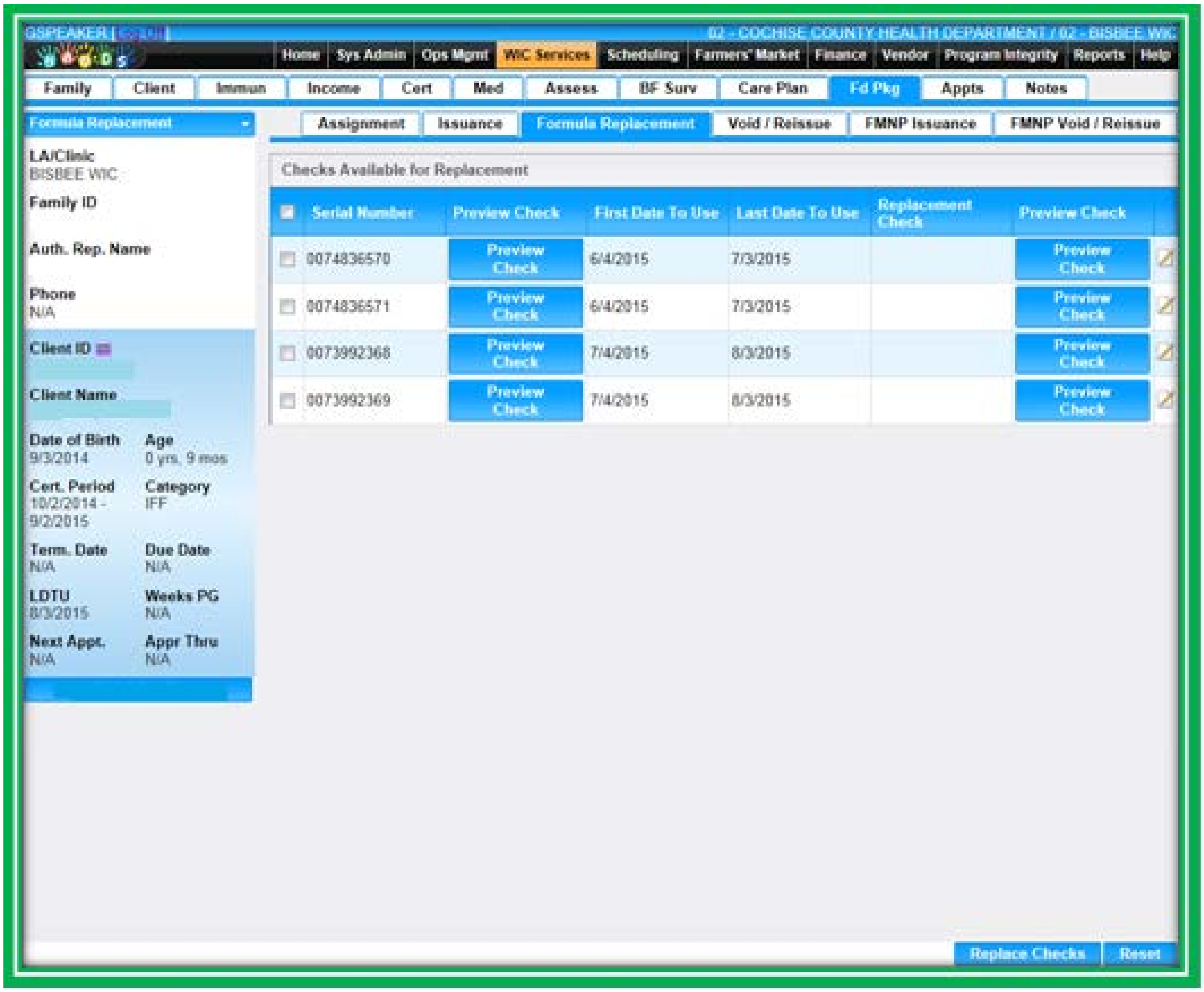
Scanned Prescriptions for Food Package Approval

Scan Title	Description	Scanned Date	Scanned By
NUTRAMIGEN RX	CARA DX W/ VSD HEART MURMUR, AWAITING REPAIR. APPROVED THROUGH FIRST BIRTHDAY. PLEASE SEE CARE PLAN. REGISTERED DIETITIAN, RD	14-JUL-14	JCHAMBER

Figure 158: Scanned Prescriptions for Food Package Approval

Formula Replacement

After you have added the new food package, you can begin the Formula Replacement process.


GSPEAKER |
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
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Immun
Income
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Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Formula Replacement
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Replace Checks
Reset

LA/Clinic
BISBEE WIC

Family ID

Auth. Rep. Name

Phone
N/A

Client ID
[redacted]

Client Name
[redacted]

Date of Birth: 9/3/2014
Age: 0 yrs, 9 mos
Cert. Period: 10/2/2014 - 9/2/2015
Category: IFF
Term. Date: N/A
Due Date: N/A
LDTU: 8/3/2015
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A

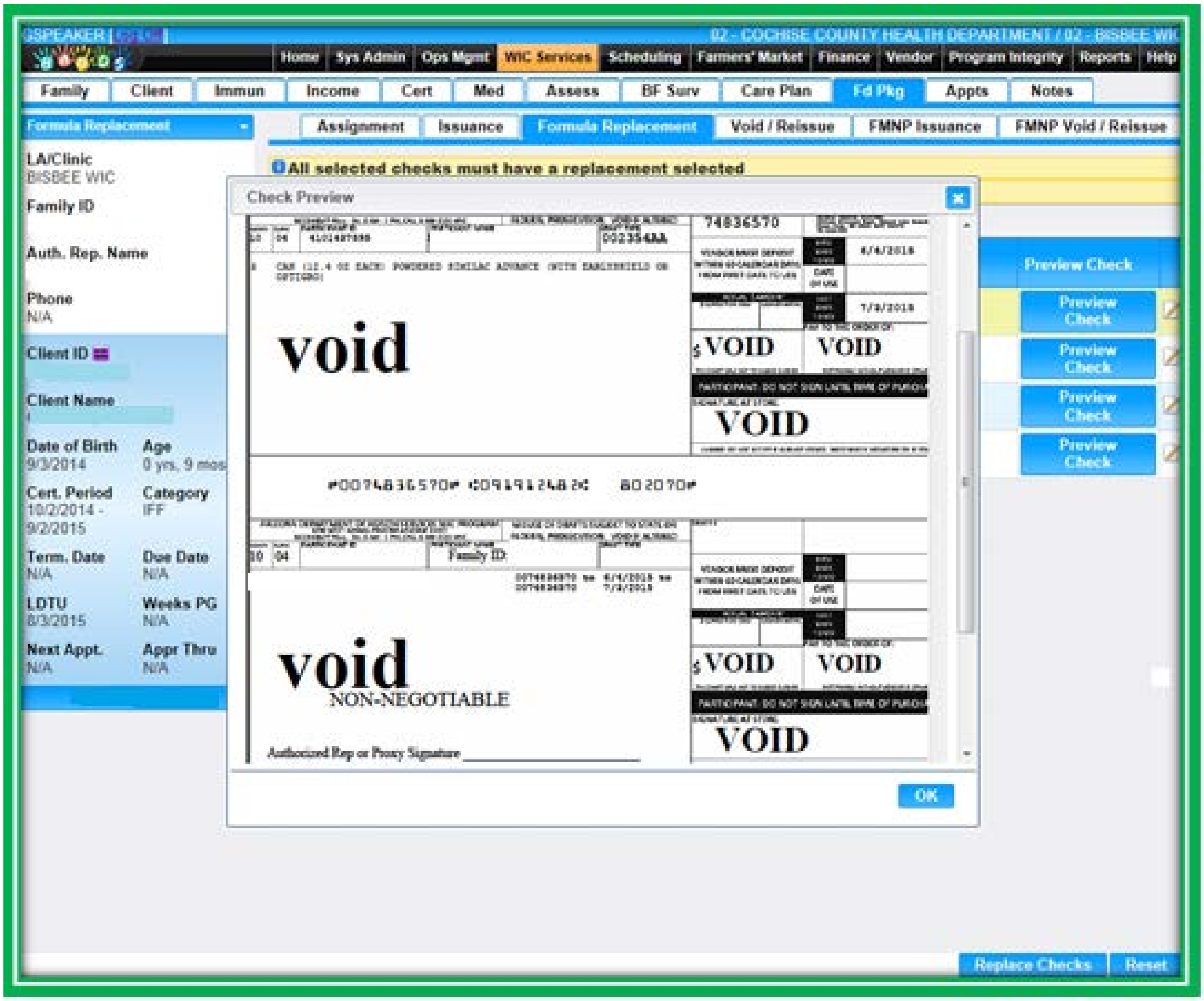
Checks Available for Replacement

☑	Serial Number	Preview Check	First Date To Use	Last Date To Use	Replacement Check	Preview Check
☐	0074836570	Preview Check	6/4/2015	7/3/2015		Preview Check
☐	0074836571	Preview Check	6/4/2015	7/3/2015		Preview Check
☐	0073992368	Preview Check	7/4/2015	8/3/2015		Preview Check
☐	0073992369	Preview Check	7/4/2015	8/3/2015		Preview Check

Figure 159: Formula Replacement

To replace formula food benefits, perform the following steps:

1. Enter a new food package on the Food Package Assignment screen
    a. Disable the old food package
    b. Ensure the dates are the same
    c. Scan in a new prescription if needed
2. On the Formula Replacement screen
    a. Select the checkbox(es) for the benefits you wish to replace
    b. If you wish, view the issued benefits to ensure you are replacing the correct items
    c. Select the icon in the row of the benefit you wish to replace 📝
    d. In the Edit pop-up
        i. Select the Replacement Check from the pick list
        ii. Select OK
    e. If you wish, preview the new benefit to ensure you have selected the correct replacement
    f. Repeat this process for each benefit you wish to replace
    g. Double-check that you have selected the food benefits you wish to replace using the checkbox(es) on the left-hand side of the grid
    h. Click on the Replace Checks button
        i. This will automatically void the benefits you selected and start the printing process


GSPEAKER
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Formula Replacement
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Check Preview
Preview Check
Preview Check
Preview Check
Preview Check
Preview Check
OK
Replace Checks
Reset

All selected checks must have a replacement selected

LA/Clinic
BISBEE WIC

Family ID

Auth. Rep. Name

Phone
N/A

Client ID
[redacted]

Client Name
[redacted]

Date of Birth
9/3/2014

Age
0 yrs, 9 mos

Cert. Period
10/2/2014 - 9/2/2015

Category
IFF

Term. Date
N/A

Due Date
N/A

LDTU
8/3/2015

Weeks PG
N/A

Next Appt.
N/A

Appt Thru
N/A

74836570

002354AA

CAN (12.4 OZ EACH) POWDERED SIMILAC ADVANCE (WITH EARLYSHIELD OR OPTIGRO)

6/4/2015

7/3/2015

void

$ VOID

VOID

VOID

⑈0074836570⑈ ⑆091912482⑆ 802070⑈

Family ID

void

NON-NEGOTIABLE

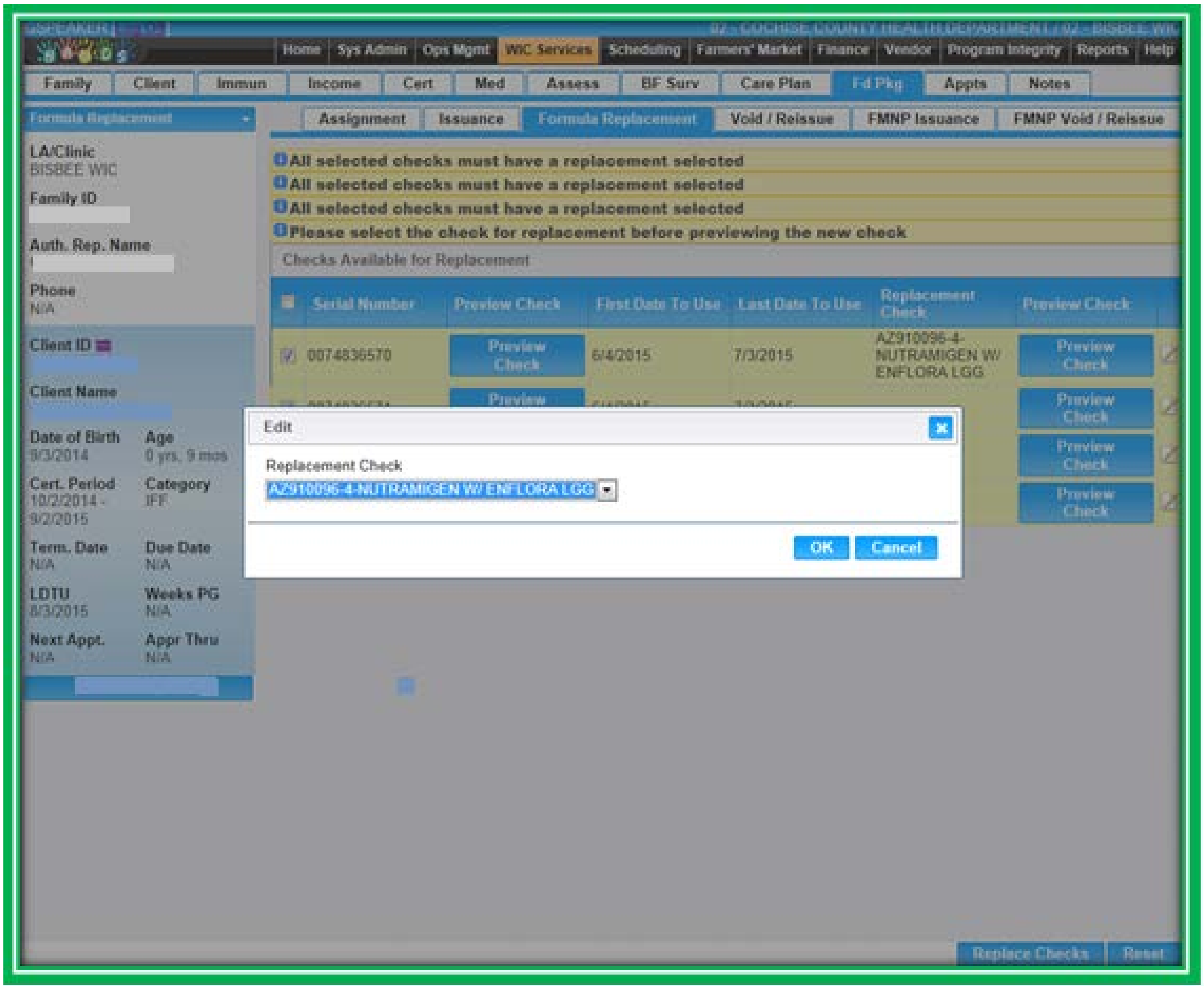
Authorized Rep or Proxy Signature ______________

$ VOID

VOID

VOID

Figure 160: Formula Replacement – Display


Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Formula Replacement
Assignment
Issuance
Formula Replacement
Void / Reissue
FMNP Issuance
FMNP Void / Reissue
Preview Check
OK
Cancel
Replace Checks
Reset

LA/Clinic BISBEE WIC
Family ID [redacted]
Auth. Rep. Name [redacted]
Phone N/A
Client ID [redacted]
Client Name [redacted]
Date of Birth 9/3/2014 **Age** 0 yrs, 9 mos
Cert. Period 10/2/2014 - 9/2/2015 **Category** IFF
Term. Date N/A **Due Date** N/A
LDTU 8/3/2015 **Weeks PG** N/A
Next Appt. N/A **Appr Thru** N/A

All selected checks must have a replacement selected
All selected checks must have a replacement selected
All selected checks must have a replacement selected
Please select the check for replacement before previewing the new check

Checks Available for Replacement

☐	Serial Number	Preview Check	First Date To Use	Last Date To Use	Replacement Check	Preview Check
☑	0074836570	Preview Check	6/4/2015	7/3/2015	AZ910096-4-NUTRAMIGEN W/ ENFLORA LGG	Preview Check

Edit

Replacement Check: AZ910096-4-NUTRAMIGEN W/ ENFLORA LGG

Figure 161: Formula Replacement – Replacement Selection

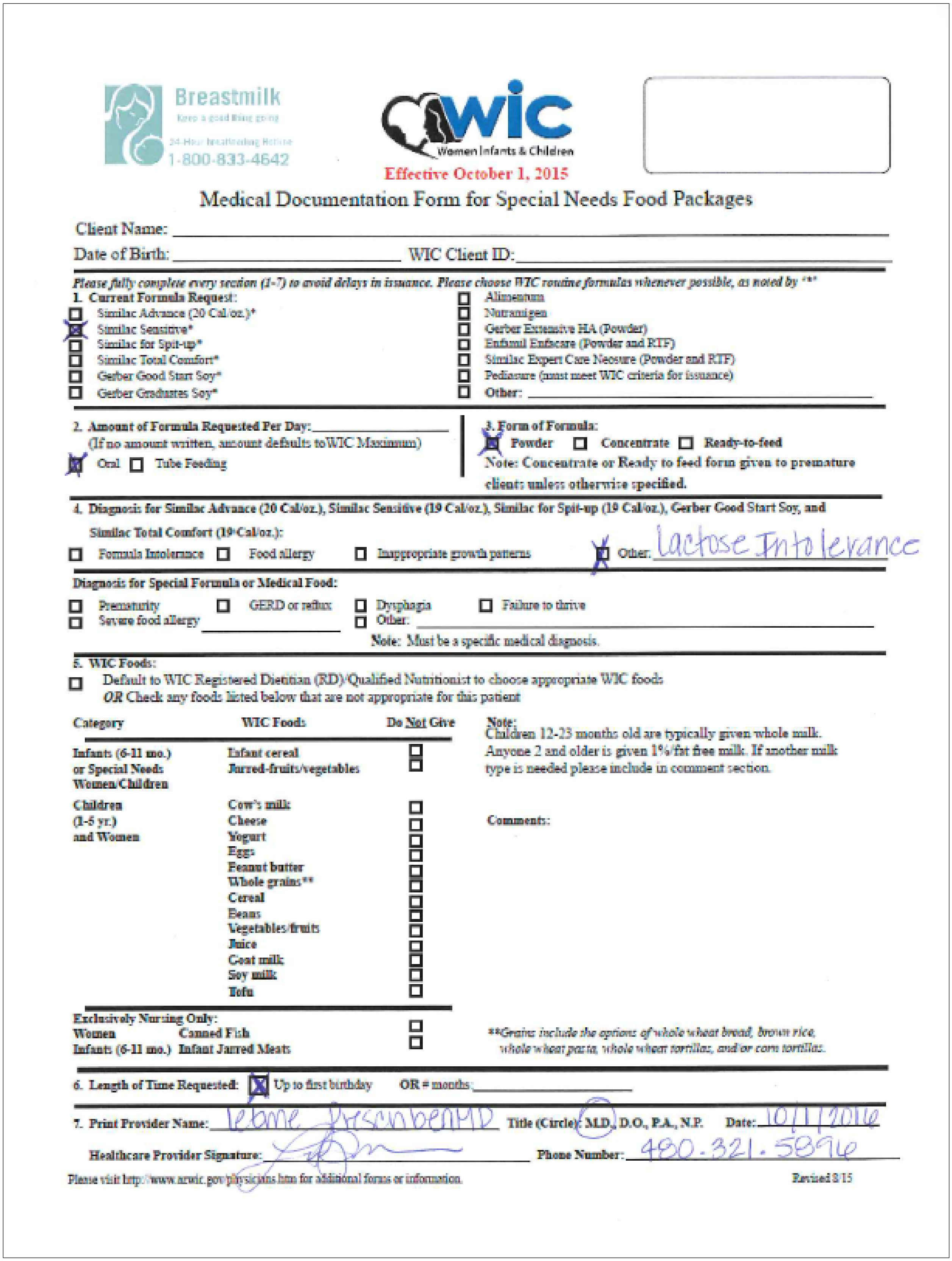
If you don’t need to replace individual formula benefits, you can still use the Void/Reissue screen to void, void and reissue, or replace an entire month.

Now it’s time to go over what you have learned so far. Please review Formula Replacement in Module 6 on the HANDS Resource Site.

CASE STUDY: IT'S IN YOUR HANDS!

Now it is time for you to continue your journey into the world of HANDS.

1. Discuss the following with your Helping HAND:
    a. Review staff roles for extending certification
    b. Review category change policies in your agency
2. Work to do before you start
    a. Log into the HANDS Training Database
    b. Search for your family in WIC Services
    c. Look at your red/yellow/green formula list.
    d. Fill out the prescription form provided on the next page with your infant client's information.
3. The mom in your family returns to your clinic. She states that they've had a rough couple of weeks. Her baby seems to be very gassy on the Similac®, so they have tried Similac® Sensitive and feel that it is working better. They used only one of baby's formula checks. She thought someone told her she needed a prescription so they got one from the MD. She has completely stopped breastfeeding. She also shows you that the current month's checks she got for both herself and her daughter are covered in crayon and marker. She asks if they can be replaced.
4. What does this family need?
    a. Category changes
    b. Breastfeeding Assessment
        i. Does this baby need a Breastfeeding Assessment? Yes No
    c. Formula Replacement
        i. Is a script needed for Similac® Sensitive? Yes No
5. During your Breastfeeding Assessment, mom tells you:
    a. Her baby takes about 20–24 ounces of Similac® Sensitive per day. She stopped nursing because her breasts were very tender due to pregnancy and her baby seemed to become uninterested.
6. Complete the category change for the baby
7. Scan the prescription for Similac® Sensitive
8. Complete the formula replacement.
    a. Do you have to match the checks that are available for replacement before clicking Replace Checks? Yes No
    b. Void and reissue new Similac® Sensitive checks
        i. How many months of checks will mom get? ___________________
9. Void and Reissue both mom's and her two-year-old's checks
10. Complete your TGIF note in the Notes screen



Breastmilk
Keep a good thing going
24-Hour breastfeeding Hotline
1-800-833-4642

WIC Women Infants & Children

Effective October 1, 2015

Medical Documentation Form for Special Needs Food Packages

Client Name: ____________________

Date of Birth: ____________________ WIC Client ID: ____________________

Please fully complete every section (1-7) to avoid delays in issuance. Please choose WIC routine formulas whenever possible, as noted by ""*

1. Current Formula Request:

☐ Similac Advance (20 Cal/oz.)*
☒ Similac Sensitive*
☐ Similac for Spit-up*
☐ Similac Total Comfort*
☐ Gerber Good Start Soy*
☐ Gerber Graduates Soy*
☐ Alimentum
☐ Nutramigen
☐ Gerber Extensive HA (Powder)
☐ Enfamil Enfacare (Powder and RTF)
☐ Similac Expert Care Neosure (Powder and RTF)
☐ Pediasure (must meet WIC criteria for issuance)
☐ **Other:** ____________________

2. Amount of Formula Requested Per Day: ____________________
(If no amount written, amount defaults to WIC Maximum)
☒ Oral ☐ Tube Feeding

3. Form of Formula:
☒ **Powder** ☐ **Concentrate** ☐ **Ready-to-feed**
Note: Concentrate or Ready to feed form given to premature clients unless otherwise specified.

4. Diagnosis for Similac Advance (20 Cal/oz.), Similac Sensitive (19 Cal/oz.), Similac for Spit-up (19 Cal/oz.), Gerber Good Start Soy, and Similac Total Comfort (19 Cal/oz.):
☐ Formula Intolerance ☐ Food allergy ☐ Inappropriate growth patterns ☒ Other: lactose Intolerance

Diagnosis for Special Formula or Medical Food:
☐ Prematurity ☐ GERD or reflux ☐ Dysphagia ☐ Failure to thrive
☐ Severe food allergy ____________________ ☐ Other: ____________________
Note: Must be a specific medical diagnosis.

5. WIC Foods:
☐ Default to WIC Registered Dietitian (RD)/Qualified Nutritionist to choose appropriate WIC foods
OR Check any foods listed below that are not appropriate for this patient

Category	**WIC Foods**	**Do Not Give**
Infants (6-11 mo.) or Special Needs Women/Children	**Infant cereal**	☐
	Jarred-fruits/vegetables	☐
Children (1-5 yr.) and Women	**Cow's milk**	☐
	Cheese	☐
	Yogurt	☐
	Eggs	☐
	Peanut butter	☐
	Whole grains**	☐
	Cereal	☐
	Beans	☐
	Vegetables/fruits	☐
	Juice	☐
	Goat milk	☐
	Soy milk	☐
	Tofu	☐
Exclusively Nursing Only:		
Women	**Canned Fish**	☐
Infants (6-11 mo.)	**Infant Jarred Meats**	☐

Note:
Children 12-23 months old are typically given whole milk. Anyone 2 and older is given 1%/fat free milk. If another milk type is needed please include in comment section.

Comments:

***Grains include the options of whole wheat bread, brown rice, whole wheat pasta, whole wheat tortillas, and/or corn tortillas.*

6. Length of Time Requested: ☒ Up to first birthday **OR # months:** ____________________

7. Print Provider Name: Jerome Prescriber MD **Title (Circle):** [✓ M.D.], D.O., P.A., N.P. **Date:** 10/1/2016

Healthcare Provider Signature: ____________________ **Phone Number:** 480-321-5896

Please visit http://www.azwic.gov/physicians.htm for additional forms or information.

Revised 8/15

TRAINING NOTES

MODULE 7 TRANSFERS, HISTORY, AND NEW EQUIPMENT

IN THIS SECTION:

- In-State Transfer
  - Client/Family Search
  - Client Information
- Out-of-State Transfer
- History Screen
- Scanning
- Signatures

LEARNING OBJECTIVES:

By the end of this module, users will:

- Identify the updated and new features found in the Transfer and History screens
- Perform both In- and Out-of-State Transfers

RESOURCES FOR MODULE 7: BEFORE YOU CONTINUE YOUR JOURNEY

THINGS TO DO BEFORE YOU GET STARTED:

- Check to make sure that the HANDS Resource Site is accessible from your computer
- Read the following areas of the CMA HANDS Clinic Training Manual:
  - Module 7
    - In-State Transfer
    - Out-of-State Transfer
  - Module 10
    - History
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
  - Chapter 2
  - Chapter 9
    - Section B Local Agency Responsibilities

OVERVIEW

During your training the focus will be on both in-state and out-of-state transfers. We will also review the new History screen.

HANDS AND THE APPOINTMENT PATHWAY

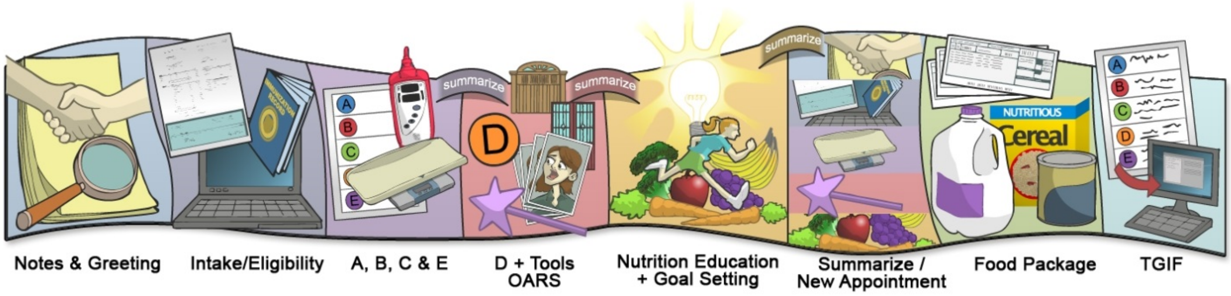
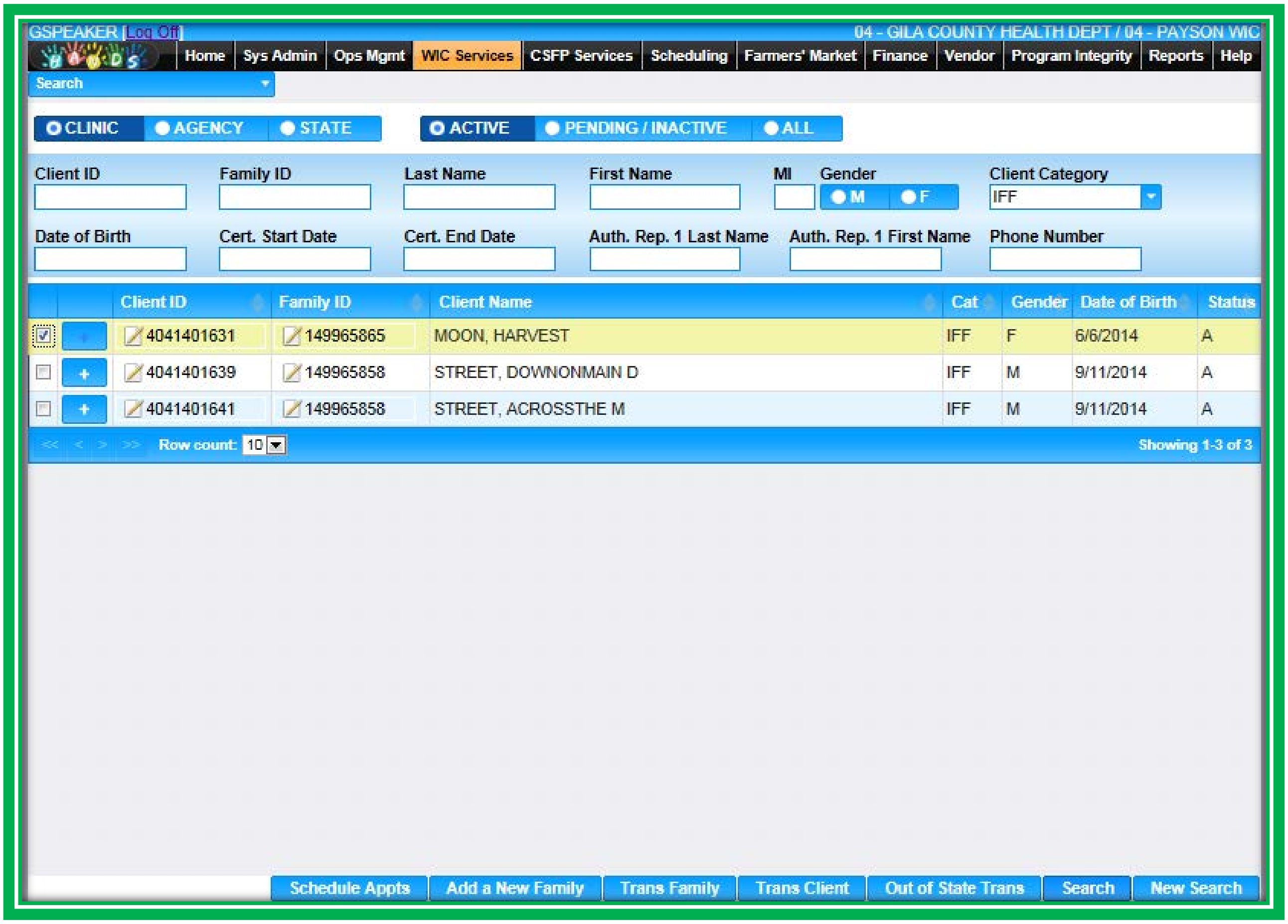

summarize
summarize
summarize
NUTRITIOUS
Cereal
Notes & Greeting
Intake/Eligibility
A, B, C & E
D + Tools
OARS
Nutrition Education
+ Goal Setting
Summarize /
New Appointment
Food Package
TGIF

Figure 162: HANDS Appointment Pathway

In-State Transfer

In-State Transfer functionality can be accessed in two places:

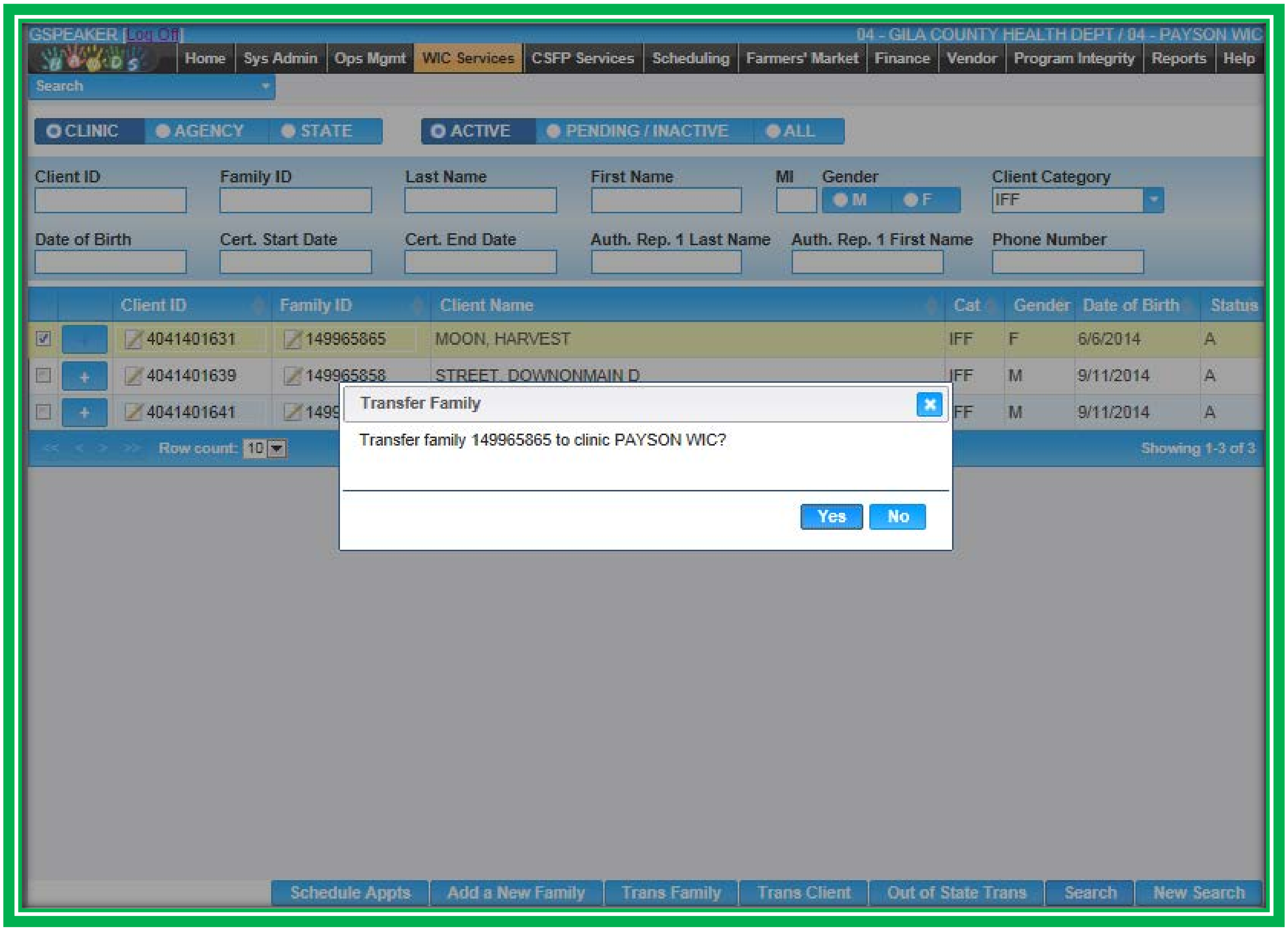
- Client/Family Search
  - Transfer Entire Families
  - Transfer Individual Clients
    - Transfer into New Families
    - Transfer into Existing Families


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Search
CLINIC
AGENCY
STATE
ACTIVE
PENDING / INACTIVE
ALL
Client ID
Family ID
Last Name
First Name
MI
Gender
M
F
Date of Birth
Cert. Start Date
Cert. End Date
Auth. Rep. 1 Last Name
Auth. Rep. 1 First Name
Phone Number
Row count: 10
Showing 1-3 of 3
Schedule Appts
Add a New Family
Trans Family
Trans Client
Out of State Trans
Search
New Search

Client Category: IFF

		Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
☑	+	4041401631	149965865	MOON, HARVEST	IFF	F	6/6/2014	A
☐	+	4041401639	149965858	STREET, DOWNONMAIN D	IFF	M	9/11/2014	A
☐	+	4041401641	149965858	STREET, ACROSSTHE M	IFF	M	9/11/2014	A

Figure 163: In-State Transfer – Client/Family Search


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Search
○ CLINIC ● AGENCY ● STATE
○ ACTIVE ● PENDING / INACTIVE ● ALL
Client ID
Family ID
Last Name
First Name
MI
Gender ● M ● F
Client Category
Date of Birth
Cert. Start Date
Cert. End Date
Auth. Rep. 1 Last Name
Auth. Rep. 1 First Name
Phone Number
Row count: 10
Showing 1-3 of 3
Schedule Appts
Add a New Family
Trans Family
Trans Client
Out of State Trans
Search
New Search

Client Category: IFF

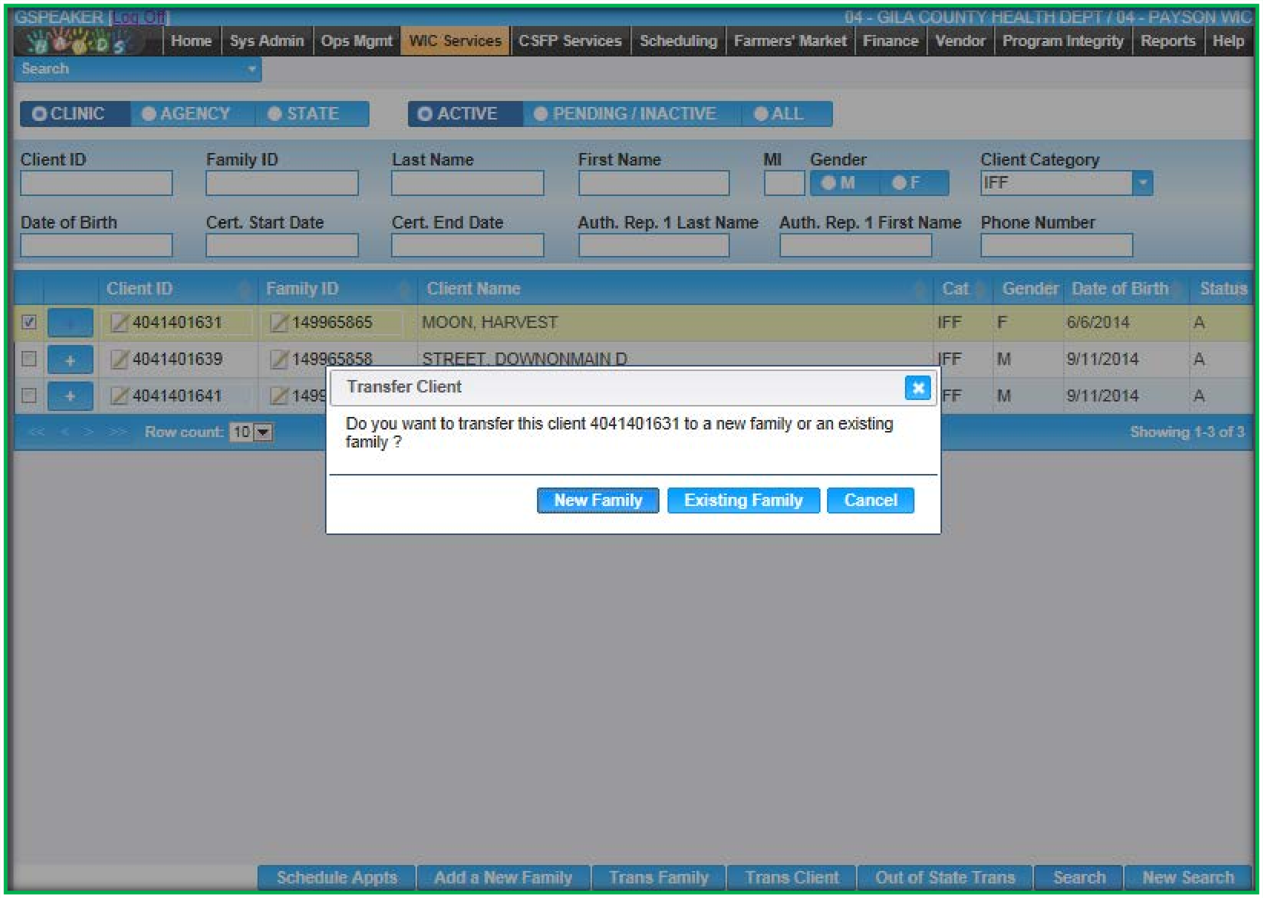
		Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
☑		4041401631	149965865	MOON, HARVEST	IFF	F	6/6/2014	A
☐	+	4041401639	149965858	STREET, DOWNONMAIN D	IFF	M	9/11/2014	A
☐	+	4041401641	1499		FF	M	9/11/2014	A

Transfer Family

Transfer family 149965865 to clinic PAYSON WIC?

Yes No

Figure 164: In-State Transfer – Client/Family Search – Family Transfer


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Search
CLINIC
AGENCY
STATE
ACTIVE
PENDING / INACTIVE
ALL
Client ID
Family ID
Last Name
First Name
MI
Gender
M
F
Client Category
Date of Birth
Cert. Start Date
Cert. End Date
Auth. Rep. 1 Last Name
Auth. Rep. 1 First Name
Phone Number
Row count: 10
Showing 1-3 of 3
New Family
Existing Family
Cancel
Schedule Appts
Add a New Family
Trans Family
Trans Client
Out of State Trans
Search
New Search

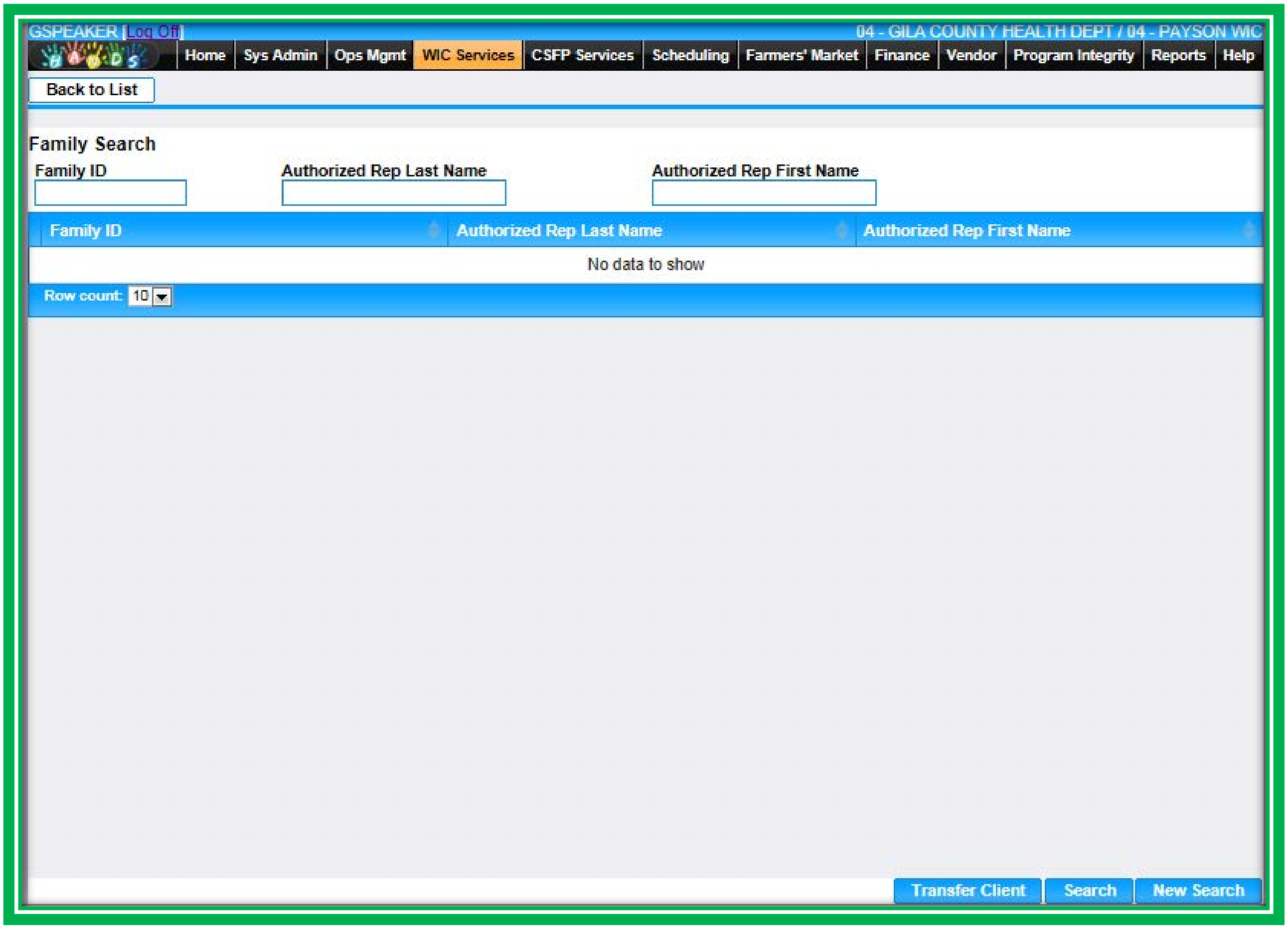
Client Category: IFF

		Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
☑	+	4041401631	149965865	MOON, HARVEST	IFF	F	6/6/2014	A
☐	+	4041401639	149965858	STREET, DOWNONMAIN D	IFF	M	9/11/2014	A
☐	+	4041401641	1499		FF	M	9/11/2014	A

Transfer Client

Do you want to transfer this client 4041401631 to a new family or an existing family ?

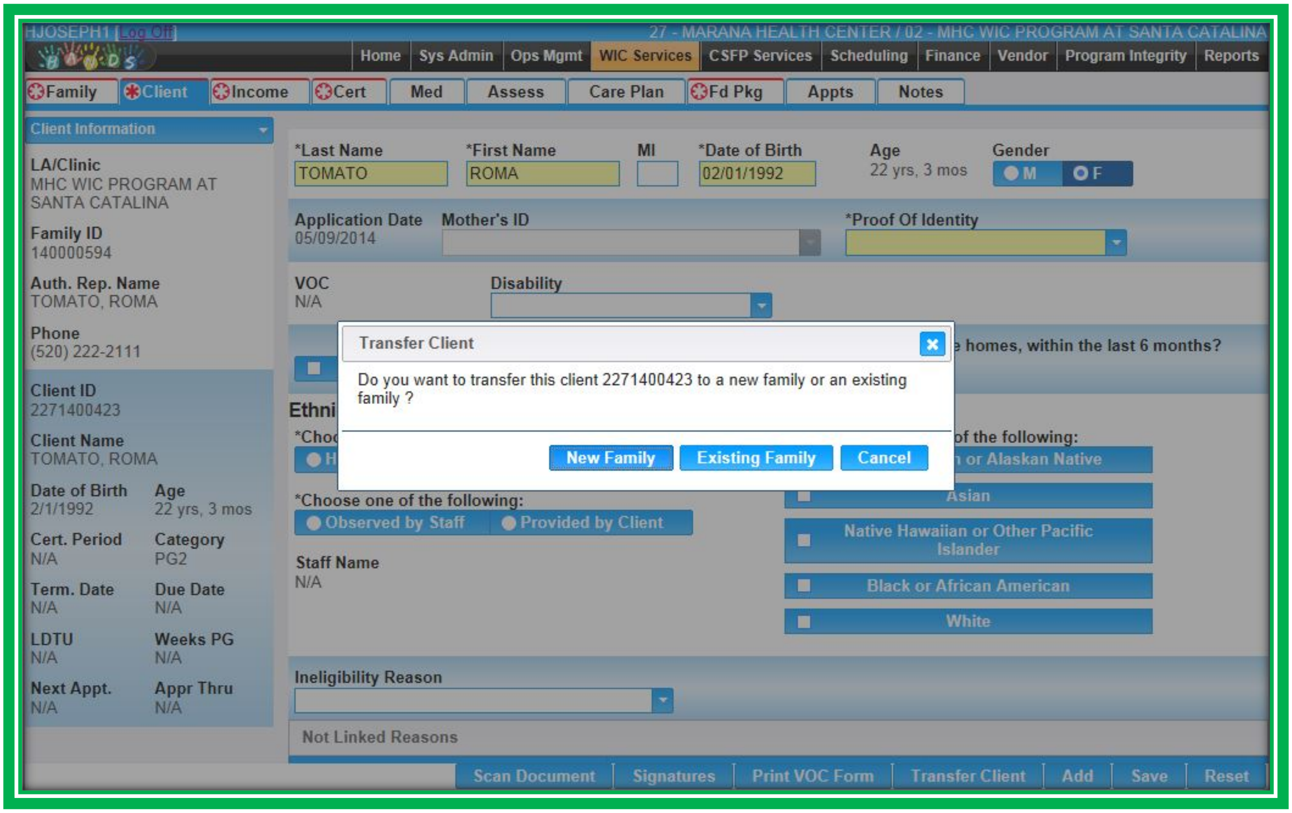
Figure 165: In-State Transfer – Client/Family Search – Client Transfer


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back to List
Family Search
Family ID
Authorized Rep Last Name
Authorized Rep First Name
Family ID
Authorized Rep Last Name
Authorized Rep First Name
Row count: 10
Transfer Client
Search
New Search

No data to show

Figure 166: In-State Transfer – Client Transfer – Existing Family

- Client Information
    - Transfer Individual Clients
        - Transfer into New Families
        - Transfer into Existing Families


HJOSEPH1 [Log Off]
27 - MARANA HEALTH CENTER / 02 - MHC WIC PROGRAM AT SANTA CATALINA
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Client Information
Scan Document
Signatures
Print VOC Form
Transfer Client
Add
Save
Reset

LA/Clinic MHC WIC PROGRAM AT SANTA CATALINA

Family ID 140000594

Auth. Rep. Name TOMATO, ROMA

Phone (520) 222-2111

Client ID 2271400423

Client Name TOMATO, ROMA

Date of Birth 2/1/1992 **Age** 22 yrs, 3 mos

Cert. Period N/A **Category** PG2

Term. Date N/A **Due Date** N/A

LDTU N/A **Weeks PG** N/A

Next Appt. N/A **Appr Thru** N/A

*Last Name: TOMATO | *First Name: ROMA | MI: | *Date of Birth: 02/01/1992 | Age: 22 yrs, 3 mos | Gender: ○ M ○ F

Application Date: 05/09/2014 | Mother's ID: | *Proof Of Identity:

VOC: N/A | Disability:

...e homes, within the last 6 months?

Ethni...

*Choo... ○ H...

...of the following:

...n or Alaskan Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

☐ White

*Choose one of the following: ○ Observed by Staff ○ Provided by Client

Staff Name: N/A

Ineligibility Reason:

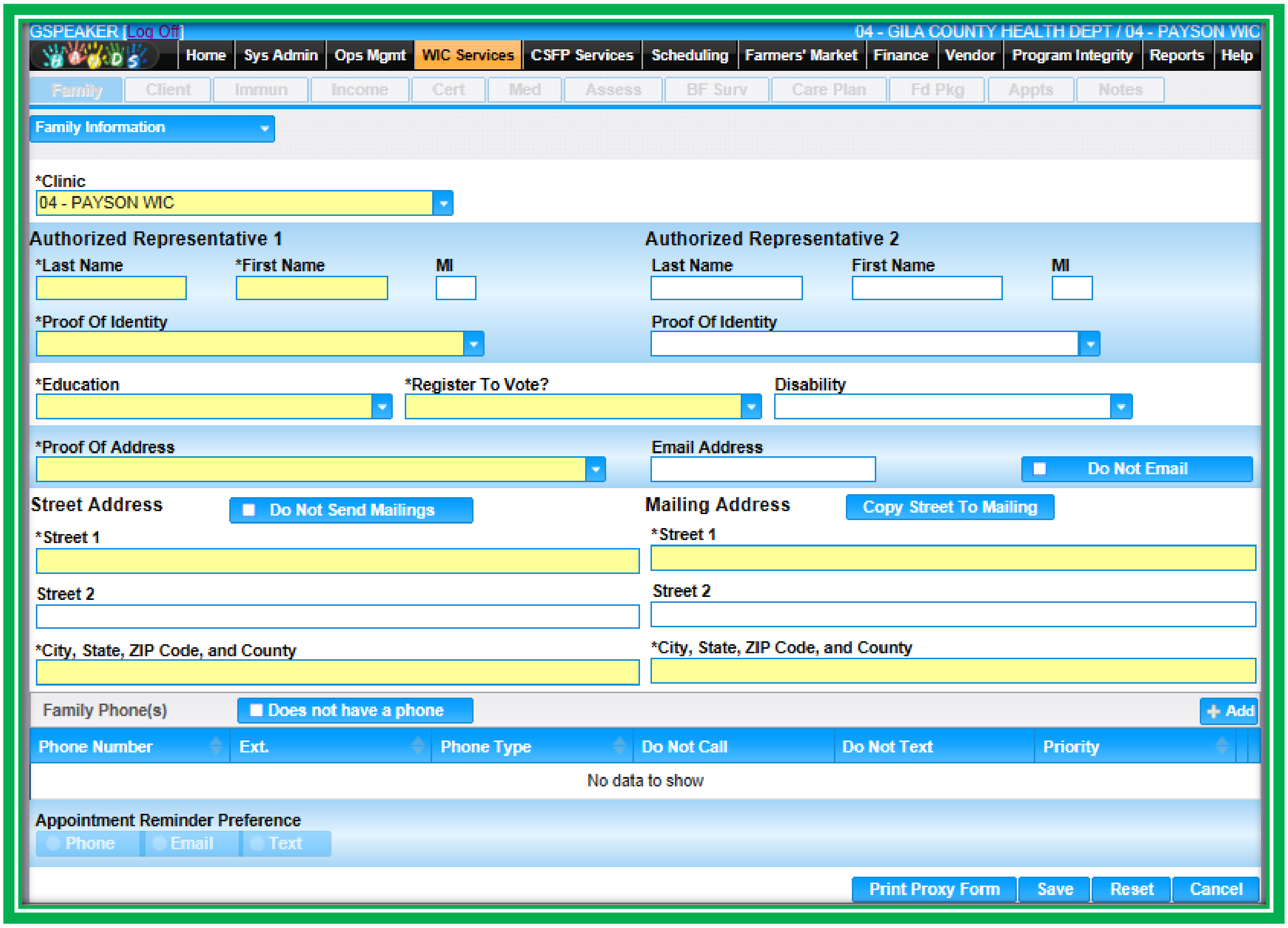
Not Linked Reasons

Transfer Client

Do you want to transfer this client 2271400423 to a new family or an existing family ?

New Family | Existing Family | Cancel

Figure 167: In-State Transfer – Client Registration – Client Transfer


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC

*Clinic: 04 - PAYSON WIC

HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Family Information
Authorized Representative 1
*Last Name
*First Name
MI
*Proof Of Identity
Authorized Representative 2
Last Name
First Name
MI
Proof Of Identity
*Education
*Register To Vote?
Disability
*Proof Of Address
Email Address
Do Not Email
Street Address
Do Not Send Mailings
*Street 1
Street 2
*City, State, ZIP Code, and County
Mailing Address
Copy Street To Mailing
*Street 1
Street 2
*City, State, ZIP Code, and County
Family Phone(s)
Does not have a phone
+ Add
Phone Number
Ext.
Phone Type
Do Not Call
Do Not Text
Priority
No data to show
Appointment Reminder Preference
Phone
Email
Text
Print Proxy Form
Save
Reset
Cancel

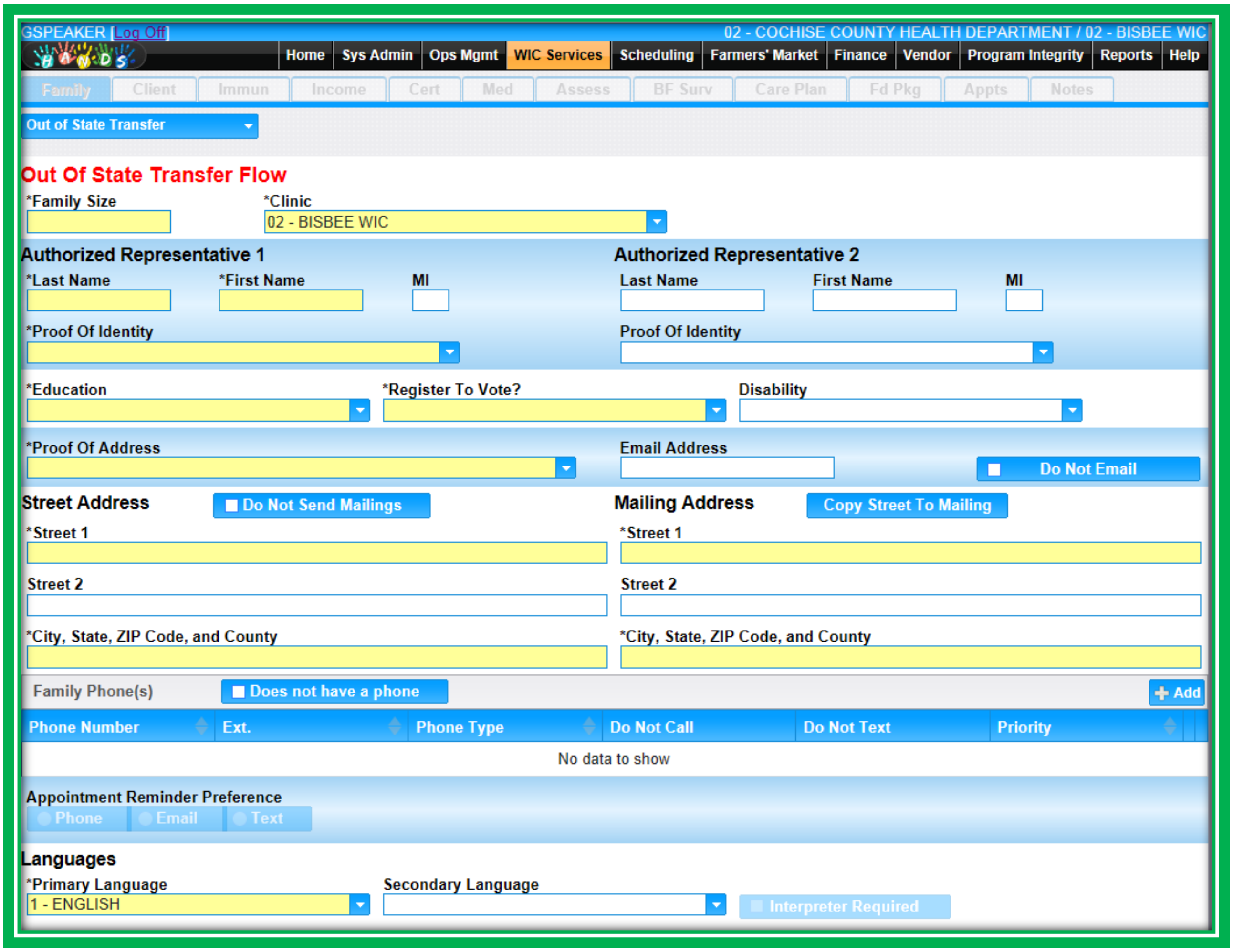
Figure 168: In-State Transfer – Client Transfer – New Family

HANDS transfer information will be available immediately; you will not have to wait until the next day to use records. When a client transfers, their information transfers with them, including breast pump information.

Now it's time to go over what you have learned so far. Please review In-State Transfer in Module 7 on the HANDS Resource Site.

Out-of-State Transfer

The Out-of-State Transfer screens are accessible from the navigation menu on the Client/Family Search screen. The screens are very similar to the other HANDS eligibility screens, but a few fields are different. All of the screens involved in Out-of-State Transfer will have a red message letting you know that you are in the Out-of-State Transfer Flow instead of the regular Certification Flow.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
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Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Do Not Email
Do Not Send Mailings
Copy Street To Mailing
Does not have a phone
Add
Phone
Email
Text
Interpreter Required

Out of State Transfer

Out Of State Transfer Flow

*Family Size

*Clinic: 02 - BISBEE WIC

Authorized Representative 1

*Last Name | *First Name | MI

*Proof Of Identity

Authorized Representative 2

Last Name | First Name | MI

Proof Of Identity

*Education | *Register To Vote? | Disability

*Proof Of Address | Email Address

Street Address

*Street 1

Street 2

*City, State, ZIP Code, and County

Mailing Address

*Street 1

Street 2

*City, State, ZIP Code, and County

Family Phone(s)

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority

No data to show

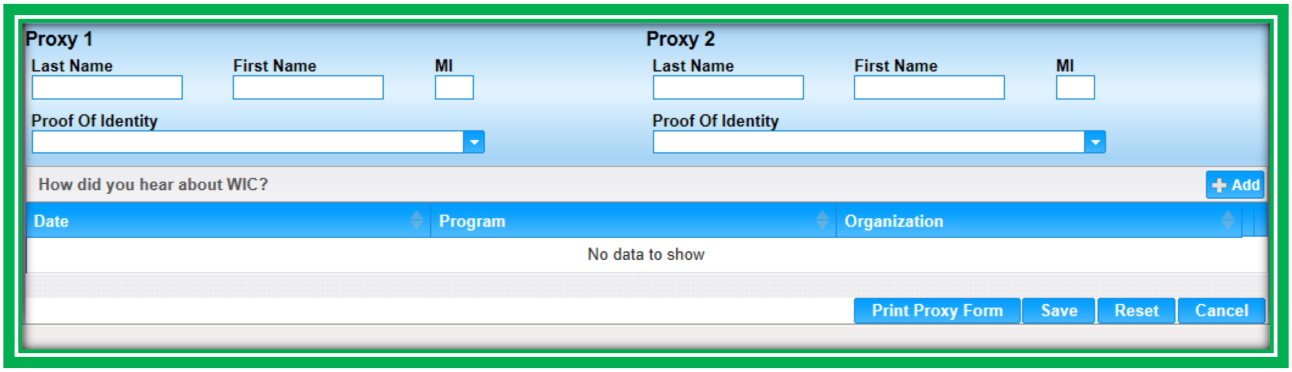
Appointment Reminder Preference

Languages

*Primary Language: 1 - ENGLISH

Secondary Language

Figure 169: Out-of-State Transfer – Family Information Part 1


Add
Print Proxy Form
Save
Reset
Cancel

Proxy 1

Last Name | First Name | MI

Proof Of Identity

Proxy 2

Last Name | First Name | MI

Proof Of Identity

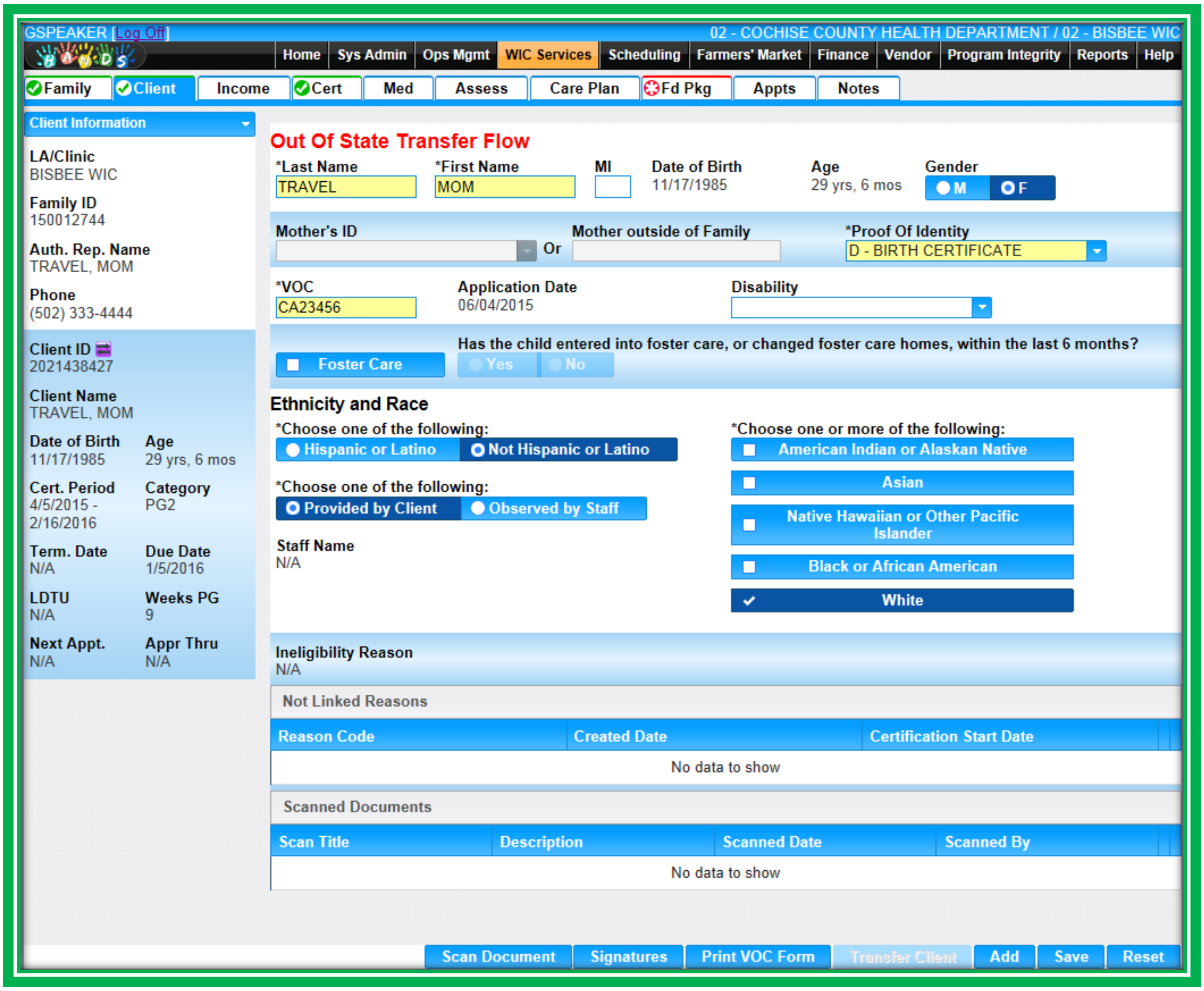
How did you hear about WIC?

Date	Program	Organization

No data to show

Figure 170: Out-of-State Transfer – Family Information Part 2

The Out-of-State Transfer screen requires the VOC field to be completed by entering the VOC number, as it will not automatically add a default number. The Out-of-State Transfer icon will show in the Active Record. If you hover on the Active Record icon, the VOC field information will display.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Client Information
Scan Document
Signatures
Print VOC Form
Transfer Client
Add
Save
Reset

LA/Clinic BISBEE WIC

Family ID 150012744

Auth. Rep. Name TRAVEL, MOM

Phone (502) 333-4444

Client ID 2021438427

Client Name TRAVEL, MOM

Date of Birth 11/17/1985 **Age** 29 yrs, 6 mos

Cert. Period 4/5/2015 - 2/16/2016 **Category** PG2

Term. Date N/A **Due Date** 1/5/2016

LDTU N/A **Weeks PG** 9

Next Appt. N/A **Appr Thru** N/A

Out Of State Transfer Flow

*Last Name: TRAVEL
*First Name: MOM
MI:
Date of Birth: 11/17/1985
Age: 29 yrs, 6 mos
Gender: ○ M ● F

Mother's ID: Or Mother outside of Family:
*Proof Of Identity: D - BIRTH CERTIFICATE

*VOC: CA23456
Application Date: 06/04/2015
Disability:

☐ Foster Care
Has the child entered into foster care, or changed foster care homes, within the last 6 months? ○ Yes ○ No

Ethnicity and Race

*Choose one of the following: ○ Hispanic or Latino ● Not Hispanic or Latino

*Choose one of the following: ● Provided by Client ○ Observed by Staff

Staff Name: N/A

*Choose one or more of the following:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☑ White

Ineligibility Reason: N/A

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

Scanned Documents

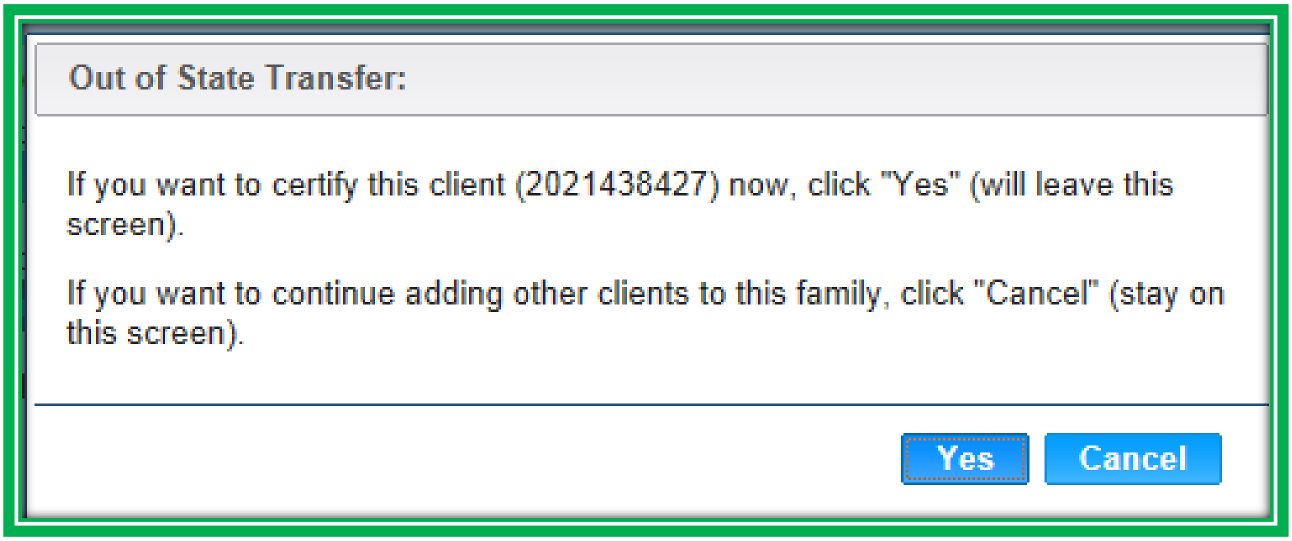
Scan Title	Description	Scanned Date	Scanned By
No data to show			

Figure 171: Out-of-State Transfer – Client Registration

Together We Can

The new VOC format for the Arizona WIC Program consists of the first two letters of the state the participant came from, followed by their VOC number. If a VOC number is not available, use the first two letters of the state and their Client ID.

A new message has been added to the Out-of-State Transfer process. After you complete the Client Registration screen for your client, a pop-up screen will display asking you if you would like to add more clients to the family, or if you would like to continue on to the Cert Action screen. If you select the Cancel button, you will stay on the Client screen and can continue to add clients to the family. If you select the Yes button, you will be taken to your client's Cert Action screen.



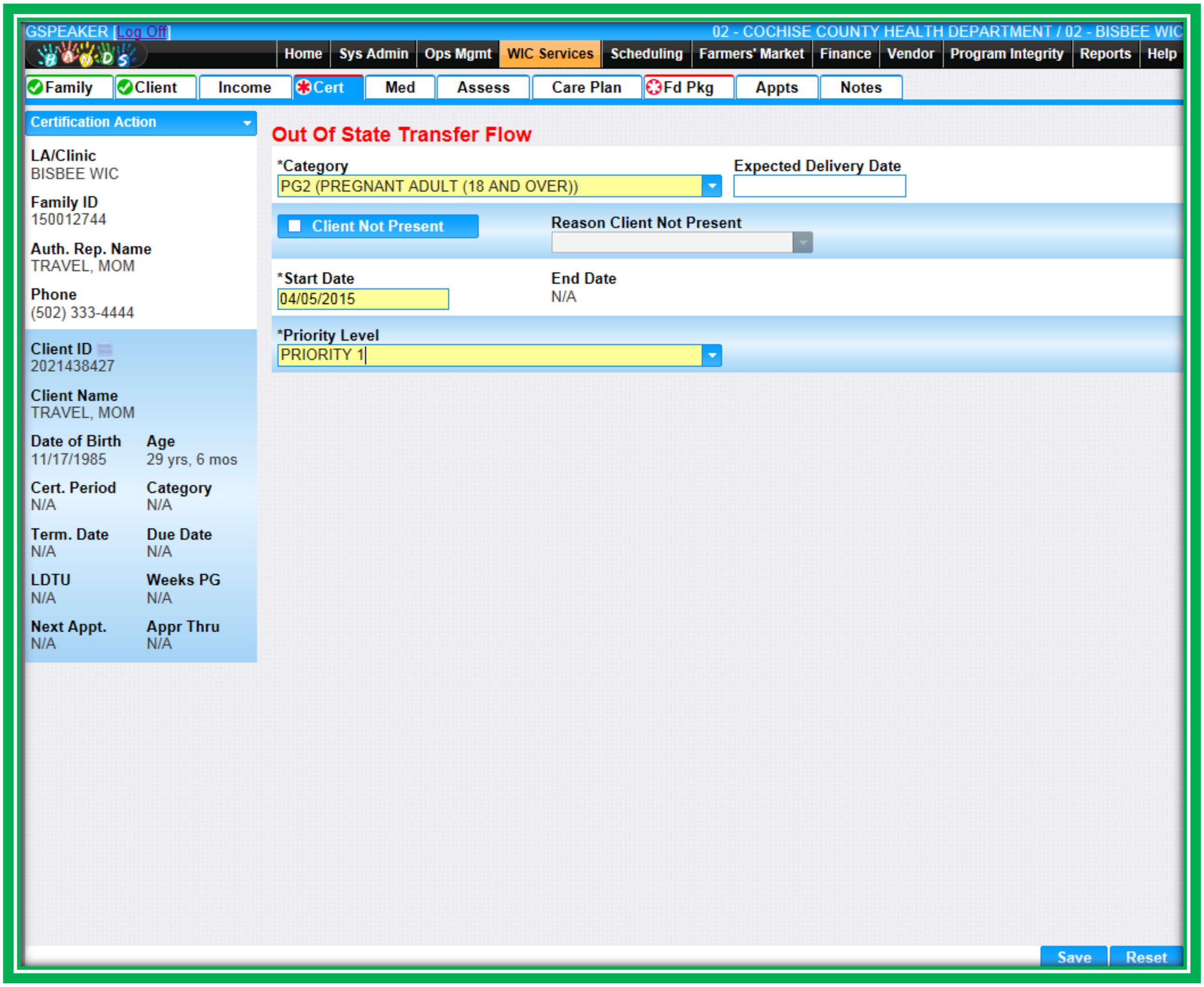
Out of State Transfer:

If you want to certify this client (2021438427) now, click "Yes" (will leave this screen).

If you want to continue adding other clients to this family, click "Cancel" (stay on this screen).

Figure 172: Out-of-State Transfer – Certification Action Confirmation

During the Out-of-State Transfer process, you will only need to enter information into a few fields on the Cert Action screen and click Save. After you save, the full Cert Action screen will display. The certification dates on the Cert Action screen are a bit different in HANDS. You will enter the Start Date of the client's certification and the system will calculate the End Date for you.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
150012744

Auth. Rep. Name
TRAVEL, MOM

Phone
(502) 333-4444

Client ID
2021438427

Client Name
TRAVEL, MOM

Date of Birth 11/17/1985	Age 29 yrs, 6 mos
Cert. Period N/A	Category N/A
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

Out Of State Transfer Flow

*Category: PG2 (PREGNANT ADULT (18 AND OVER))

Expected Delivery Date:

☐ Client Not Present

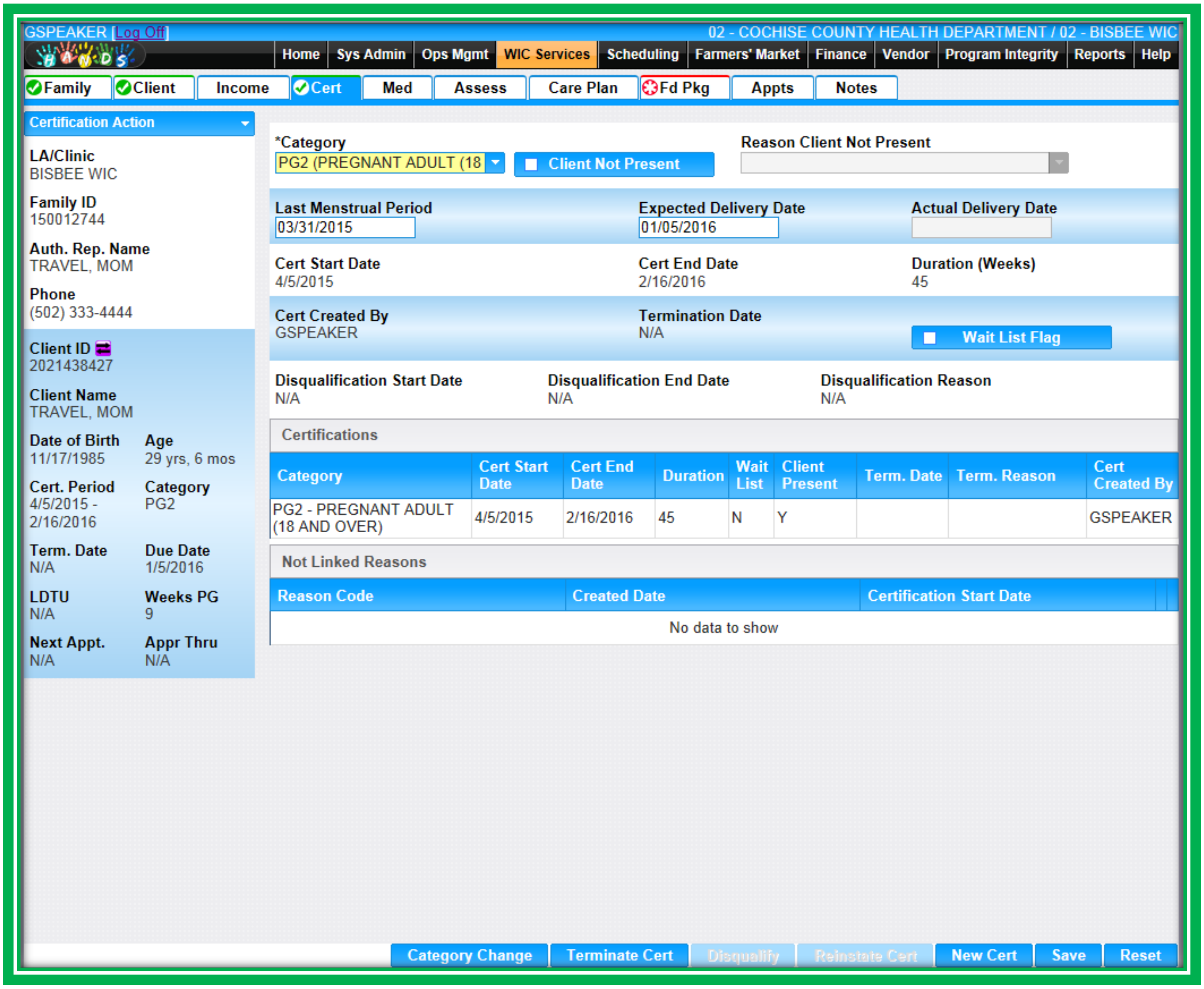
Reason Client Not Present:

*Start Date: 04/05/2015

End Date: N/A

*Priority Level: PRIORITY 1

Figure 173: Out-of-State Transfer – Add Certification Action


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
✓Family
✓Client
Income
✓Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Certification Action
☐ Client Not Present
☐ Wait List Flag
Category Change
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
150012744

Auth. Rep. Name
TRAVEL, MOM

Phone
(502) 333-4444

Client ID
2021438427

Client Name
TRAVEL, MOM

Date of Birth 11/17/1985	Age 29 yrs, 6 mos
Cert. Period 4/5/2015 - 2/16/2016	Category PG2
Term. Date N/A	Due Date 1/5/2016
LDTU N/A	Weeks PG 9
Next Appt. N/A	Appr Thru N/A

*Category: PG2 (PREGNANT ADULT (18

Reason Client Not Present:

Last Menstrual Period 03/31/2015	Expected Delivery Date 01/05/2016	Actual Delivery Date
Cert Start Date 4/5/2015	Cert End Date 2/16/2016	Duration (Weeks) 45
Cert Created By GSPEAKER	Termination Date N/A	
Disqualification Start Date N/A	Disqualification End Date N/A	Disqualification Reason N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
PG2 - PREGNANT ADULT (18 AND OVER)	4/5/2015	2/16/2016	45	N	Y			GSPEAKER

Not Linked Reasons

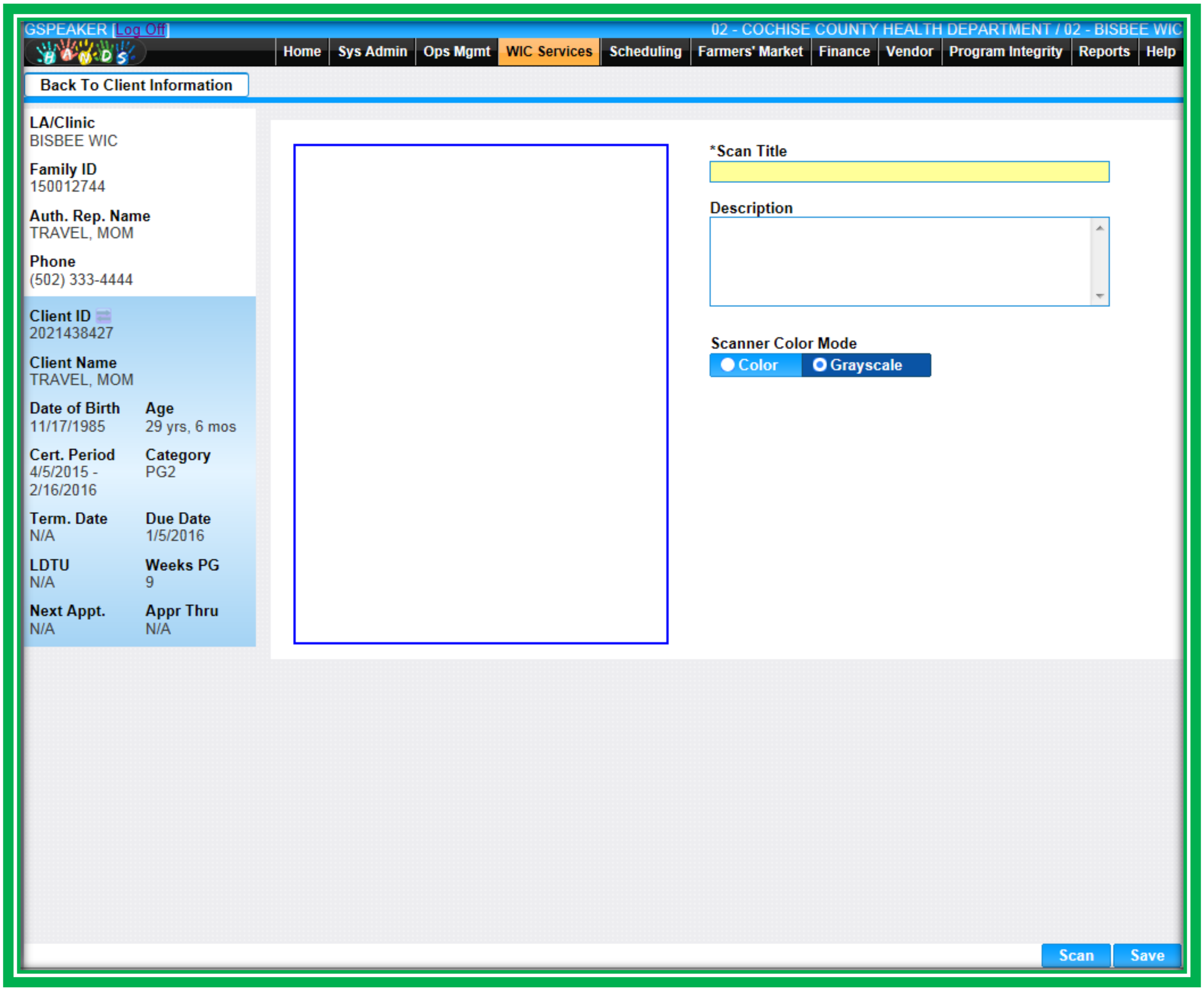
Reason Code	Created Date	Certification Start Date
No data to show		

Figure 174: Out-of-State Transfer – Certification Action

Scanning

The scanning functionality is available on the Client Information screen in the Out-of-State Transfer process. You will need to scan in the client's VOC when you are adding them to the system.

To start the scan process, you will select the Scan Document button. After scanning is complete, click the Save button if you are satisfied, or you can adjust the document on the scanner and press the Scan button again. To cancel the entire process and return back to the main screen, you can press the button on the top left of the screen. In the figure below, this button is **Back To Client Information.**


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Client Information
Scan
Save

LA/Clinic
BISBEE WIC

Family ID
150012744

Auth. Rep. Name
TRAVEL, MOM

Phone
(502) 333-4444

Client ID
2021438427

Client Name
TRAVEL, MOM

Date of Birth 11/17/1985	**Age** 29 yrs, 6 mos
Cert. Period 4/5/2015 - 2/16/2016	**Category** PG2
Term. Date N/A	**Due Date** 1/5/2016
LDTU N/A	**Weeks PG** 9
Next Appt. N/A	**Appr Thru** N/A

*Scan Title

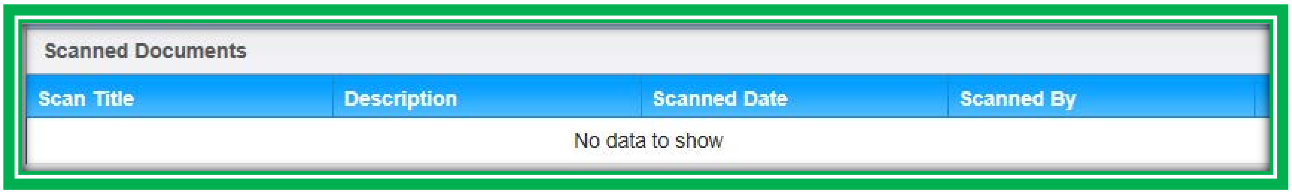
Description

Scanner Color Mode
○ Color ● Grayscale

Figure 175: Out-of-State Transfer – Scanning

The scanned items will appear in a grid on the screen, titled Scanned Documents. The grid will list:

- Scan Title
- Description
- Scanned Date
- Scanned By
  - The person who scanned the item



Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Figure 176: Scanned Documents

Together We Can

Make sure you have the VOC or Participant Profile Report information before you process an Out-of-State Transfer. If you work for the Arizona WIC Program and need more information on what makes a VOC valid, please review Chapter 2 Section R Transfer of Certification, Verification of Certification (VOC) and WIC Overseas in the Arizona Policy and Procedure Manual.

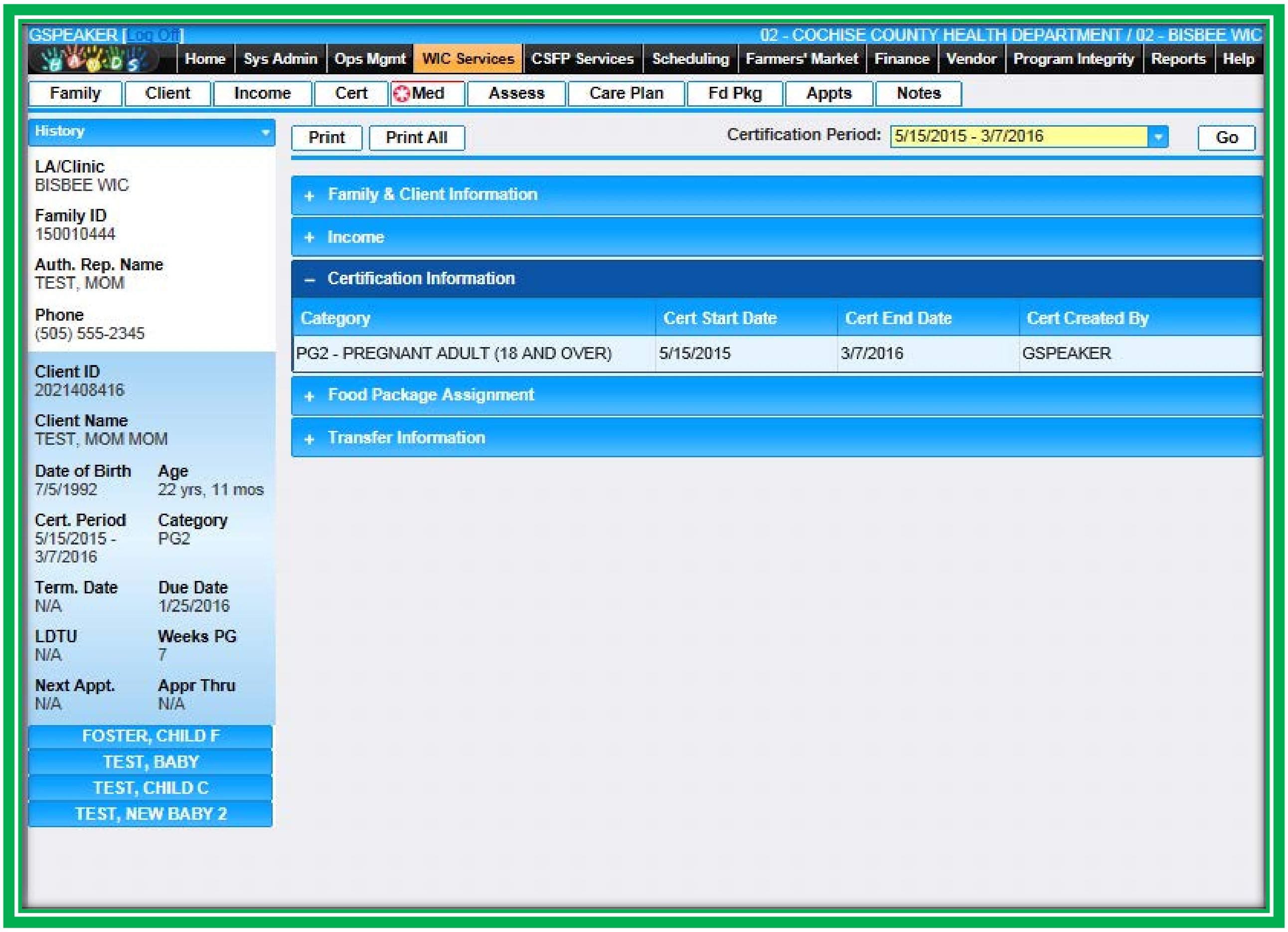
Now it's time to go over what you have learned so far. Please review Out-of-State Transfer in Module 7 on the HANDS Resource Site.

History

The History screen in HANDS will display changes to a client's current certification and the history of the client's previous certifications. You will be able to access this screen using the navigation drop-down menu in the Active Record. On the screen, you will be able to select the certification period you would like to see from a pick list. Different areas will display, depending on the certification period selected and the category of the client, as described below.

For the current certification, the system will display the original information in the History screen if the client's record has been changed. The information will display in the following sections:

1. Family & Client Information
2. Income
3. Immunization Information
4. Certification Information
5. Food Package Assignment
6. Transfer Information


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
History
Print
Print All
Go
+ Family & Client Information
+ Income
– Certification Information
+ Food Package Assignment
+ Transfer Information
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, NEW BABY 2

Certification Period: 5/15/2015 - 3/7/2016

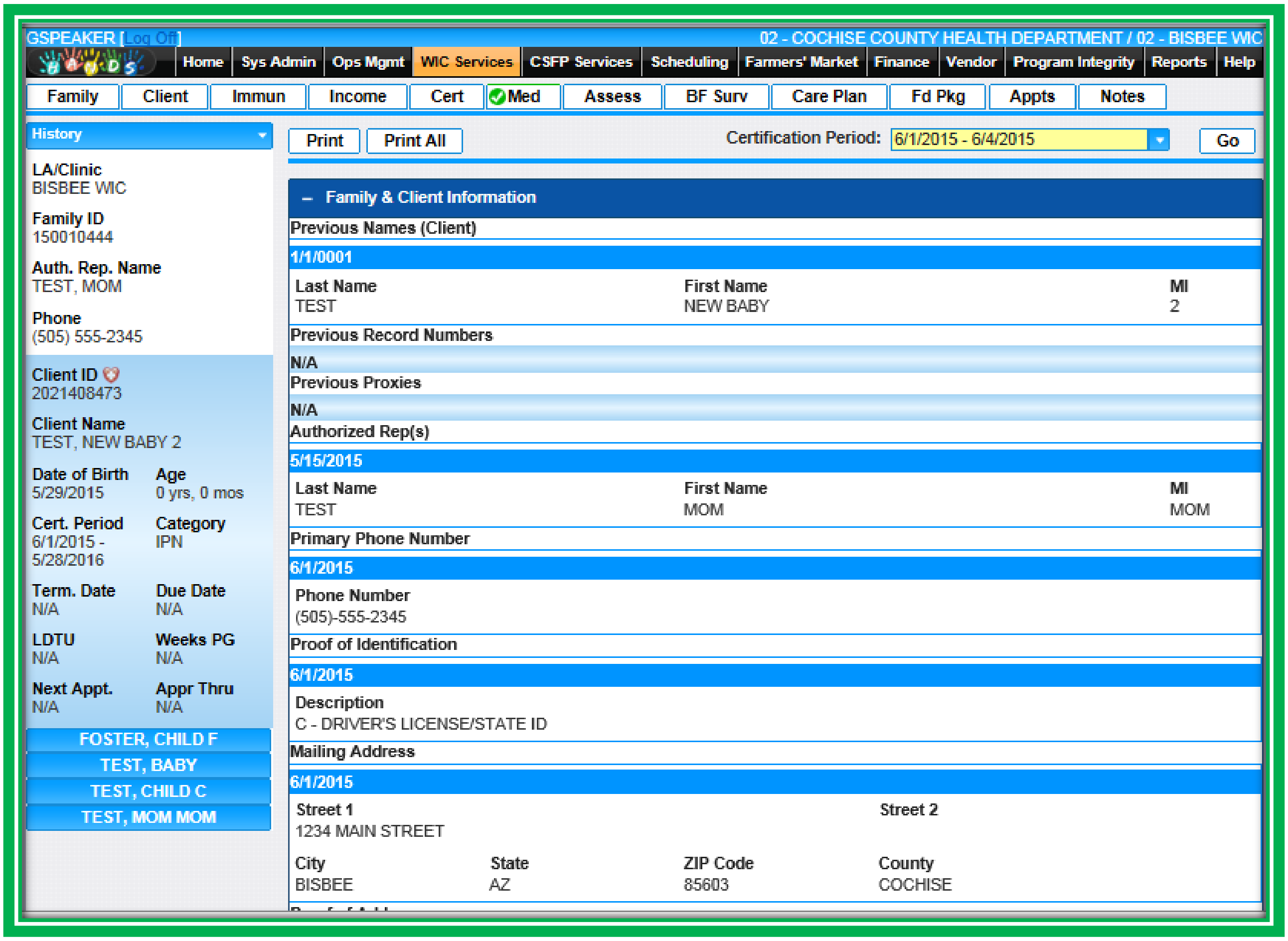
LA/Clinic: BISBEE WIC
Family ID: 150010444
Auth. Rep. Name: TEST, MOM
Phone: (505) 555-2345
Client ID: 2021408416
Client Name: TEST, MOM MOM
Date of Birth: 7/5/1992
Age: 22 yrs, 11 mos
Cert. Period: 5/15/2015 - 3/7/2016
Category: PG2
Term. Date: N/A
Due Date: 1/25/2016
LDTU: N/A
Weeks PG: 7
Next Appt.: N/A
Appr Thru: N/A

Category	Cert Start Date	Cert End Date	Cert Created By
PG2 - PREGNANT ADULT (18 AND OVER)	5/15/2015	3/7/2016	GSPEAKER

Figure 177: History – Current Certification

For previous certifications, the system will display more detailed information, and there are additional Care Plan and Notes sections. The sections are below:

1. Family & Client Information
2. Income
3. Immunization Information
4. Certification Information
5. Care Plan
6. Food Package Assignment
7. Transfer Information
8. Notes


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
✓ Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
History
Print
Print All
Go
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, MOM MOM

Certification Period: 6/1/2015 - 6/4/2015

LA/Clinic: BISBEE WIC
Family ID: 150010444
Auth. Rep. Name: TEST, MOM
Phone: (505) 555-2345
Client ID: 2021408473
Client Name: TEST, NEW BABY 2
Date of Birth: 5/29/2015
Age: 0 yrs, 0 mos
Cert. Period: 6/1/2015 - 5/28/2016
Category: IPN
Term. Date: N/A
Due Date: N/A
LDTU: N/A
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A

– Family & Client Information

Previous Names (Client)

1/1/0001

Last Name	First Name	MI
TEST	NEW BABY	2

Previous Record Numbers

N/A

Previous Proxies

N/A

Authorized Rep(s)

5/15/2015

Last Name	First Name	MI
TEST	MOM	MOM

Primary Phone Number

6/1/2015

Phone Number: (505)-555-2345

Proof of Identification

6/1/2015

Description: C - DRIVER'S LICENSE/STATE ID

Mailing Address

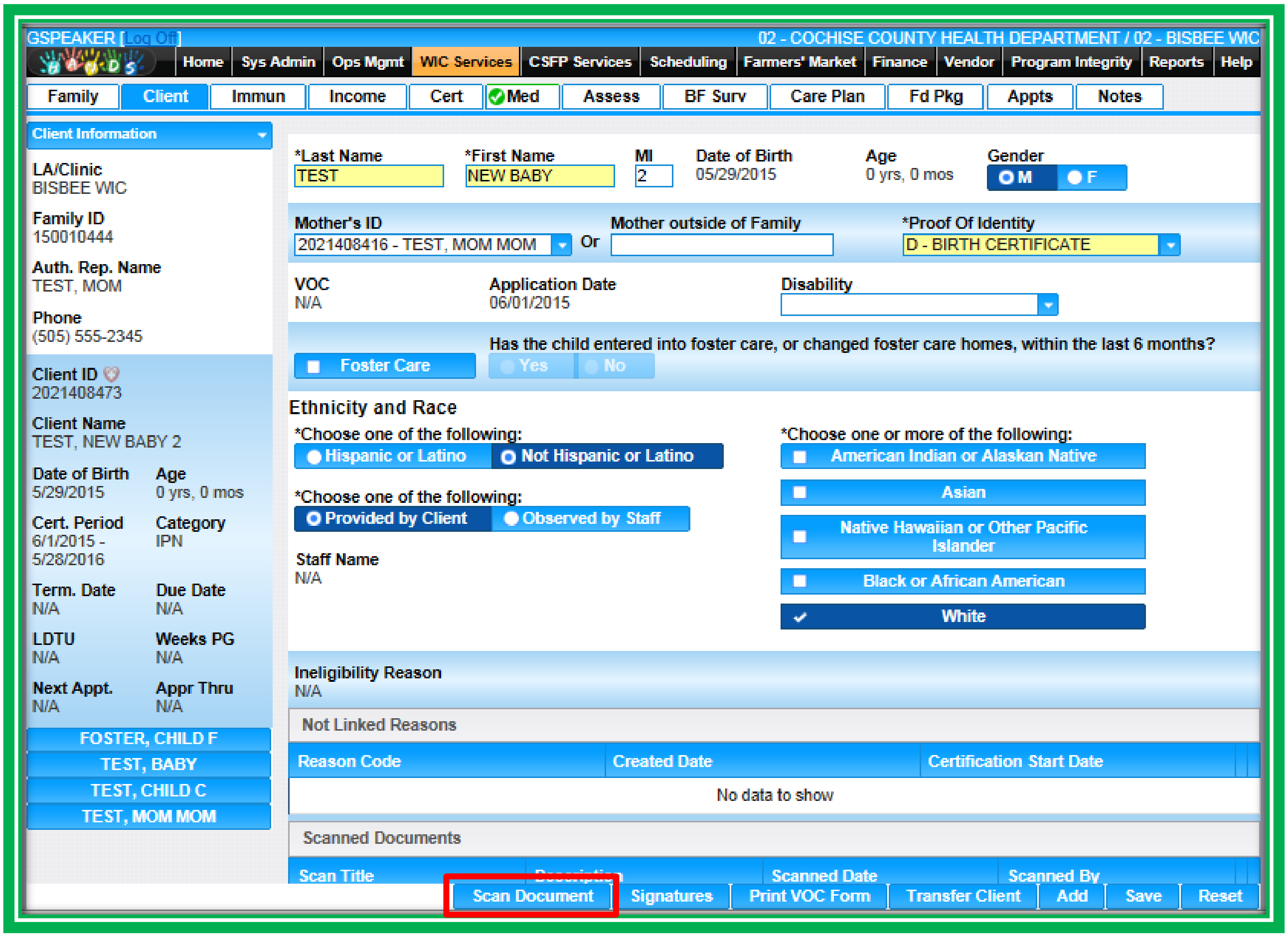
6/1/2015

Street 1			Street 2
1234 MAIN STREET			
City	**State**	**ZIP Code**	**County**
BISBEE	AZ	85603	COCHISE

Figure 178: History – Previous Certification

Scanning

Each clinic will have one to two scanners and a process for scanning documents. Please ask your Helping HAND where your scanners are located and about your clinic's processes for scanning.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Client Information
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, MOM MOM
Scan Document
Signatures
Print VOC Form
Transfer Client
Add
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408473

Client Name
TEST, NEW BABY 2

Date of Birth: 5/29/2015 | Age: 0 yrs, 0 mos

Cert. Period: 6/1/2015 - 5/28/2016 | Category: IPN

Term. Date: N/A | Due Date: N/A

LDTU: N/A | Weeks PG: N/A

Next Appt.: N/A | Appr Thru: N/A

*Last Name: TEST | *First Name: NEW BABY | MI: 2 | Date of Birth: 05/29/2015 | Age: 0 yrs, 0 mos | Gender: ● M ○ F

Mother's ID: 2021408416 - TEST, MOM MOM | Or | Mother outside of Family: | *Proof Of Identity: D - BIRTH CERTIFICATE

VOC: N/A | Application Date: 06/01/2015 | Disability:

☐ Foster Care — Has the child entered into foster care, or changed foster care homes, within the last 6 months? ○ Yes ○ No

Ethnicity and Race

*Choose one of the following: ○ Hispanic or Latino ● Not Hispanic or Latino

*Choose one of the following: ● Provided by Client ○ Observed by Staff

Staff Name
N/A

*Choose one or more of the following:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☑ White

Ineligibility Reason
N/A

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

Scanned Documents

Scan Title	Description	Scanned Date	Scanned By

Figure 179: Client Information – Scan Document Button

Items that may be scanned into the system include:

- Food Package Prescriptions
- Verification of Certification (VOC) Forms
- Notice to Provider Documents
- Items Required by Local Agency Policy

You may also be asked to scan other items into the system as necessary for State audits.

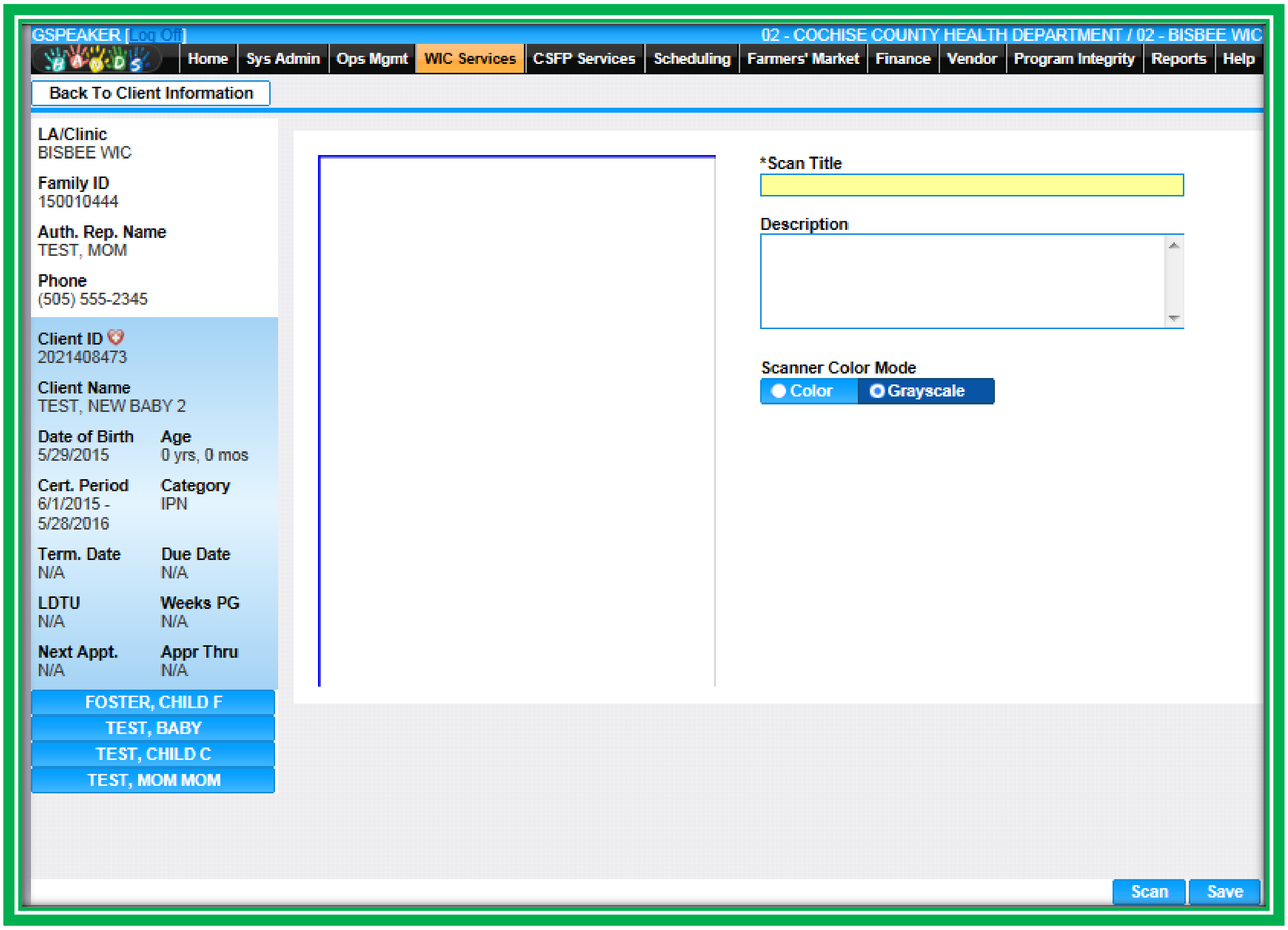
There are three screens in HANDS that allow you to scan documents. The Client Information and Out-of-State Transfer – Client Information screens will both have a button titled Scan Document, and the Food Package Assignment screen will have a button titled Scan Prescriptions. When any of these buttons are clicked, the system will bring you to an information screen.

The Scan Information screens all contain the same elements:

- Scan Title
- Scan Description
- Color or Grayscale radio buttons

The screens also have the same action buttons:

- A Save button to save the document in the client's file
- A Scan button to start the scan
- A Back To button to cancel the process and return to the main screen


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Client Information
FOSTER, CHILD F
TEST, BABY
TEST, CHILD C
TEST, MOM MOM
Scan
Save

LA/Clinic
BISBEE WIC

Family ID
150010444

Auth. Rep. Name
TEST, MOM

Phone
(505) 555-2345

Client ID
2021408473

Client Name
TEST, NEW BABY 2

Date of Birth	Age
5/29/2015	0 yrs, 0 mos
Cert. Period	**Category**
6/1/2015 - 5/28/2016	IPN
Term. Date	**Due Date**
N/A	N/A
LDTU	**Weeks PG**
N/A	N/A
Next Appt.	**Appr Thru**
N/A	N/A

*Scan Title

Description

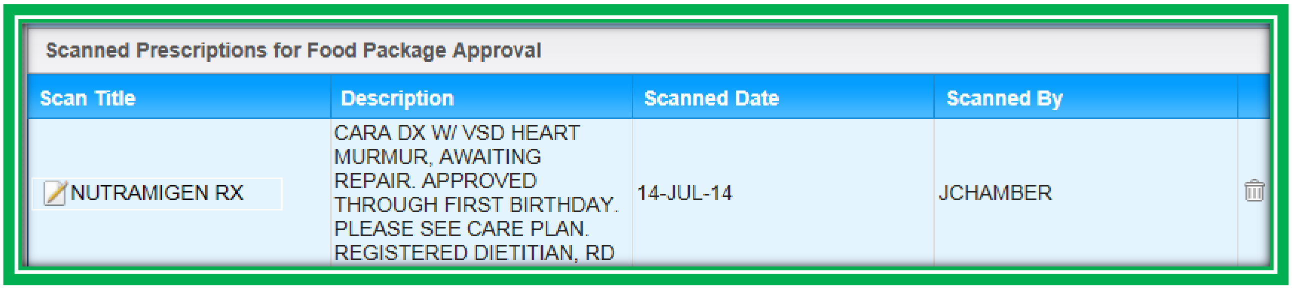
Scanner Color Mode
○ Color ● Grayscale

Figure 180: Scan Information

When you scan in a document, you will type in the title and a description for your scanned document. The system will default to scanning in grayscale. To start scanning, place your document on the scanner and select the Scan button. After scanning is complete, click the Save button if you are satisfied, or you can adjust the document on the scanner and click the Scan button again. To cancel the entire process and return back to the main screen, click the button on the top left of the screen. In the figure above, this button is Back To Client Information.

After you save, the scanned items will appear in a grid on the screen, titled Scanned Documents on the Client Information screens and Scanned Prescriptions for Food Package Approval on the Food Package Assignment screen. Each grid will list:

- Scan Title
- Description
- Scanned Date
- Scanned By
  - The person who scanned the item



Scanned Prescriptions for Food Package Approval

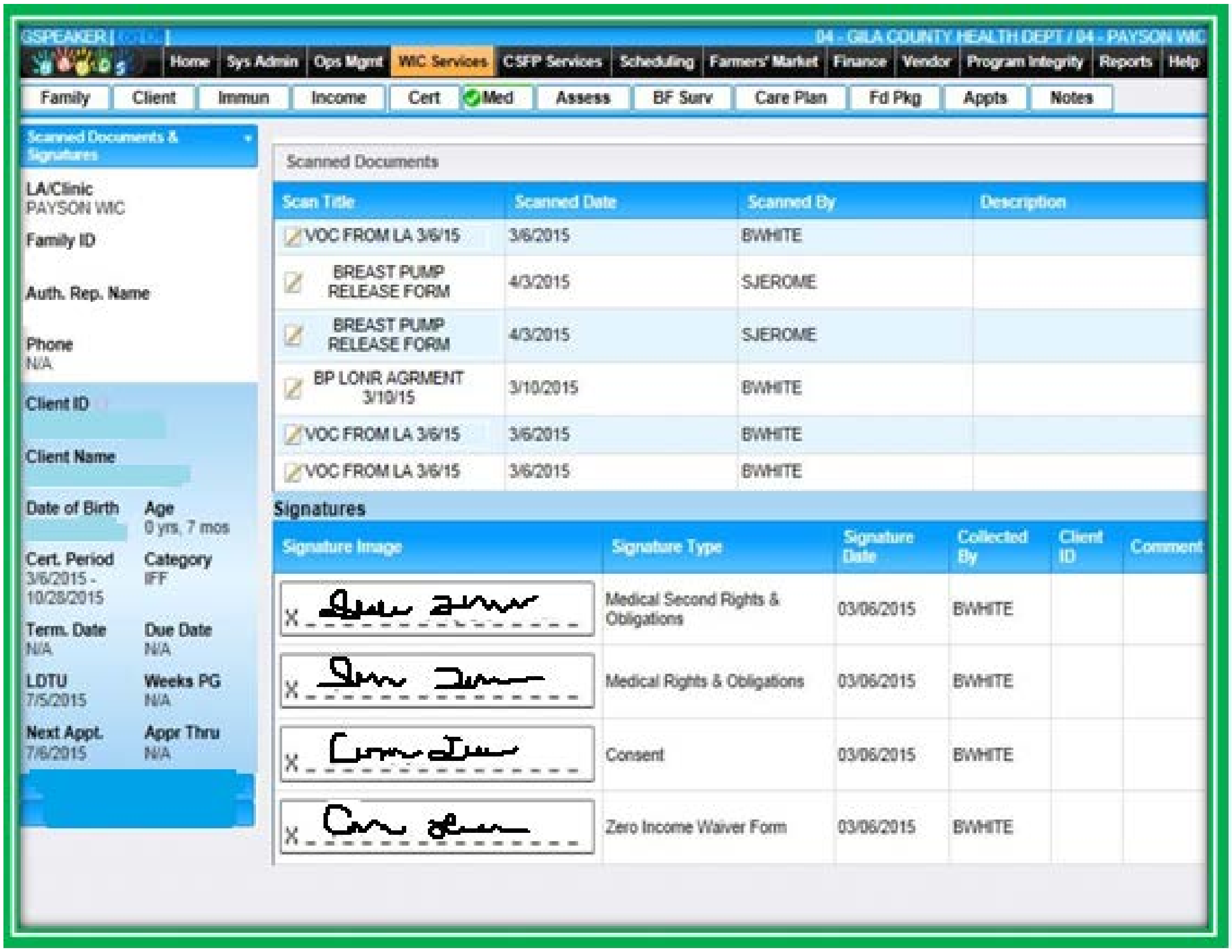
Scan Title	Description	Scanned Date	Scanned By	
NUTRAMIGEN RX	CARA DX W/ VSD HEART MURMUR, AWAITING REPAIR. APPROVED THROUGH FIRST BIRTHDAY. PLEASE SEE CARE PLAN. REGISTERED DIETITIAN, RD	14-JUL-14	JCHAMBER	🗑

Figure 181: Scanned Prescriptions for Food Package Approval

Scanned Documents and Signatures Screen

If needed, you can get to a listing of all scanned and signed items in the client record using the Scanned Documents and Signatures screen. You can get to this screen using the navigation menu in the Active Record. The screen has two grids, one for Scanned Documents and one for Signatures.

The Type in each of the grids will let you know what sort of scanned item or signature has been saved. If the Type has the same name on two different screens, the name of the screen will also be listed. For example, a Signature Type of **Medical Rights and Obligations** indicates that the signature documenting receipt and understanding of the program Rights and Obligations was collected on the Medical screen.


GSPEAKER | [redacted] |
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Scanned Documents & Signatures

LA/Clinic
PAYSON WIC
Family ID
Auth. Rep. Name
Phone
N/A
Client ID [redacted]
Client Name [redacted]
Date of Birth [redacted]
Age
0 yrs, 7 mos
Cert. Period
3/6/2015 - 10/28/2015
Category
IFF
Term. Date
N/A
Due Date
N/A
LDTU
7/5/2015
Weeks PG
N/A
Next Appt.
7/6/2015
Appt Thru
N/A

Scanned Documents

Scan Title	Scanned Date	Scanned By	Description
VOC FROM LA 3/6/15	3/6/2015	BWHITE	
BREAST PUMP RELEASE FORM	4/3/2015	SJEROME	
BREAST PUMP RELEASE FORM	4/3/2015	SJEROME	
BP LONR AGRMENT 3/10/15	3/10/2015	BWHITE	
VOC FROM LA 3/6/15	3/6/2015	BWHITE	
VOC FROM LA 3/6/15	3/6/2015	BWHITE	

Signatures

Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X	Medical Second Rights & Obligations	03/06/2015	BWHITE		
X	Medical Rights & Obligations	03/06/2015	BWHITE		
X	Consent	03/06/2015	BWHITE		
X	Zero Income Waiver Form	03/06/2015	BWHITE		

Figure 182: Scanned Documents and Signatures

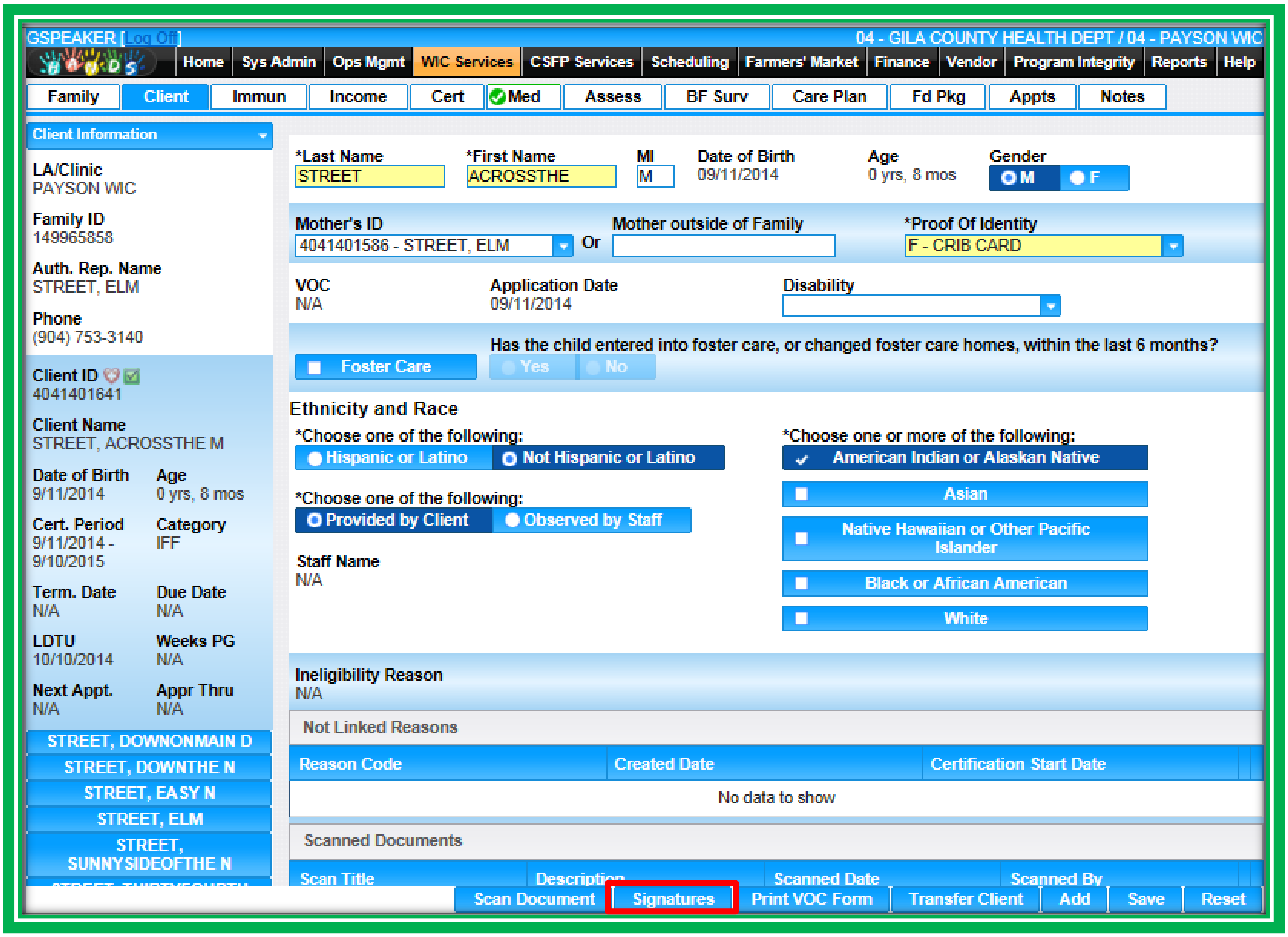
Signatures

In HANDS, the process used to gather signatures is flexible, especially the signatures that are available in more than one location. It is up to Local Agencies to figure out what works best in their clinics. One way to collect signatures for the Certification process is to capture them during intake and document them using the Medical screen.

Together We Can

Make sure to get consent before you perform anthropometric measurements or blood work.

The majority of the items are signed for the whole family, and you will not need to select individual clients in the Signature Information screen; however, some are documented for individual clients only. These items are listed below.


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Client Information
STREET, DOWNONMAIN D
STREET, DOWNTHE N
STREET, EASY N
STREET, ELM
STREET, SUNNYSIDEOFTHE N
Scan Document
Signatures
Print VOC Form
Transfer Client
Add
Save
Reset

LA/Clinic
PAYSON WIC

Family ID
149965858

Auth. Rep. Name
STREET, ELM

Phone
(904) 753-3140

Client ID
4041401641

Client Name
STREET, ACROSSTHE M

Date of Birth 9/11/2014
Age 0 yrs, 8 mos

Cert. Period 9/11/2014 - 9/10/2015
Category IFF

Term. Date N/A
Due Date N/A

LDTU 10/10/2014
Weeks PG N/A

Next Appt. N/A
Appr Thru N/A

*Last Name: STREET
*First Name: ACROSSTHE
MI: M
Date of Birth: 09/11/2014
Age: 0 yrs, 8 mos
Gender: ● M ○ F

Mother's ID: 4041401586 - STREET, ELM
Or
Mother outside of Family:
*Proof Of Identity: F - CRIB CARD

VOC: N/A
Application Date: 09/11/2014
Disability:

☐ Foster Care
Has the child entered into foster care, or changed foster care homes, within the last 6 months? ○ Yes ○ No

Ethnicity and Race

*Choose one of the following:
○ Hispanic or Latino
● Not Hispanic or Latino

*Choose one of the following:
● Provided by Client
○ Observed by Staff

Staff Name
N/A

*Choose one or more of the following:
☑ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White

Ineligibility Reason
N/A

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
No data to show		

Scanned Documents

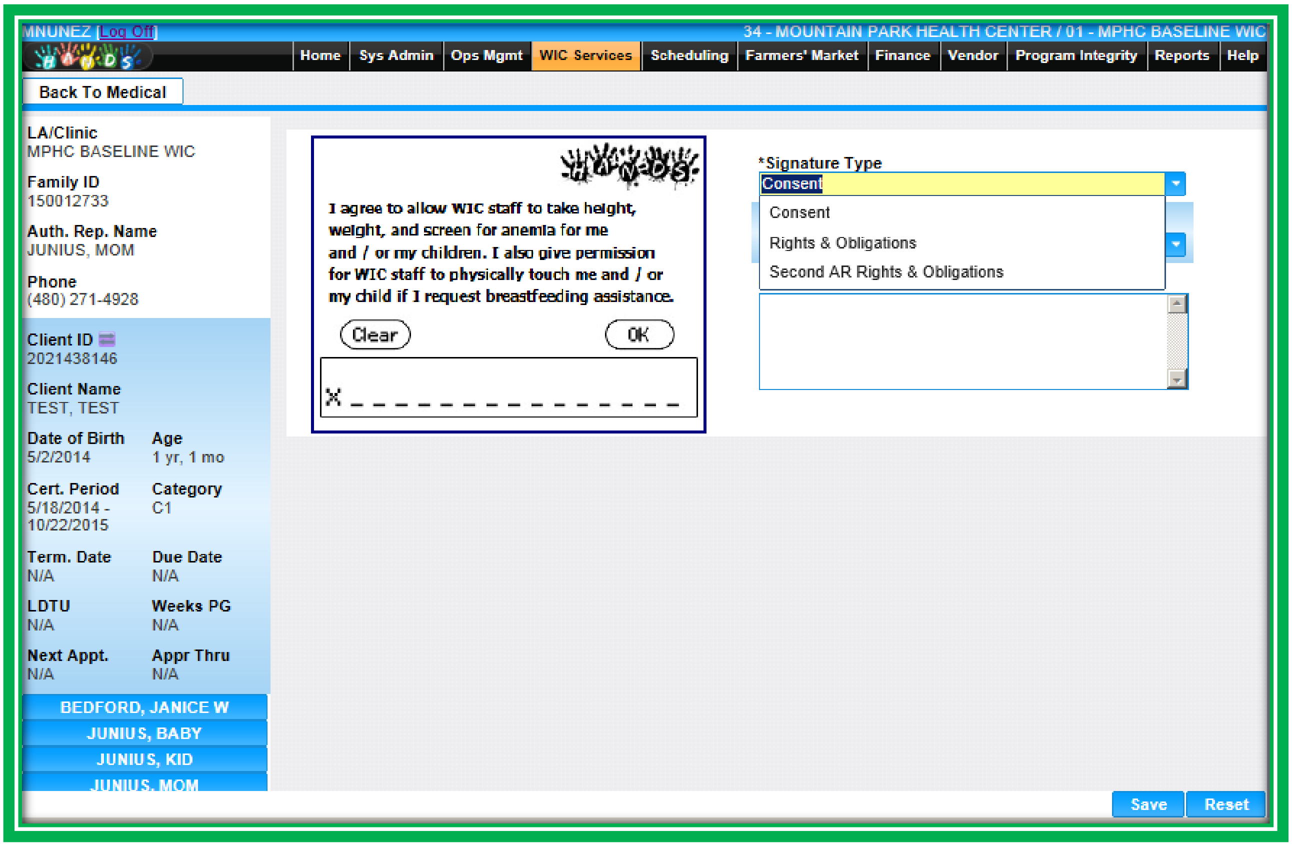
Scan Title	Description	Scanned Date	Scanned By

Figure 183: Client Information – Signatures Button

Areas in HANDS that allow you to collect signatures include:

- Family
    - Proxy
        - Signature for the Proxy form
- Client
    - Verification of Certification (VOC)
        - Signature for Consent to Release Information
        - This must be signed for individual clients
- Income
    - Zero Income
        - Signature for Zero Income information
        - **Individual clients must be selected in the Client ID pick list if you are not certifying the whole family on the same day**
    - Income Ineligibility
        - Signature for the Notice of Ineligibility form
    - Statement of Documentation
        - Signature for the Statement of Documentation form
- Medical
    - Consent
        - Signature to allow WIC staff to:
            - Measure height/weight
            - Measure hemoglobin
            - Physically touch the client or their child/children during breastfeeding instruction
    - Rights and Obligations
        - Signature for the Rights and Obligations form
        - This is for the 1st Authorized Representative
    - 2nd Authorized Representative Rights and Obligations
        - Signature for the Rights and Obligations form
        - This is for the 2nd Authorized Representative
- Food Benefit Issuance
    - Rights and Obligations
        - Signature for the Rights and Obligations form
        - This is for the 1st Authorized Representative
    - 2nd Authorized Representative Rights and Obligations
        - Signature for the Rights and Obligations form
        - This is for the 2nd Authorized Representative

Like the scanning process, you will use a button to start the process of capturing signatures. This button is the same on all of the screens and is labeled Signatures. When pressed, the Signatures button launches your signature pad and takes you to the Signature Information screen. You will need to select the type of signature you're collecting and, if applicable, the client for which you are collecting the signature. There is also space in the Comment box on the information screen for you to leave a note, if needed. Like Notes, the Comment field on the Signature Information screen can hold up to 2000 characters.

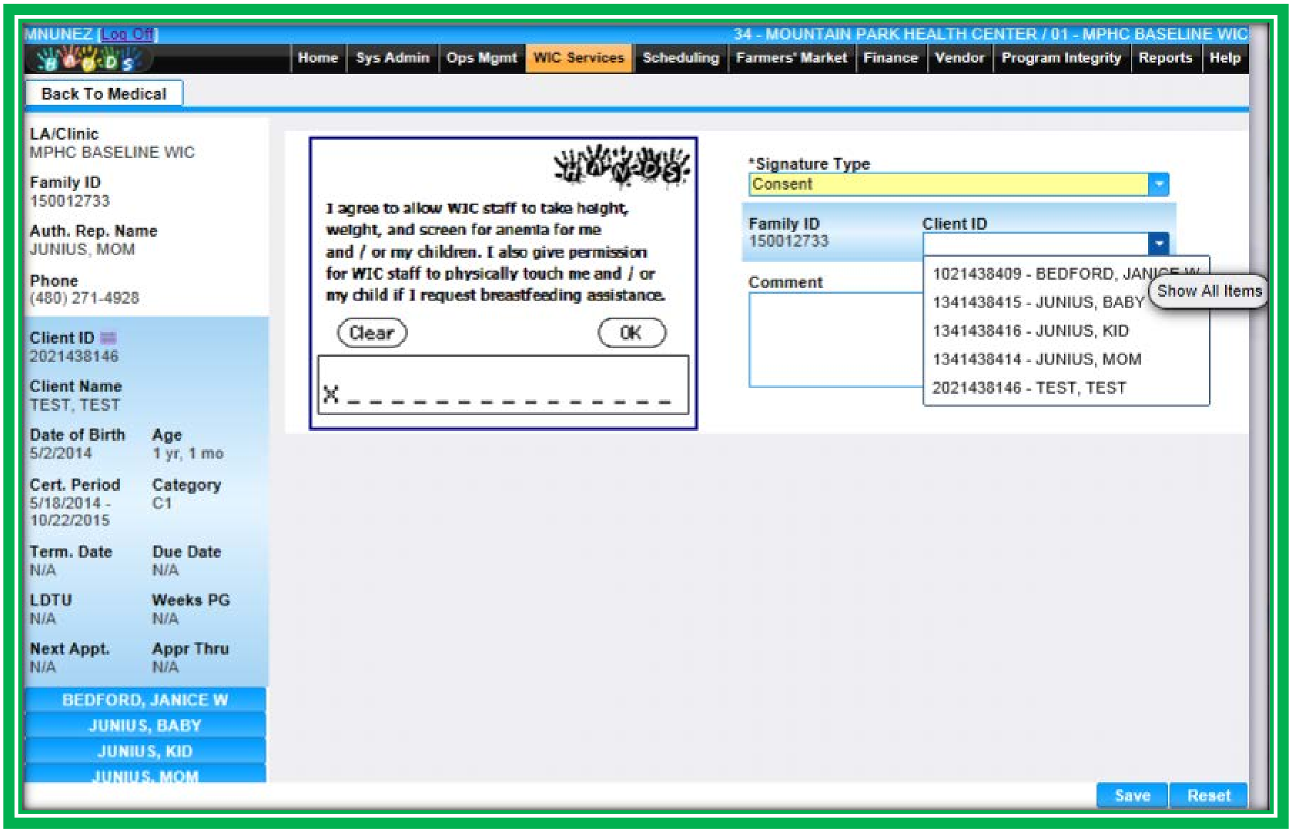

MNUNEZ [Log Off]
34 - MOUNTAIN PARK HEALTH CENTER / 01 - MPHC BASELINE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Medical
Clear
OK
X
*Signature Type
Consent
Rights & Obligations
Second AR Rights & Obligations
BEDFORD, JANICE W
JUNIUS, BABY
JUNIUS, KID
JUNIUS, MOM
Save
Reset

LA/Clinic: MPHC BASELINE WIC
Family ID: 150012733
Auth. Rep. Name: JUNIUS, MOM
Phone: (480) 271-4928
Client ID: 2021438146
Client Name: TEST, TEST
Date of Birth: 5/2/2014
Age: 1 yr, 1 mo
Cert. Period: 5/18/2014 - 10/22/2015
Category: C1
Term. Date: N/A
Due Date: N/A
LDTU: N/A
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A

I agree to allow WIC staff to take height, weight, and screen for anemia for me and / or my children. I also give permission for WIC staff to physically touch me and / or my child if I request breastfeeding assistance.

*Signature Type: Consent

Figure 184: Signature Information – Signature Type


MNUNEZ [Log Off]
34 - MOUNTAIN PARK HEALTH CENTER / 01 - MPHC BASELINE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Medical
HANDS
Clear
OK
X
Show All Items
BEDFORD, JANICE W
JUNIUS, BABY
JUNIUS, KID
JUNIUS, MOM
Save
Reset

LA/Clinic
MPHC BASELINE WIC

Family ID
150012733

Auth. Rep. Name
JUNIUS, MOM

Phone
(480) 271-4928

Client ID
2021438146

Client Name
TEST, TEST

Date of Birth: 5/2/2014
Age: 1 yr, 1 mo

Cert. Period: 5/18/2014 - 10/22/2015
Category: C1

Term. Date: N/A
Due Date: N/A

LDTU: N/A
Weeks PG: N/A

Next Appt.: N/A
Appr Thru: N/A

I agree to allow WIC staff to take height, weight, and screen for anemia for me and / or my children. I also give permission for WIC staff to physically touch me and / or my child if I request breastfeeding assistance.

*Signature Type: Consent

Family ID: 150012733

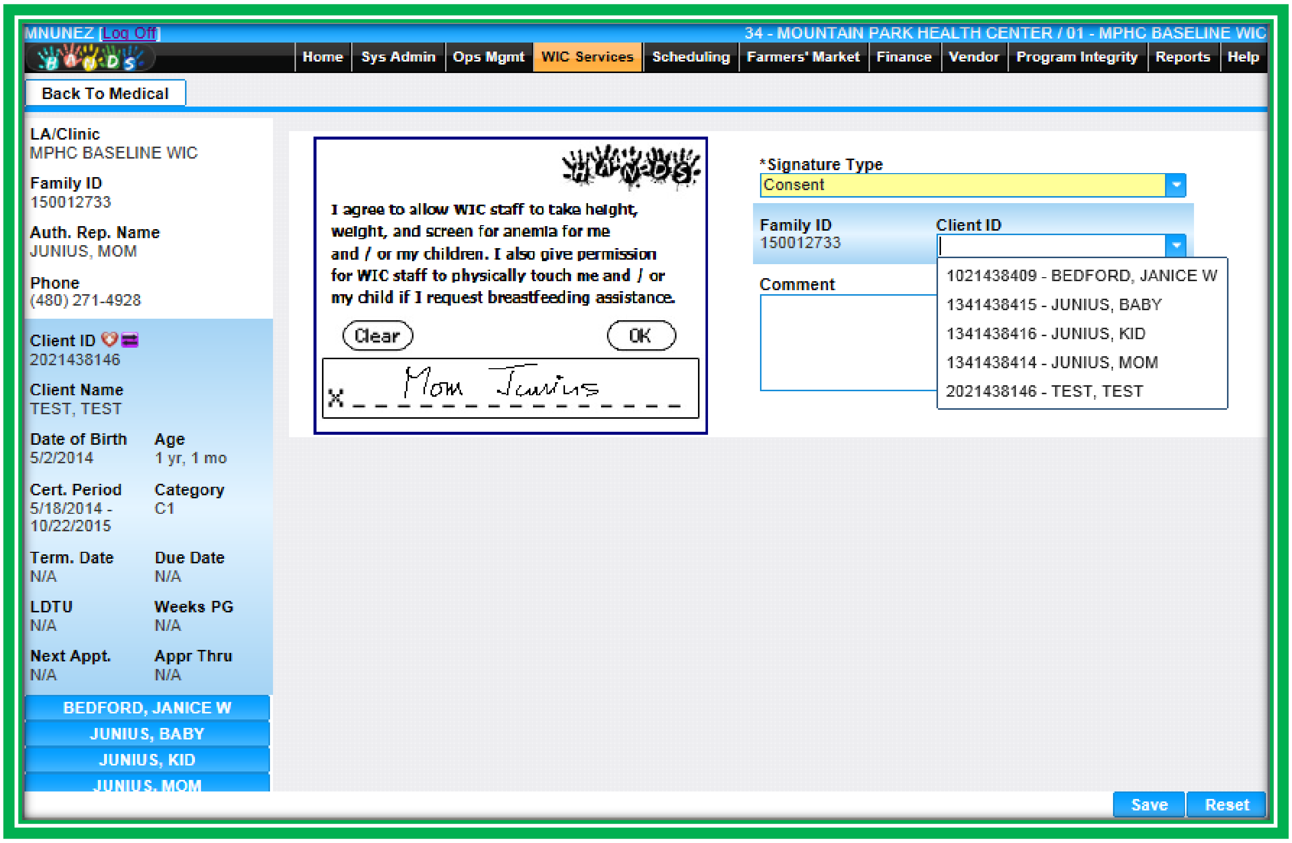
Client ID

- 1021438409 - BEDFORD, JANICE W
- 1341438415 - JUNIUS, BABY
- 1341438416 - JUNIUS, KID
- 1341438414 - JUNIUS, MOM
- 2021438146 - TEST, TEST

Comment

Figure 185: Signature Information – Client ID

After you enter information on the screen, the client will sign using the signature pad. They can then select OK if they are satisfied with their signature, or they can select Clear and sign again. On the Information screen, you can press the Reset button to clear the screen and revert back to its original view. To cancel the entire process and return back to the main screen, you can press the button on the top left of the screen. In the figures above and below, this button is Back To Medical.


MNUNEZ [Log Off]
34 - MOUNTAIN PARK HEALTH CENTER / 01 - MPHC BASELINE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Medical
BEDFORD, JANICE W
JUNIUS, BABY
JUNIUS, KID
JUNIUS, MOM
Clear
OK
Save
Reset

LA/Clinic
MPHC BASELINE WIC

Family ID
150012733

Auth. Rep. Name
JUNIUS, MOM

Phone
(480) 271-4928

Client ID
2021438146

Client Name
TEST, TEST

Date of Birth 5/2/2014	Age 1 yr, 1 mo
Cert. Period 5/18/2014 - 10/22/2015	Category C1
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

I agree to allow WIC staff to take height, weight, and screen for anemia for me and / or my children. I also give permission for WIC staff to physically touch me and / or my child if I request breastfeeding assistance.

X Mom Junius

*Signature Type
Consent

Family ID
150012733

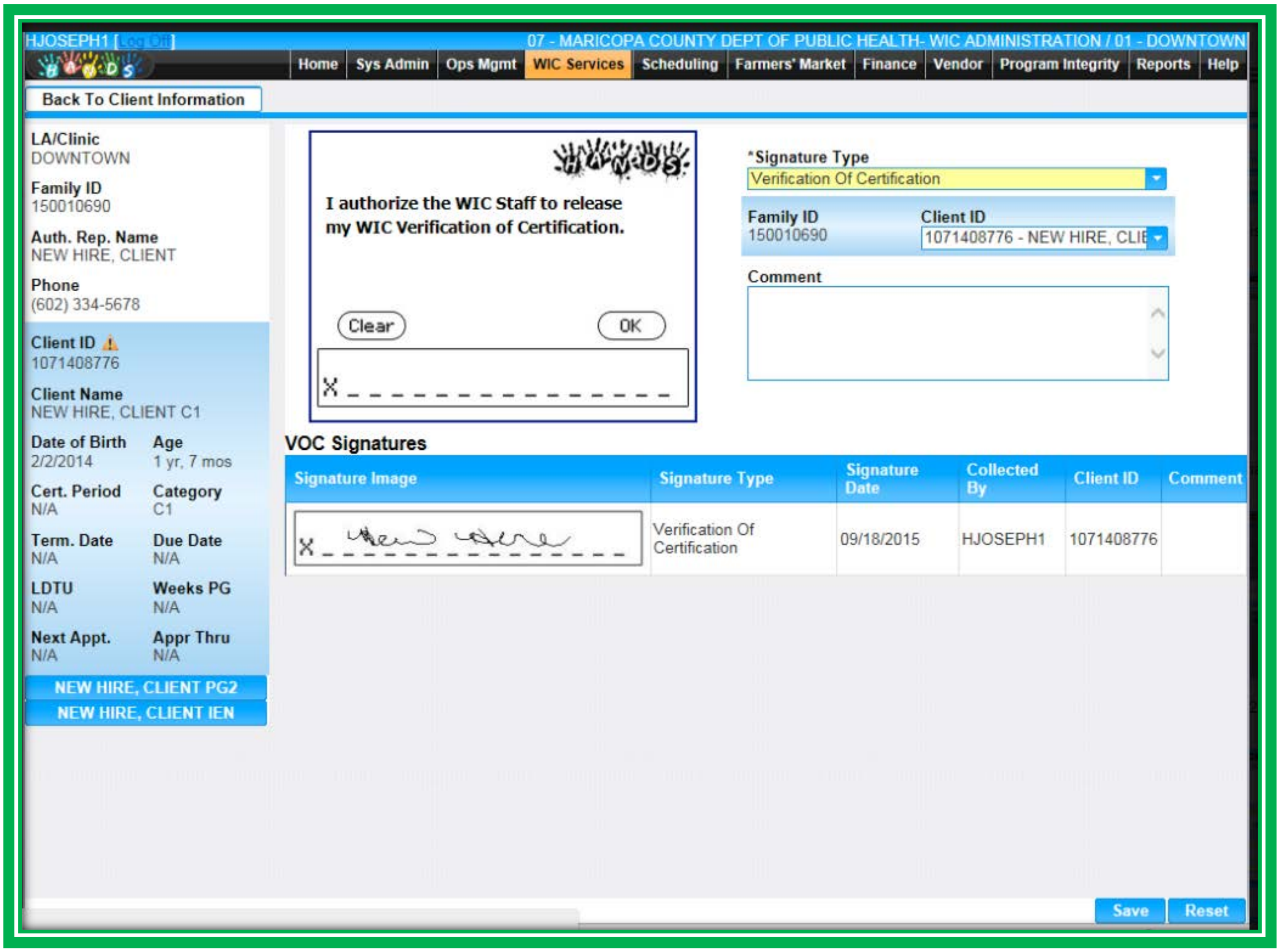
Client ID

1021438409 - BEDFORD, JANICE W
1341438415 - JUNIUS, BABY
1341438416 - JUNIUS, KID
1341438414 - JUNIUS, MOM
2021438146 - TEST, TEST

Comment

Figure 186: Signature Information

Once you have entered the client's information and everything is correct on the Information screen, click the Save button. After you save, the signature information, including an image of the signature, will display in the Signatures grid.


HJOSEPH1 [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back To Client Information
NEW HIRE, CLIENT PG2
NEW HIRE, CLIENT IEN
Clear
OK
X
Save
Reset

LA/Clinic
DOWNTOWN

Family ID
150010690

Auth. Rep. Name
NEW HIRE, CLIENT

Phone
(602) 334-5678

Client ID
1071408776

Client Name
NEW HIRE, CLIENT C1

Date of Birth: 2/2/2014
Age: 1 yr, 7 mos

Cert. Period: N/A
Category: C1

Term. Date: N/A
Due Date: N/A

LDTU: N/A
Weeks PG: N/A

Next Appt.: N/A
Appr Thru: N/A

I authorize the WIC Staff to release my WIC Verification of Certification.

*Signature Type: Verification Of Certification

Family ID: 150010690
Client ID: 1071408776 - NEW HIRE, CLIE

Comment

VOC Signatures

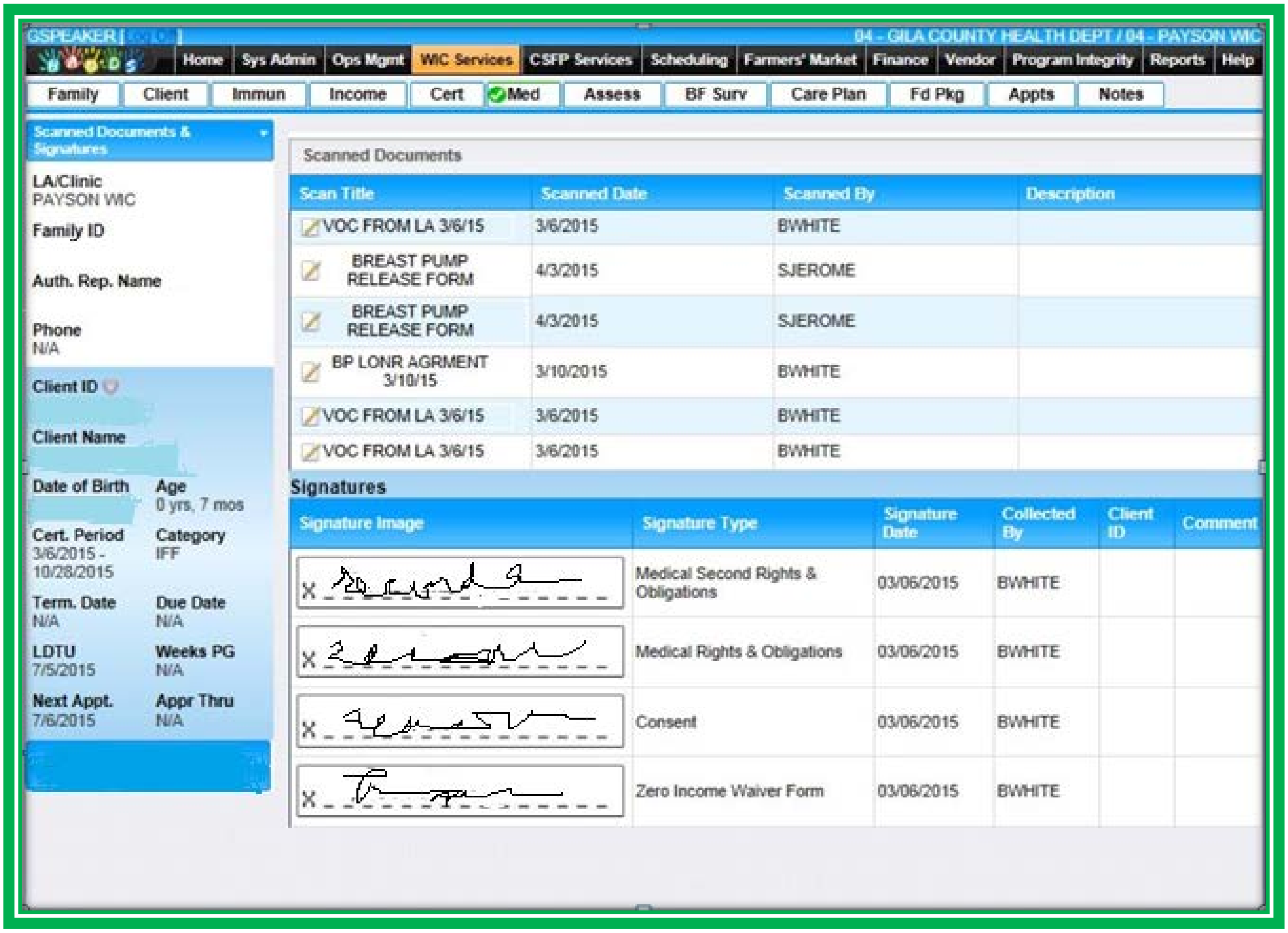
Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X	Verification Of Certification	09/18/2015	HJOSEPH1	1071408776	

Figure 187: Signatures Grid

Scanned Documents and Signatures Screen

If needed, you can get to a listing of all scanned and signed items in the client record using the Scanned Documents and Signatures screen. You can get to this screen using the navigation menu in the Active Record. The screen has two grids, one for Scanned Documents and one for Signatures.

The Type in each of the grids will let you know what sort of scanned item or signature has been saved. If the Type has the same name on two different screens, the name of the screen will also be listed. For example, a Signature Type of **Medical Rights and Obligations** indicates that the signature documenting receipt and understanding of the program Rights and Obligations was collected on the Medical screen.


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Scanned Documents & Signatures

LA/Clinic
PAYSON WIC

Family ID

Auth. Rep. Name

Phone
N/A

Client ID
[redacted]

Client Name
[redacted]

Date of Birth
[redacted]

Age
0 yrs, 7 mos

Cert. Period
3/6/2015 - 10/28/2015

Category
IFF

Term. Date
N/A

Due Date
N/A

LDTU
7/5/2015

Weeks PG
N/A

Next Appt.
7/6/2015

Appr Thru
N/A

Scanned Documents

Scan Title	Scanned Date	Scanned By	Description
VOC FROM LA 3/6/15	3/6/2015	BWHITE	
BREAST PUMP RELEASE FORM	4/3/2015	SJEROME	
BREAST PUMP RELEASE FORM	4/3/2015	SJEROME	
BP LONR AGRMENT 3/10/15	3/10/2015	BWHITE	
VOC FROM LA 3/6/15	3/6/2015	BWHITE	
VOC FROM LA 3/6/15	3/6/2015	BWHITE	

Signatures

Signature Image	Signature Type	Signature Date	Collected By	Client ID	Comment
X	Medical Second Rights & Obligations	03/06/2015	BWHITE		
X	Medical Rights & Obligations	03/06/2015	BWHITE		
X	Consent	03/06/2015	BWHITE		
X	Zero Income Waiver Form	03/06/2015	BWHITE		

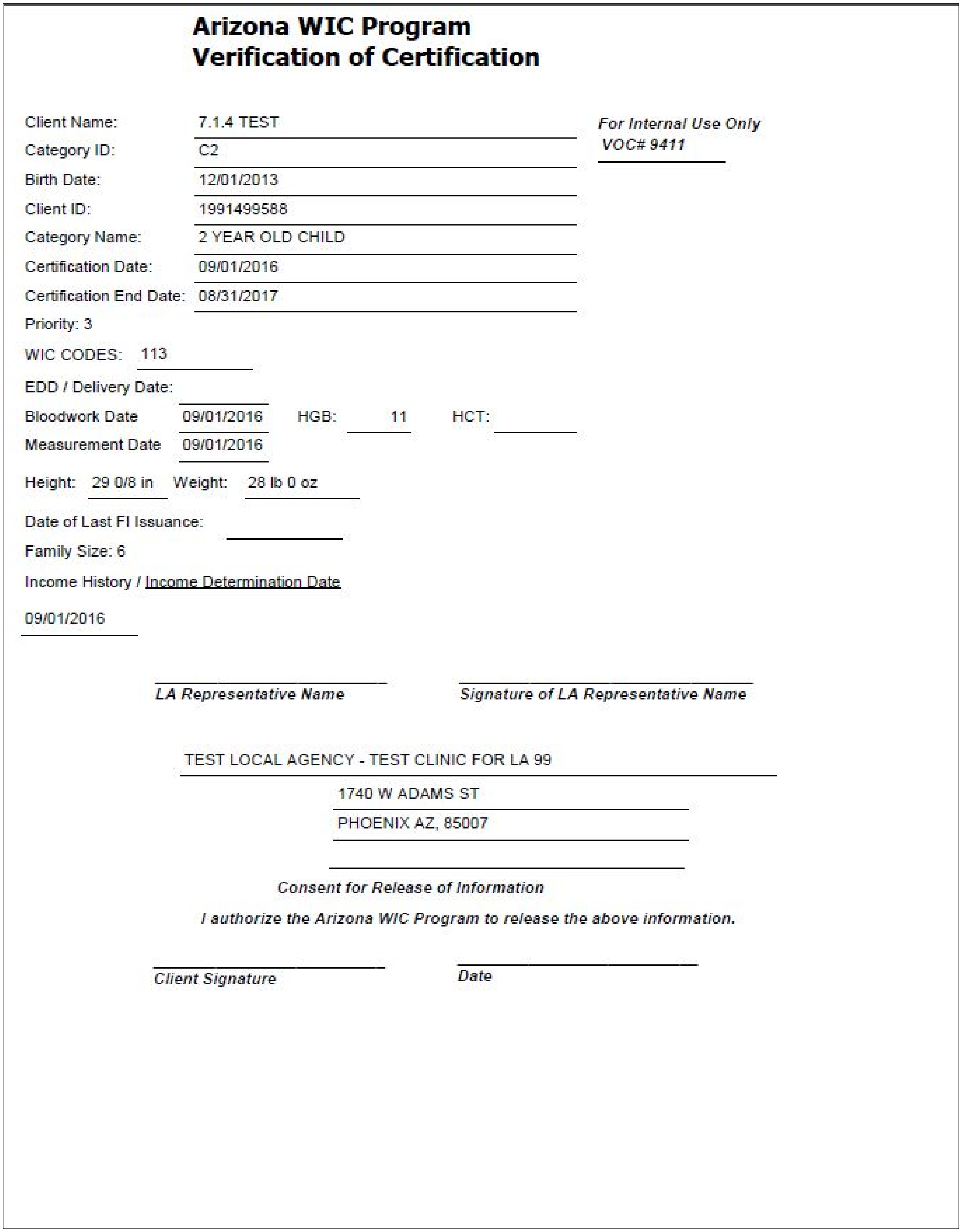
Figure 188: Scanned Documents and Signatures

Now it's time to go over what you have learned so far. Please review Scanner and Signature Pad in Module 7 on the HANDS Resource Site.

CASE STUDY: IT’S IN YOUR HANDS!

Now it is time for you to continue your journey into the world of HANDS.

1. Discuss the following with your Helping HAND?:
    a. The two locations where you can access the In-State Transfer function
    b. Where the Out-of-State Transfer tab is located
    c. The Out-of-State Transfer Flow and what that means
    d. What is located on the History screen in HANDS
2. Work to do before you start
    a. Ask your trainer/Helping HAND for the names of the clients you will need to transfer
    b. Log into the HANDS Training Database
    c. Navigate to the Client/Family Search screen
    d. Search for the family(ies) using their Family ID (if available), name or date of birth on the Client/Family Search screen
        i. Do a broad search by clicking State and All on the Client/Family Search screen in order to see if the out-of-state client is present in our WIC system here in Arizona. *Remember, some clients were on WIC in Arizona, and then they moved. Now, they have come back. We must always do a wide search so that we are not creating duplicate files.*
3. In-State Transfer for a Family
    a. Search for your family (provided by your trainer/Helping HAND)
    b. Transfer the family into your clinic from the Client/Family Search screen
4. In-State Transfer for a Client Transfer Only
    a. Search for your client (provided by your trainer/Helping HAND)
    b. The Client Transfer is normally used in a foster situation in clinic
        i. Do a broad search by clicking State and All on the Client/Family Search screen in order to see if the out-of-state client is present in our WIC system here in Arizona. *Remember, some clients were on WIC in Arizona, and then they moved. Now, they have come back. We must always do a wide search so that we are not creating duplicate files.*
    c. Transfer your client into a new family using the Client/Family Search Screen
    d. What steps would you take if you were to transfer the client into an existing family in your clinic?
    e. In what cases do you often transfer a client only?
5. Out-of-State Transfer
    a. Fill out a name (any name) on the VOC provided on the next page
    b. Search for a client by that name using the Client/Family Search screen
    c. Do a broad search by clicking State and All on the Client/Family Search screen in order to see if the out-of-state client is present in the system. *Remember, some clients were previously on WIC and return later. We must always do a wide search so that we are not creating duplicate files.*
    d. Navigate to the Out-of-State Transfer screen using the Navigation drop-down menu
    e. Complete an Out-of-State Transfer using the VOC provided
        i. Complete the Out-of-State Transfer screens and required fields and actions per your agency’s policy. (Assessment, nutrition education and note)
        ii. Scan the VOC into the client’s file from the Client screen



Arizona WIC Program
Verification of Certification

For Internal Use Only
VOC# 9411

Client Name: 7.1.4 TEST
Category ID: C2
Birth Date: 12/01/2013
Client ID: 1991499588
Category Name: 2 YEAR OLD CHILD
Certification Date: 09/01/2016
Certification End Date: 08/31/2017
Priority: 3
WIC CODES: 113
EDD / Delivery Date:
Bloodwork Date 09/01/2016 HGB: 11 HCT:
Measurement Date 09/01/2016
Height: 29 0/8 in Weight: 28 lb 0 oz
Date of Last FI Issuance:
Family Size: 6
Income History / Income Determination Date
09/01/2016

LA Representative Name *Signature of LA Representative Name*

TEST LOCAL AGENCY - TEST CLINIC FOR LA 99
1740 W ADAMS ST
PHOENIX AZ, 85007

Consent for Release of Information

I authorize the Arizona WIC Program to release the above information.

Client Signature *Date*

TRAINING NOTES

MODULE 8 APPOINTMENTS

IN THIS SECTION:

- Making Appointments via the WIC Services—Appointments Screen
    - Viewing Upcoming Appointments and History
    - Documenting Pending Services
    - Finding and Scheduling Appointments, Including Groups
- Making Appointments via the Scheduling – Appointment Scheduler Screen
    - Appointment Scheduler
        - Overview
        - Scheduling Appointments
        - Documenting Walk-ins
        - Groups

LEARNING OBJECTIVES:

By the end of this module, users will:

- Demonstrate understanding of the new Appointment Scheduling screens and functions in HANDS
- Schedule clients for various types of appointments

RESOURCES FOR MODULE 8: BEFORE YOU CONTINUE YOUR JOURNEY

THINGS TO DO BEFORE YOU GET STARTED:

- Check to make sure that the HANDS Resource Site is accessible from your computer
- Read the following areas of the CMA HANDS Clinic Training Manual:
    - Module 6
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
    - Chapter 2
    - Chapter 5
        - Section E Missed Appointments and Food Package Proration
    - Chapter 6
        - Section C Outreach – Local Agency Responsibilities
        - Section J Access for Participants with Special Needs

OVERVIEW

During your training we are going to talk about how HANDS can be used in scheduling and managing appointments and walk-ins. Each agency and clinic has their own way of managing schedules. Be sure to talk with your Helping HAND and supervisor about how appointments will work for you.

The appointment functionality in HANDS will allow you to meet client and clinic needs, as well as the requirements of the WIC Program. **You will be able to create appointments for clients in two areas within the system, on the Appointments screen in WIC Services and in the Scheduling module.** There are other tasks you will be able to do in these areas as well, which will be reviewed in each section below.

There are two types of appointments you can make. The first type is for an individual client; this type is just referred to as an appointment. The second type is a Group Nutrition Discussion, or Group, for short. HANDS will also track walk-ins, which are clients who come in without appointments. **One big convenience with appointments is that they are client-based; each member of the family gets their own time slot for individual appointments.**

The Appointment Scheduler contains columns. Some agencies and clinics may choose to have the names of the columns reflect a certain Service Type, while others may have staff roles. Again, each Local Agency and clinic does things a bit differently, and you will need to work with your team to find out how things will work in your agency.

HANDS AND THE APPOINTMENT PATHWAY

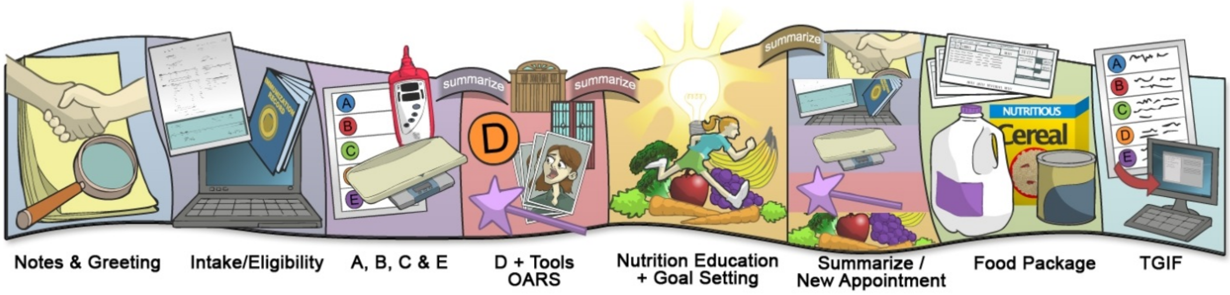


Figure 189: HANDS Appointment Pathway

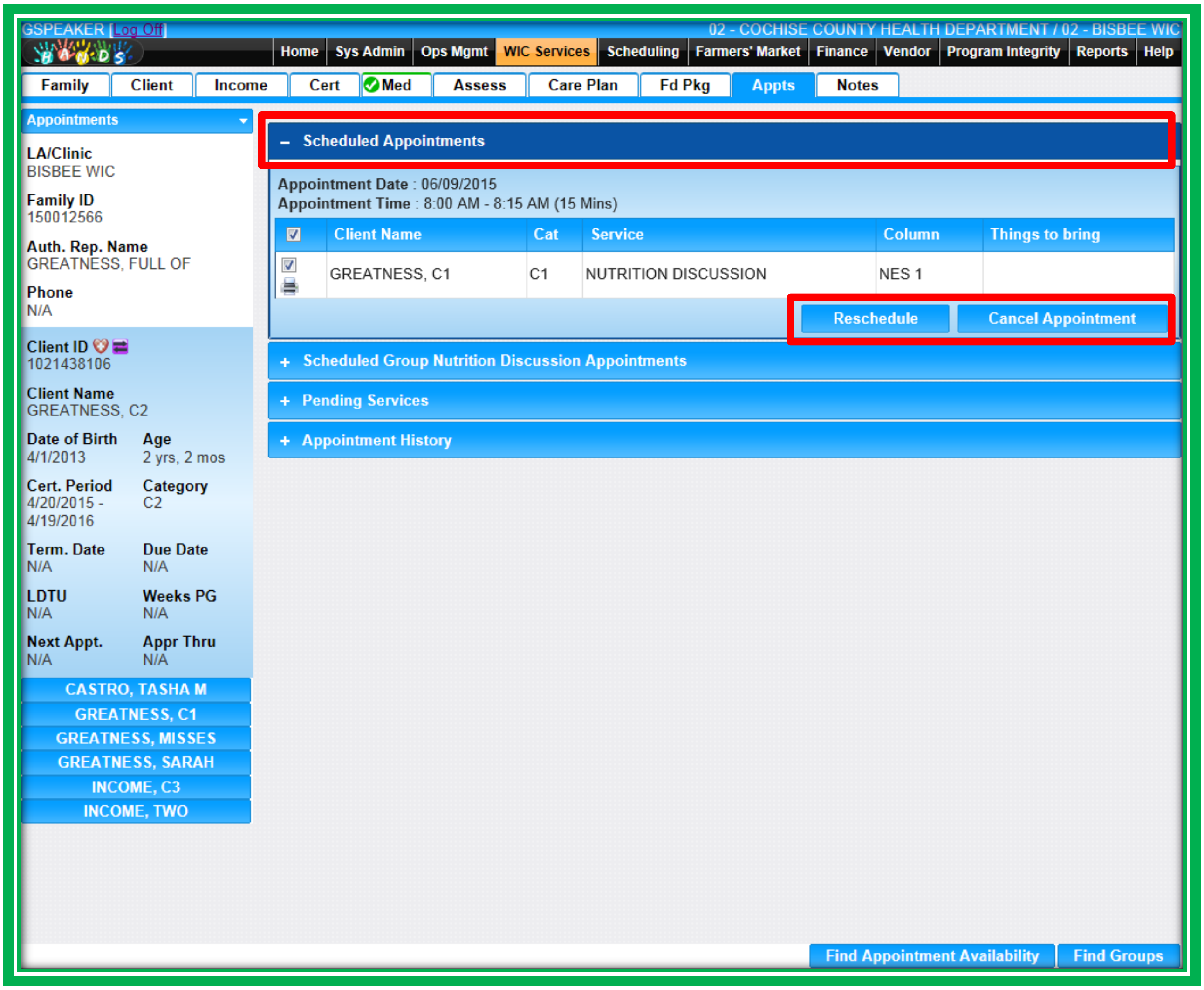
Making Appointments via the WIC Services – Appointments Screen

The Appointments screen in WIC Services is found when you are inside a client or family record and select the Appts tab in the Certification Flow Menu. You will use this screen to:

- View the Family's Upcoming Appointments
- Cancel Family Members' Appointments
- Reschedule Family Members' Appointments
- View the Family's Upcoming Groups
- Edit the Family's Upcoming Groups
- View the Family's Appointment History
- Document the Services the Client Needs in the Future
- Search for and Book Available Appointment Slots
- Search for and Book Available Groups

The Appointments screen in HANDS is family-based, so you will be able to view information for the entire family, even though appointments are now client-based. There are four main sections on this screen, each with unique appointment functions:

1. Scheduled Appointments
    a. This section lists the client's future appointments
    b. You can reschedule and cancel appointments here


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Appointments
– Scheduled Appointments
Reschedule
Cancel Appointment
+ Scheduled Group Nutrition Discussion Appointments
+ Pending Services
+ Appointment History
CASTRO, TASHA M
GREATNESS, C1
GREATNESS, MISSES
GREATNESS, SARAH
INCOME, C3
INCOME, TWO
Find Appointment Availability
Find Groups

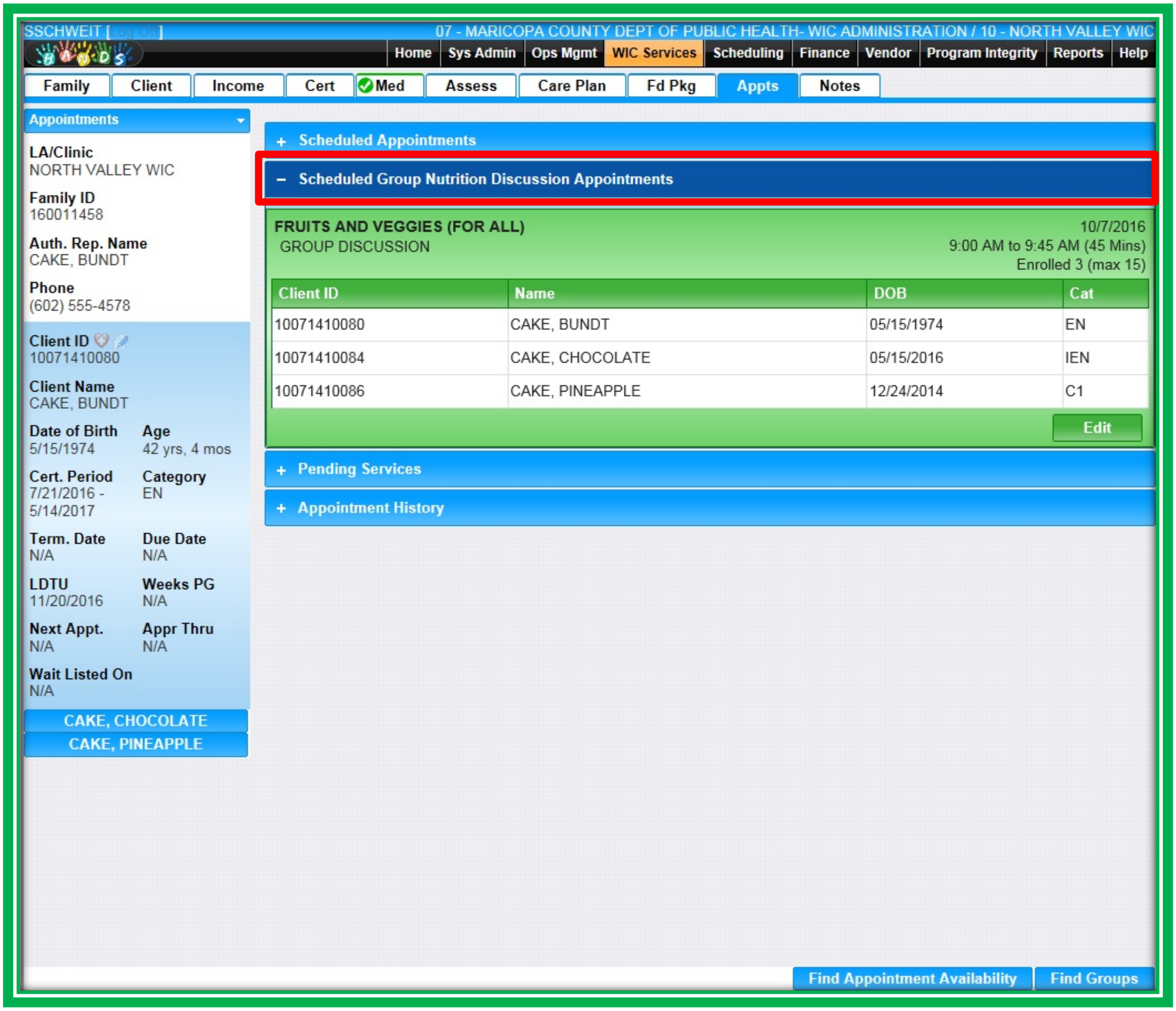
LA/Clinic BISBEE WIC
Family ID 150012566
Auth. Rep. Name GREATNESS, FULL OF
Phone N/A
Client ID 1021438106
Client Name GREATNESS, C2
Date of Birth 4/1/2013
Age 2 yrs, 2 mos
Cert. Period 4/20/2015 - 4/19/2016
Category C2
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A

Appointment Date : 06/09/2015
Appointment Time : 8:00 AM - 8:15 AM (15 Mins)

☑	Client Name	Cat	Service	Column	Things to bring
☑	GREATNESS, C1	C1	NUTRITION DISCUSSION	NES 1	

Figure 190: Appointments – Scheduled Appointments

2. Scheduled Group Nutrition Discussion Appointments
    a. This sections lists the groups in which your clients have enrolled
    b. You can edit the group here, including
        i. Adding your clients
        ii. Removing your clients
        iii. Marking your clients as having attended


SSCHWEIT [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 10 - NORTH VALLEY WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Appointments
+ Scheduled Appointments
− Scheduled Group Nutrition Discussion Appointments
Edit
+ Pending Services
+ Appointment History
CAKE, CHOCOLATE
CAKE, PINEAPPLE
Find Appointment Availability
Find Groups

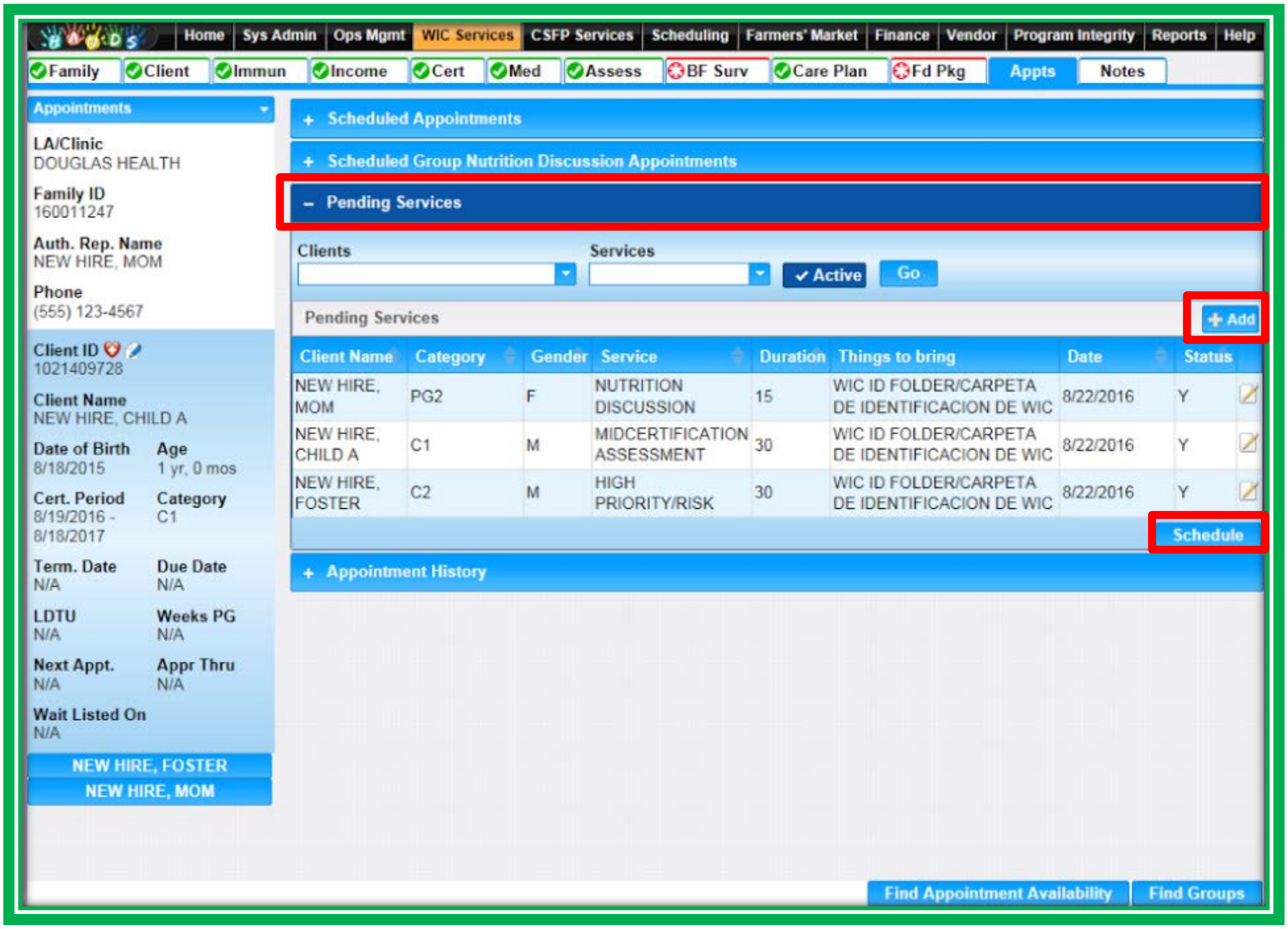
LA/Clinic: NORTH VALLEY WIC
Family ID: 160011458
Auth. Rep. Name: CAKE, BUNDT
Phone: (602) 555-4578
Client ID: 10071410080
Client Name: CAKE, BUNDT
Date of Birth: 5/15/1974
Age: 42 yrs, 4 mos
Cert. Period: 7/21/2016 - 5/14/2017
Category: EN
Term. Date: N/A
Due Date: N/A
LDTU: 11/20/2016
Weeks PG: N/A
Next Appt.: N/A
Appr Thru: N/A
Wait Listed On: N/A

FRUITS AND VEGGIES (FOR ALL)
GROUP DISCUSSION
10/7/2016
9:00 AM to 9:45 AM (45 Mins)
Enrolled 3 (max 15)

Client ID	Name	DOB	Cat
10071410080	CAKE, BUNDT	05/15/1974	EN
10071410084	CAKE, CHOCOLATE	05/15/2016	IEN
10071410086	CAKE, PINEAPPLE	12/24/2014	C1

Figure 191: Appointments – Scheduled Group Nutrition Discussion Appointments

3. Pending Services
    a. This section lists what service(s) the client is scheduled for and the Things to Bring for their next visit
    b. You can add Pending Services here, including:
        i. Services
        ii. Things to Bring
    c. Once the next service is documented , the appointment can be booked


Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
✓Family
✓Client
✓Immun
✓Income
✓Cert
✓Med
✓Assess
BF Surv
✓Care Plan
Fd Pkg
Appts
Notes
Appointments
+ Scheduled Appointments
+ Scheduled Group Nutrition Discussion Appointments
– Pending Services
Clients
Services
✓ Active
Go
Pending Services
+ Add
Schedule
+ Appointment History
NEW HIRE, FOSTER
NEW HIRE, MOM
Find Appointment Availability
Find Groups

LA/Clinic
DOUGLAS HEALTH

Family ID
160011247

Auth. Rep. Name
NEW HIRE, MOM

Phone
(555) 123-4567

Client ID
1021409728

Client Name
NEW HIRE, CHILD A

Date of Birth: 8/18/2015
Age: 1 yr, 0 mos

Cert. Period: 8/19/2016 - 8/18/2017
Category: C1

Term. Date: N/A
Due Date: N/A

LDTU: N/A
Weeks PG: N/A

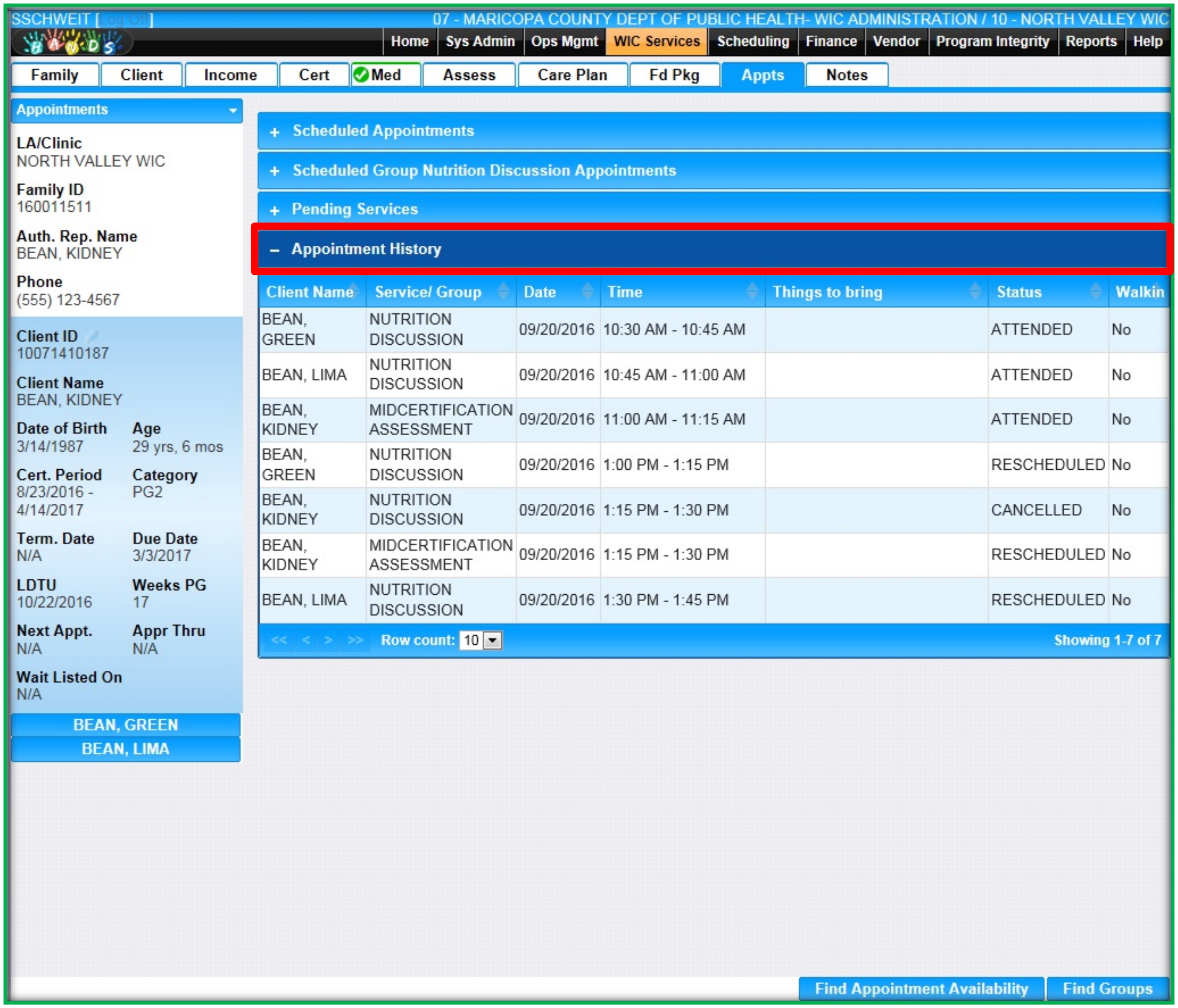
Next Appt.: N/A
Appr Thru: N/A

Wait Listed On
N/A

Client Name	Category	Gender	Service	Duration	Things to bring	Date	Status
NEW HIRE, MOM	PG2	F	NUTRITION DISCUSSION	15	WIC ID FOLDER/CARPETA DE IDENTIFICACION DE WIC	8/22/2016	Y
NEW HIRE, CHILD A	C1	M	MIDCERTIFICATION ASSESSMENT	30	WIC ID FOLDER/CARPETA DE IDENTIFICACION DE WIC	8/22/2016	Y
NEW HIRE, FOSTER	C2	M	HIGH PRIORITY/RISK	30	WIC ID FOLDER/CARPETA DE IDENTIFICACION DE WIC	8/22/2016	Y

Figure 192: Appointments – Pending Services

4. Appointment History
    a. This section is view-only and lists information about your client's past appointments and groups


SSCHWEIT [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 10 - NORTH VALLEY WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
✓Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Appointments
+ Scheduled Appointments
+ Scheduled Group Nutrition Discussion Appointments
+ Pending Services
– Appointment History
<< < > >>
BEAN, GREEN
BEAN, LIMA
Find Appointment Availability
Find Groups

LA/Clinic NORTH VALLEY WIC
Family ID 160011511
Auth. Rep. Name BEAN, KIDNEY
Phone (555) 123-4567
Client ID 10071410187
Client Name BEAN, KIDNEY
Date of Birth 3/14/1987
Age 29 yrs, 6 mos
Cert. Period 8/23/2016 - 4/14/2017
Category PG2
Term. Date N/A
Due Date 3/3/2017
LDTU 10/22/2016
Weeks PG 17
Next Appt. N/A
Appr Thru N/A
Wait Listed On N/A

Client Name	Service/ Group	Date	Time	Things to bring	Status	Walkin
BEAN, GREEN	NUTRITION DISCUSSION	09/20/2016	10:30 AM - 10:45 AM		ATTENDED	No
BEAN, LIMA	NUTRITION DISCUSSION	09/20/2016	10:45 AM - 11:00 AM		ATTENDED	No
BEAN, KIDNEY	MIDCERTIFICATION ASSESSMENT	09/20/2016	11:00 AM - 11:15 AM		ATTENDED	No
BEAN, GREEN	NUTRITION DISCUSSION	09/20/2016	1:00 PM - 1:15 PM		RESCHEDULED	No
BEAN, KIDNEY	NUTRITION DISCUSSION	09/20/2016	1:15 PM - 1:30 PM		CANCELLED	No
BEAN, KIDNEY	MIDCERTIFICATION ASSESSMENT	09/20/2016	1:15 PM - 1:30 PM		RESCHEDULED	No
BEAN, LIMA	NUTRITION DISCUSSION	09/20/2016	1:30 PM - 1:45 PM		RESCHEDULED	No

Row count: 10
Showing 1-7 of 7

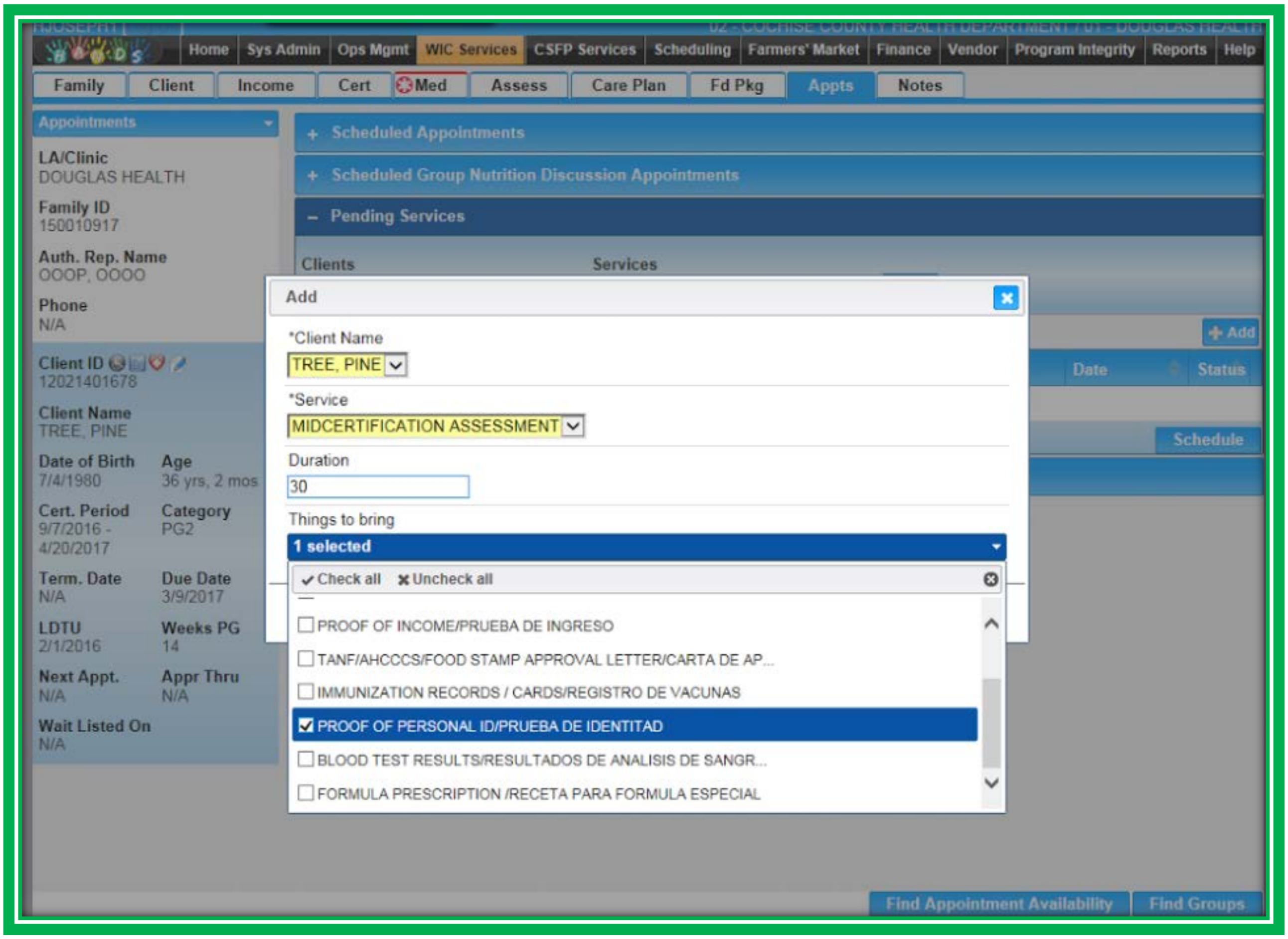
Figure 193: Appointments – Appointment History

How to Set Up a Pending Service

The Pending Services area allows users to document what appointment the client will need at their next visit and what items they will need to bring with them. If the client has forgotten any items, these items will automatically be added to the Things to Bring area. To set up a Pending Service, do the following:

- Click on the section
- Click Add
    - Select your client
    - Select the service needed for the client's next visit
    - Review any system-generated Things to Bring
    - Select any additional Things to Bring

Once these items are documented, you can easily schedule the client's next appointment by clicking the Schedule button. The Schedule button will take you to the Find Appointment Availability screen. More about this section will be discussed in the next section. Documenting Pending Services may be especially helpful in agencies that use an Open Access (walk-in) type of schedule. This is optional and will depend on Local Agency policy.


Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Appointments
+ Scheduled Appointments
+ Scheduled Group Nutrition Discussion Appointments
– Pending Services
Clients
Services
Add
Date
Status
Schedule
Find Appointment Availability
Find Groups

LA/Clinic: DOUGLAS HEALTH
Family ID: 150010917
Auth. Rep. Name: OOOP, OOOO
Phone: N/A
Client ID: 12021401678
Client Name: TREE, PINE
Date of Birth: 7/4/1980
Age: 36 yrs, 2 mos
Cert. Period: 9/7/2016 - 4/20/2017
Category: PG2
Term. Date: N/A
Due Date: 3/9/2017
LDTU: 2/1/2016
Weeks PG: 14
Next Appt.: N/A
Appr Thru: N/A
Wait Listed On: N/A

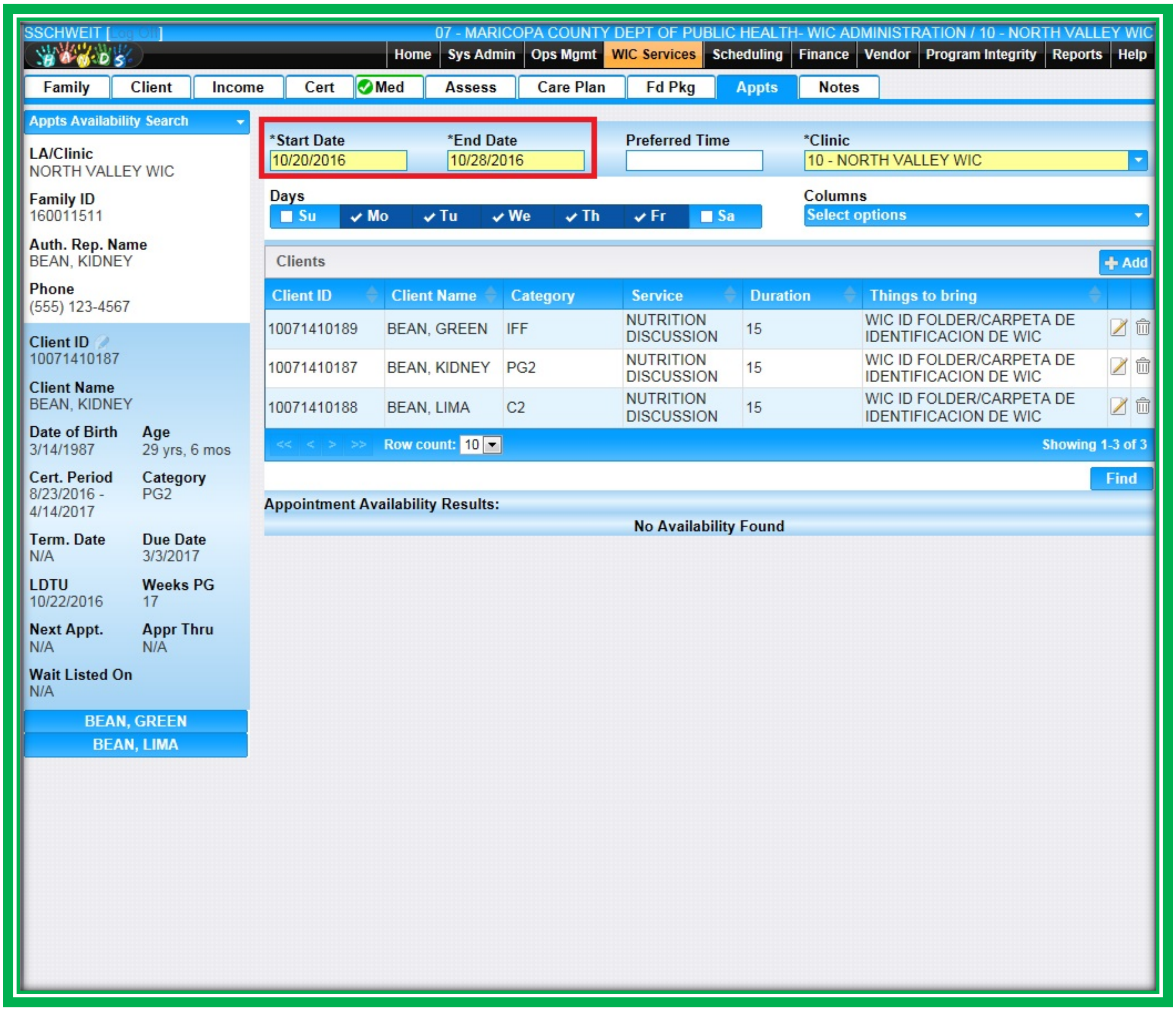
Add
*Client Name: TREE, PINE
*Service: MIDCERTIFICATION ASSESSMENT
Duration: 30
Things to bring: 1 selected
✓ Check all ✖ Uncheck all
☐ PROOF OF INCOME/PRUEBA DE INGRESO
☐ TANF/AHCCCS/FOOD STAMP APPROVAL LETTER/CARTA DE AP...
☐ IMMUNIZATION RECORDS / CARDS/REGISTRO DE VACUNAS
☑ PROOF OF PERSONAL ID/PRUEBA DE IDENTITAD
☐ BLOOD TEST RESULTS/RESULTADOS DE ANALISIS DE SANGR...
☐ FORMULA PRESCRIPTION /RECETA PARA FORMULA ESPECIAL

Figure 194: Appointments – Pending Services – Add

FINDING AND SCHEDULING APPOINTMENTS, INCLUDING GROUPS

You will be able to find and schedule appointments and groups using the buttons on the bottom of the screen, Find Appointment Availability and Find Groups. Selecting either of these buttons will take you to screens which allow you to enter search parameters and find time slots and available groups (TIP: When searching for an available appointment, minimize your search by adding the Start Date and End Date. When End Date is not entered, the search results will default to within ten days).

These areas are most helpful if you are looking for a list of appointments that meet a specific set of needs. For example, you are looking for an appointment between June 1 and 8, preferably Monday around ten in the morning. Another example is if you are looking for a group within a date range for a certain category. If the search is broader than that, or if you will be searching multiple times, it may be better to use the Appointment Scheduler.


SSCHWEIT [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 10 - NORTH VALLEY WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Appts Availability Search

LA/Clinic
NORTH VALLEY WIC

Family ID
160011511

Auth. Rep. Name
BEAN, KIDNEY

Phone
(555) 123-4567

Client ID
10071410187

Client Name
BEAN, KIDNEY

Date of Birth	Age
3/14/1987	29 yrs, 6 mos
Cert. Period	**Category**
8/23/2016 - 4/14/2017	PG2
Term. Date	**Due Date**
N/A	3/3/2017
LDTU	**Weeks PG**
10/22/2016	17
Next Appt.	**Appr Thru**
N/A	N/A

Wait Listed On
N/A

BEAN, GREEN
BEAN, LIMA

*Start Date: 10/20/2016
*End Date: 10/28/2016
Preferred Time:
*Clinic: 10 - NORTH VALLEY WIC
Days: ☐ Su ✓ Mo ✓ Tu ✓ We ✓ Th ✓ Fr ☐ Sa
Columns: Select options

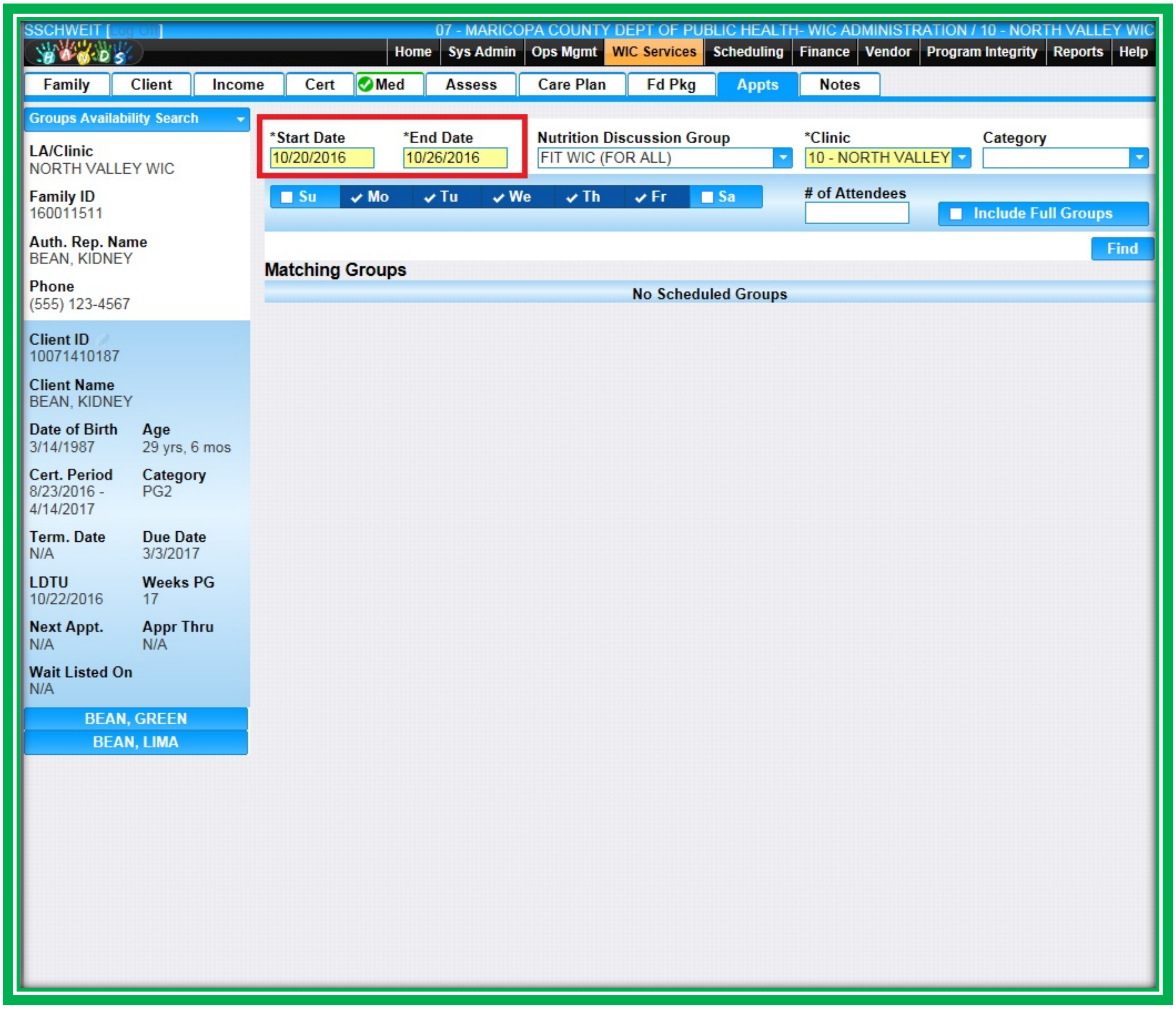
Clients

Client ID	Client Name	Category	Service	Duration	Things to bring
10071410189	BEAN, GREEN	IFF	NUTRITION DISCUSSION	15	WIC ID FOLDER/CARPETA DE IDENTIFICACION DE WIC
10071410187	BEAN, KIDNEY	PG2	NUTRITION DISCUSSION	15	WIC ID FOLDER/CARPETA DE IDENTIFICACION DE WIC
10071410188	BEAN, LIMA	C2	NUTRITION DISCUSSION	15	WIC ID FOLDER/CARPETA DE IDENTIFICACION DE WIC

Row count: 10
Showing 1-3 of 3

Appointment Availability Results:
No Availability Found

Figure 195: Appointments – Find Available Appointments


SSCHWEIT [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 10 - NORTH VALLEY WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Groups Availability Search
☐ Su
✓ Mo
✓ Tu
✓ We
✓ Th
✓ Fr
☐ Sa
☐ Include Full Groups
Find
BEAN, GREEN
BEAN, LIMA

LA/Clinic: NORTH VALLEY WIC
Family ID: 160011511
Auth. Rep. Name: BEAN, KIDNEY
Phone: (555) 123-4567
Client ID: 10071410187
Client Name: BEAN, KIDNEY
Date of Birth: 3/14/1987
Age: 29 yrs, 6 mos
Cert. Period: 8/23/2016 - 4/14/2017
Category: PG2
Term. Date: N/A
Due Date: 3/3/2017
LDTU: 10/22/2016
Weeks PG: 17
Next Appt.: N/A
Appr Thru: N/A
Wait Listed On: N/A

*Start Date: 10/20/2016
*End Date: 10/26/2016
Nutrition Discussion Group: FIT WIC (FOR ALL)
*Clinic: 10 - NORTH VALLEY
Category:
# of Attendees:

Matching Groups
No Scheduled Groups

Figure 196: Appointments – Find Available Groups

Now it's time to go over what you have learned so far. Please review WIC Services – Appointments in Module 8 on the HANDS Resource Site.

Making Appointments via the Scheduling – Appointment Scheduler Screen

The second area to access the appointment functionality is through the Scheduling module. You can access this module using the Main Menu – Scheduling option. In the Scheduling area, you will be able to access the following:

- Appointment Scheduler Screen
- Precertification Screen
- Appointment Mailing Labels
- Walk-in Appointments List

We will only be discussing the Appointment Scheduler and Walk-in Appointments List in this section; you will need to discuss the other items with your Helping HAND or trainer.

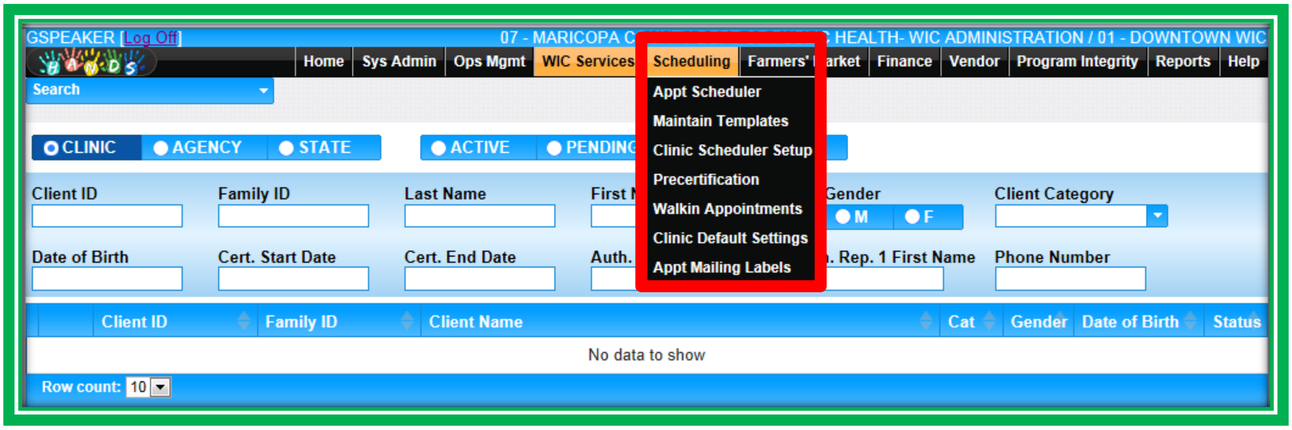

GSPEAKER [Log Off]
07 - MARICOPA C… HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' …arket
Finance
Vendor
Program Integrity
Reports
Help
Search
Appt Scheduler
Maintain Templates
Clinic Scheduler Setup
Precertification
Walkin Appointments
Clinic Default Settings
Appt Mailing Labels
○ CLINIC
● AGENCY
● STATE
● ACTIVE
● PENDING
Client ID
Family ID
Last Name
First N…
Gender
● M
● F
Client Category
Date of Birth
Cert. Start Date
Cert. End Date
Auth.
…Rep. 1 First Name
Phone Number
Client ID
Family ID
Client Name
Cat
Gender
Date of Birth
Status
No data to show
Row count: 10

Figure 197: Scheduling Menu

The Appointment Scheduler

The HANDS Appointment Scheduler has many features to make things simpler for you:

- Streamlined Reschedule and Cancel features
- Easy scheduling for other clinics within your agency
    - No need to logout and back in
    - Role-based
- Easy navigation between Appointment Scheduler and WIC Services
    - Selecting a Family ID in the Scheduled Appointments Area
    - Use of the navigation menus

OVERVIEW OF THE SCHEDULE

At first glance, you will notice how colorful the Appointment Scheduler is. The colors serve a purpose by providing a quick glance of appointment availability and appointment type. Let's take a look at each section of the appointment scheduler, orient you to the screen, and review the color-coding system before venturing into the steps involved in scheduling appointments.

On the top left of the screen you will see the calendar. Each day on the calendar will be identified by a different color to let you know at a glance how many open appointments are available or if the clinic is closed. The colors include:

- **Dark Green**
    - This is the day you are currently viewing
- White
    - This is a day in the past
- Date with a **Dark Orange** Border
    - This is today's date
- **Red**
    - The schedules are full
- Yellow
    - There is some appointment availability
- **Light Green**
    - There is a lot of appointment availability
- Gray
    - The clinic is closed
- Light Blue
    - The clinic is closed for a holiday
    - This type of closure will have a hover feature that provides more detail
- **Black**
    - The time has been blocked for a particular time during that day
    - This type of blocked appointment will have a hover feature
    - This type of blocked appointment also displays a lock on the corner to unblock that time and make it available

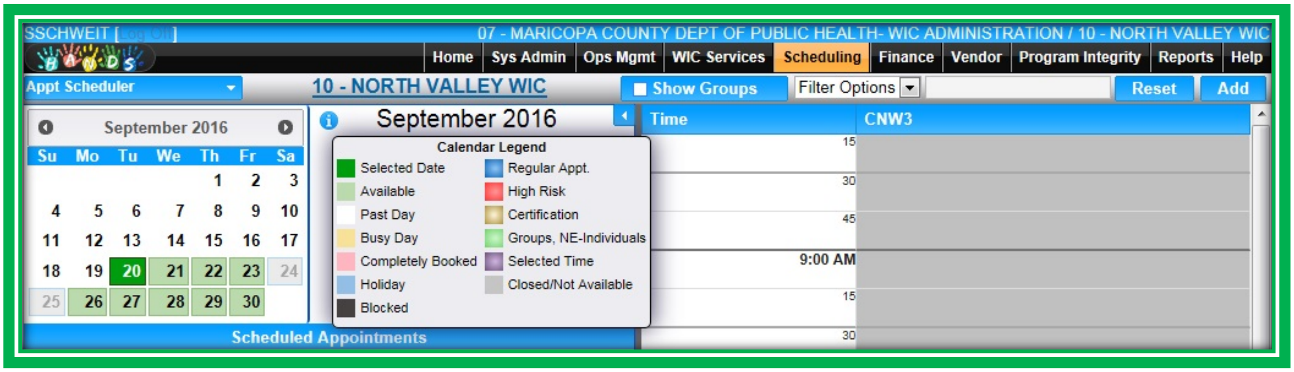

SSCHWEIT [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 10 - NORTH VALLEY WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
10 - NORTH VALLEY WIC
Show Groups
Filter Options
Reset
Add
September 2016
Su Mo Tu We Th Fr Sa
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
September 2016
Calendar Legend
Selected Date
Available
Past Day
Busy Day
Completely Booked
Holiday
Blocked
Regular Appt.
High Risk
Certification
Groups, NE-Individuals
Selected Time
Closed/Not Available
Time
CNW3
15
30
45
9:00 AM
15
30
Scheduled Appointments

Figure 198: Appointment Scheduler – Calendar

You will also see two menus in this area. The first is the navigation menu. This menu works the same as the other navigation menus in HANDS. There is a Page Name search box, or you can scroll to find the screen. The second menu is the clinic menu. This menu is accessed via a hyperlink and allows you to change clinics without having to log-out and back into the system.

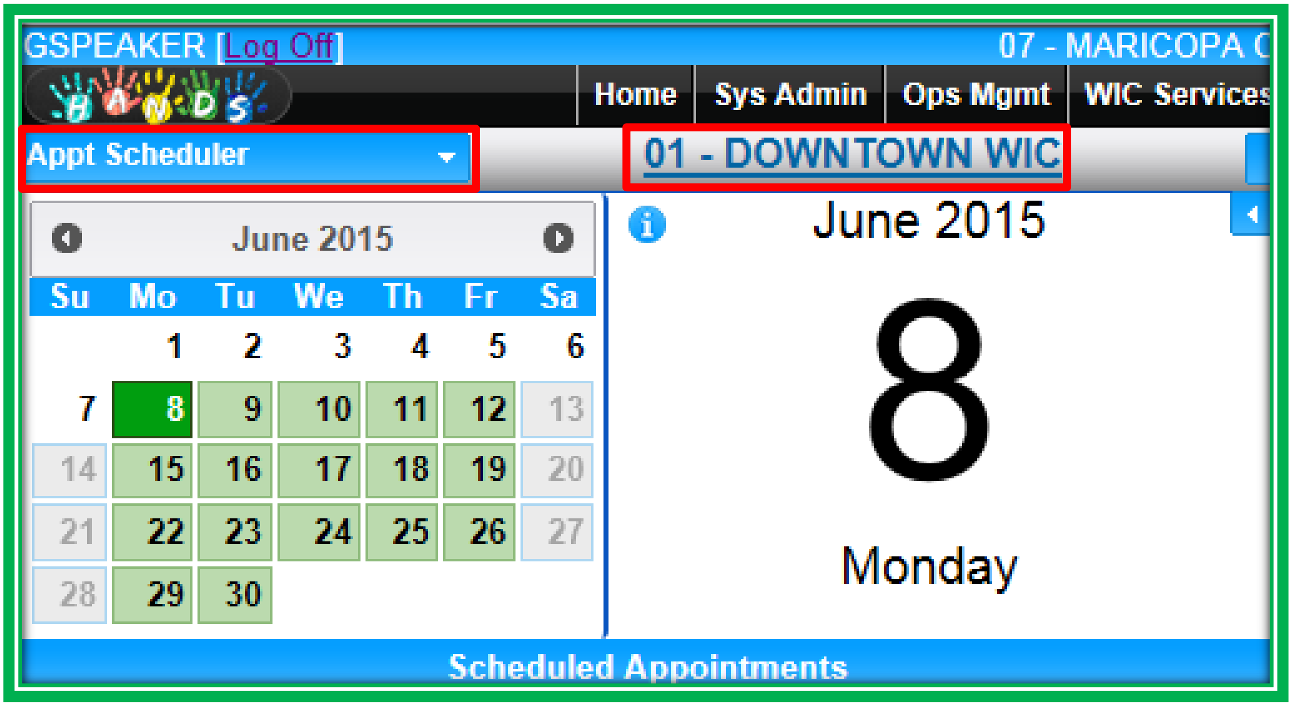
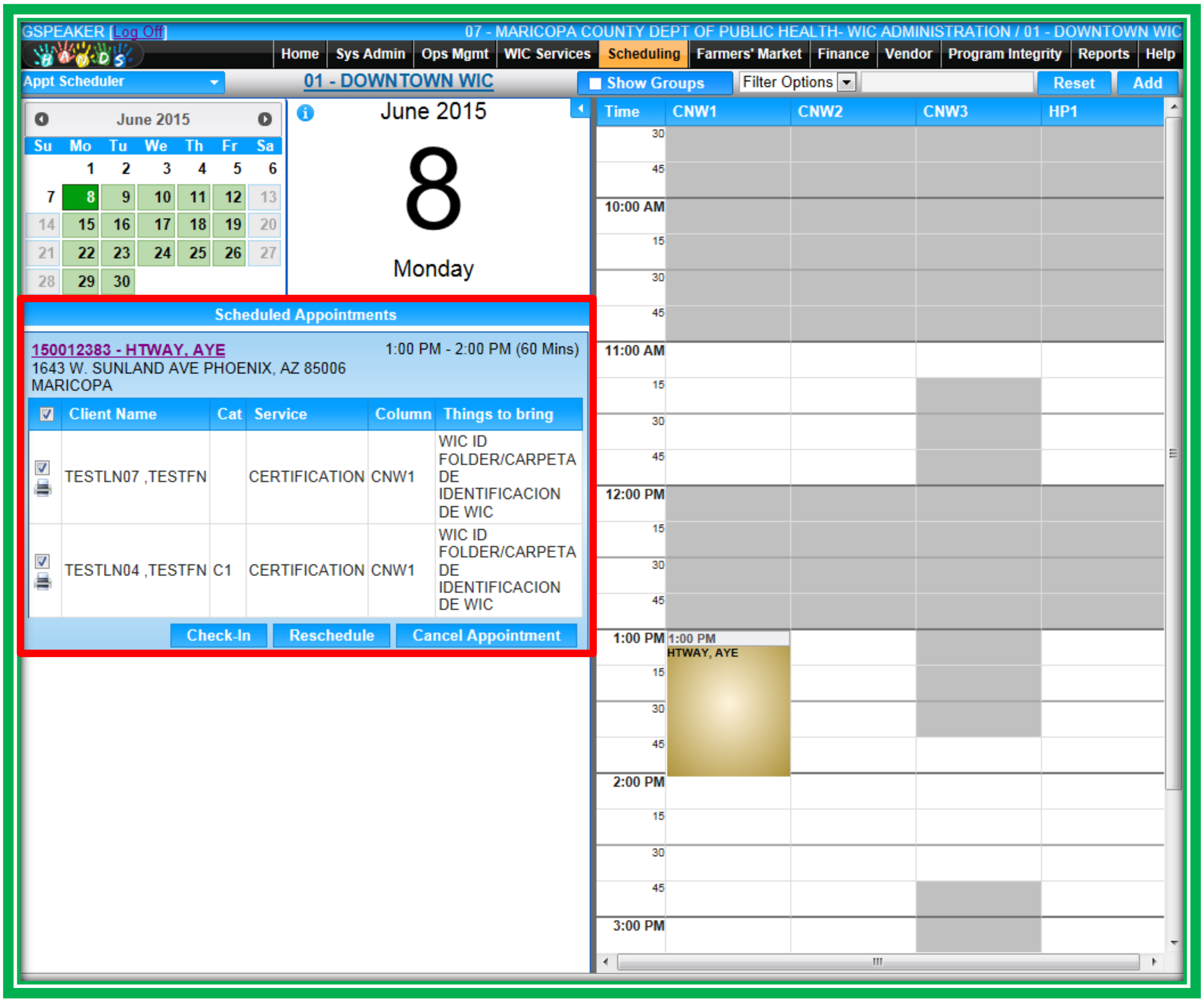

GSPEAKER [Log Off]
07 - MARICOPA C
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Appt Scheduler
01 - DOWNTOWN WIC
June 2015
Su Mo Tu We Th Fr Sa
1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 30
June 2015
8
Monday
Scheduled Appointments

Figure 199: Appointment Scheduler – Menus

You will also find the listing of scheduled appointments on the left-hand side of the screen. This area lists all of the appointments and groups scheduled for the date you have selected in the calendar.


GSPEAKER [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
01 - DOWNTOWN WIC
Show Groups
Filter Options
Reset
Add
June 2015
Su Mo Tu We Th Fr Sa
June 2015
8
Monday
Time
CNW1
CNW2
CNW3
HP1
10:00 AM
11:00 AM
12:00 PM
1:00 PM
2:00 PM
3:00 PM
1:00 PM
HTWAY, AYE
Check-In
Reschedule
Cancel Appointment

Scheduled Appointments

150012383 - HTWAY, AYE
1:00 PM - 2:00 PM (60 Mins)
1643 W. SUNLAND AVE PHOENIX, AZ 85006
MARICOPA

☑	Client Name	Cat	Service	Column	Things to bring
☑	TESTLN07 ,TESTFN		CERTIFICATION	CNW1	WIC ID FOLDER/CARPETA DE IDENTIFICACION DE WIC
☑	TESTLN04 ,TESTFN	C1	CERTIFICATION	CNW1	WIC ID FOLDER/CARPETA DE IDENTIFICACION DE WIC

Figure 200: Appointment Scheduler – Scheduled Appointments

The right-hand side of the screen contains the Appointment Sheet. There may be several columns on the schedule sheet, each one with a unique column name to identify it.

You can use the small blue arrow to expand the columns. You will see that the appointment intervals are 15 minutes. **This means that appointments can only be 15, 30, 45, 60, etc. minutes long.** You may also notice that the Service Types have been removed from the time slots. They will be listed in the pick lists when you make appointments.

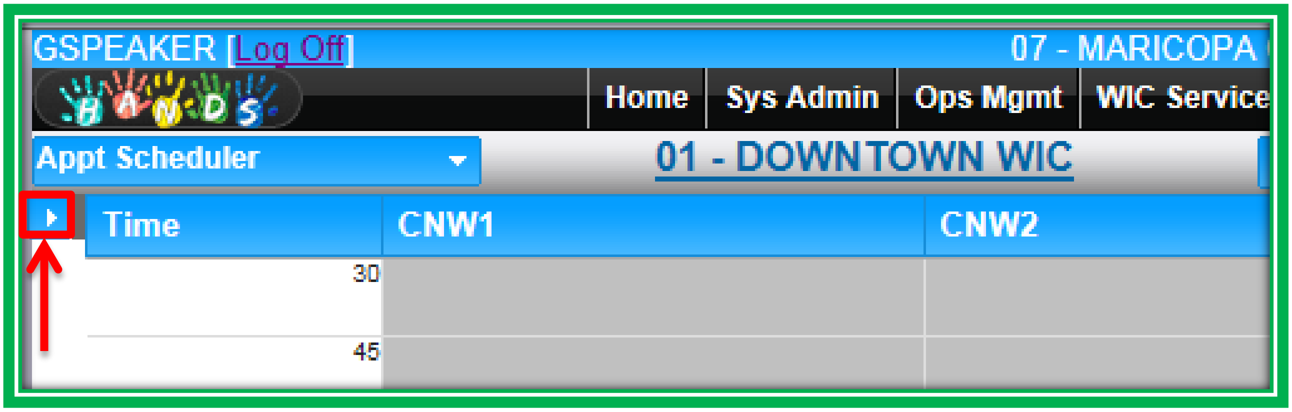

GSPEAKER [Log Off]
07 - MARICOPA
HANDS
Home
Sys Admin
Ops Mgmt
WIC Service
Appt Scheduler
01 - DOWNTOWN WIC
Time
CNW1
CNW2
30
45

Figure 201: Appointment Scheduler – Blue Arrow to Expand Columns Section

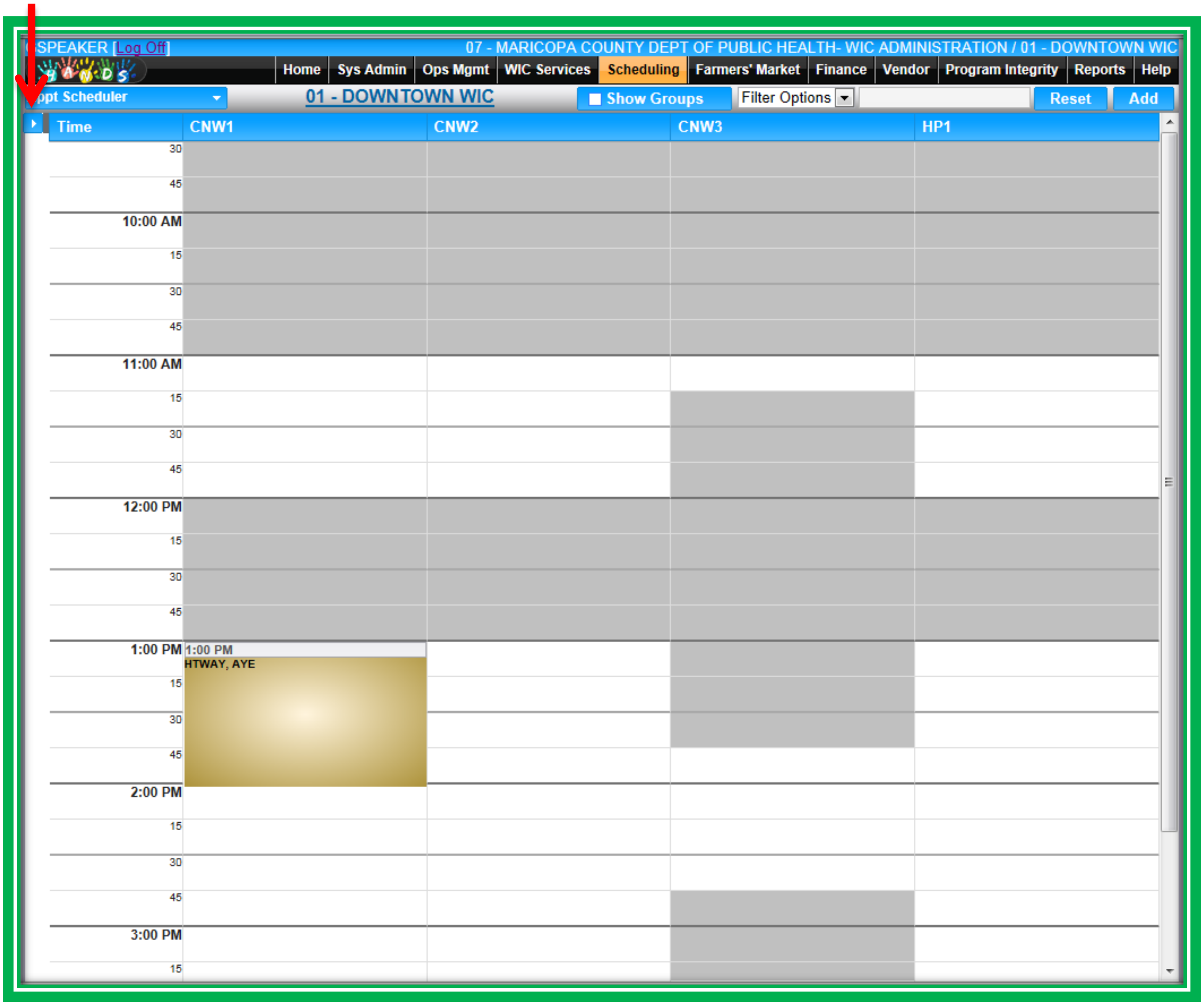
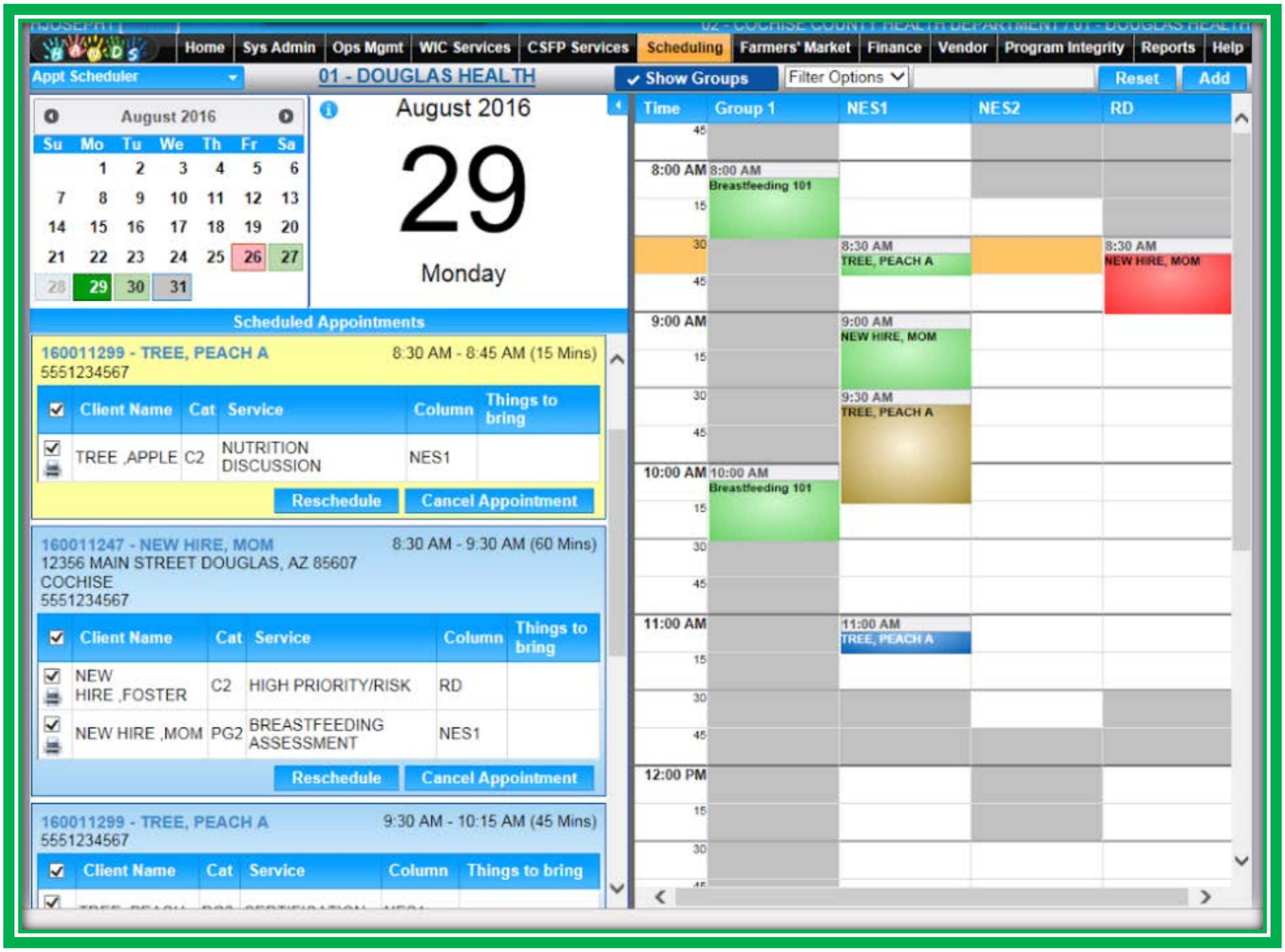

SPEAKER [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
ppt Scheduler
01 - DOWNTOWN WIC
Show Groups
Filter Options
Reset
Add
Time
CNW1
CNW2
CNW3
HP1
30
45
10:00 AM
15
30
45
11:00 AM
15
30
45
12:00 PM
15
30
45
1:00 PM
1:00 PM
HTWAY, AYE
15
30
45
2:00 PM
15
30
45
3:00 PM
15

Figure 202: Appointment Scheduler – Appointment Sheet

Even though appointments are client-based, the appointments in the calendar will appear with the Authorized Rep's name. If you click on the appointment, you will see more information in the Scheduled Appointments area, including for whom the appointment is scheduled. This information is called Appointment Details. The Appointment Details area contains a navigation hyperlink. If you click on the Authorized Rep's name, you will be taken to the client's Family Information screen. You can also cancel or reschedule appointments from here, which will be reviewed later.

You will notice the appointments appear in different colors. Each color identifies the service type. **If clients within a family are listed one after another in a column without spacing, they will be grouped together and will all have the color of the highest priority appointment. This is true, even if they have different types of appointments.** The different colors for the Arizona WIC Program and their corresponding Service Types are listed below, in priority order.

1. **Red**
    a. High Risk
    b. Medium Risk
2. **Brown**
    a. Certification
3. **Green**
    a. Breastfeeding Discussion
    b. Groups
    c. Health Check
    d. Nutrition Discussion
    e. Pregnant Discussion
4. **Blue**
    a. Everything Else


Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
01 - DOUGLAS HEALTH
✓ Show Groups
Filter Options
Reset
Add
August 2016
Su Mo Tu We Th Fr Sa
August 2016
29
Monday
Time
Group 1
NES1
NES2
RD
8:00 AM
8:00 AM Breastfeeding 101
8:30 AM TREE, PEACH A
8:30 AM NEW HIRE, MOM
9:00 AM
9:00 AM NEW HIRE, MOM
9:30 AM TREE, PEACH A
10:00 AM
10:00 AM Breastfeeding 101
11:00 AM
11:00 AM TREE, PEACH A
12:00 PM

Scheduled Appointments

160011299 - TREE, PEACH A 8:30 AM - 8:45 AM (15 Mins)
5551234567

☑	Client Name	Cat	Service	Column	Things to bring
☑	TREE ,APPLE	C2	NUTRITION DISCUSSION	NES1	

Reschedule Cancel Appointment

160011247 - NEW HIRE, MOM 8:30 AM - 9:30 AM (60 Mins)
12356 MAIN STREET DOUGLAS, AZ 85607
COCHISE
5551234567

☑	Client Name	Cat	Service	Column	Things to bring
☑	NEW HIRE ,FOSTER	C2	HIGH PRIORITY/RISK	RD	
☑	NEW HIRE ,MOM	PG2	BREASTFEEDING ASSESSMENT	NES1	

Reschedule Cancel Appointment

160011299 - TREE, PEACH A 9:30 AM - 10:15 AM (45 Mins)
5551234567

☑	Client Name	Cat	Service	Column	Things to bring

Figure 203: Appointment Scheduler – Appointment Color Coding

If you can't remember what all of the colors on the scheduler mean, you can click on the information icon to view a legend identifying what each color means.

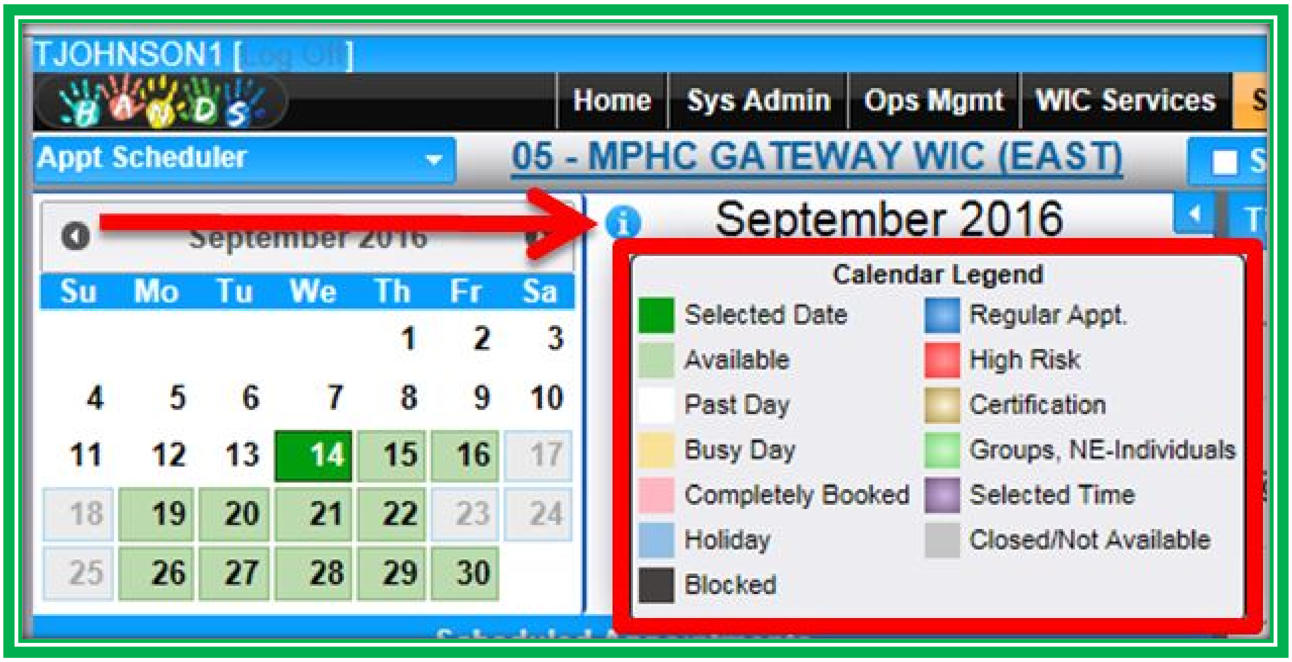

TJOHNSON1 [Log Off]
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Appt Scheduler
05 - MPHC GATEWAY WIC (EAST)
September 2016
Su Mo Tu We Th Fr Sa
September 2016
Calendar Legend
Selected Date
Available
Past Day
Busy Day
Completely Booked
Holiday
Blocked
Regular Appt.
High Risk
Certification
Groups, NE-Individuals
Selected Time
Closed/Not Available

Figure 204: Appointment Scheduler – Arizona Calendar Legend

Above the appointment columns, you will see a pick list that says Filter Options and an empty field where data can be entered. This feature will allow you to sort through appointment options based on Column Names or Service Types. You can also use it to find an existing appointment using a Family ID. If you are entering more than one item in the filter field, you will need to separate the items by columns.

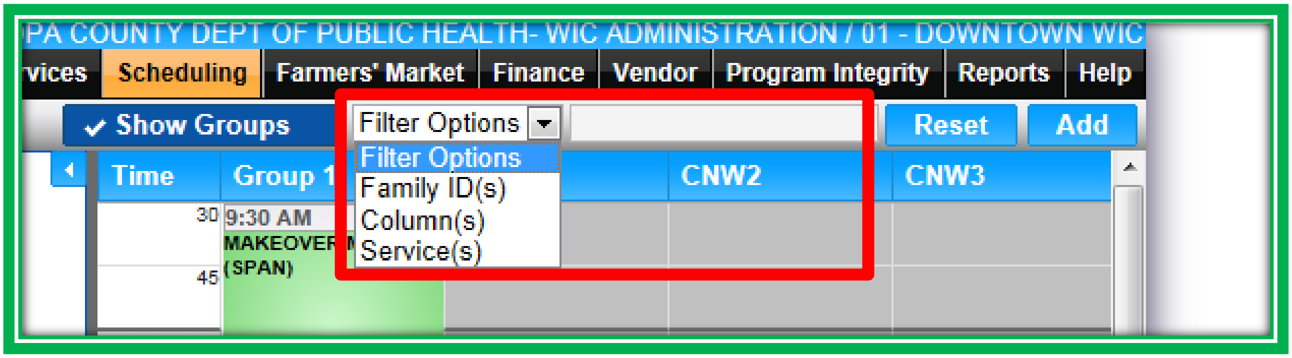

PA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN WIC
vices
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
✓ Show Groups
Filter Options
Reset
Add
Filter Options
Family ID(s)
Column(s)
Service(s)
Time
Group 1
CNW2
CNW3
30
9:30 AM
MAKEOVER
(SPAN)
45

Figure 205: Appointment Scheduler – Filter

There are also two action buttons, Reset and Add, located in the top right-hand corner of the screen. The Add button is used to make your appointment or document Walk-ins, and the Reset button is used to clear an appointment you may have scheduled but not yet saved. You will learn when to use these buttons in the next section.

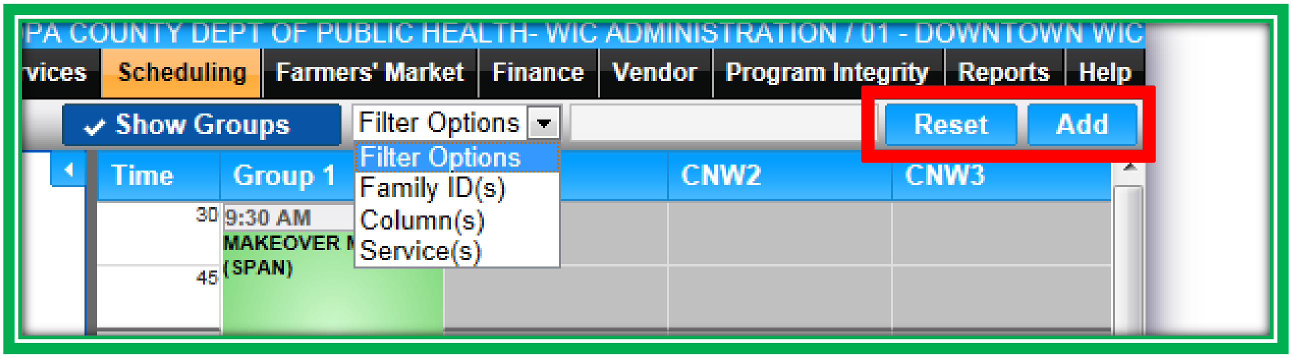

PA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN WIC
vices
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
✓ Show Groups
Filter Options
Reset
Add
Filter Options
Family ID(s)
Column(s)
Service(s)
Time
Group 1
CNW2
CNW3
30
9:30 AM
MAKEOVER
(SPAN)
45

Figure 206: Appointment Scheduler – Action Buttons

SCHEDULING APPOINTMENTS

Now that you know your way around the Appointment Scheduler screen, let's go through the steps of scheduling an appointment. After finding a day and time for your appointment, click on the time slot you need in the Appointment Sheet. A purple box will appear in the time slot with a small X in the top-right corner. If the time slot chosen was incorrect, you can remove the purple box by clicking the X or selecting the Reset button on the top-right of the screen.

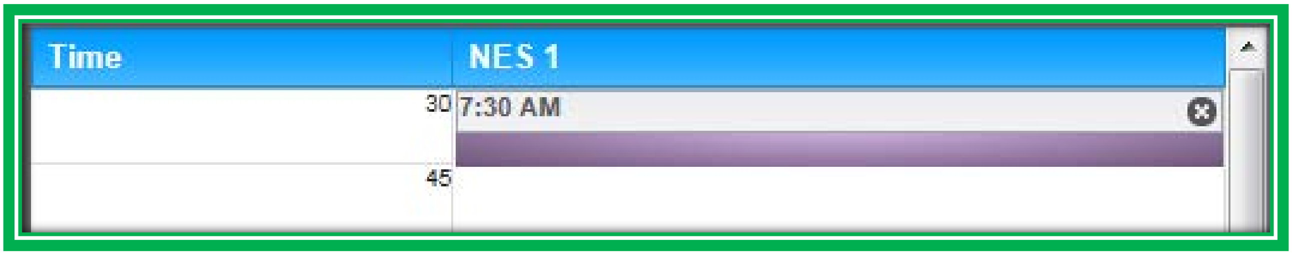

Time
NES 1
30
7:30 AM
45

Figure 207: Appointment Scheduler – Add

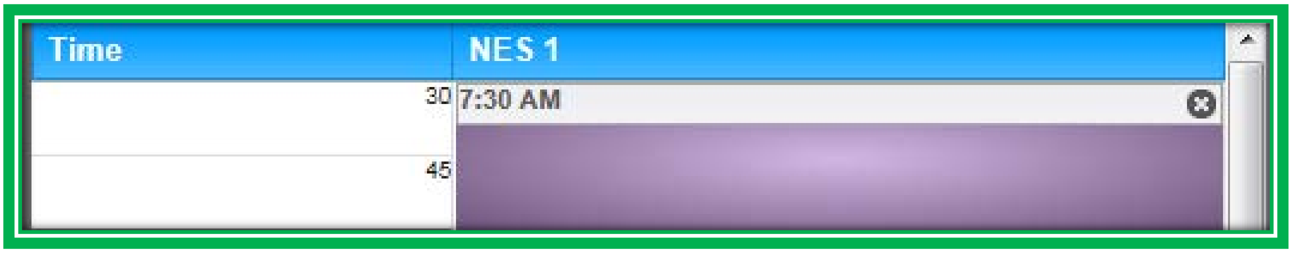
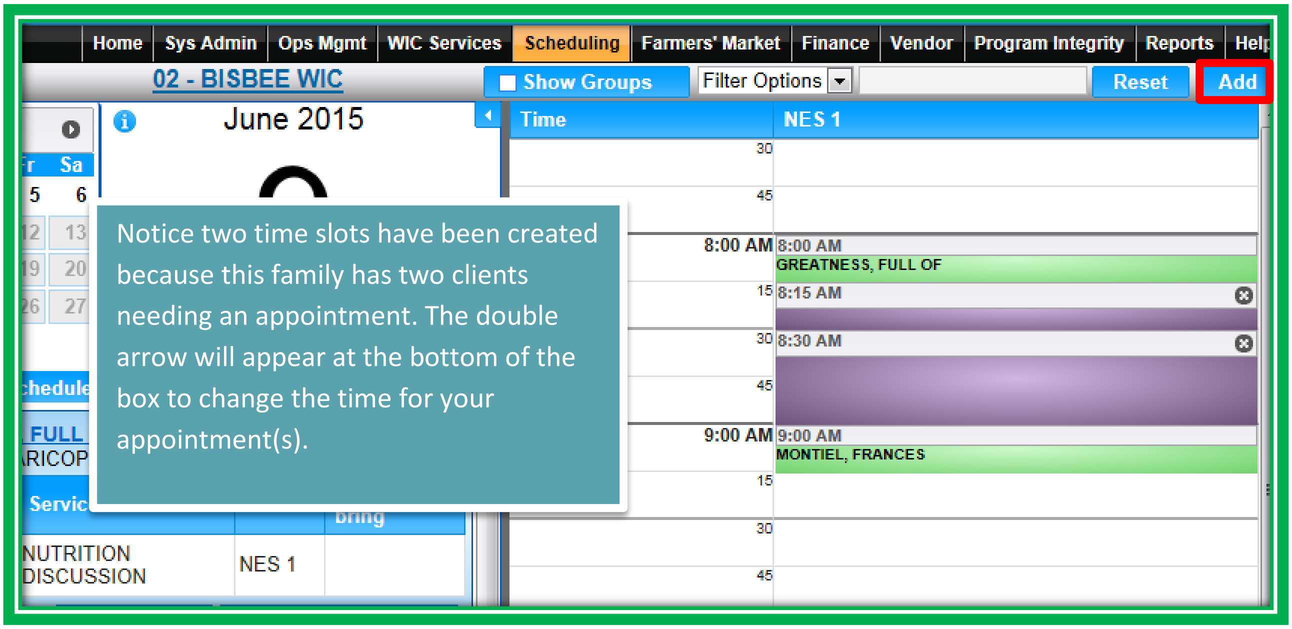

Time
NES 1
30
7:30 AM
45

Figure 208: Appointment Scheduler – Extend Duration of Appointment

Handy Tip: You will not be able to use the Enter key instead of pressing the Search button when you are in the Scheduling module.

When you make appointments you will notice that the system has a default of 15-minute scheduling increments. **This means that appointments can only be 15, 30, 45, 60, etc., minutes long.** To extend the duration of an appointment, move the mouse toward the bottom of the box until you see a double arrow, then drag the bottom of the box down to match the duration of the appointment needed.

Remember, all of the appointments in HANDS are client-based, and you will have to create an appointment slot, or purple box, for each client in the family that needs an appointment. This means you will be able to schedule different clients within your family in different columns if needed.

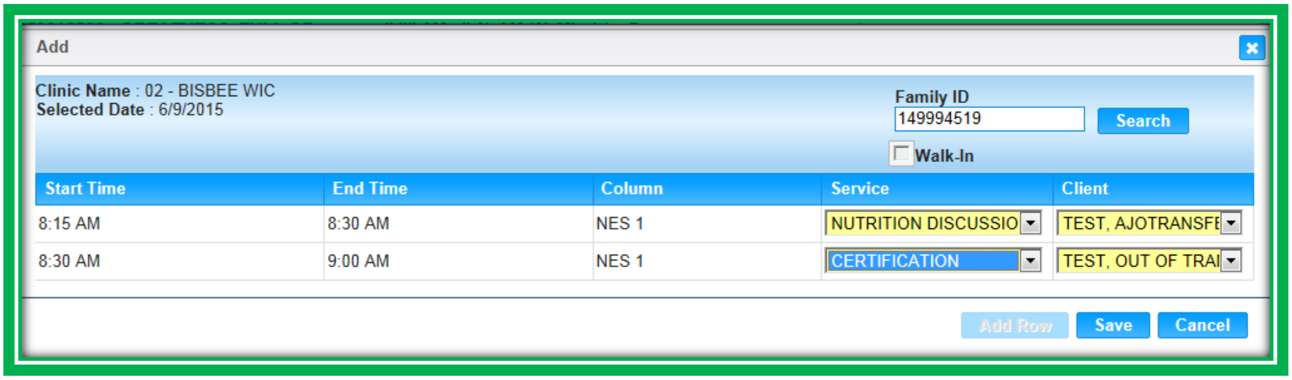

Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
02 - BISBEE WIC
Show Groups
Filter Options
Reset
Add
June 2015
Time
NES 1
8:00 AM
9:00 AM
8:00 AM
GREATNESS, FULL OF
8:15 AM
8:30 AM
9:00 AM
MONTIEL, FRANCES
NUTRITION DISCUSSION
NES 1

Notice two time slots have been created because this family has two clients needing an appointment. The double arrow will appear at the bottom of the box to change the time for your appointment(s).

Figure 209: Appointment Scheduler – Add

After the duration is adjusted for the client(s) in your family, click the Add button at the top right-hand corner of the screen. A pop-up will appear with a field to enter the Family ID and a row (or rows) to choose the client and service for the established timeframe(s). **You must the Family ID written down; in HANDS, you will not be able to perform a Client/Family search within the Scheduling module, so you will need to have the Family ID ready.**

Only the Service Types available for each column will be listed in the Service pick list. If you have the Override role, you will be able to select any Service Type using the Override Service pick list.



Add

Clinic Name : 02 - BISBEE WIC
Selected Date : 6/9/2015

Family ID: 149994519 Search
☐ Walk-In

Start Time	End Time	Column	Service	Client
8:15 AM	8:30 AM	NES 1	NUTRITION DISCUSSIO	TEST, AJOTRANSFE
8:30 AM	9:00 AM	NES 1	CERTIFICATION	TEST, OUT OF TRAI

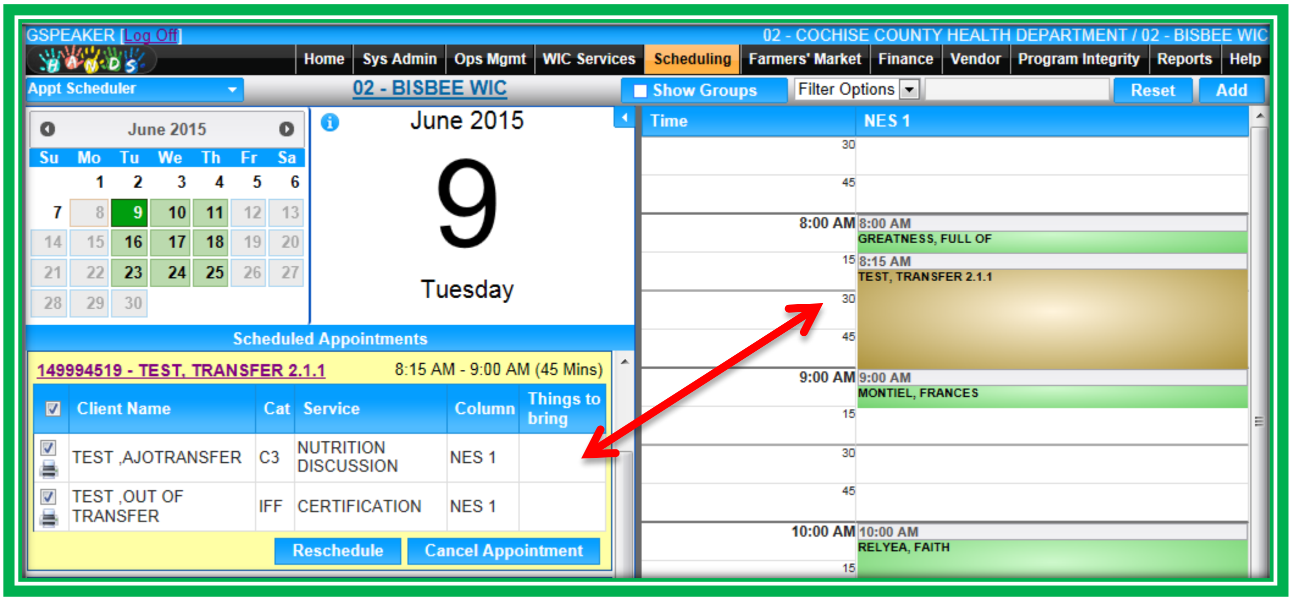
Add Row
Save
Cancel

Figure 210: Appointment Scheduler – Add

Together We Can

As scheduling is now truly in your hands, you will need to adjust the default increments and Service Types to meet your Agency's protocol.

After you have finished selecting clients and Services, click the Save button. Your appointment(s) will appear on the schedule. **If clients within a family are listed one after another in a column without spacing, they will be grouped together and will all have the color of the highest priority appointment. This is true, even if they have different types of appointments.** The Authorized Rep's name will appear in the box on the schedule. The details for the appointment will be in the Scheduled Appointments section on the left side of the screen.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
02 - BISBEE WIC
Show Groups
Filter Options
Reset
Add
June 2015
Su Mo Tu We Th Fr Sa
June 2015
9
Tuesday
Time
NES 1

Scheduled Appointments

149994519 - TEST, TRANSFER 2.1.1 — 8:15 AM - 9:00 AM (45 Mins)

☑	Client Name	Cat	Service	Column	Things to bring
☑	TEST ,AJOTRANSFER	C3	NUTRITION DISCUSSION	NES 1	
☑	TEST ,OUT OF TRANSFER	IFF	CERTIFICATION	NES 1	

Reschedule
Cancel Appointment

8:00 AM — GREATNESS, FULL OF
8:15 AM — TEST, TRANSFER 2.1.1
9:00 AM — MONTIEL, FRANCES
10:00 AM — RELYEA, FAITH

Figure 211: Appointment Scheduler

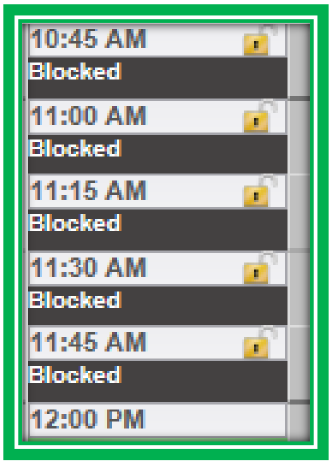
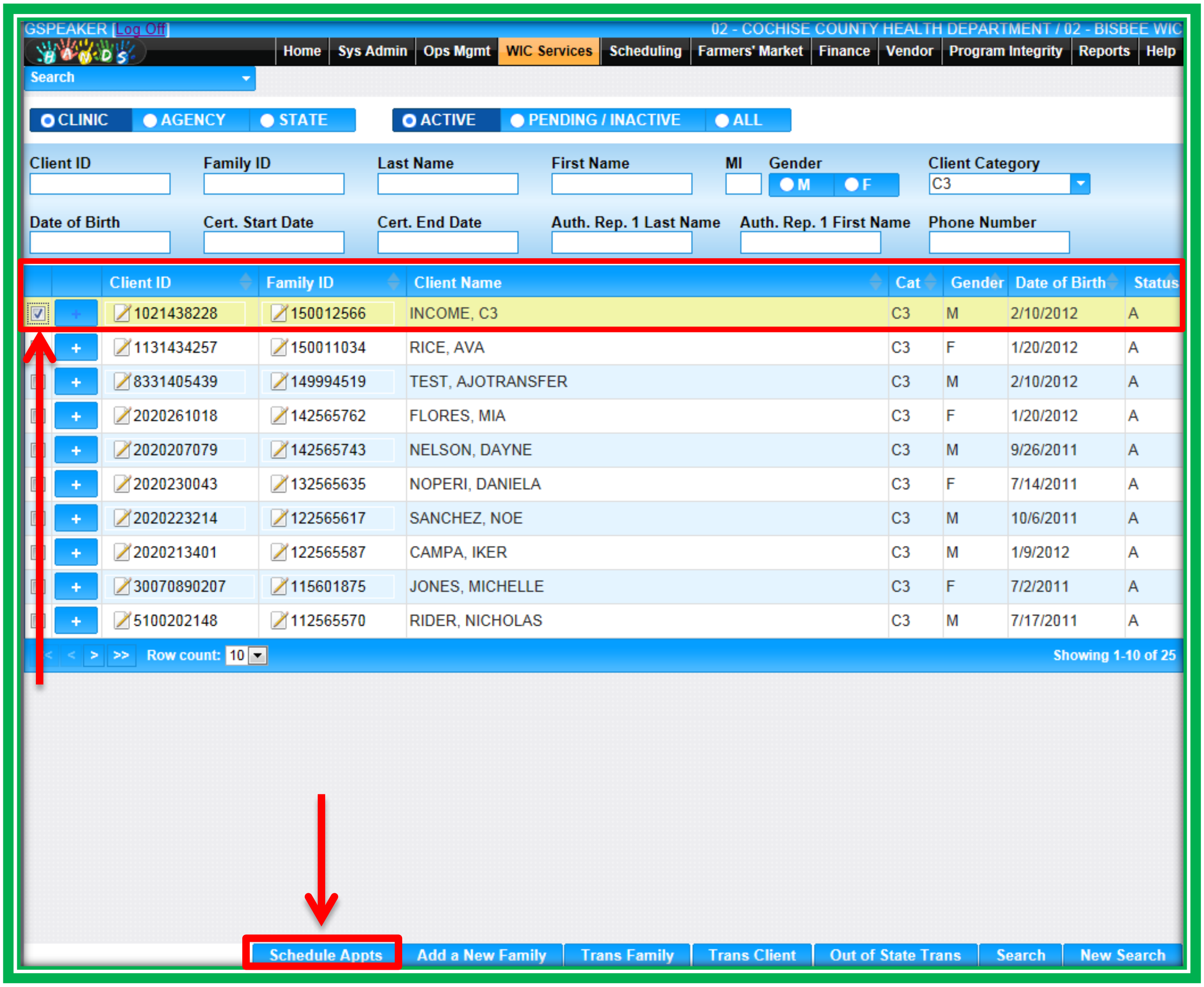

10:45 AM Blocked
11:00 AM Blocked
11:15 AM Blocked
11:30 AM Blocked
11:45 AM Blocked
12:00 PM

Figure 212: Appointment Scheduler- Blocked Appointments

To avoid having to write down the family ID number to make appointments, you can also make appointments from the WIC Services – Client/Family Search screen. From this screen, do the following:

1. Search for your client/family
2. Select the checkbox by their record
    a. Checkbox is in the far left of the search results grid
3. Click the Schedule Appointment button
    a. Found at the bottom of the screen
    b. Takes you to the Appointment Scheduler

Once in the Appointment Scheduler, you can schedule your appointment as previously described, only this time after clicking the Add button, the pop-up will have the Family ID auto-populated.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Search
Schedule Appts
Add a New Family
Trans Family
Trans Client
Out of State Trans
Search
New Search

● CLINIC ○ AGENCY ○ STATE

● ACTIVE ○ PENDING / INACTIVE ○ ALL

Client ID:
Family ID:
Last Name:
First Name:
MI:
Gender: ○ M ○ F
Client Category: C3
Date of Birth:
Cert. Start Date:
Cert. End Date:
Auth. Rep. 1 Last Name:
Auth. Rep. 1 First Name:
Phone Number:

		Client ID	Family ID	Client Name	Cat	Gender	Date of Birth	Status
☑	+	1021438228	150012566	INCOME, C3	C3	M	2/10/2012	A
☐	+	1131434257	150011034	RICE, AVA	C3	F	1/20/2012	A
☐	+	8331405439	149994519	TEST, AJOTRANSFER	C3	M	2/10/2012	A
☐	+	2020261018	142565762	FLORES, MIA	C3	F	1/20/2012	A
☐	+	2020207079	142565743	NELSON, DAYNE	C3	M	9/26/2011	A
☐	+	2020230043	132565635	NOPERI, DANIELA	C3	F	7/14/2011	A
☐	+	2020223214	122565617	SANCHEZ, NOE	C3	M	10/6/2011	A
☐	+	2020213401	122565587	CAMPA, IKER	C3	M	1/9/2012	A
☐	+	30070890207	115601875	JONES, MICHELLE	C3	F	7/2/2011	A
☐	+	5100202148	112565570	RIDER, NICHOLAS	C3	M	7/17/2011	A

<< < > >> Row count: 10 Showing 1-10 of 25

Figure 213: Client/Family Search – Schedule Appointments

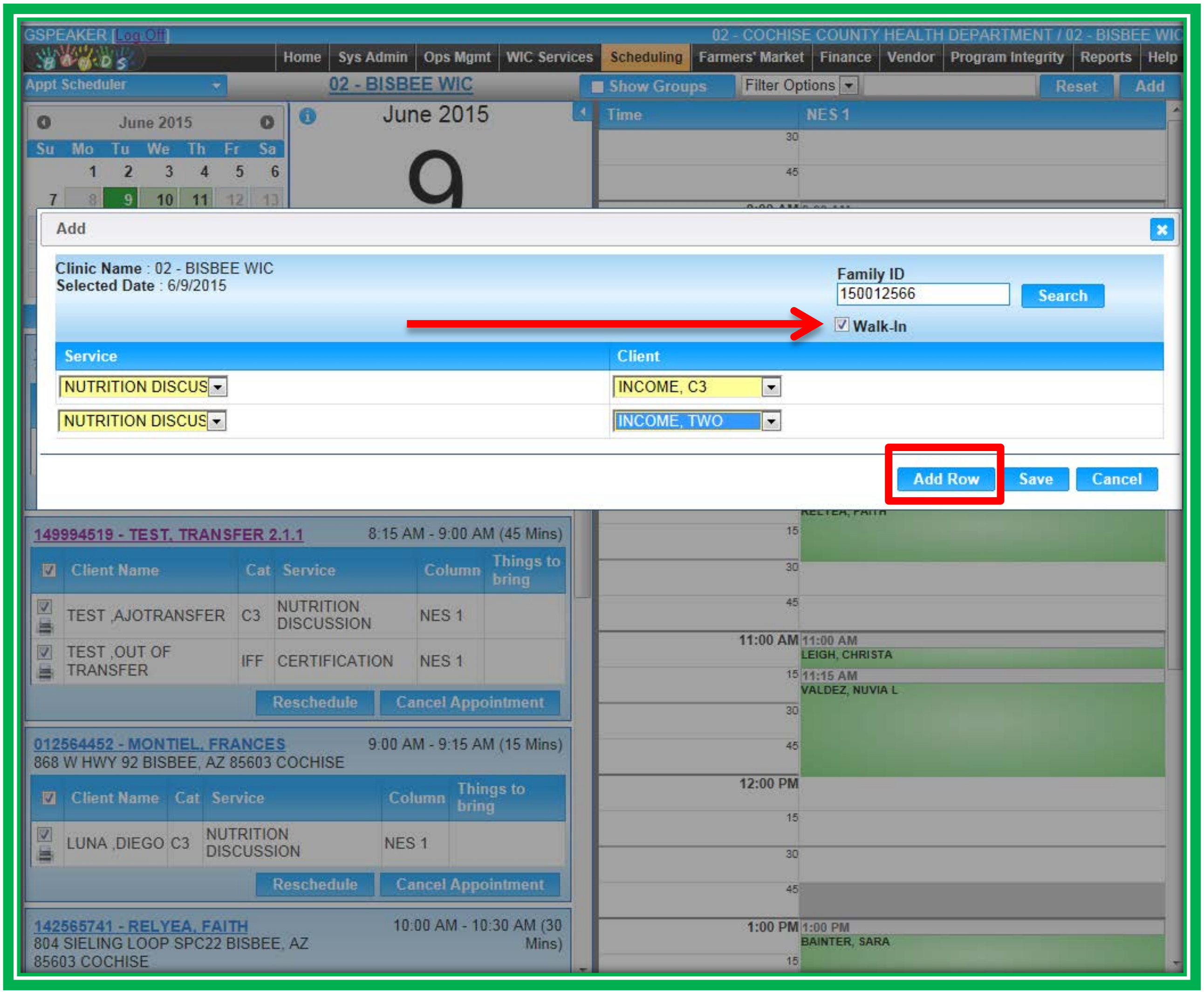
WALK-INS

If your clinic records walk-ins, HANDS provides helpful tools to track this data as well.

The steps for documenting walk-ins are very similar to scheduling an appointment. When a client comes into the clinic for services, but doesn't have an appointment, do the following:

1. Search for your client/family
    a. Use the Client/Family Search screen in WIC Services
2. Select the checkbox by their record
    a. Checkbox is in the far left of the search results grid
3. Click the Schedule Appointment button
    a. Found at the bottom of the screen
    b. Takes you to the Appointment Scheduler

Once you are on the Appointment Scheduler screen, click the Add button. The Family ID will be auto-populated in the Add pop-up. Once you select the Walk-In checkbox, the fields will change to only require the Client and Service fields. If needed, you can select the Add Row button to document additional family members that require services that day. When you are finished selecting clients and services, click the Save button. The clients' names and the time they arrived will be documented in HANDS, and they will automatically be "Checked In."


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
02 - BISBEE WIC
Show Groups
Filter Options
Reset
Add
June 2015
Su Mo Tu We Th Fr Sa
1 2 3 4 5 6
7 8 9 10 11 12 13
June 2015
9
Time
NES 1
Add
Search
Add Row
Save
Cancel
Reschedule
Cancel Appointment
11:00 AM
LEIGH, CHRISTA
11:15 AM
VALDEZ, NUVIA L
12:00 PM
1:00 PM
BAINTER, SARA
RELYEA, FAITH

Clinic Name : 02 - BISBEE WIC
Selected Date : 6/9/2015

Family ID: 150012566

☑ Walk-In

Service	Client
NUTRITION DISCUS	INCOME, C3
NUTRITION DISCUS	INCOME, TWO

149994519 - TEST, TRANSFER 2.1.1 — 8:15 AM - 9:00 AM (45 Mins)

☑	Client Name	Cat	Service	Column	Things to bring
☑	TEST ,AJOTRANSFER	C3	NUTRITION DISCUSSION	NES 1	
☑	TEST ,OUT OF TRANSFER	IFF	CERTIFICATION	NES 1	

012564452 - MONTIEL, FRANCES — 9:00 AM - 9:15 AM (15 Mins)
868 W HWY 92 BISBEE, AZ 85603 COCHISE

☑	Client Name	Cat	Service	Column	Things to bring
☑	LUNA ,DIEGO	C3	NUTRITION DISCUSSION	NES 1	

142565741 - RELYEA, FAITH — 10:00 AM - 10:30 AM (30 Mins)
804 SIELING LOOP SPC22 BISBEE, AZ 85603 COCHISE

Figure 214: Add Walk-in

The Walk-In Appointments List

You will be able to search for and view walk-in information using the Walk-in Appointments menu item in the Scheduling module. This is helpful for viewing the daily walk-in list, and predicting high traffic days, times, and service types. It can also help with staffing and schedule planning.

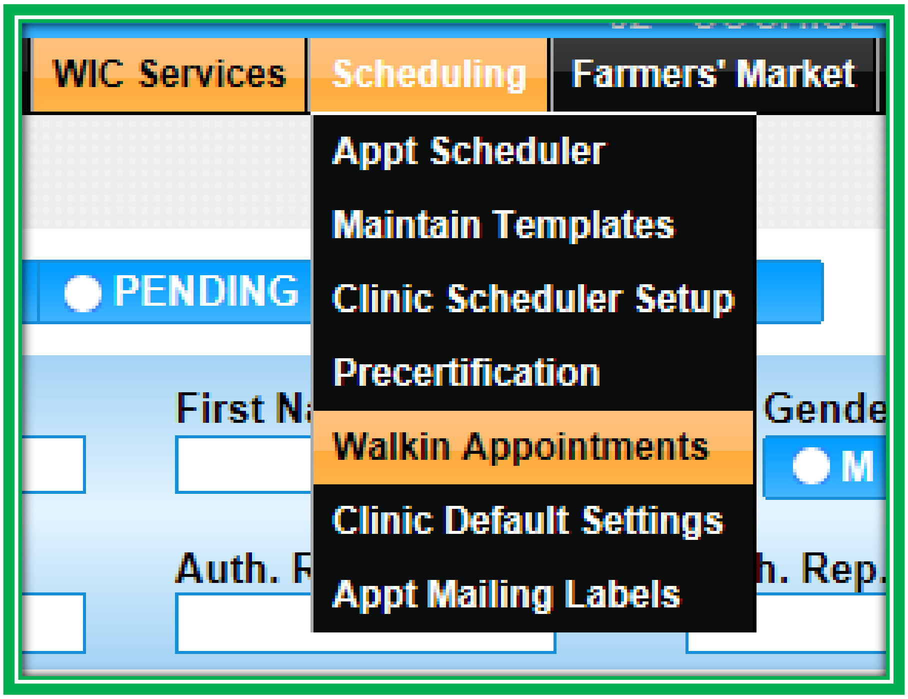

WIC Services
Scheduling
Farmers' Market
Appt Scheduler
Maintain Templates
Clinic Scheduler Setup
Precertification
Walkin Appointments
Clinic Default Settings
Appt Mailing Labels
PENDING
First N
Gende
M
Auth. R
h. Rep.

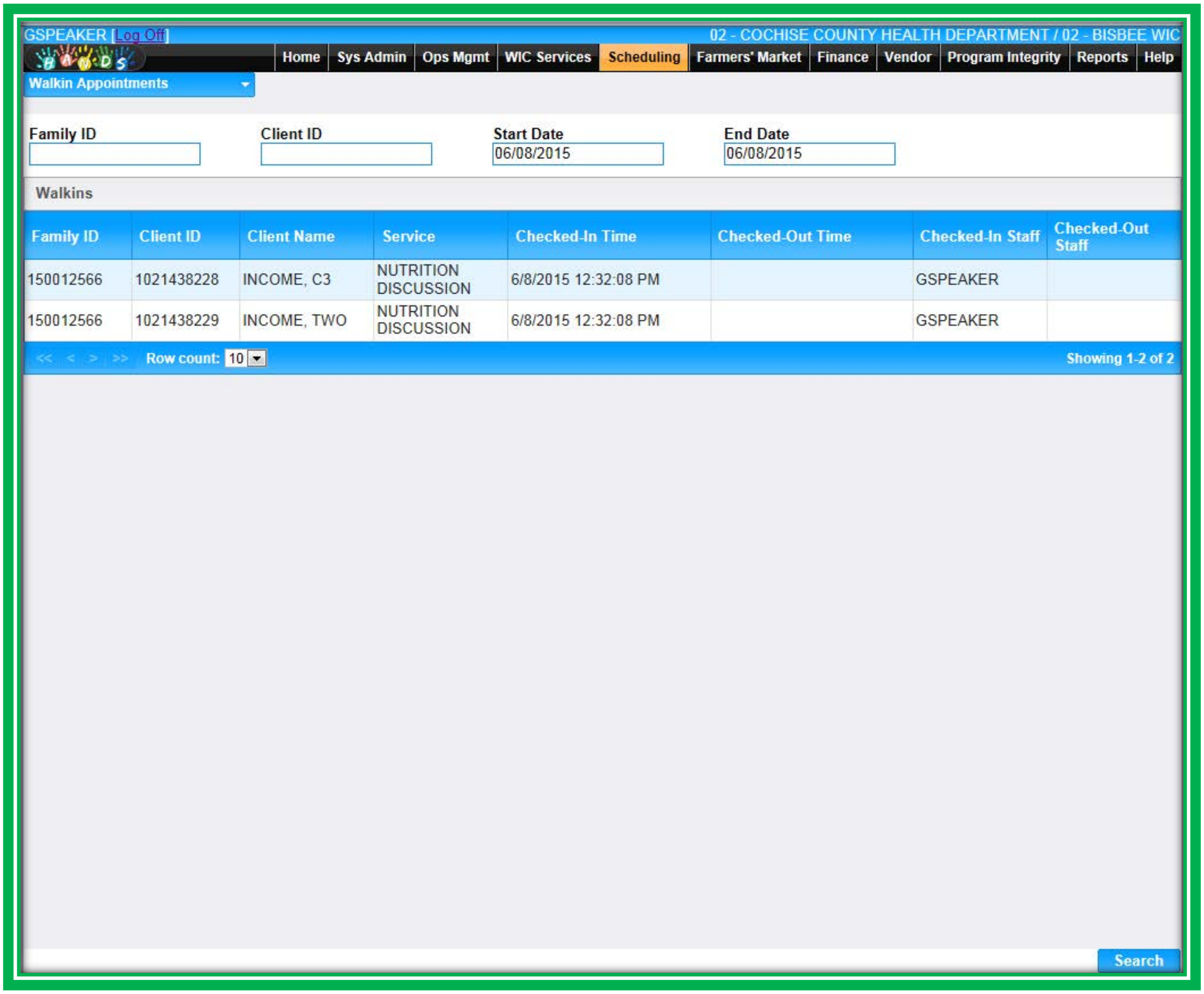
Figure 215: Scheduling – Walk-In Appointments

The Walk-In Appointments screen has the following search fields:

- Family ID
- Client ID
- Date Range

After entering the search criteria, you will be able to view a list of walk-in clients' information, including:

- Family ID
- Client ID
- Client Name
- Service
- Checked-In Time
    - The time the client checked in
- Checked-Out Time
    - The time that the client was issued benefits, or the time that the system checked them out
- Checked-In Staff
    - The person who checked the client in
- Checked-Out Staff
    - The person who issued the client benefits


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Walkin Appointments
<< < > >> Row count: 10
Showing 1-2 of 2
Search

Family ID:
Client ID:
Start Date: 06/08/2015
End Date: 06/08/2015

Walkins

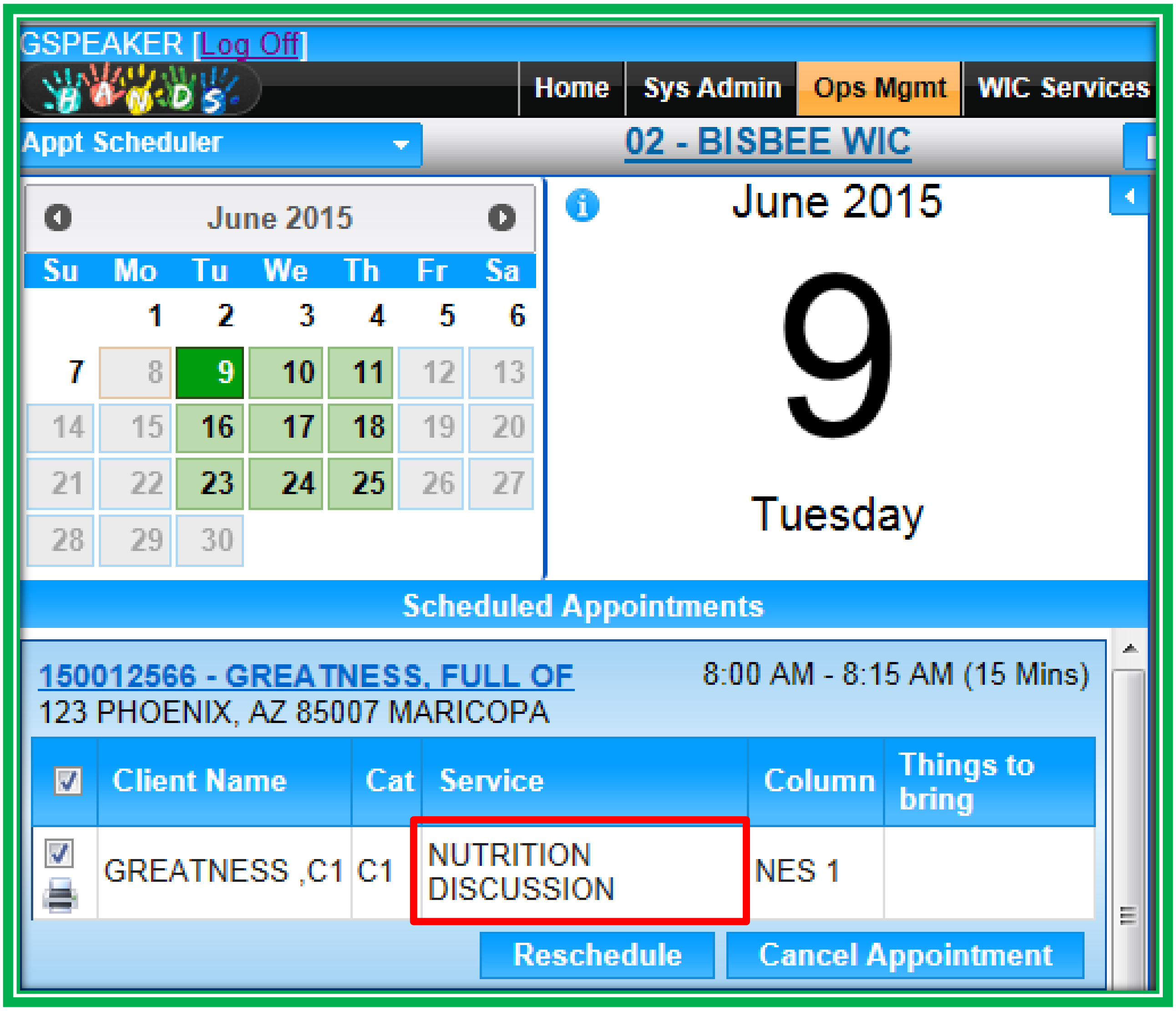
Family ID	Client ID	Client Name	Service	Checked-In Time	Checked-Out Time	Checked-In Staff	Checked-Out Staff
150012566	1021438228	INCOME, C3	NUTRITION DISCUSSION	6/8/2015 12:32:08 PM		GSPEAKER	
150012566	1021438229	INCOME, TWO	NUTRITION DISCUSSION	6/8/2015 12:32:08 PM		GSPEAKER	

Figure 216: Walk-in Appointments

RESCHEDULING AND CANCELING APPOINTMENTS

Rescheduling and canceling has been simplified and can be accomplished by clicking on the client's appointment and then on either the Reschedule or the Cancel Appointment button. Rescheduling is done the same way in both the Appointment Scheduler and the WIC Services Appointment screens.

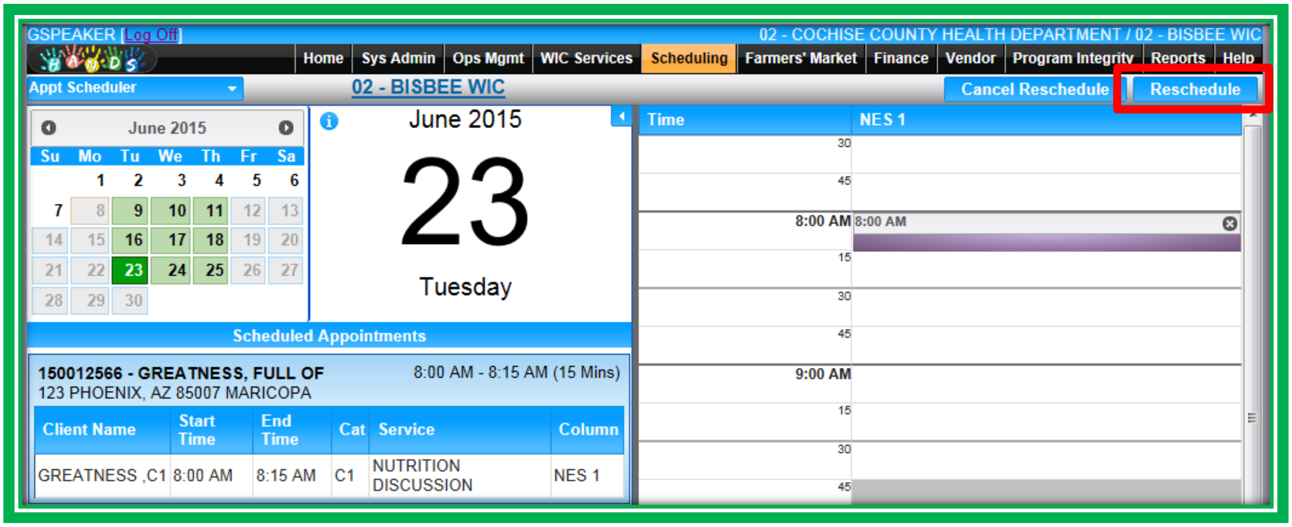
You can reschedule for single or multiple members of the family by selecting the checkboxes next to the desired name(s) and then clicking the Reschedule button in the Appointment Details area of your client's appointment. When you reschedule an appointment, the original appointment information will be listed in the Scheduled Appointments area for you to reference. After you are finished rescheduling the appointment, you can print the appointment notices, if needed.


GSPEAKER [Log Off]
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Appt Scheduler
02 - BISBEE WIC
June 2015
Su Mo Tu We Th Fr Sa
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
June 2015
9
Tuesday
Scheduled Appointments
Reschedule
Cancel Appointment

150012566 - GREATNESS, FULL OF 8:00 AM - 8:15 AM (15 Mins)
123 PHOENIX, AZ 85007 MARICOPA

☑	Client Name	Cat	Service	Column	Things to bring
☑	GREATNESS ,C1	C1	NUTRITION DISCUSSION	NES 1	

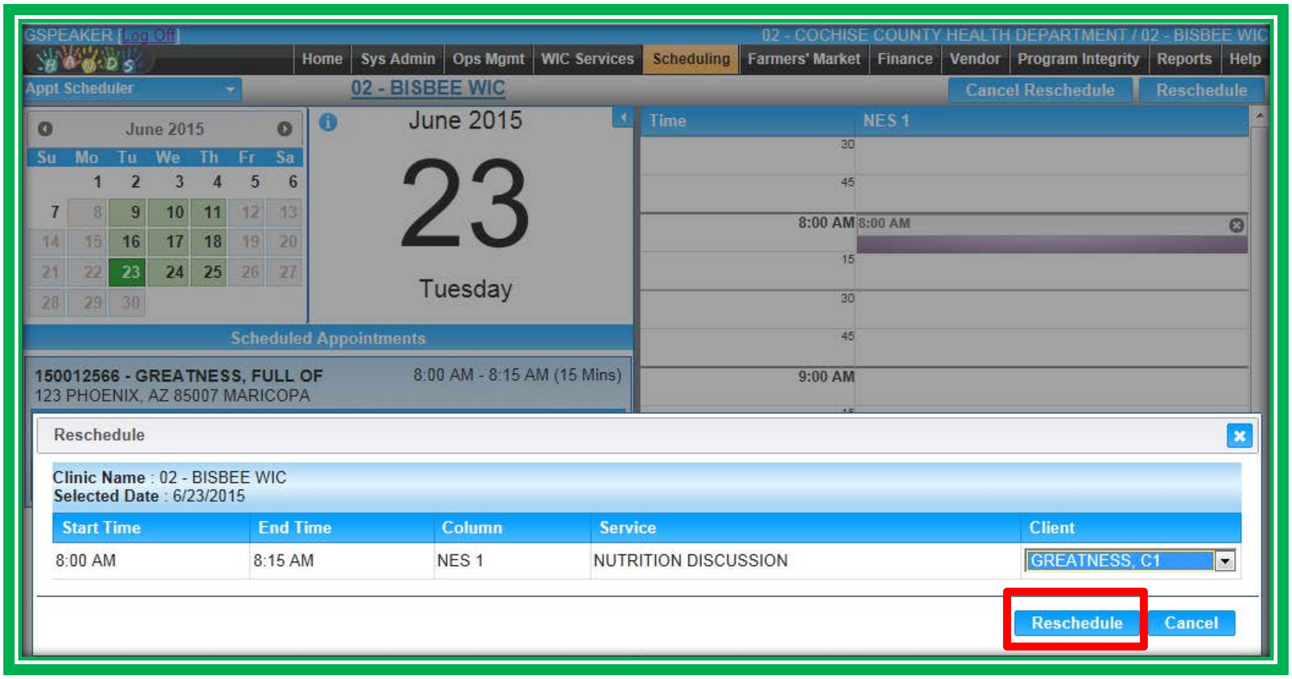
Figure 217: Appointment Scheduler – Reschedule Part 1


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
02 - BISBEE WIC
Cancel Reschedule
Reschedule
June 2015
23
Tuesday
Time
NES 1
8:00 AM
9:00 AM
Scheduled Appointments

150012566 - GREATNESS, FULL OF 8:00 AM - 8:15 AM (15 Mins)
123 PHOENIX, AZ 85007 MARICOPA

Client Name	Start Time	End Time	Cat	Service	Column
GREATNESS ,C1	8:00 AM	8:15 AM	C1	NUTRITION DISCUSSION	NES 1

Figure 218: Appointment Scheduler – Reschedule Part 2

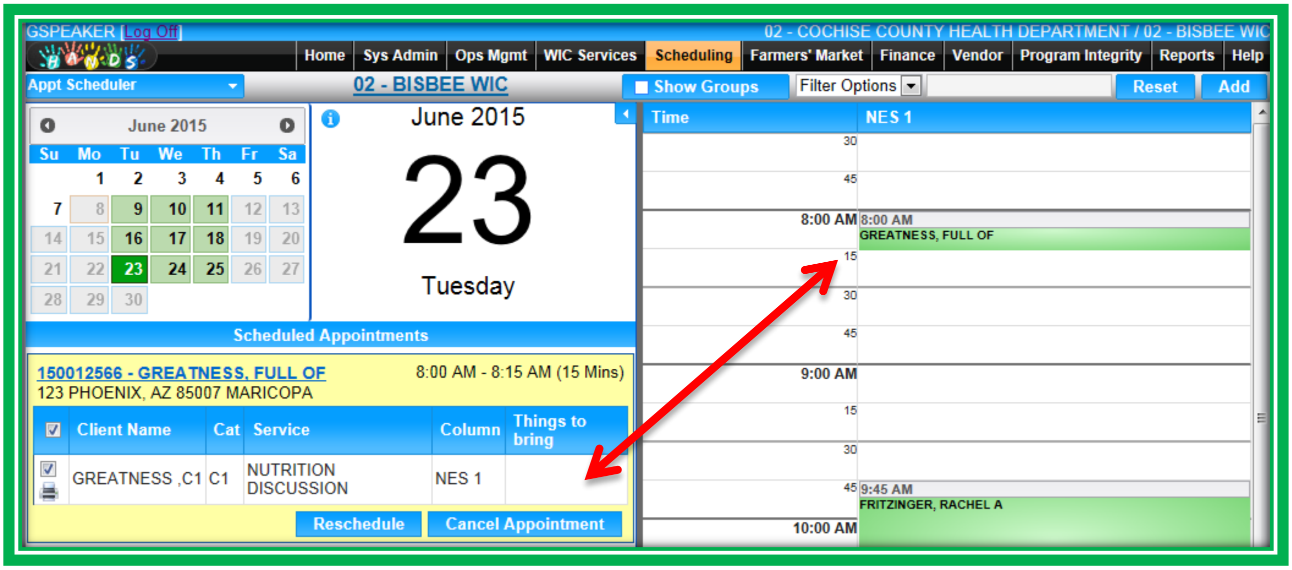

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
02 - BISBEE WIC
Cancel Reschedule
Reschedule
June 2015
23
Tuesday
Time
NES 1
8:00 AM
9:00 AM
Scheduled Appointments
Reschedule
Reschedule
Cancel

150012566 - GREATNESS, FULL OF 8:00 AM - 8:15 AM (15 Mins)
123 PHOENIX, AZ 85007 MARICOPA

Clinic Name : 02 - BISBEE WIC
Selected Date : 6/23/2015

Start Time	End Time	Column	Service	Client
8:00 AM	8:15 AM	NES 1	NUTRITION DISCUSSION	GREATNESS, C1

Figure 219: Appointment Scheduler – Reschedule Part 3

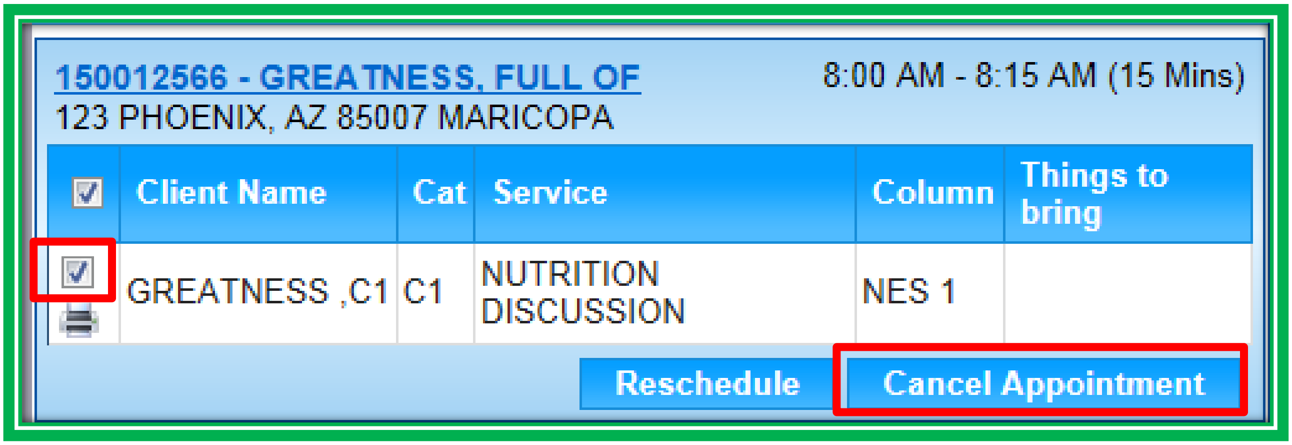

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
02 - BISBEE WIC
Show Groups
Filter Options
Reset
Add
June 2015
Su Mo Tu We Th Fr Sa
June 2015
23
Tuesday
Scheduled Appointments
Time
NES 1
8:00 AM
9:00 AM
10:00 AM
8:00 AM GREATNESS, FULL OF
9:45 AM FRITZINGER, RACHEL A
Reschedule
Cancel Appointment

150012566 - GREATNESS, FULL OF 8:00 AM - 8:15 AM (15 Mins)
123 PHOENIX, AZ 85007 MARICOPA

☑	Client Name	Cat	Service	Column	Things to bring
☑	GREATNESS ,C1	C1	NUTRITION DISCUSSION	NES 1	

Figure 220: Appointment Scheduler – Reschedule Part 4

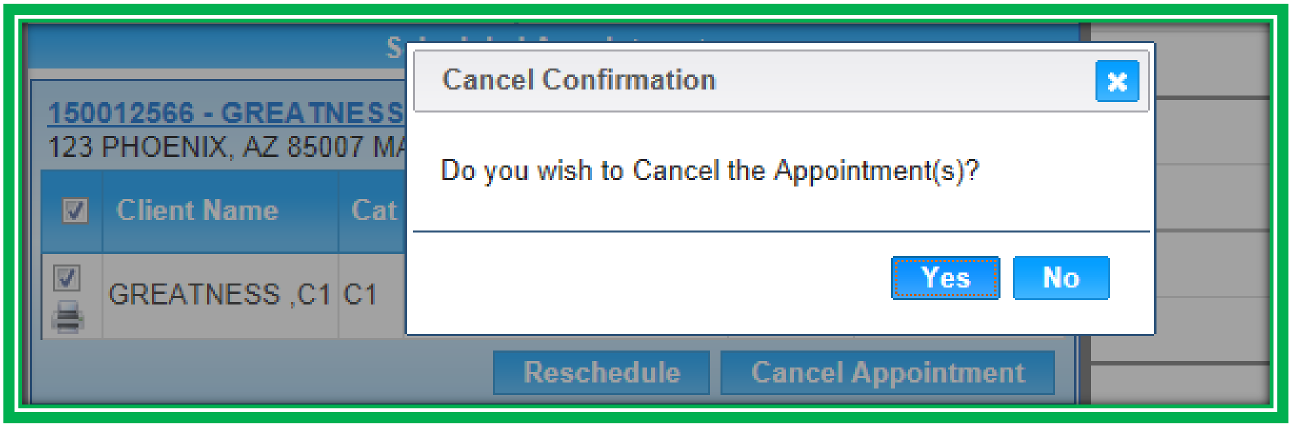
Canceling appointments is very simple in HANDS and is done the same way in both the Appointment Scheduler and the WIC Services Appointment screens. Like Rescheduling, ensure the checkbox next to your client's name is selected, and then click the Cancel Appointment button in the Appointment Details area of your client's appointment. Then click Yes in the Cancel Confirmation message.


Reschedule
Cancel Appointment

150012566 - GREATNESS, FULL OF 8:00 AM - 8:15 AM (15 Mins)
123 PHOENIX, AZ 85007 MARICOPA

☑	Client Name	Cat	Service	Column	Things to bring
☑	GREATNESS ,C1	C1	NUTRITION DISCUSSION	NES 1	

Figure 221: Appointment Scheduler – Cancel Part 1


150012566 - GREATNESS
123 PHOENIX, AZ 85007 MA
☑ Client Name Cat
☑ GREATNESS ,C1 C1
Reschedule
Cancel Appointment
Cancel Confirmation

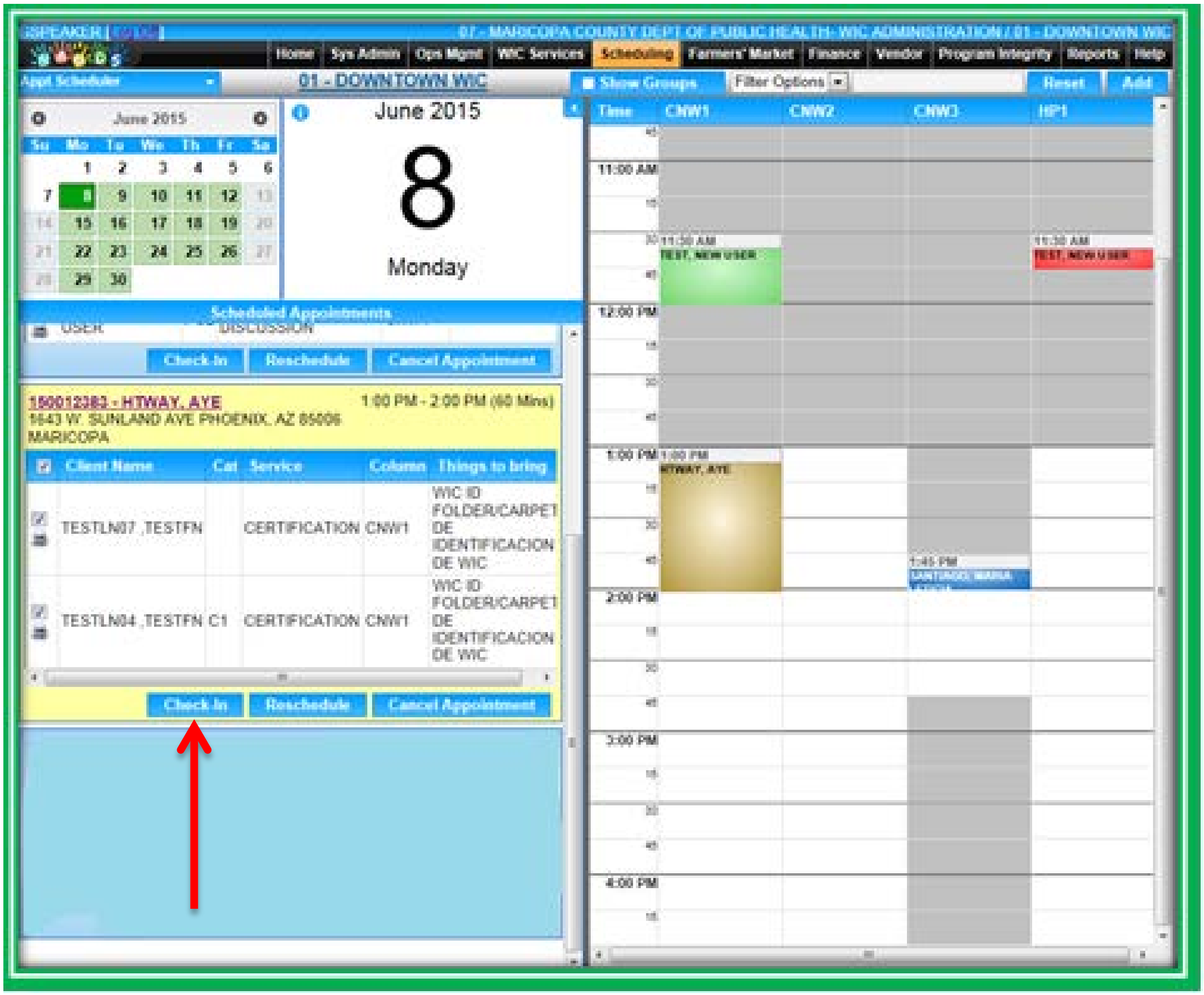
Do you wish to Cancel the Appointment(s)?

Yes
No

Figure 222: Appointment Scheduler – Cancel Part 2

CHECK-IN/CHECK-OUT FEATURE

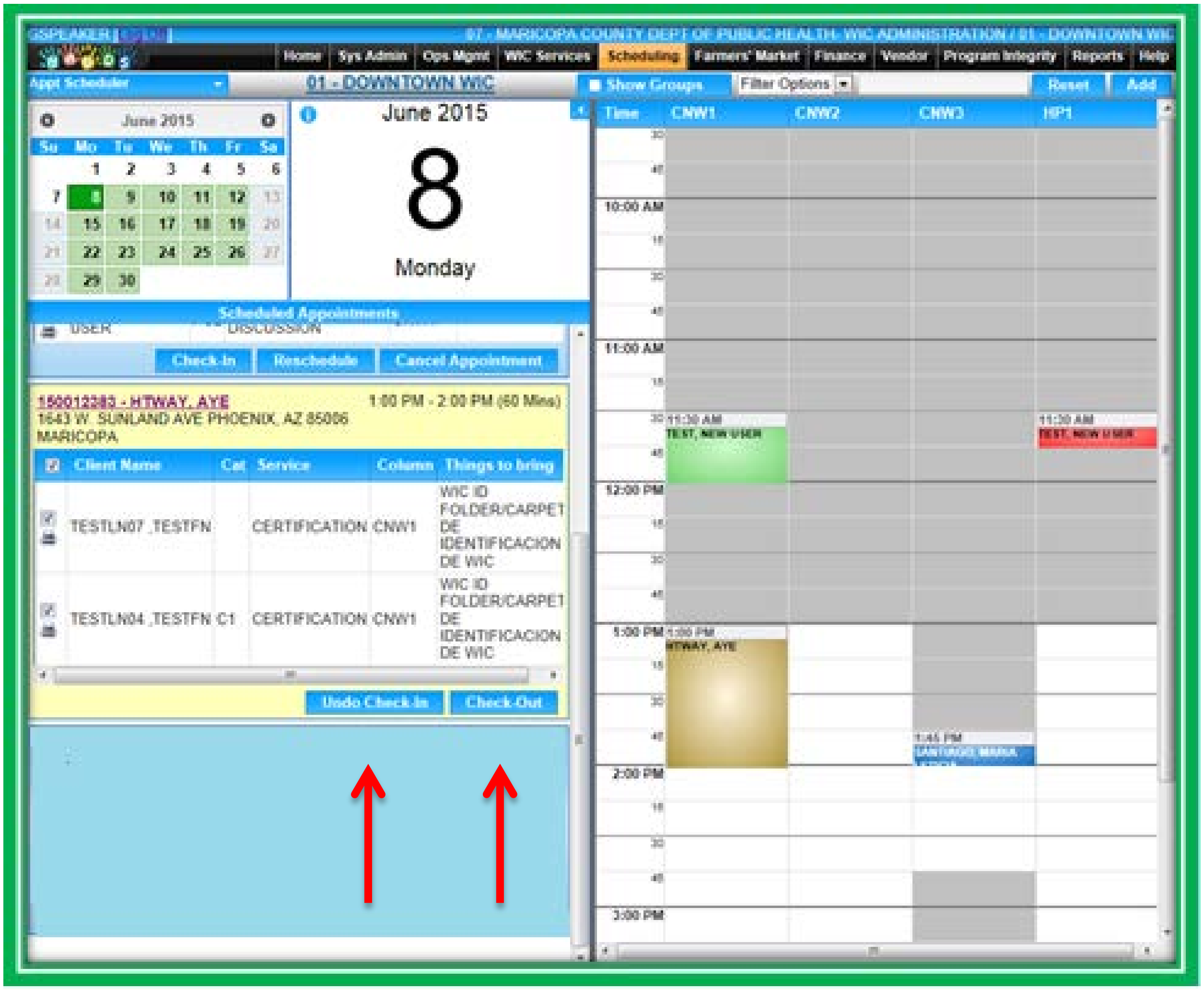
When clients arrive for their appointments, you will be able to document the time they arrive and leave by using the Check-In/Check-Out feature. You will manually check-in clients, and you can either manually check them out or the system will check them out when they are issued benefits. If you check someone in accidentally, you will also be able to undo the check-in using the Undo Check-In button.


Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
01 - DOWNTOWN WIC
Show Groups
Filter Options
Reset
Add
June 2015
8
Monday
Scheduled Appointments
Check In
Reschedule
Cancel Appointment
Time
CNW1
CNW2
CNW3
HP1

150012383 - HTWAY, AYE 1:00 PM - 2:00 PM (60 Mins)
1643 W. SUNLAND AVE PHOENIX, AZ 85006
MARICOPA

☑	Client Name	Cat	Service	Column	Things to bring
☑	TESTLN07 ,TESTFN		CERTIFICATION	CNW1	WIC ID FOLDER/CARPET DE IDENTIFICACION DE WIC
☑	TESTLN04 ,TESTFN	C1	CERTIFICATION	CNW1	WIC ID FOLDER/CARPET DE IDENTIFICACION DE WIC

Figure 223: Appointment Scheduler – Check-In


07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
01 - DOWNTOWN WIC
Show Groups
Filter Options
Reset
Add
June 2015
Su Mo Tu We Th Fr Sa
June 2015
8
Monday
Scheduled Appointments
Check-In
Reschedule
Cancel Appointment
Undo Check-In
Check-Out
Time
CNW1
CNW2
CNW3
HP1
10:00 AM
11:00 AM
12:00 PM
1:00 PM
2:00 PM
3:00 PM
11:30 AM
TEST, NEW USER
11:30 AM
TEST, NEW USER
1:00 PM
HTWAY, AYE
1:45 PM
SANTIAGO, MARIA

150012383 - HTWAY, AYE 1:00 PM - 2:00 PM (60 Mins)
1643 W. SUNLAND AVE PHOENIX, AZ 85006
MARICOPA

☑	Client Name	Cat	Service	Column	Things to bring
☑	TESTLN07 ,TESTFN		CERTIFICATION	CNW1	WIC ID FOLDER/CARPET DE IDENTIFICACION DE WIC
☑	TESTLN04 ,TESTFN	C1	CERTIFICATION	CNW1	WIC ID FOLDER/CARPET DE IDENTIFICACION DE WIC

Figure 224: Appointment Scheduler – Check-Out & Undo Check-In

OTHER SCHEDULING FEATURES

When the client has a scheduled appointment and has selected an Appointment Reminder Preference of either Email or Text in the Family Information screen, the system will automatically send out an appointment reminder 24 hours before their scheduled appointment. If the reminder preference is Phone, you or another staff member will need to call to remind them. In addition, if the client has requested not to be contacted, their contact information will not appear in the Appointment Details area.

Staff Alerts and other important client data will not display in the Scheduling module, so you will need to check the client’s file for this information. Likewise, the Scheduling module is not meant for documenting items meant for client files; it is only for scheduling appointments and groups. Use the WIC Services module to document in the client’s file.

Together We Can

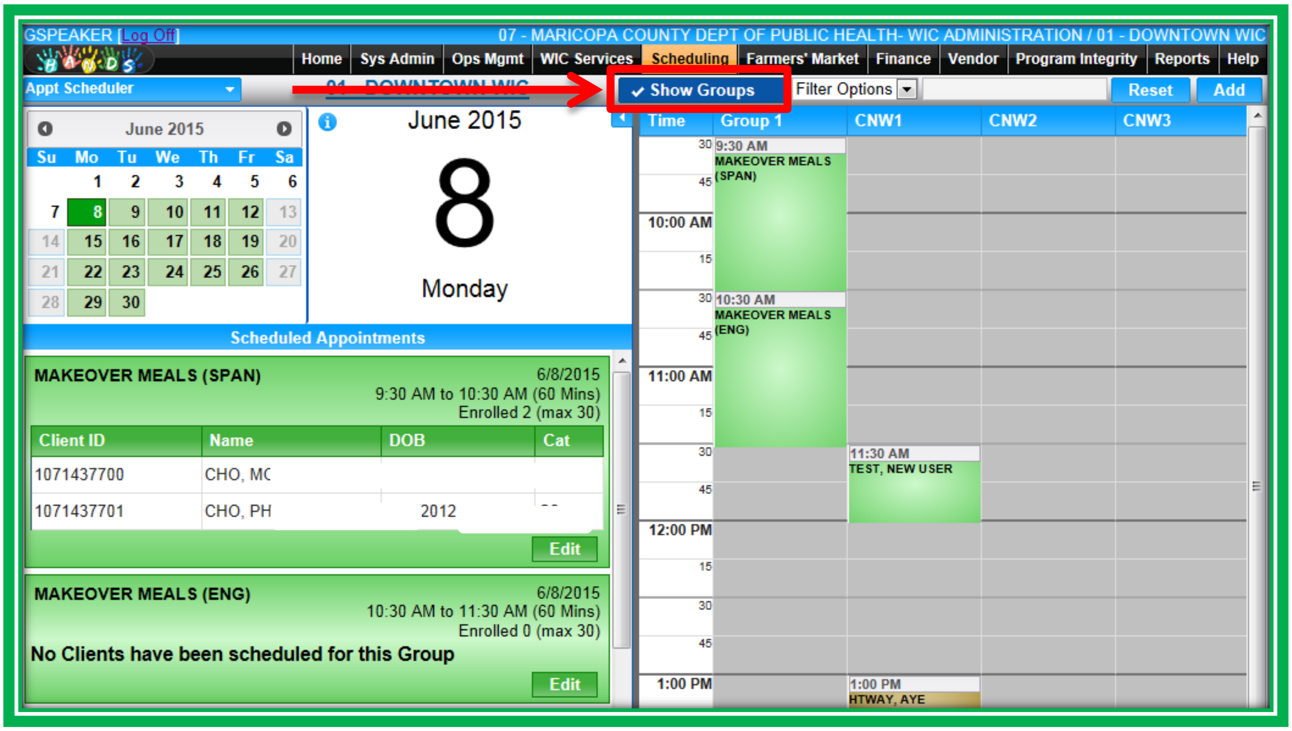
If you need to record that you attempted communication for or with a client, use the Notes screen.

Now it’s time to go over what you have learned so far. Please review Appointment Scheduler Parts 1 & 2 – Appointments and Walk-in Appointments (list) in Module 9 on the HANDS Resource Site.

GROUPS

Groups, formerly known as classes, have been simplified in the calendar as well. To show the available groups in the Appointment Sheet, you will select the Show Groups checkbox in the top-middle of the screen. You won't have to navigate to a separate screen to edit groups any longer; you will be able to edit groups right on the Appointment Scheduler screen. The only thing you can, but shouldn't, edit is the Topic. Leave that to the Calendar Builder. The Group – Edit screen will allow you to:

- Add clients to the group
- Remove clients from the group
- Cancel the group
    - The group must be empty
- Mark clients as having attended the group

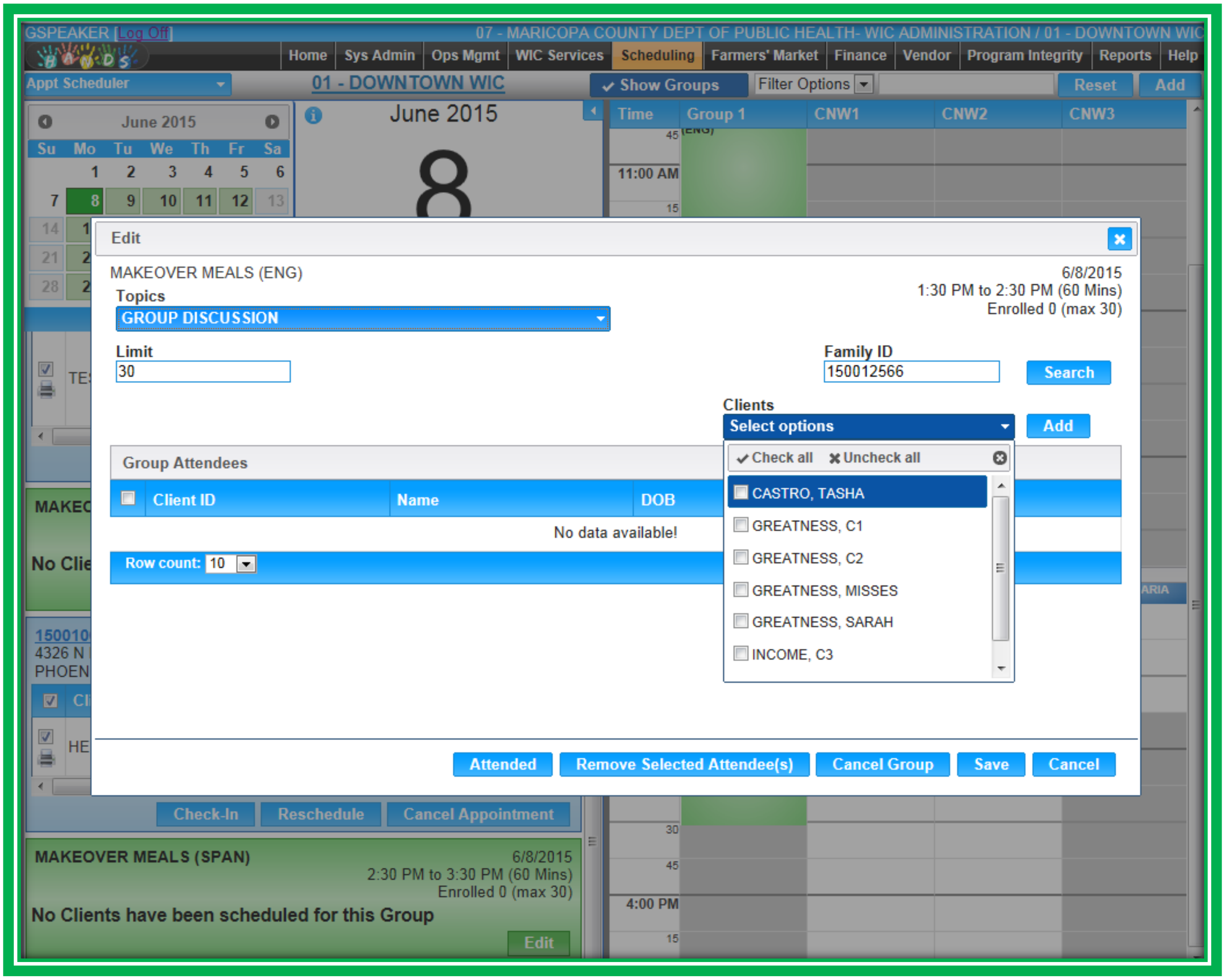

GSPEAKER [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
01 - DOWNTOWN WIC
✓ Show Groups
Filter Options
Reset
Add
June 2015
Su Mo Tu We Th Fr Sa
June 2015
8
Monday
Scheduled Appointments
Time
Group 1
CNW1
CNW2
CNW3
9:30 AM MAKEOVER MEALS (SPAN)
10:00 AM
10:30 AM MAKEOVER MEALS (ENG)
11:00 AM
11:30 AM TEST, NEW USER
12:00 PM
1:00 PM
1:00 PM HTWAY, AYE
Edit

MAKEOVER MEALS (SPAN)
6/8/2015
9:30 AM to 10:30 AM (60 Mins)
Enrolled 2 (max 30)

Client ID	Name	DOB	Cat
1071437700	CHO, MC		
1071437701	CHO, PH	2012	--

MAKEOVER MEALS (ENG)
6/8/2015
10:30 AM to 11:30 AM (60 Mins)
Enrolled 0 (max 30)
No Clients have been scheduled for this Group

Figure 225: Groups


GSPEAKER [Log Off]
07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
01 - DOWNTOWN WIC
Show Groups
Filter Options
Reset
Add
June 2015
Su Mo Tu We Th Fr Sa
June 2015
8
Time
Group 1
CNW1
CNW2
CNW3
11:00 AM
4:00 PM
Check-In
Reschedule
Cancel Appointment
Edit
Search
Add
Check all
Uncheck all
Attended
Remove Selected Attendee(s)
Cancel Group
Save
Cancel

Edit

MAKEOVER MEALS (ENG)

6/8/2015
1:30 PM to 2:30 PM (60 Mins)
Enrolled 0 (max 30)

Topics: GROUP DISCUSSION

Limit: 30

Family ID: 150012566

Clients: Select options

☐ CASTRO, TASHA
☐ GREATNESS, C1
☐ GREATNESS, C2
☐ GREATNESS, MISSES
☐ GREATNESS, SARAH
☐ INCOME, C3

Group Attendees

☐	Client ID	Name	DOB

No data available!

Row count: 10

MAKEOVER MEALS (SPAN)

6/8/2015
2:30 PM to 3:30 PM (60 Mins)
Enrolled 0 (max 30)

No Clients have been scheduled for this Group

Figure 226: Edit/Add Clients to a Group

Now it's time to go over what you have learned so far. Please review Appointment Scheduler Part 3 – Groups in Module 9 on the HANDS Resource Site.

CASE STUDY: IT’S IN YOUR HANDS!

Now it is time for you to continue your journey into the world of HANDS.

1. Discuss the following with your Helping HAND
   a. How appointments will work in your Local Agency and clinic
   b. If and how you will be using Precertification
   c. If and how you will be documenting Pending Services
   d. If and how you will be checking clients in and out
   e. If you will be recording walk-ins in your Local Agency and clinic
   f. If and how you will be using Appointment Mailing Labels in your Local Agency and clinic
2. Work to do before you start
   a. Log into the HANDS Training Database
   b. Search for your family in WIC Services
3. Navigate to the Appointments tab
   a. Add a Pending Service based on your family’s need.
   b. Schedule an appointment on this screen using the appointment finder function.
   c. Copy your Family’s ID number
4. Navigate to Scheduler
   a. Practice searching for the family using the filter option on the screen
   b. Schedule each family member for a future appointment per your agency’s policy.
   c. Practice adding the family as a walk-in based on your agency’s policy.
5. Congratulations! You have completed all the steps in HANDS. Now create a new family (any category, any ages) from start to finish with use of required signatures using the signature pad according to your desired flow. *Note: Consent must be obtained before collecting medical data.

TRAINING NOTES

TOOLS FOR THE HELPING HANDS

IN THIS SECTION:

The outline below lists the extra tools that you will need to help users understand concepts that need additional explanation, demonstration, or practice. These tools are split according the modules in which they appear. **Not every module is listed, as they do not all need additional tools.**

- Tools by Module:
  - Module 1 Part 1
    - Case Study 1
    - In-State Transfers
  - Module 1 Part 2
    - Potential Duplicate Client Records
  - Module 2
    - Pending Lab Codes
  - Module 3
    - Assessment
      - Updating an Assessment
      - Mid-Cert Health Assessment
  - Module 4
    - Care Plan
      - WIC Code 135 – Inadequate Growth
      - Active Checkbox
  - Module 7
    - New Equipment
      - Signature Pad
      - Scanner
  - Module 8
    - Precertification
    - Appointment Mailing Labels
  - Extras
    - Food Benefit Lookup

MODULE 1 PART 1 INTRODUCTION TO HANDS

THINGS TO DO BEFORE YOU GET STARTED:

- Review the following areas of the HANDS Resource Site:
  - Module 1 Part 1
    - Client Family Search
  - Module 1 Part 2
    - Active Record
  - Module 7
    - In-State Transfers
    - Out-of-State Transfers
- Review the following areas of the CMA HANDS Clinic Training Manual:
  - Module 1
  - Module 7
    - In-State Transfers
    - Out-of-State Transfers

Please note: When using/demonstrating Client/Family Search, it is best practice to use the State radio button.

Case Study 1

You will need to create families and clients in order for staff members to complete Case Study 1. The number of families/clients you create is up to you and depends on your training methods and needs. You can create families and clients quickly using the Out-of-State Transfer screens. These demo clients can also be used to demonstrate other functions, such as:

- In-State Transfer
- Potential Duplicates
- Assessments
  - Updating Assessments
  - Mid-Cert Assessments (Mid-Cert Health Checks)

If you would like to use these families/clients for other modules, make sure you read the requirements before you create them. For Case Study 1, users will need to be able to:

- Search for and retrieve existing families and clients
- View client at a glance
- Sort the Search Results grid
- View the Family Information Screen on an existing record
- View the layout of the Active Record on an existing record
  - Multiple family members will be needed
- Navigate through the system using the different menus

In-State Transfer

You will need to create families and clients to demonstrate In-State Transfers. **These families and clients will need to be created in different clinics to properly demonstrate the transfer procedure.** The number of families/clients you create is up to you and depends on your training methods and needs. You can create families and clients quickly using the Out-of-State Transfer screens. If you only have one clinic in your agency, you can work with a partner during training to create clients in another agency. If you need further assistance, please contact the AZ WIC Training Team.

- AZ WIC Training Team: togetherwecan1@azdhs.gov

MODULE 1 PART 2 INTAKE AND ELIGIBILITY

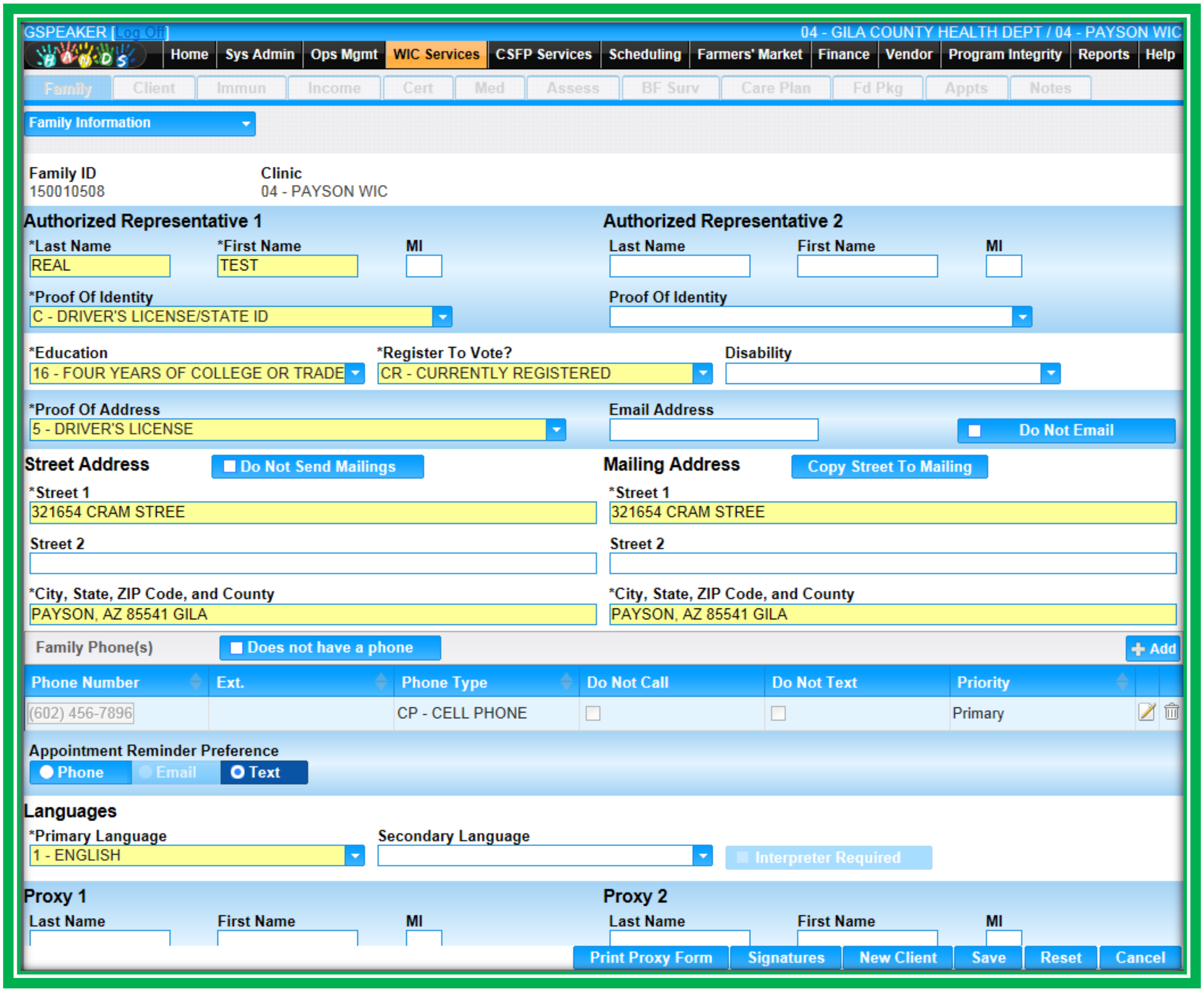
THINGS TO DO BEFORE YOU GET STARTED:

- Review the following areas of the HANDS Resource Site:
  - Module 1 Part 2
    - Add a Family
    - Add Clients
- Read the following areas of the CMA HANDS Clinic Training Manual:
  - Module 2
    - Dual Participation Prevention
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
  - Chapter 8
    - Section B Dual Participation Within the Arizona WIC Program

Potential Duplicate Client Records

You will need to create families and clients to demonstrate Potential Duplicates. These families and clients will need to be created in different clinics to properly demonstrate the transfer procedure. The number of families/clients you create is up to you and depends on your training methods and needs. You can create families and clients quickly using the Out-of-State Transfer screens. If you only have one clinic in your Agency, you can work with a partner during training to create clients in another Agency. If you need further assistance, please contact the AZ WIC Training Team.

- AZ WIC Training Team: togetherwecan1@azdhs.gov


Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Family Information
Do Not Email
Do Not Send Mailings
Copy Street To Mailing
Does not have a phone
Add
Print Proxy Form
Signatures
New Client
Save
Reset
Cancel

GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC

Family ID: 150010508
Clinic: 04 - PAYSON WIC

Authorized Representative 1
*Last Name: REAL
*First Name: TEST
MI:
*Proof Of Identity: C - DRIVER'S LICENSE/STATE ID

Authorized Representative 2
Last Name:
First Name:
MI:
Proof Of Identity:

*Education: 16 - FOUR YEARS OF COLLEGE OR TRADE
*Register To Vote?: CR - CURRENTLY REGISTERED
Disability:
*Proof Of Address: 5 - DRIVER'S LICENSE
Email Address:
☐ Do Not Email

Street Address ☐ Do Not Send Mailings
*Street 1: 321654 CRAM STREE
Street 2:
*City, State, ZIP Code, and County: PAYSON, AZ 85541 GILA

Mailing Address
*Street 1: 321654 CRAM STREE
Street 2:
*City, State, ZIP Code, and County: PAYSON, AZ 85541 GILA

Family Phone(s) ☐ Does not have a phone

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority
(602) 456-7896		CP - CELL PHONE	☐	☐	Primary

Appointment Reminder Preference: ● Phone ○ Email ○ Text

Languages
*Primary Language: 1 - ENGLISH
Secondary Language:
☐ Interpreter Required

Proxy 1
Last Name:
First Name:
MI:

Proxy 2
Last Name:
First Name:
MI:

Figure 227: Potential Duplicates – New Family

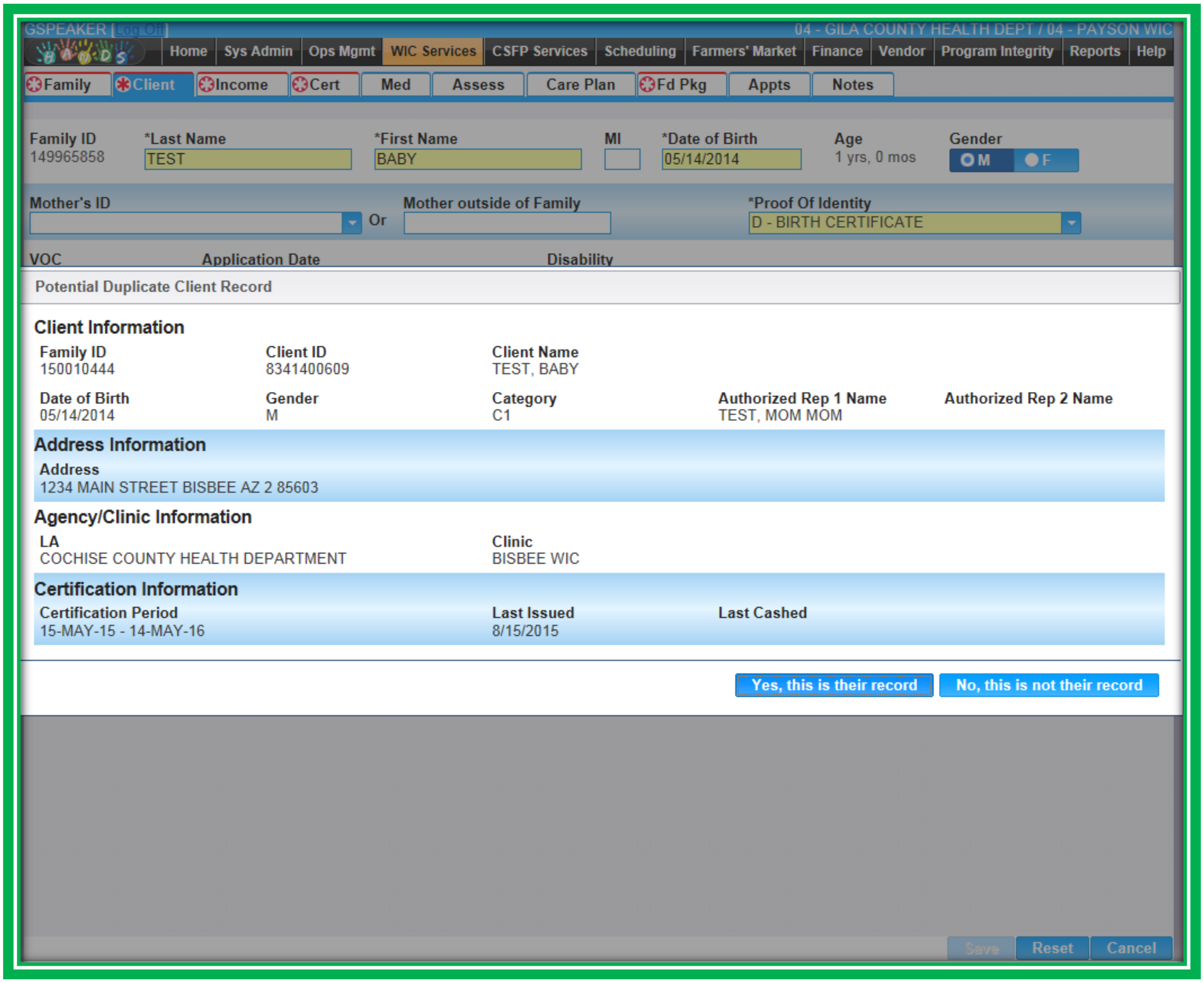
After you create the initial families/clients, the duplicate families/clients will need to be created. To do this, the new client must match the existing client in the following ways:

- The first eight letters of the last name
  - If there are less than eight letters in the client's name, that's okay
- The first six letters of the first name
  - If there are less than six letters in the client's name, that's okay
- Middle initial
  - If the client doesn't have a middle initial, that's okay
- Birth year
- Birth month
- Gender

Note: It is important that the record resides in a different clinic than the one you are working in. If it does not, the transfer process will not initiate, since it will not be needed.

If the new client matches, a Potential Duplicate Client Record window will display with the existing client information, and the user will have the following options:

1. The user can select **Yes, this is their record**
    a. If this is selected, the user is asked if they want to transfer the original record into a New Family, an Existing Family or if they want to Cancel.


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes

Family ID 149965858
*Last Name TEST
*First Name BABY
MI
*Date of Birth 05/14/2014
Age 1 yrs, 0 mos
Gender ● M ○ F
Mother's ID
Or
Mother outside of Family
*Proof Of Identity D - BIRTH CERTIFICATE
VOC
Application Date
Disability

Potential Duplicate Client Record

Client Information

Family ID	Client ID	Client Name		
150010444	8341400609	TEST, BABY		
Date of Birth	**Gender**	**Category**	**Authorized Rep 1 Name**	**Authorized Rep 2 Name**
05/14/2014	M	C1	TEST, MOM MOM	

Address Information

Address
1234 MAIN STREET BISBEE AZ 2 85603

Agency/Clinic Information

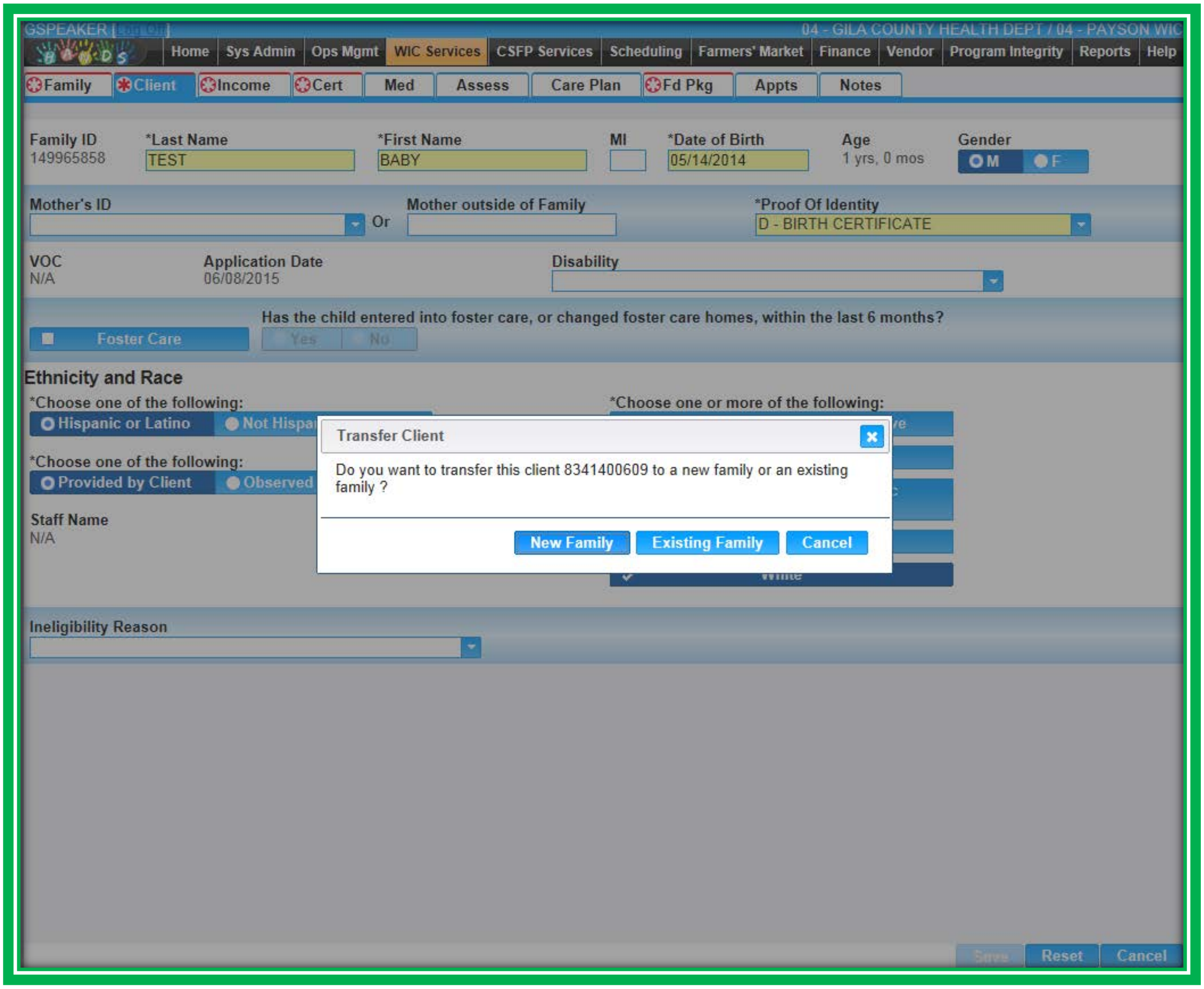
LA: COCHISE COUNTY HEALTH DEPARTMENT
Clinic: BISBEE WIC

Certification Information

Certification Period	Last Issued	Last Cashed
15-MAY-15 - 14-MAY-16	8/15/2015	

Yes, this is their record
No, this is not their record
Save
Reset
Cancel

Figure 228: Potential Duplicate Client Record

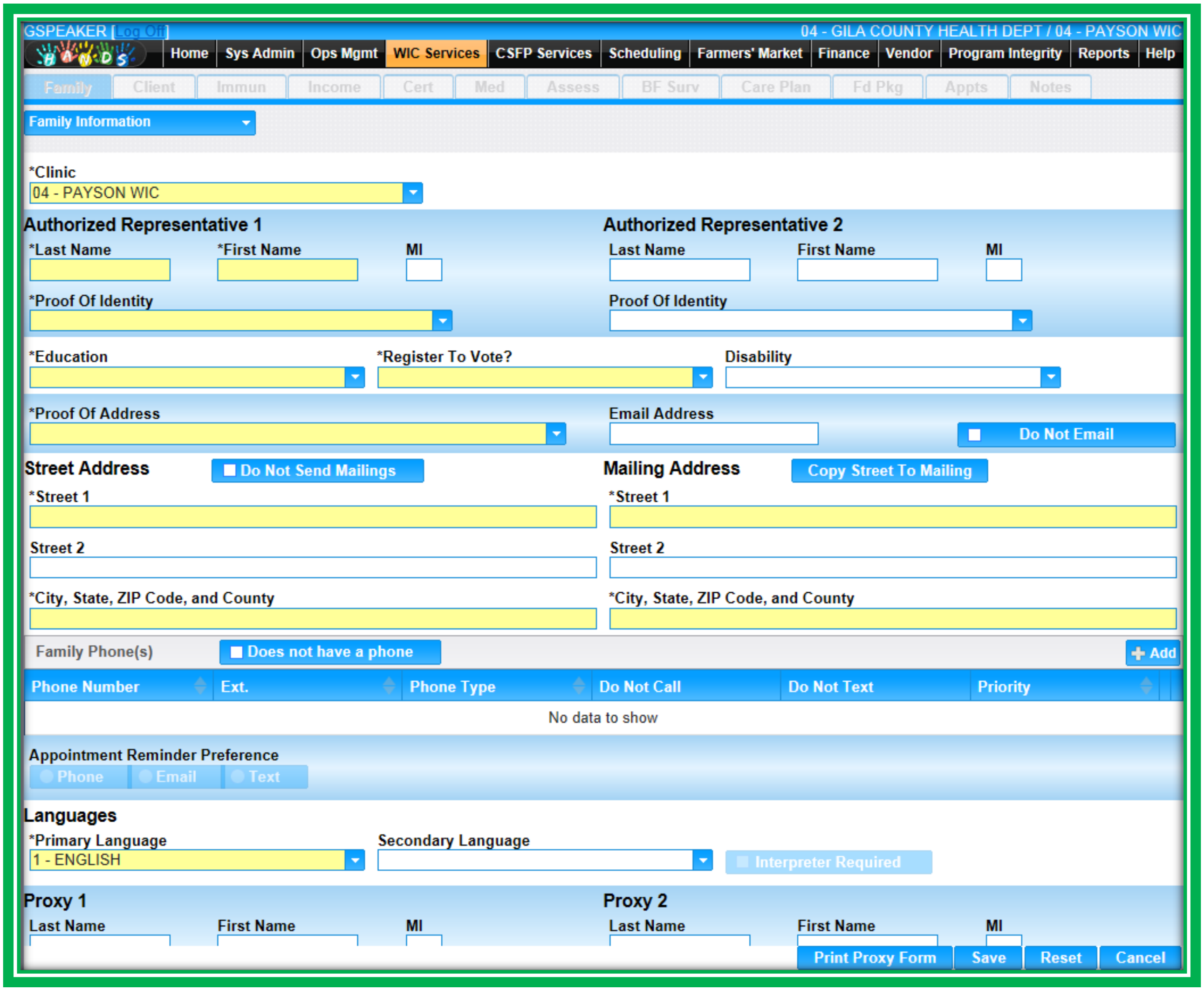

GSPEAKER
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Cert
Med
Assess
Care Plan
Fd Pkg
Appts
Notes
Foster Care
Yes
No
Ethnicity and Race
Hispanic or Latino
Not Hispa
Provided by Client
Observed
White
Ineligibility Reason
Transfer Client
New Family
Existing Family
Cancel
Save
Reset
Cancel

Family ID: 149965858
*Last Name: TEST
*First Name: BABY
MI:
*Date of Birth: 05/14/2014
Age: 1 yrs, 0 mos
Gender: ○ M ○ F
Mother's ID:
Or Mother outside of Family:
*Proof Of Identity: D - BIRTH CERTIFICATE
VOC: N/A
Application Date: 06/08/2015
Disability:
Has the child entered into foster care, or changed foster care homes, within the last 6 months?
*Choose one of the following:
*Choose one or more of the following:
*Choose one of the following:
Staff Name: N/A

Do you want to transfer this client 8341400609 to a new family or an existing family ?

Figure 229: Potential Duplicate Client Record – Transfer

i. Selecting **New Family** allows them to create a new family, inserts the original client record into that family, and discards the client record they were attempting to create.


Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Family Information
Authorized Representative 1
Authorized Representative 2
*Last Name
*First Name
MI
*Proof Of Identity
*Education
*Register To Vote?
Disability
*Proof Of Address
Email Address
Do Not Email
Street Address
Do Not Send Mailings
Mailing Address
Copy Street To Mailing
*Street 1
Street 2
*City, State, ZIP Code, and County
Family Phone(s)
Does not have a phone
Add
Phone Number
Ext.
Phone Type
Do Not Call
Do Not Text
Priority
Appointment Reminder Preference
Phone
Email
Text
Languages
Secondary Language
Interpreter Required
Proxy 1
Proxy 2
Print Proxy Form
Save
Reset
Cancel

GSPEAKER [Log Off]

04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC

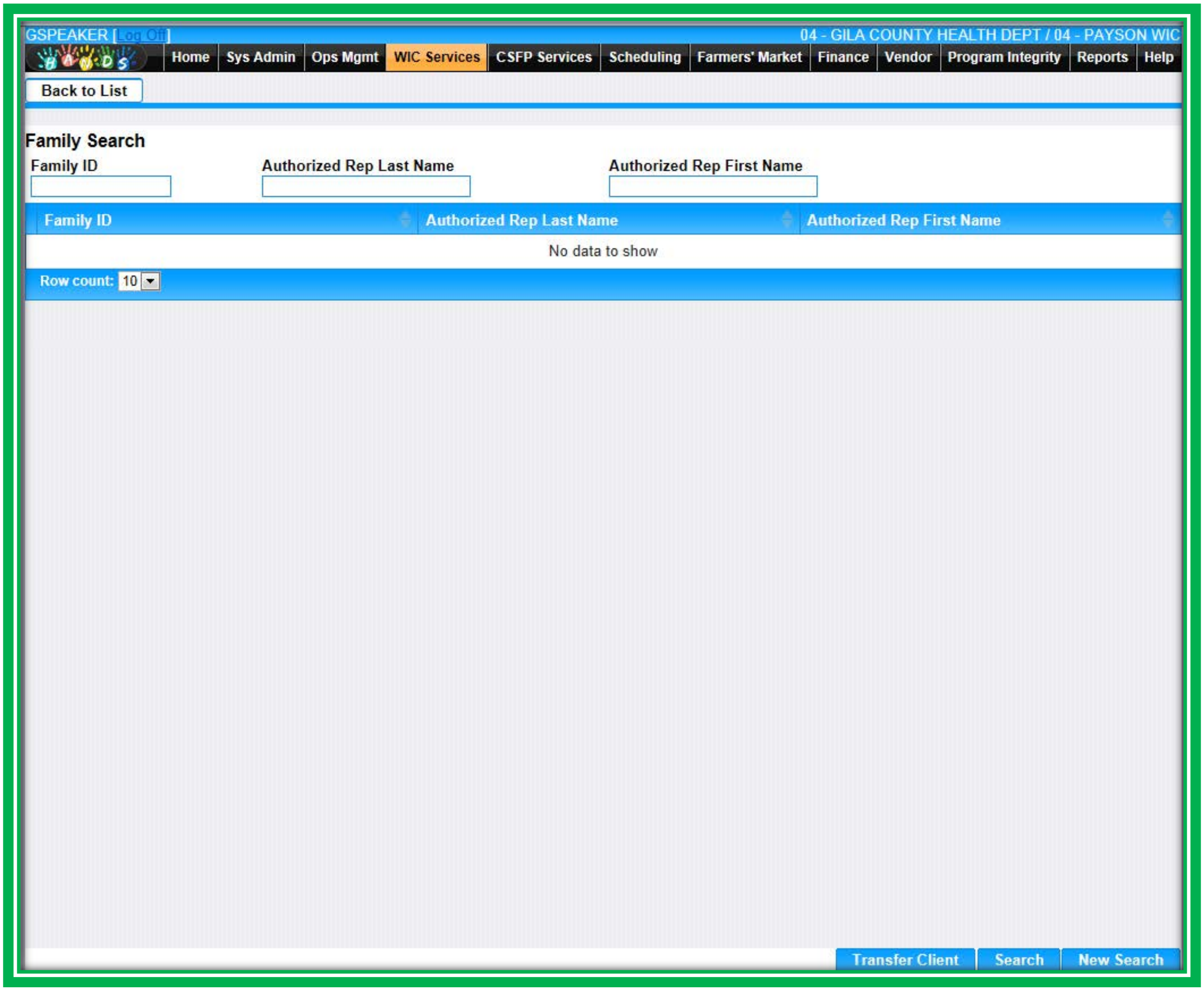
*Clinic: 04 - PAYSON WIC

No data to show

*Primary Language: 1 - ENGLISH

Figure 230: Potential Duplicate – New Family

ii. Selecting **Existing Family** takes them to a modified search screen, allows them to transfer the original client record to an existing family, and discards the client record they were attempting to create.


GSPEAKER [Log Off]
04 - GILA COUNTY HEALTH DEPT / 04 - PAYSON WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Back to List
Transfer Client
Search
New Search

Family Search

Family ID

Authorized Rep Last Name

Authorized Rep First Name

Family ID	Authorized Rep Last Name	Authorized Rep First Name
No data to show		

Row count: 10

Figure 231: Potential Duplicate – Existing Family Search

        iii. Selecting **Cancel** will bring them back to the original screen. They can choose to try to save again and answer No, or they can choose to go to the Client/Family Search screen and find the client in their original family record.

    a. **If they want to transfer the entire family, it can be done on the Client/Family Search screen.**

2. The user can select **No, this is not their record.**
    a. If this is selected, the certification proceeds as normal.
3. If there are multiple matches, the process is repeated for each match.

MODULE 2 ASSESSMENT PART 1

THINGS TO DO BEFORE YOU GET STARTED:

- Review the following areas of the HANDS Resource Site:
  - Module 2
    - Women Medical and Assessment Sneak Peek
- Review the following areas of the CMA HANDS Clinic Training Manual:
  - Module 3
    - Medical
- Reference the following:
  - Arizona WIC Anthropometrics Manual
  - Arizona WIC Laboratory Manuals

Pending Lab Codes

You may get questions about the new Pending Lab Codes. Please note that Pending Lab Codes will not work for Birth Data. However, these fields will not be required for foster children.

For the Arizona WIC Program, the Pending Lab Codes and their relation to the issuance of food benefits is outlined in the table below. In addition, the description of some items contained in the Pending Lab Codes pick list includes the issuance of benefits. You will find the following items in the table:

- Pending Lab Code Description
- Months of Food Benefits (FBs)
  - The number of benefits issued when the corresponding code is selected
- Recurrence
  - The number of times the Pending Lab Code may be used during a certification
- Days Until Lab Value is Required
  - After you enter the Pending Lab Code, you will have this number of days before an actual lab value is required

Please note that each State and Local Agency may have different Pending Lab Code policies and procedures. Check your agency's guidelines before proceeding.

Description	Months of FBs	Recurrence	Days until Lab Value is Required
HT/WT PENDING OUTSIDE DOCUMENTATION (1 MO FB)	1	3	30
NOT REQUIRED (HGB ONLY)	6	0	180
MEDICAL CONDITION	6	5	365
SAFETY CONCERN (1 MONTH FB)	1	5	30
RELIGIOUS BELIEFS	12	2	365
HGB/HCT PENDING OUTSIDE DOCUMENTATION (2 MO FB)	2	1	60
LESS THAN 4 WEEKS POST-PARTUM (HGB ONLY, 1 MO FB)	1	1	30

Table 4: Pending Lab Codes

MODULE 3 ASSESSMENT PART 2 AND BREASTFEEDING SURVEILLANCE

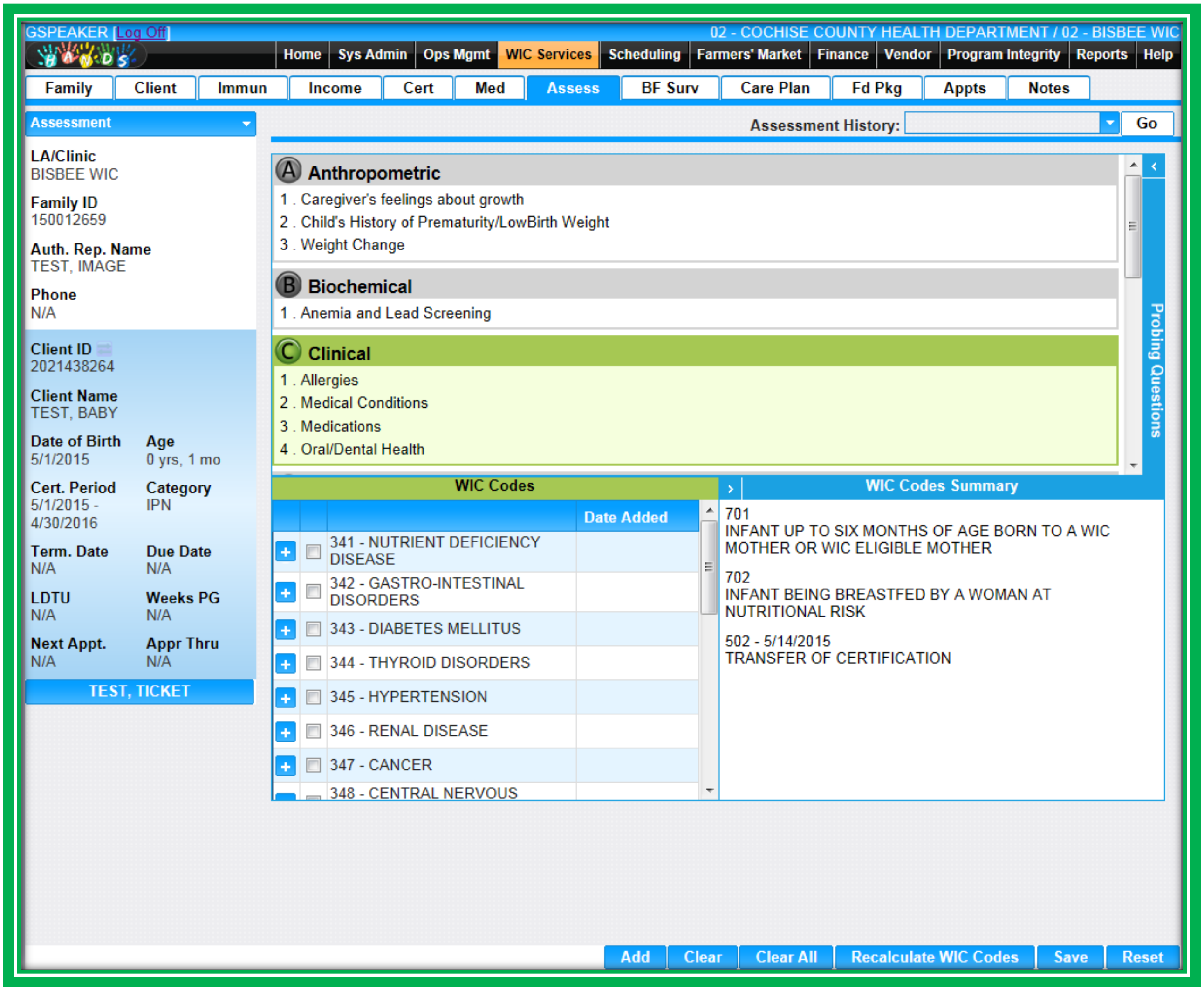
THINGS TO DO BEFORE YOU GET STARTED:

- Review the following areas of the HANDS Resource Site:
  - Module 3
    - Assessment
- Review the following areas of the CMA HANDS Clinic Training Manual:
  - Module 3
    - Assessment
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
  - Chapter 2
    - Section G Health and Nutrition Assessment
- If you need additional Assessment help, please review your agency's Nutrition Risk Manual and the ABCDE Guide

Assessment

Updating Assessments

You will need to provide the users with extra practice in updating Assessments. They will update an Assessment when the client provides them with additional information related to their health or nutrition status and this information leads to the assignment of one or more WIC Codes. They can use the clients they have created, the ones you created previously, they can create new clients, or you can discuss scenarios with them. There are examples in Module 3 to assist you, or you can create your own examples.


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
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Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Assessment
Assessment History:
Go
Probing Questions
WIC Codes
WIC Codes Summary
Add
Clear
Clear All
Recalculate WIC Codes
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
150012659

Auth. Rep. Name
TEST, IMAGE

Phone
N/A

Client ID
2021438264

Client Name
TEST, BABY

Date of Birth 5/1/2015	**Age** 0 yrs, 1 mo
Cert. Period 5/1/2015 - 4/30/2016	**Category** IPN
Term. Date N/A	**Due Date** N/A
LDTU N/A	**Weeks PG** N/A
Next Appt. N/A	**Appr Thru** N/A

TEST, TICKET

A Anthropometric
1 . Caregiver's feelings about growth
2 . Child's History of Prematurity/LowBirth Weight
3 . Weight Change

B Biochemical
1 . Anemia and Lead Screening

C Clinical
1 . Allergies
2 . Medical Conditions
3 . Medications
4 . Oral/Dental Health

			Date Added
+	☐	341 - NUTRIENT DEFICIENCY DISEASE	
+	☐	342 - GASTRO-INTESTINAL DISORDERS	
+	☐	343 - DIABETES MELLITUS	
+	☐	344 - THYROID DISORDERS	
+	☐	345 - HYPERTENSION	
+	☐	346 - RENAL DISEASE	
+	☐	347 - CANCER	
+	☐	348 - CENTRAL NERVOUS	

701
INFANT UP TO SIX MONTHS OF AGE BORN TO A WIC MOTHER OR WIC ELIGIBLE MOTHER

702
INFANT BEING BREASTFED BY A WOMAN AT NUTRITIONAL RISK

502 - 5/14/2015
TRANSFER OF CERTIFICATION

Figure 232: Assessment

Mid-Cert Health Assessment

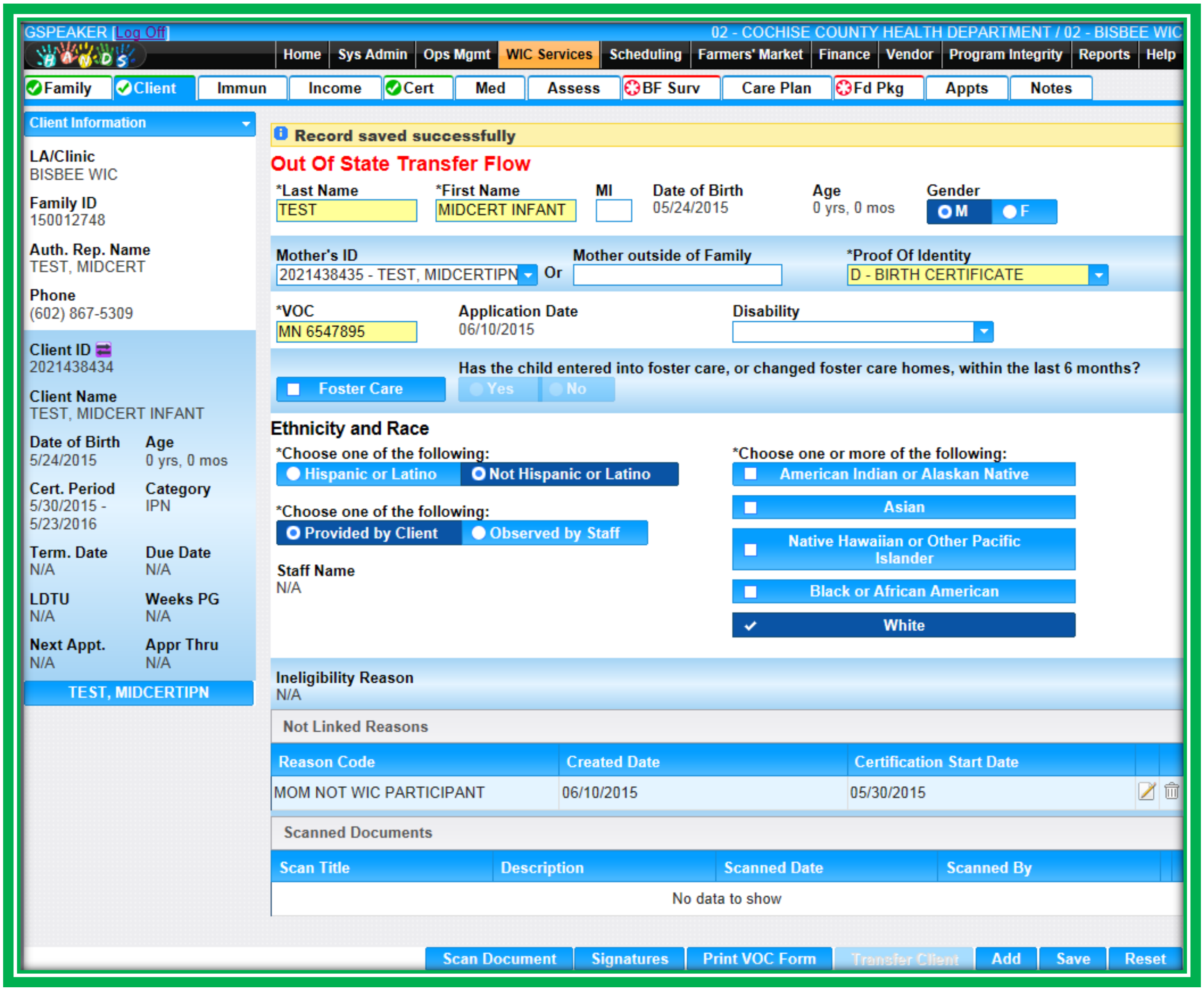
You will need to provide the users with a demonstration of the Mid-Cert Health Assessment process. Create at least one family and client in order to demonstrate the process. You can also create additional families/clients for users to practice. The number of families/clients you create is up to you and depends on your training methods and needs.

With HANDS, Arizona WIC will be observing year-long certs and requiring Mid-Cert Health Assessments for the following:

- Infants
- Breastfeeding Women
- Children (C1-C4)

You can use the Out-of-State Transfer screens to create the certification dates needed to trigger a Mid-Cert Health Assessment. This needs to be done at least one day before you demonstrate the Mid-Cert Health Assessment process. When you use the Out-of-State Transfer screens, you will complete the following to create the clients:

- Create a family
- Create one or more clients
- Add cert Information
    - Ensure the cert dates will trigger a six-month Mid-Cert Health Assessment
- Add medical data
- Add an Assessment
- Add Nutrition Discussion
    - This is optional
- Add Status to the Referrals
    - This is optional
- **Make sure you select Complete Assessment on the Care Plan screen**
- Add a food package
    - This is optional


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Client Information
Scan Document
Signatures
Print VOC Form
Transfer Client
Add
Save
Reset

LA/Clinic BISBEE WIC
Family ID 150012748
Auth. Rep. Name TEST, MIDCERT
Phone (602) 867-5309
Client ID 2021438434
Client Name TEST, MIDCERT INFANT
Date of Birth 5/24/2015
Age 0 yrs, 0 mos
Cert. Period 5/30/2015 - 5/23/2016
Category IPN
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A
TEST, MIDCERTIPN

Record saved successfully

Out Of State Transfer Flow

*Last Name: TEST
*First Name: MIDCERT INFANT
MI:
Date of Birth: 05/24/2015
Age: 0 yrs, 0 mos
Gender: ● M ○ F
Mother's ID: 2021438435 - TEST, MIDCERTIPN Or
Mother outside of Family:
*Proof Of Identity: D - BIRTH CERTIFICATE
*VOC: MN 6547895
Application Date: 06/10/2015
Disability:
☐ Foster Care
Has the child entered into foster care, or changed foster care homes, within the last 6 months? ○ Yes ○ No

Ethnicity and Race

*Choose one of the following: ○ Hispanic or Latino ● Not Hispanic or Latino
*Choose one of the following: ● Provided by Client ○ Observed by Staff
Staff Name: N/A
*Choose one or more of the following:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☑ White

Ineligibility Reason: N/A

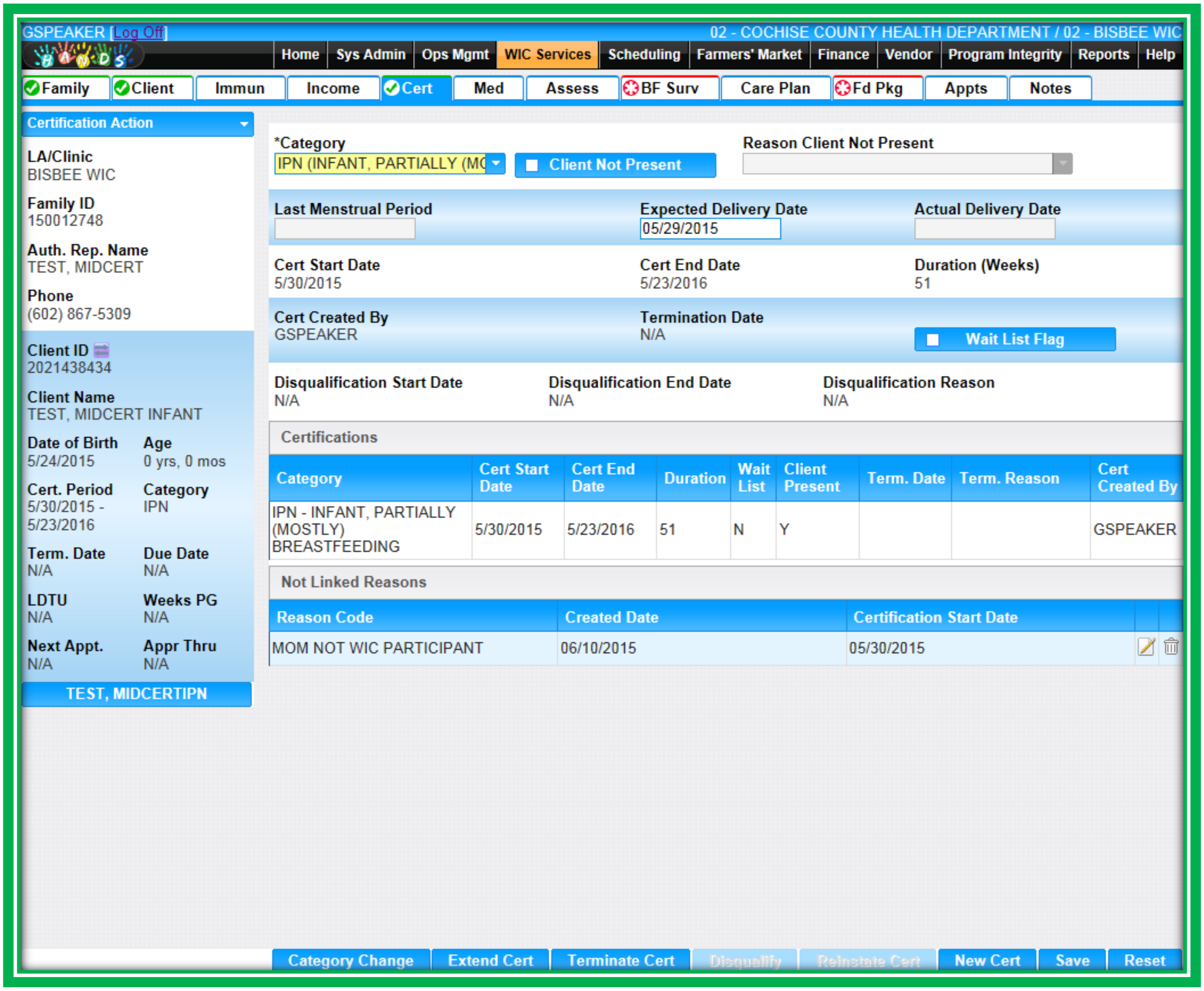
Not Linked Reasons

Reason Code	Created Date	Certification Start Date
MOM NOT WIC PARTICIPANT	06/10/2015	05/30/2015

Scanned Documents

Scan Title	Description	Scanned Date	Scanned By
No data to show			

Figure 233: Out-of-State Transfer – Client Information


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
✓Family
✓Client
Immun
Income
✓Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Certification Action
Certifications
Not Linked Reasons
Category Change
Extend Cert
Terminate Cert
Disqualify
Reinstate Cert
New Cert
Save
Reset

LA/Clinic
BISBEE WIC

Family ID
150012748

Auth. Rep. Name
TEST, MIDCERT

Phone
(602) 867-5309

Client ID
2021438434

Client Name
TEST, MIDCERT INFANT

Date of Birth 5/24/2015	Age 0 yrs, 0 mos
Cert. Period 5/30/2015 - 5/23/2016	Category IPN
Term. Date N/A	Due Date N/A
LDTU N/A	Weeks PG N/A
Next Appt. N/A	Appr Thru N/A

TEST, MIDCERTIPN

*Category IPN (INFANT, PARTIALLY (MO	☐ Client Not Present	Reason Client Not Present
Last Menstrual Period	Expected Delivery Date 05/29/2015	Actual Delivery Date
Cert Start Date 5/30/2015	Cert End Date 5/23/2016	Duration (Weeks) 51
Cert Created By GSPEAKER	Termination Date N/A	☐ Wait List Flag
Disqualification Start Date N/A	Disqualification End Date N/A	Disqualification Reason N/A

Certifications

Category	Cert Start Date	Cert End Date	Duration	Wait List	Client Present	Term. Date	Term. Reason	Cert Created By
IPN - INFANT, PARTIALLY (MOSTLY) BREASTFEEDING	5/30/2015	5/23/2016	51	N	Y			GSPEAKER

Not Linked Reasons

Reason Code	Created Date	Certification Start Date
MOM NOT WIC PARTICIPANT	06/10/2015	05/30/2015

Figure 234: Out-of-State Transfer – Cert Action

When you use the Out-of-State Transfer screens, you will complete the following to demonstrate the Mid-Cert Health Assessment process:

- Verify Family Information
- Add immunization data
    - If the client is under two
- Verify category Information
- Add medical data
- Add an Assessment
    - Complete the Standard Questions
    - Add any additional WIC Codes
- Add Breastfeeding Surveillance
    - If the client is under two
- Add a Nutrition Discussion topic
- Add any new Referrals, if applicable
    - Make sure you select Complete Assessment on the Care Plan screen
- Add a Note
    - You can copy and Paste the EZTGIF template
- Add a food package
    - This is optional
- Issue food benefits
    - This is optional

MODULE 4 CARE PLAN AND NOTES

THINGS TO DO BEFORE YOU GET STARTED:

- Review the following areas of the HANDS Resource Site:
    - Module 4
        - Care Plan – WIC Codes
- Review the following areas of the CMA HANDS Clinic Training Manual:
    - Module 3
        - Care Plan
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
    - Chapter 2
- If you need additional PCS help, please review:
    - PCS: Setting the Stage Online Course - Arizona WIC
    - Principles of Influence 101 Online Course - Arizona WIC
    - WIC PCE: Introduction to WIC Listens Online Course - Arizona WIC

Care Plan

WIC Code 135 – Inadequate Growth

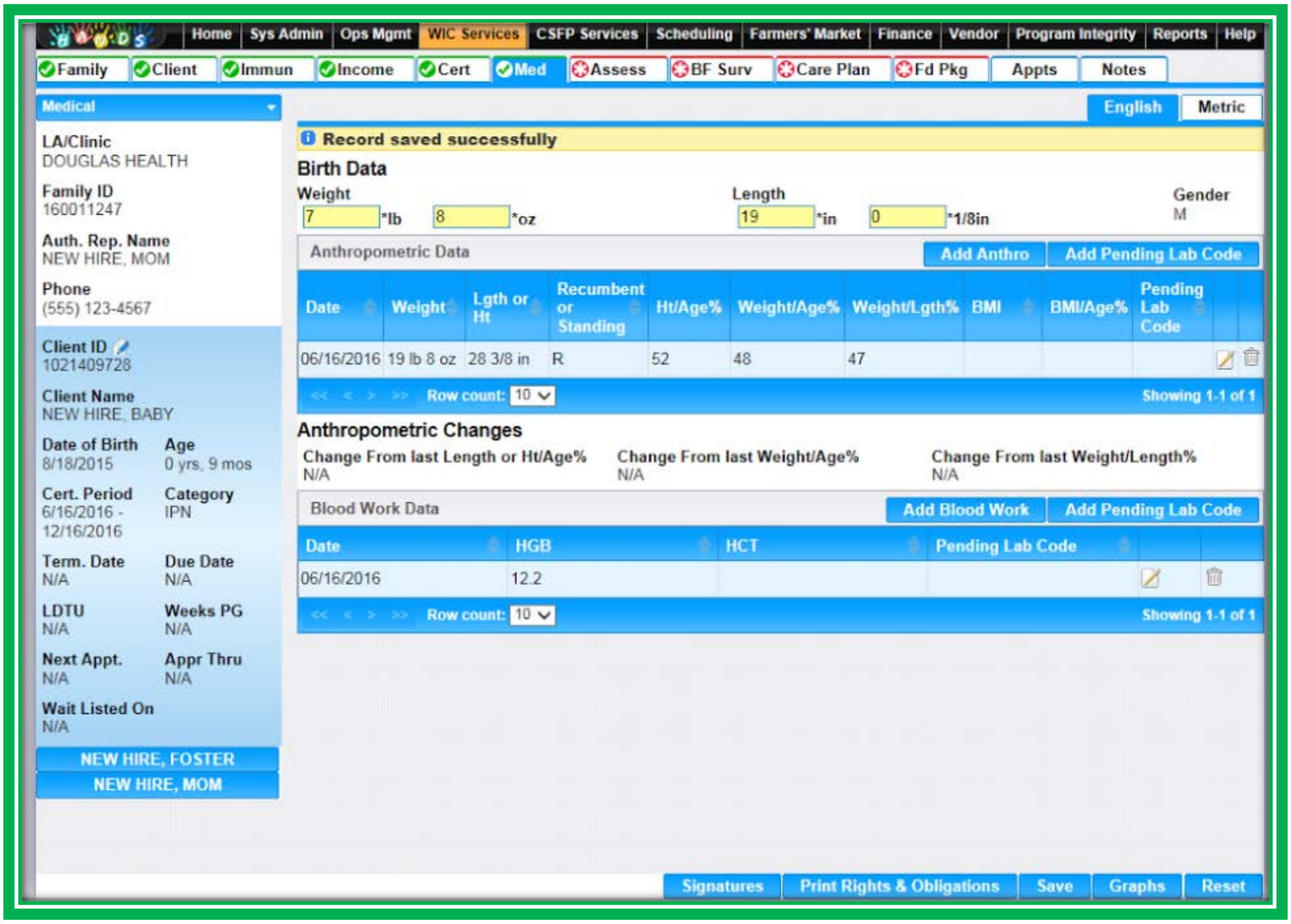
Arizona WIC Program, WIC Code 135 – Inadequate Growth may be confused with WIC Code 103 – Underweight or At Risk of Underweight. The difference between the two is that a client with WIC Code 135 most likely has a serious health or nutritional inadequacy. These clients may be medically fragile and need to be referred to the Nutritionist/Dietitian. This is especially true the first time they are triggered as High Risk. During the certification period, the Nutritionist/Dietitian will determine how often the client needs to be seen and when they are ready to discontinue High Risk/Priority appointments.

WIC Code 103 may come up in subsequent certifications; however, if the Nutritionist/Dietitian has signed off, these clients do not have to be seen again (the red heart will still need to be changed to green). This is not true for clients with WIC Code 135. **If they come up as High Risk again in a subsequent certification, it is an indication that they still have a serious issue or that their condition has worsened, and they need to be referred back to the Nutritionist/Dietitian.**

Another difference with Inadequate Growth is the growth chart that is used to assess and track the client's progress. You will need to use the **Weight for Age** growth chart to evaluate and follow the growth of these clients. Per the USDA, this graph is a sensitive indicator of acute nutritional inadequacy. If you have further questions on WIC Code 135, please contact your Nutrition Consultant.

To demonstrate WIC Code 135 to staff members, you will need to create a client that is a child. You can use the Out-of-State Transfer screens to create the client. After you have created the child's record using the Out-of-State Transfer screens, you can do the following to demonstrate WIC Code 135:

- Enter a medical record that is up to 60 days prior to today's date
  - Note: If you create a client that is over two years of age, you won't have to enter Birth Data
  - Note: If you create the client at least 24 hours before you demonstrate, you can put in the first medical record when you create the client and the second medical record when you do the demonstration
- Enter a second record with today's date
  - Enter the record as if the child has lost weight since the previous visit
- Enter blood work
  - Click Save


Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Medical
English
Metric
Add Anthro
Add Pending Lab Code
Add Blood Work
Add Pending Lab Code
Signatures
Print Rights & Obligations
Save
Graphs
Reset

LA/Clinic
DOUGLAS HEALTH

Family ID
160011247

Auth. Rep. Name
NEW HIRE, MOM

Phone
(555) 123-4567

Client ID
1021409728

Client Name
NEW HIRE, BABY

Date of Birth: 8/18/2015
Age: 0 yrs, 9 mos

Cert. Period: 6/16/2016 - 12/16/2016
Category: IPN

Term. Date: N/A
Due Date: N/A

LDTU: N/A
Weeks PG: N/A

Next Appt.: N/A
Appr Thru: N/A

Wait Listed On
N/A

NEW HIRE, FOSTER
NEW HIRE, MOM

Record saved successfully

Birth Data

Weight: 7 *lb 8 *oz
Length: 19 *in 0 *1/8in
Gender: M

Anthropometric Data

Date	Weight	Lgth or Ht	Recumbent or Standing	Ht/Age%	Weight/Age%	Weight/Lgth%	BMI	BMI/Age%	Pending Lab Code
06/16/2016	19 lb 8 oz	28 3/8 in	R	52	48	47			

Row count: 10 Showing 1-1 of 1

Anthropometric Changes

Change From last Length or Ht/Age%: N/A
Change From last Weight/Age%: N/A
Change From last Weight/Length%: N/A

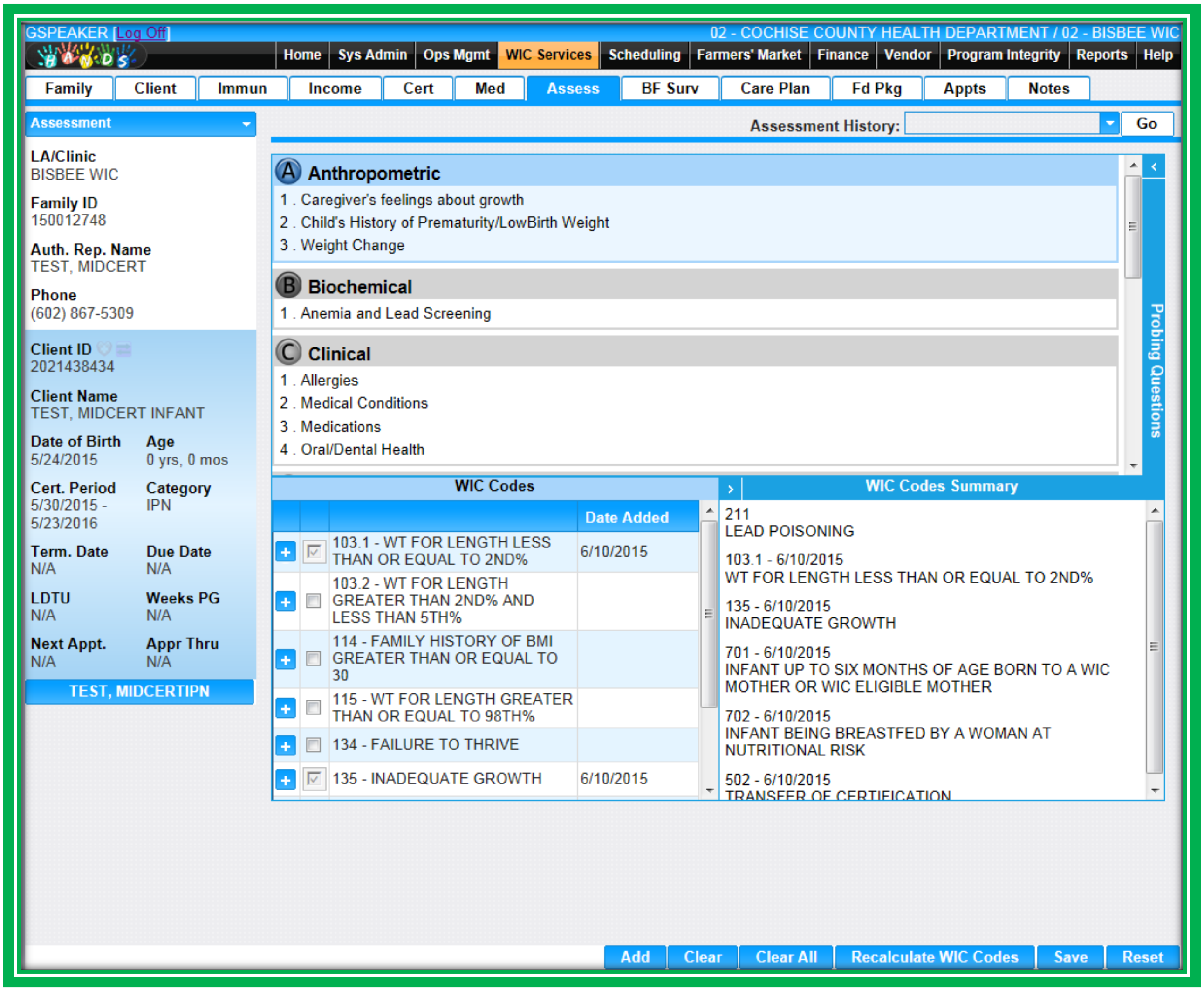
Blood Work Data

Date	HGB	HCT	Pending Lab Code
06/16/2016	12.2		

Row count: 10 Showing 1-1 of 1

Figure 235: Infant/Child Medical

- Navigate to the Assessment screen
    - Show staff that WIC Code 135 has populated
        - Will display in WIC Codes Summary
        - May or may not display in the WIC Codes section depending on how the Assessment was built
    - Click Save


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Assessment
Assessment History:
Go
Probing Questions
Add
Clear
Clear All
Recalculate WIC Codes
Save
Reset

LA/Clinic BISBEE WIC
Family ID 150012748
Auth. Rep. Name TEST, MIDCERT
Phone (602) 867-5309
Client ID 2021438434
Client Name TEST, MIDCERT INFANT
Date of Birth 5/24/2015 **Age** 0 yrs, 0 mos
Cert. Period 5/30/2015 - 5/23/2016 **Category** IPN
Term. Date N/A **Due Date** N/A
LDTU N/A **Weeks PG** N/A
Next Appt. N/A **Appr Thru** N/A
TEST, MIDCERTIPN

A Anthropometric
1 . Caregiver's feelings about growth
2 . Child's History of Prematurity/LowBirth Weight
3 . Weight Change

B Biochemical
1 . Anemia and Lead Screening

C Clinical
1 . Allergies
2 . Medical Conditions
3 . Medications
4 . Oral/Dental Health

WIC Codes

			Date Added
+	☑	103.1 - WT FOR LENGTH LESS THAN OR EQUAL TO 2ND%	6/10/2015
+	☐	103.2 - WT FOR LENGTH GREATER THAN 2ND% AND LESS THAN 5TH%	
+	☐	114 - FAMILY HISTORY OF BMI GREATER THAN OR EQUAL TO 30	
+	☐	115 - WT FOR LENGTH GREATER THAN OR EQUAL TO 98TH%	
+	☐	134 - FAILURE TO THRIVE	
+	☑	135 - INADEQUATE GROWTH	6/10/2015

WIC Codes Summary

211
LEAD POISONING

103.1 - 6/10/2015
WT FOR LENGTH LESS THAN OR EQUAL TO 2ND%

135 - 6/10/2015
INADEQUATE GROWTH

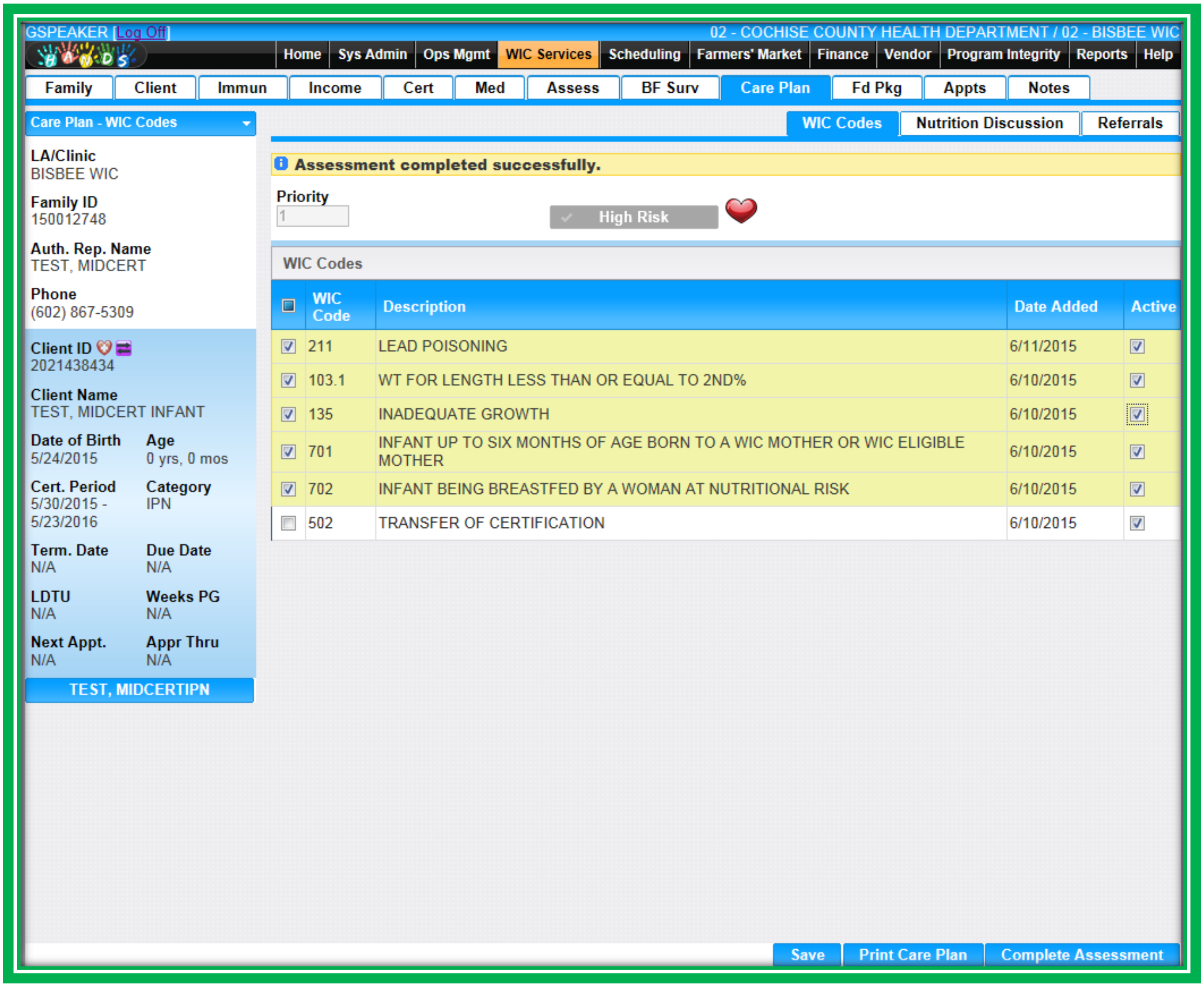
701 - 6/10/2015
INFANT UP TO SIX MONTHS OF AGE BORN TO A WIC MOTHER OR WIC ELIGIBLE MOTHER

702 - 6/10/2015
INFANT BEING BREASTFED BY A WOMAN AT NUTRITIONAL RISK

502 - 6/10/2015
TRANSFER OF CERTIFICATION

Figure 236: Assessment

- Navigate to the Care Plan – WIC Codes screen
    - Select Complete Assessment
    - Show staff that the client is High Risk


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Care Plan - WIC Codes
WIC Codes
Nutrition Discussion
Referrals
High Risk
TEST, MIDCERTIPN
Save
Print Care Plan
Complete Assessment

LA/Clinic BISBEE WIC
Family ID 150012748
Auth. Rep. Name TEST, MIDCERT
Phone (602) 867-5309
Client ID 2021438434
Client Name TEST, MIDCERT INFANT
Date of Birth 5/24/2015
Age 0 yrs, 0 mos
Cert. Period 5/30/2015 - 5/23/2016
Category IPN
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A

Assessment completed successfully.

Priority 1

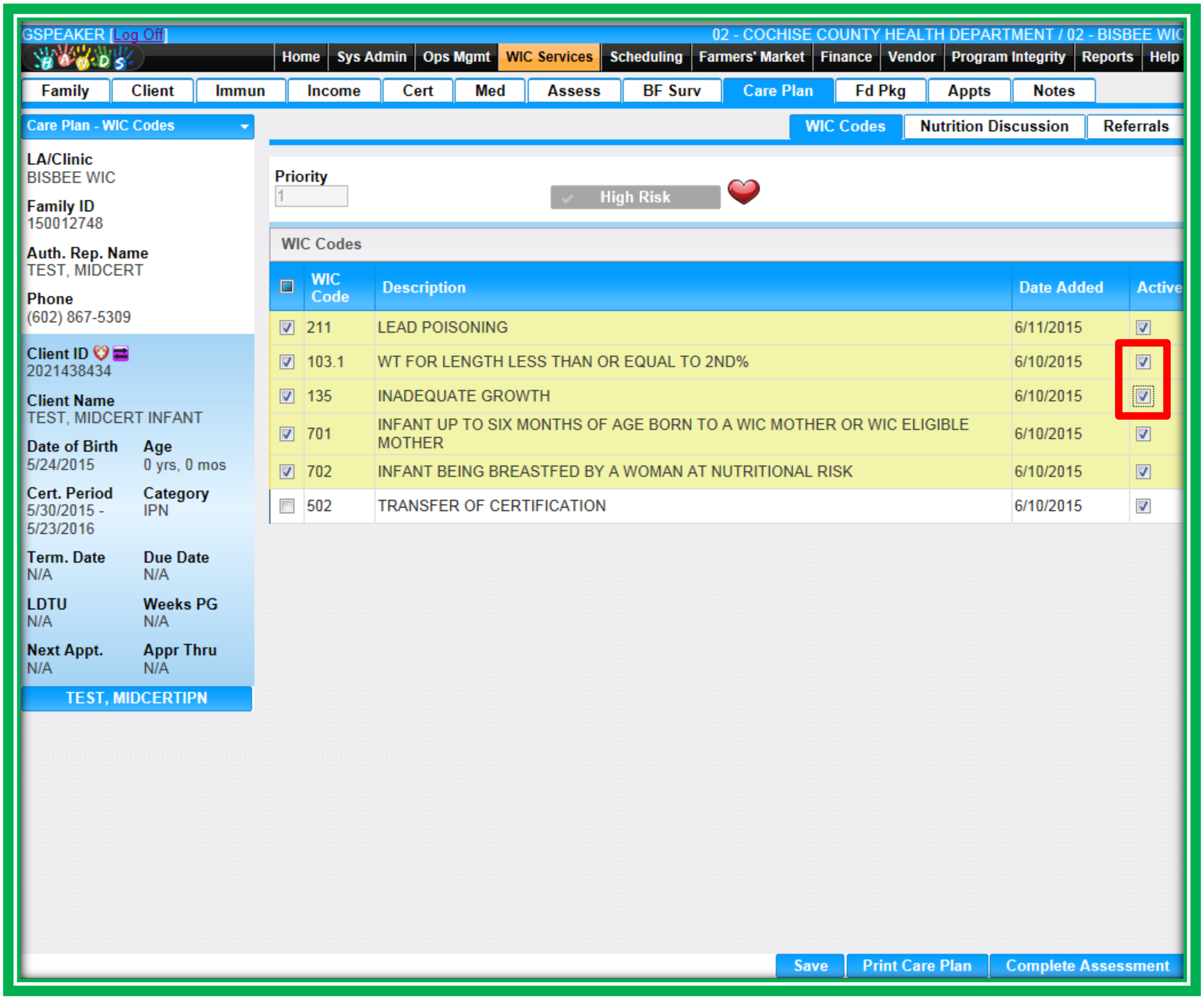
WIC Codes

■	WIC Code	Description	Date Added	Active
☑	211	LEAD POISONING	6/11/2015	☑
☑	103.1	WT FOR LENGTH LESS THAN OR EQUAL TO 2ND%	6/10/2015	☑
☑	135	INADEQUATE GROWTH	6/10/2015	☑
☑	701	INFANT UP TO SIX MONTHS OF AGE BORN TO A WIC MOTHER OR WIC ELIGIBLE MOTHER	6/10/2015	☑
☑	702	INFANT BEING BREASTFED BY A WOMAN AT NUTRITIONAL RISK	6/10/2015	☑
☐	502	TRANSFER OF CERTIFICATION	6/10/2015	☑

Figure 237: Care Plan – WIC Codes

Active Checkbox

Another feature that you may get a few questions about is the Active checkbox on the Care Plan – WIC Codes screen. The purpose of this checkbox is to let staff members know that this WIC Code is no longer being actively followed. It is true that once a client is assigned WIC Codes, those codes stay with them throughout their certification. Those codes may not always be appropriate to discuss at every visit. An example of this is if a child had lead poisoning at certification, and it has been resolved. Staff would deselect the checkbox on WIC Code 211 – Elevated Blood Lead Levels to let others know that this code is not being actively followed or discussed with the client. **Please emphasize to staff that this will also need to be documented in Notes.**


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Care Plan - WIC Codes
WIC Codes
Nutrition Discussion
Referrals
High Risk
TEST, MIDCERTIPN
Save
Print Care Plan
Complete Assessment

LA/Clinic
BISBEE WIC

Family ID
150012748

Auth. Rep. Name
TEST, MIDCERT

Phone
(602) 867-5309

Client ID
2021438434

Client Name
TEST, MIDCERT INFANT

Date of Birth 5/24/2015
Age 0 yrs, 0 mos

Cert. Period 5/30/2015 - 5/23/2016
Category IPN

Term. Date N/A
Due Date N/A

LDTU N/A
Weeks PG N/A

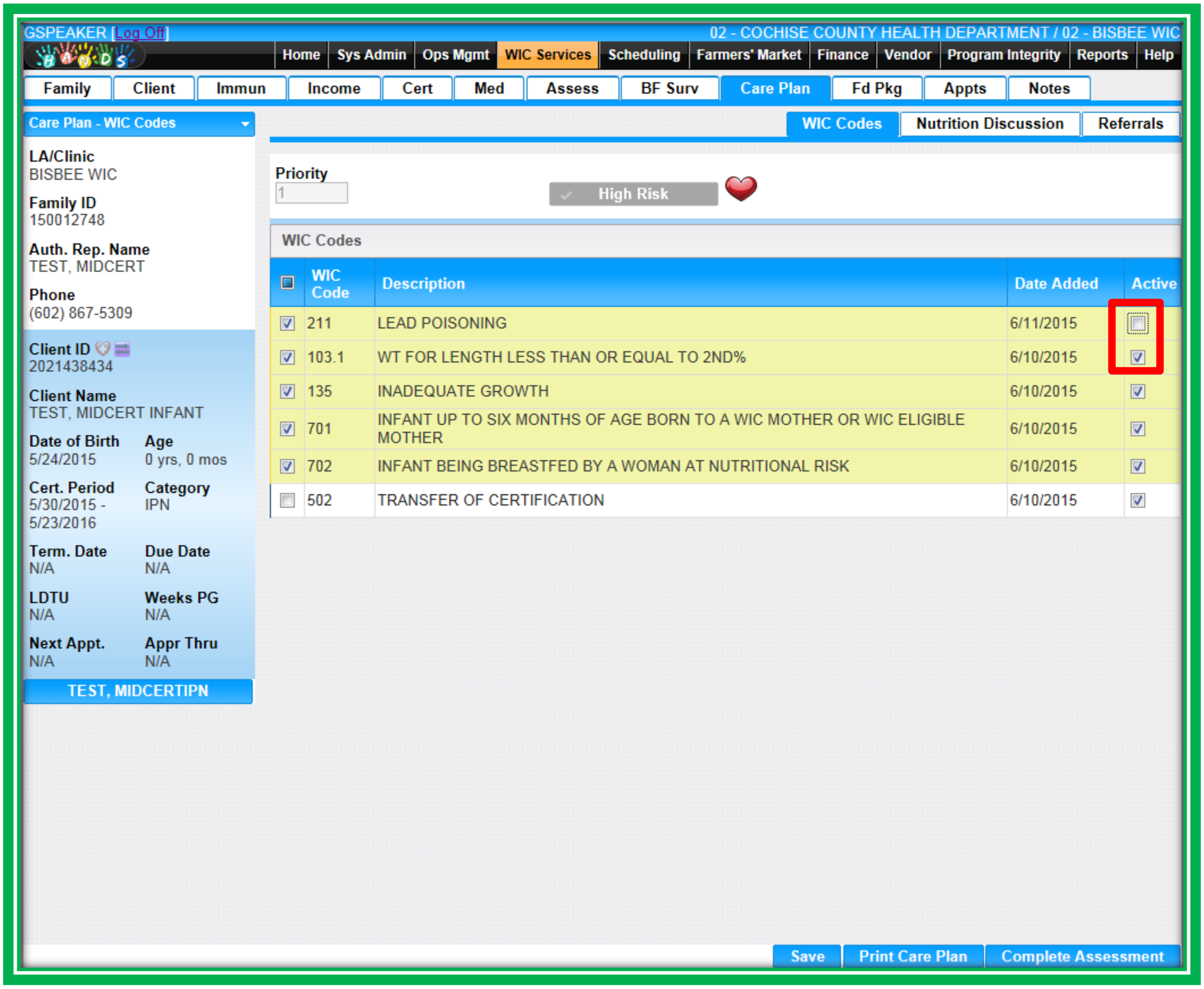
Next Appt. N/A
Appr Thru N/A

Priority
1

WIC Codes

☐	WIC Code	Description	Date Added	Active
☑	211	LEAD POISONING	6/11/2015	☑
☑	103.1	WT FOR LENGTH LESS THAN OR EQUAL TO 2ND%	6/10/2015	☑
☑	135	INADEQUATE GROWTH	6/10/2015	☑
☑	701	INFANT UP TO SIX MONTHS OF AGE BORN TO A WIC MOTHER OR WIC ELIGIBLE MOTHER	6/10/2015	☑
☑	702	INFANT BEING BREASTFED BY A WOMAN AT NUTRITIONAL RISK	6/10/2015	☑
☐	502	TRANSFER OF CERTIFICATION	6/10/2015	☑

Figure 238: Care Plan – WIC Codes


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Immun
Income
Cert
Med
Assess
BF Surv
Care Plan
Fd Pkg
Appts
Notes
Care Plan - WIC Codes
WIC Codes
Nutrition Discussion
Referrals
High Risk
Save
Print Care Plan
Complete Assessment

LA/Clinic BISBEE WIC
Family ID 150012748
Auth. Rep. Name TEST, MIDCERT
Phone (602) 867-5309
Client ID 2021438434
Client Name TEST, MIDCERT INFANT
Date of Birth 5/24/2015
Age 0 yrs, 0 mos
Cert. Period 5/30/2015 - 5/23/2016
Category IPN
Term. Date N/A
Due Date N/A
LDTU N/A
Weeks PG N/A
Next Appt. N/A
Appr Thru N/A
TEST, MIDCERTIPN

Priority 1

WIC Codes

☐	WIC Code	Description	Date Added	Active
☑	211	LEAD POISONING	6/11/2015	☐
☑	103.1	WT FOR LENGTH LESS THAN OR EQUAL TO 2ND%	6/10/2015	☑
☑	135	INADEQUATE GROWTH	6/10/2015	☑
☑	701	INFANT UP TO SIX MONTHS OF AGE BORN TO A WIC MOTHER OR WIC ELIGIBLE MOTHER	6/10/2015	☑
☑	702	INFANT BEING BREASTFED BY A WOMAN AT NUTRITIONAL RISK	6/10/2015	☑
☐	502	TRANSFER OF CERTIFICATION	6/10/2015	☑

Figure 239: Care Plan – WIC Codes

MODULE 7 TRANSFERS, HISTORY, SIGNATURES AND SCANNING

THINGS TO DO BEFORE YOU GET STARTED:

- Review the following areas of the HANDS Resource Site:
    - Module 7
        - Scanner and Signature Pad
- Review the following areas of the CMA HANDS Clinic Training Manual:
    - Module 2
    - Module 3
    - Module 10
        - Scanned Documents and Signature Page
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
    - Chapter 2
    - Chapter 9
        - Section B Local Agency Responsibilities

New Equipment

Signature Pad

In order for staff to complete the scanning exercises in the workbook, you will need to train users on your agency's/clinic's scanning procedures. You will need to do the following:

- Discuss your agency's/clinic's processes for collecting signatures
    - Note: You **must** get consent before:
        - Measuring height/weight
        - Measuring hemoglobin
        - Physically touching the client or their child/children during breastfeeding instruction
- Discuss any agency/linic-specific policies for collecting signatures

Scanner

In order for staff to complete the scanning exercises in the workbook, you will need to orient users to your agency's/clinic's scanning procedures. You will need to do the following:

- Show staff where the scanner(s) is/are located
- Discuss your agency's/clinic's processes for scanning
- Discuss any agency's/clinic specific policies for scanning

MODULE 8 APPOINTMENTS

THINGS TO DO BEFORE YOU GET STARTED:

- Review the following areas of the HANDS Resource Site:
  - Module 9
    - Precertification
- Review the following areas of the CMA HANDS Clinic Training Manual:
  - Module 6
    - Precertification for Scheduling New Clients
    - Appointment Mailing Labels
- For the Arizona WIC Program, reference the following areas of the Arizona WIC Policy and Procedure Manual:
  - Chapter 2
  - Chapter 6
    - Section J Access for Participants with Special Needs
- If you need additional PCS help, please review Setting the Stage LMS course and/or Principles of Influence LMS course.

Precertification

If your agency/clinic will be using Precertification, you will need either to provide a demonstration of the functionality or direct users to practice using the Precertification screens. You will also need to include switching between clinics to schedule clients in your demonstration or the practice sessions.

The Precertification screens are similar to the other eligibility screens in HANDS but with fewer fields. HANDS Precertification screens will allow you to assess client eligibility with minimal information and to schedule appointments. The information entered in these screens will also transfer over to the WIC Services module when you are ready to certify your family. There are three Precertification screens: Family Information, Client Registration, and Income. The Income screen is optional.

To complete a Precertification demonstration, you will need to do the following:

- Complete the Precertification Family Information screen

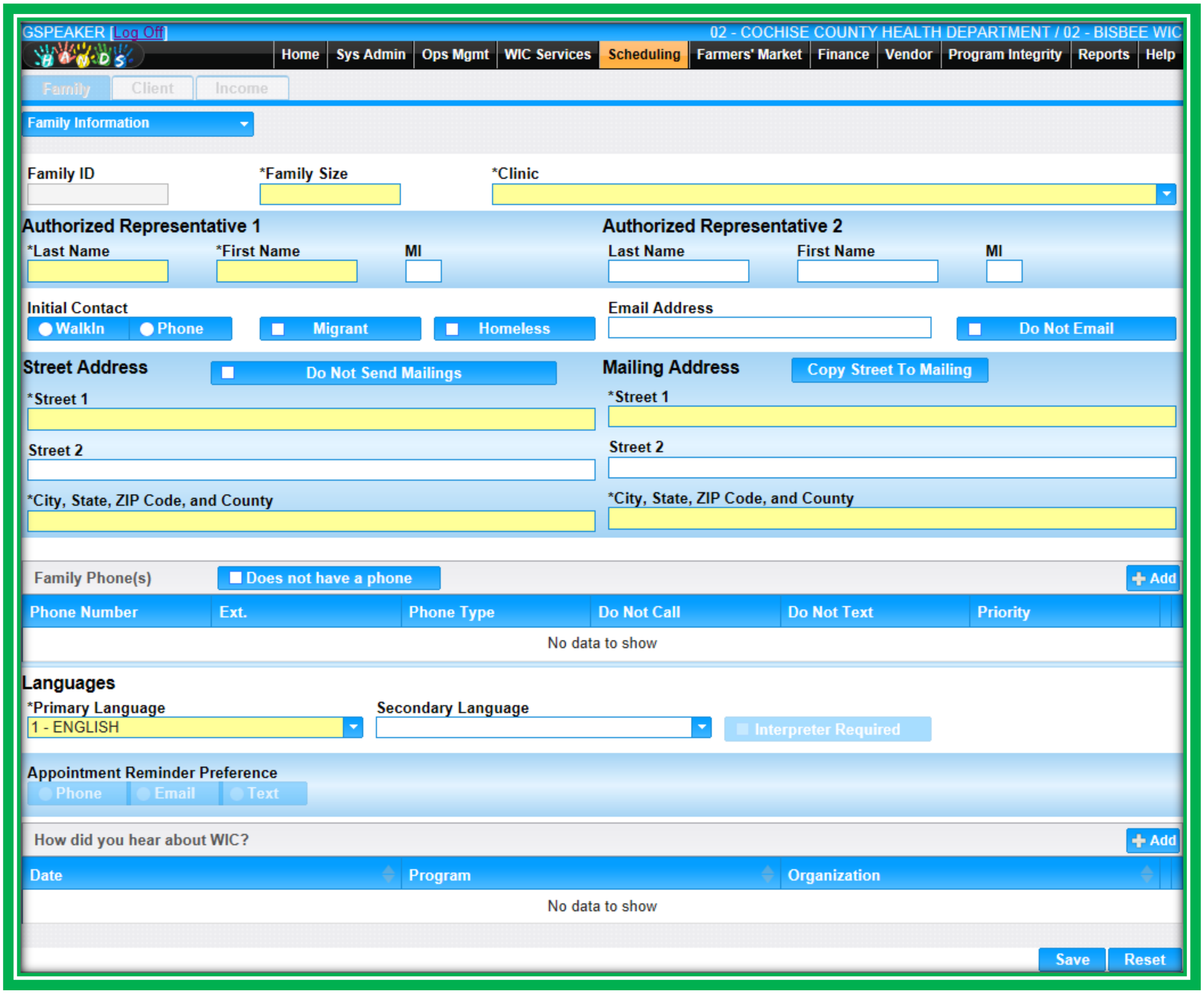
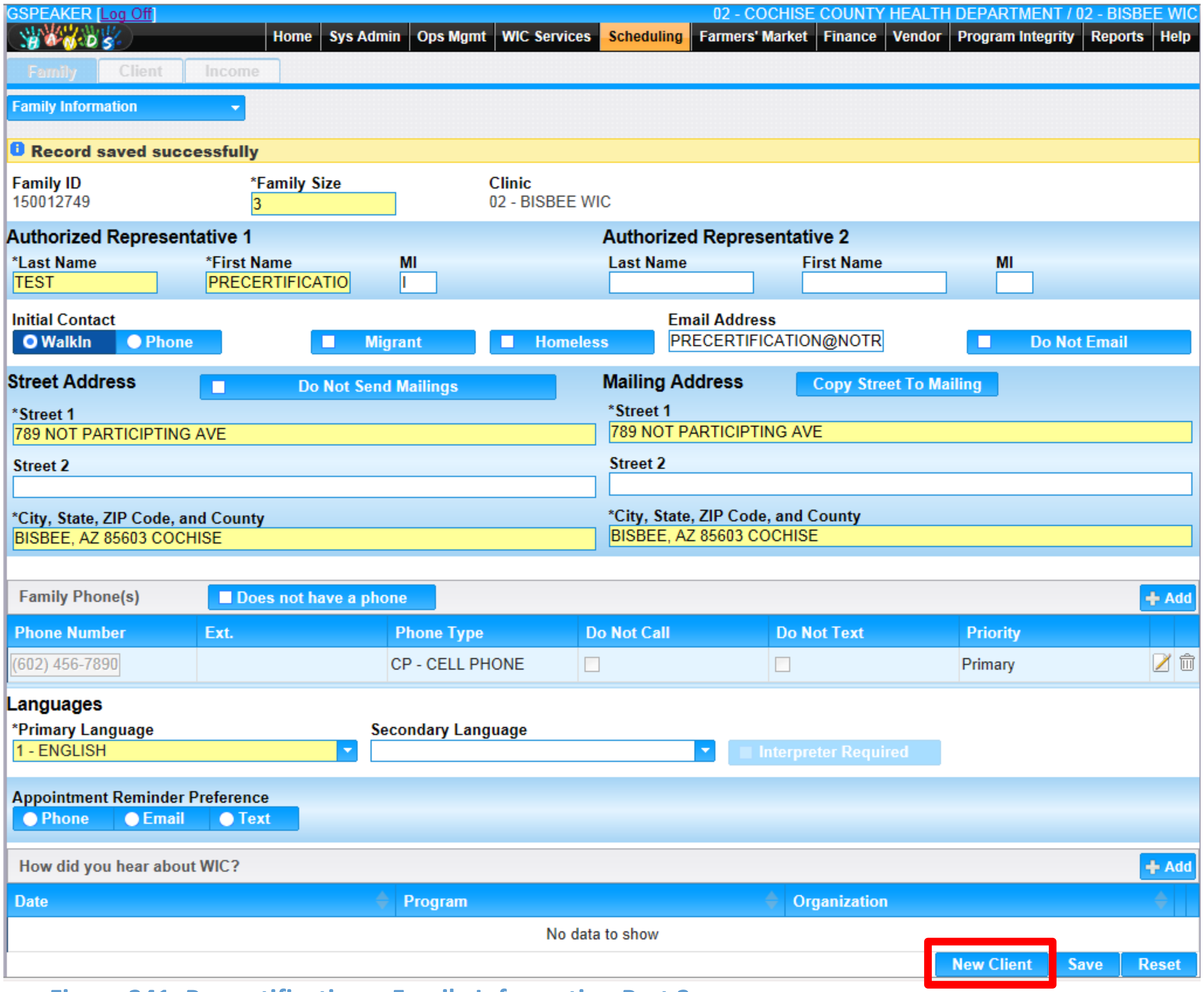

GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Family Information
Family ID
*Family Size
*Clinic
Authorized Representative 1
*Last Name
*First Name
MI
Authorized Representative 2
Last Name
First Name
MI
Initial Contact
● WalkIn
● Phone
☐ Migrant
☐ Homeless
Email Address
☐ Do Not Email
Street Address
☐ Do Not Send Mailings
Mailing Address
Copy Street To Mailing
*Street 1
Street 2
*City, State, ZIP Code, and County
*Street 1
Street 2
*City, State, ZIP Code, and County
Family Phone(s)
☐ Does not have a phone
+ Add
Phone Number
Ext.
Phone Type
Do Not Call
Do Not Text
Priority
No data to show
Languages
*Primary Language
1 - ENGLISH
Secondary Language
☐ Interpreter Required
Appointment Reminder Preference
○ Phone
○ Email
○ Text
How did you hear about WIC?
+ Add
Date
Program
Organization
No data to show
Save
Reset

Figure 240: Precertification – Family Information Part 1

- Complete the Precertification Client Registration screen
- When you click Save, the screen will then allow you to add new clients


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Family Information
Add
New Client
Save
Reset

Record saved successfully

Family ID: 150012749
*Family Size: 3
Clinic: 02 - BISBEE WIC

Authorized Representative 1
*Last Name: TEST
*First Name: PRECERTIFICATIO
MI: I

Authorized Representative 2
Last Name:
First Name:
MI:

Initial Contact: ● WalkIn ○ Phone
☐ Migrant
☐ Homeless
Email Address: PRECERTIFICATION@NOTR
☐ Do Not Email

Street Address
☐ Do Not Send Mailings
*Street 1: 789 NOT PARTICIPATING AVE
Street 2:
*City, State, ZIP Code, and County: BISBEE, AZ 85603 COCHISE

Mailing Address
Copy Street To Mailing
*Street 1: 789 NOT PARTICIPATING AVE
Street 2:
*City, State, ZIP Code, and County: BISBEE, AZ 85603 COCHISE

Family Phone(s)
☐ Does not have a phone

Phone Number	Ext.	Phone Type	Do Not Call	Do Not Text	Priority
(602) 456-7890		CP - CELL PHONE	☐	☐	Primary

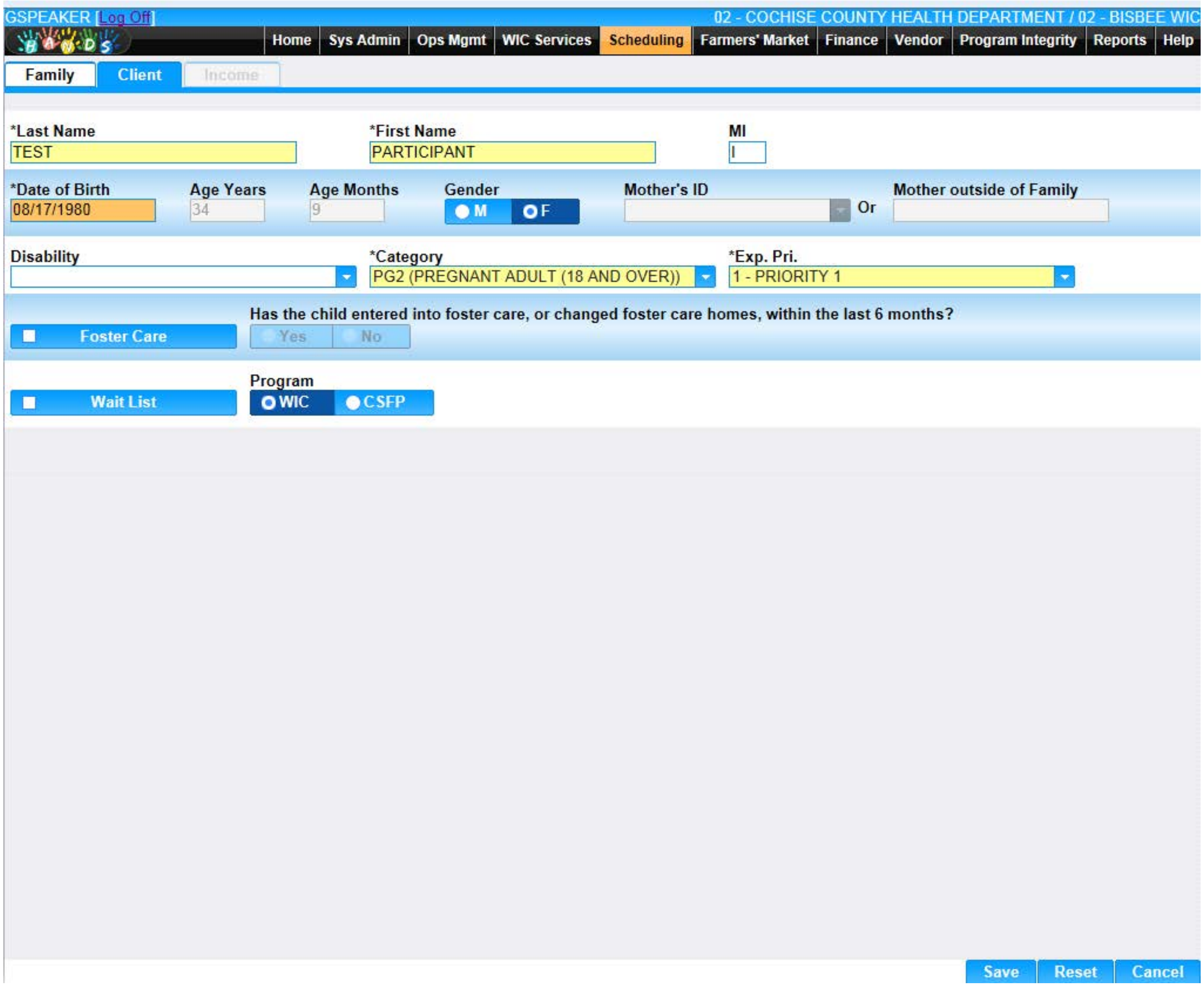
Languages
*Primary Language: 1 - ENGLISH
Secondary Language:
☐ Interpreter Required

Appointment Reminder Preference: ○ Phone ○ Email ○ Text

How did you hear about WIC?

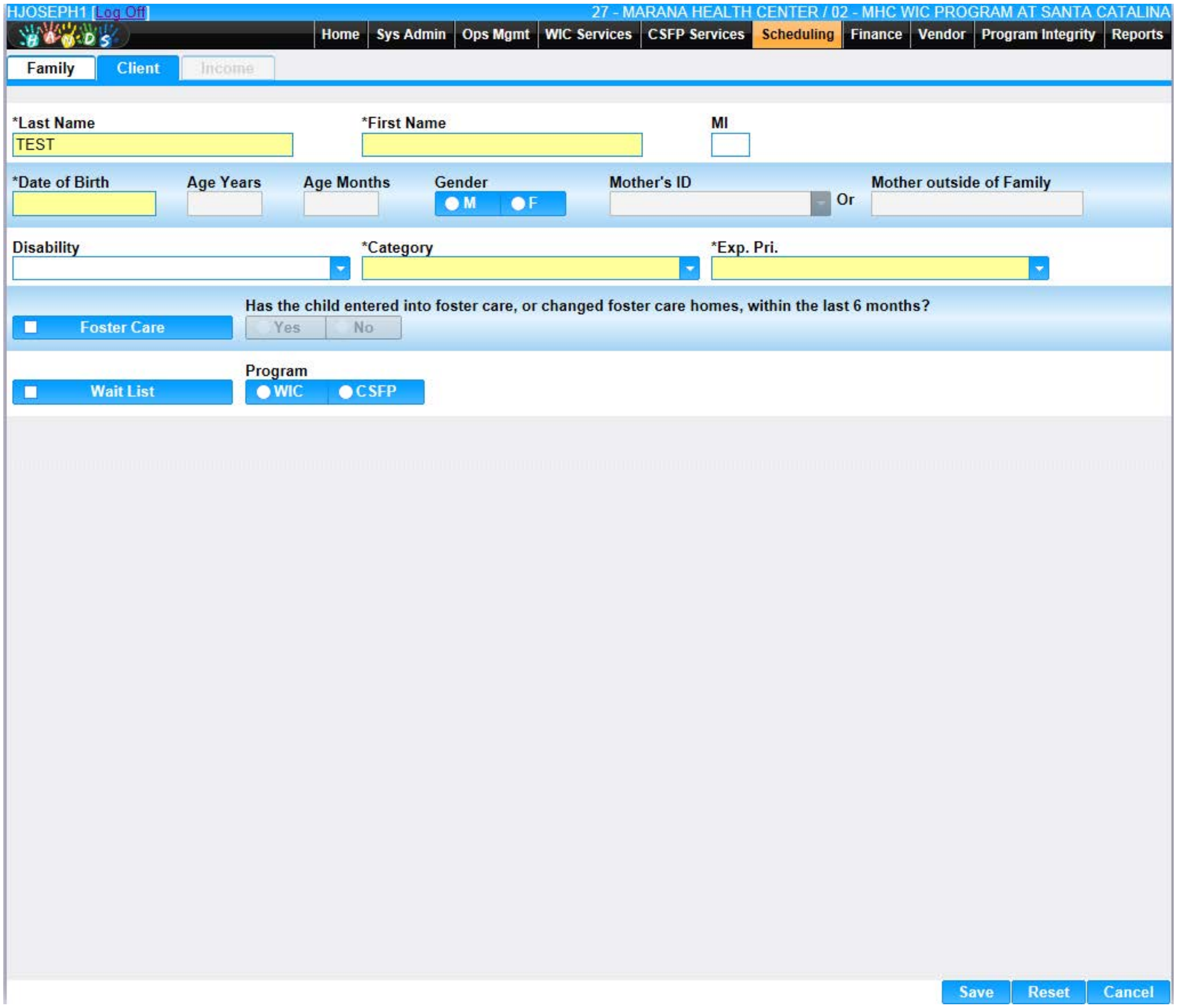
Date	Program	Organization
No data to show		

Figure 241: Precertification – Family Information Part 2


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Save
Reset
Cancel

*Last Name: TEST
*First Name: PARTICIPANT
MI: I
*Date of Birth: 08/17/1980
Age Years: 34
Age Months: 9
Gender: ○ M ● F
Mother's ID: Or Mother outside of Family:
Disability:
*Category: PG2 (PREGNANT ADULT (18 AND OVER))
*Exp. Pri.: 1 - PRIORITY 1
☐ Foster Care
Has the child entered into foster care, or changed foster care homes, within the last 6 months? ○ Yes ○ No
☐ Wait List
Program: ● WIC ○ CSFP

Figure 242: Precertification – Family Information Part 3

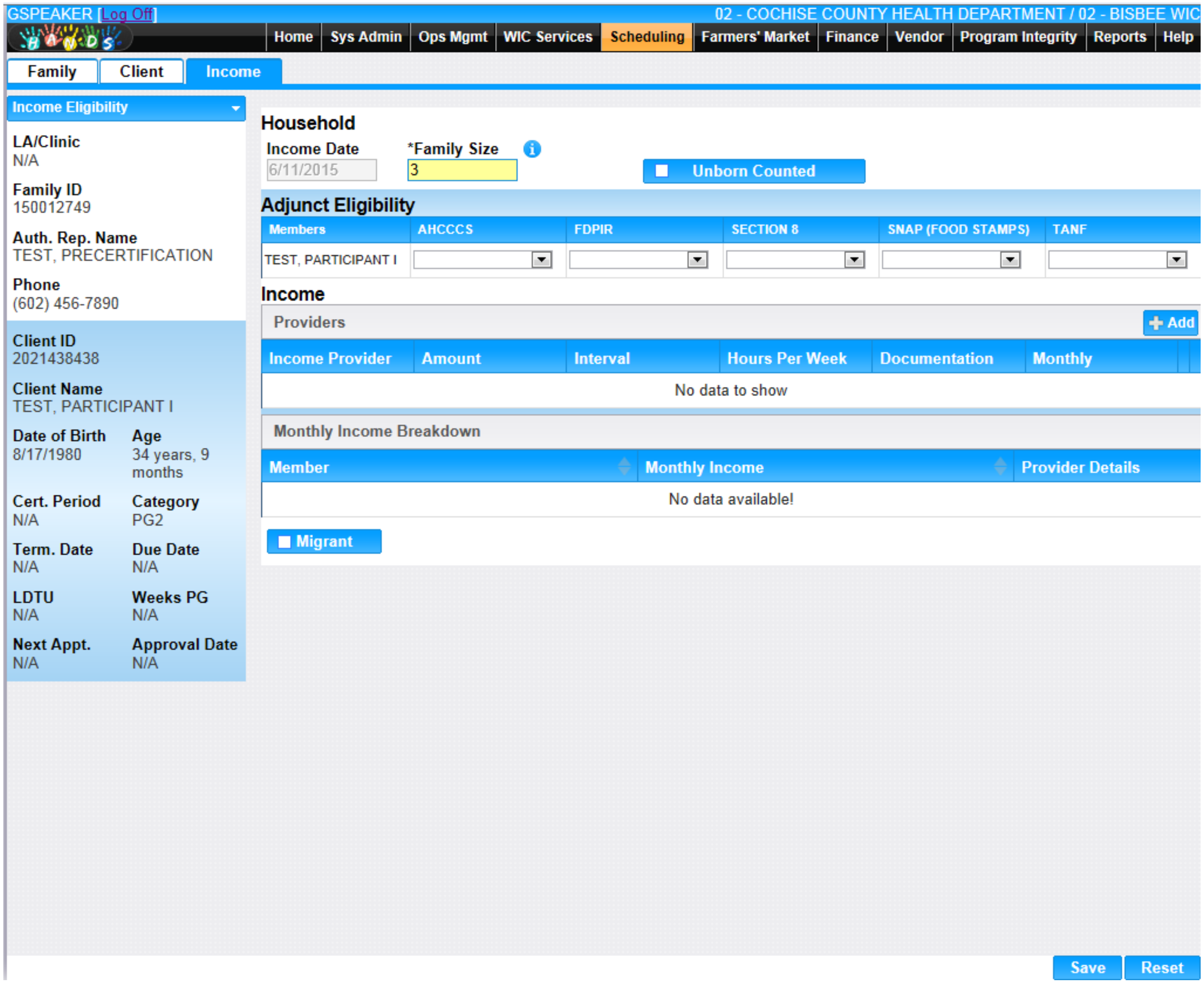

HJOSEPH1 [Log Off]
27 - MARANA HEALTH CENTER / 02 - MHC WIC PROGRAM AT SANTA CATALINA
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Finance
Vendor
Program Integrity
Reports
Family
Client
Income
*First Name
MI
*Date of Birth
Age Years
Age Months
Gender
M
F
Mother's ID
Or
Mother outside of Family
Disability
*Category
*Exp. Pri.
Foster Care
Yes
No
Wait List
Program
WIC
CSFP
Save
Reset
Cancel

*Last Name: TEST

Has the child entered into foster care, or changed foster care homes, within the last 6 months?

Figure 243: Precertification – Client Registration

- Complete the Precertification Income screen
    - This is optional
    - This screen is not required to create ID numbers and a subsequent appointment


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Family
Client
Income
Income Eligibility
Unborn Counted
Add
Migrant
Save
Reset

LA/Clinic: N/A
Family ID: 150012749
Auth. Rep. Name: TEST, PRECERTIFICATION
Phone: (602) 456-7890
Client ID: 2021438438
Client Name: TEST, PARTICIPANT I
Date of Birth: 8/17/1980
Age: 34 years, 9 months
Cert. Period: N/A
Category: PG2
Term. Date: N/A
Due Date: N/A
LDTU: N/A
Weeks PG: N/A
Next Appt.: N/A
Approval Date: N/A

Household
Income Date: 6/11/2015
*Family Size: 3
☐ Unborn Counted

Adjunct Eligibility

Members	AHCCCS	FDPIR	SECTION 8	SNAP (FOOD STAMPS)	TANF
TEST, PARTICIPANT I					

Income

Providers

Income Provider	Amount	Interval	Hours Per Week	Documentation	Monthly
No data to show					

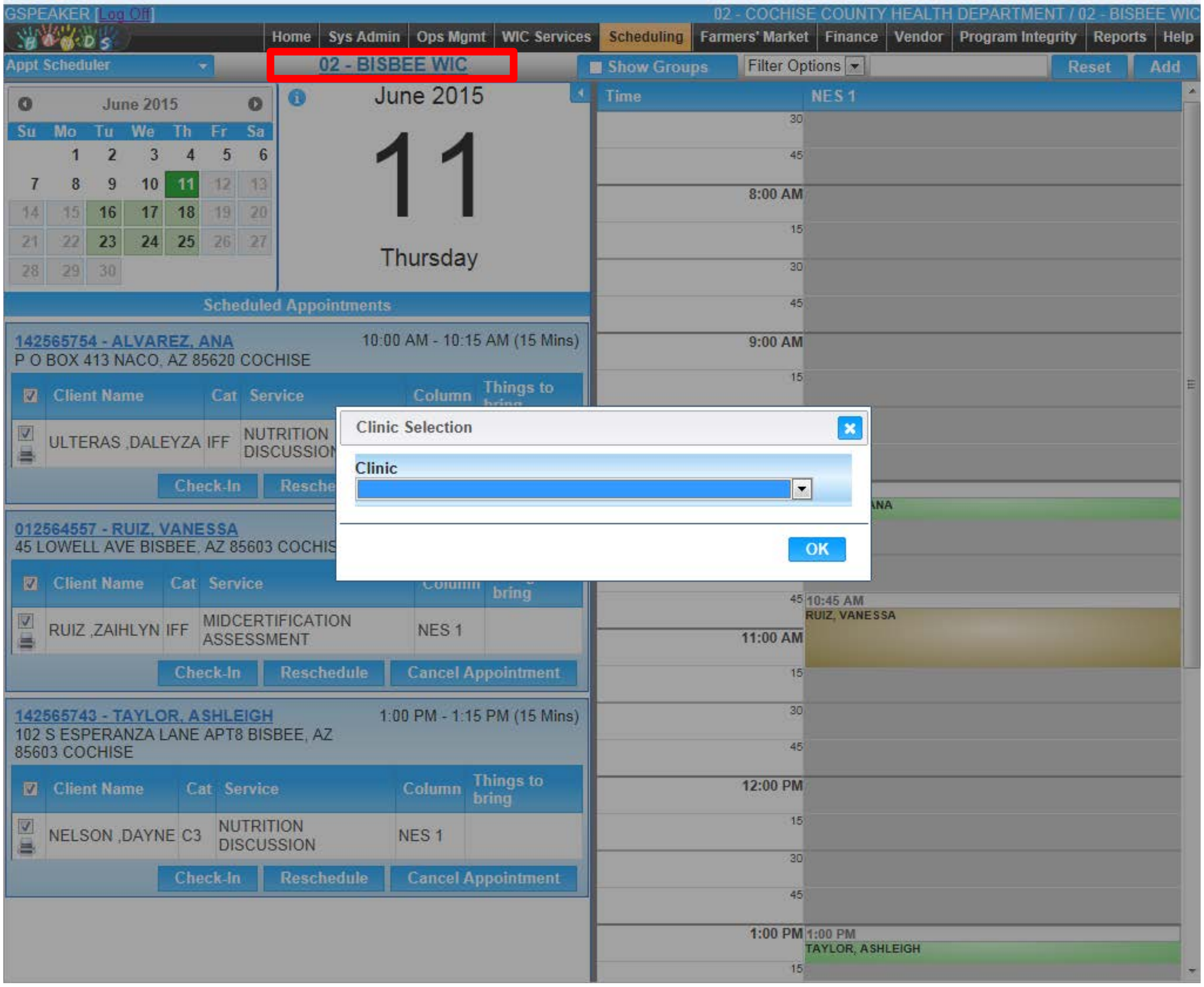
Monthly Income Breakdown

Member	Monthly Income	Provider Details
No data available!		

☐ Migrant

Figure 244: Precertification – Income

- Create an appointment for your newly created client in another clinic within your agency using the Clinic Selection feature in Appointment Scheduler
  - Select the clinic hyperlink that is between the navigation menu and the Show Groups checkbox to activate this feature
  - You will need to ensure that the clinic you are scheduling in has available appointments


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
02 - BISBEE WIC
Show Groups
Filter Options
Reset
Add
June 2015
Su Mo Tu We Th Fr Sa
June 2015
11
Thursday
Scheduled Appointments
Time
NES 1
8:00 AM
9:00 AM
10:45 AM
RUIZ, VANESSA
11:00 AM
12:00 PM
1:00 PM
1:00 PM
TAYLOR, ASHLEIGH
Check-In
Reschedule
Cancel Appointment
Clinic Selection
Clinic
OK

142565754 - ALVAREZ, ANA 10:00 AM - 10:15 AM (15 Mins)
P O BOX 413 NACO, AZ 85620 COCHISE

☑	Client Name	Cat	Service	Column	Things to bring
☑	ULTERAS ,DALEYZA	IFF	NUTRITION DISCUSSION		

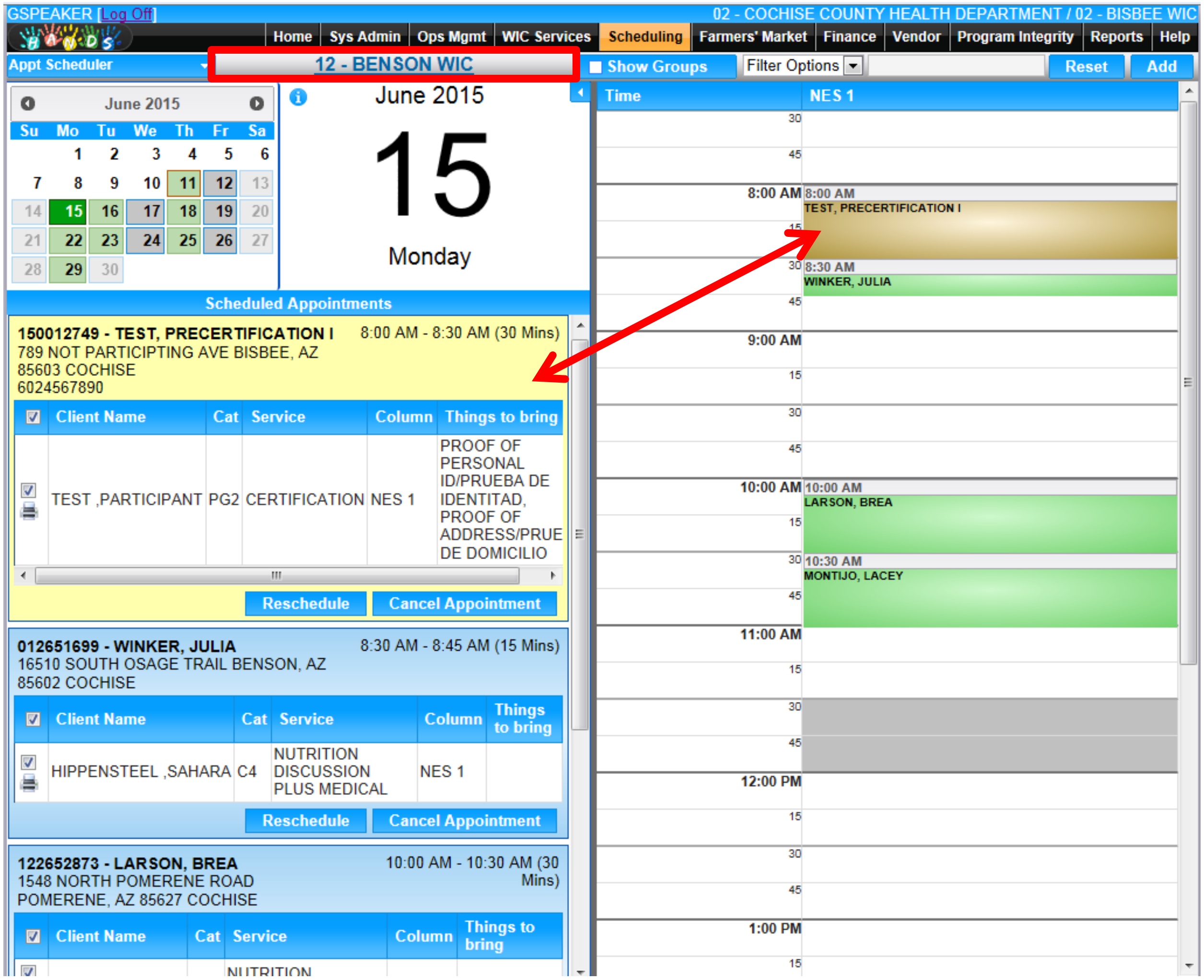
012564557 - RUIZ, VANESSA
45 LOWELL AVE BISBEE, AZ 85603 COCHIS

☑	Client Name	Cat	Service	Column	Things to bring
☑	RUIZ ,ZAIHLYN	IFF	MIDCERTIFICATION ASSESSMENT	NES 1	

142565743 - TAYLOR, ASHLEIGH 1:00 PM - 1:15 PM (15 Mins)
102 S ESPERANZA LANE APT8 BISBEE, AZ 85603 COCHISE

☑	Client Name	Cat	Service	Column	Things to bring
☑	NELSON ,DAYNE	C3	NUTRITION DISCUSSION	NES 1	

Figure 245: Appointment Scheduler – Clinic Selection


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Scheduler
12 - BENSON WIC
Show Groups
Filter Options
Reset
Add
June 2015
Su Mo Tu We Th Fr Sa
June 2015
15
Monday
Time
NES 1
Scheduled Appointments
Reschedule
Cancel Appointment

150012749 - TEST, PRECERTIFICATION I 8:00 AM - 8:30 AM (30 Mins)
789 NOT PARTICIPATING AVE BISBEE, AZ
85603 COCHISE
6024567890

☑	Client Name	Cat	Service	Column	Things to bring
☑	TEST ,PARTICIPANT	PG2	CERTIFICATION	NES 1	PROOF OF PERSONAL ID/PRUEBA DE IDENTITAD, PROOF OF ADDRESS/PRUEBA DE DOMICILIO

012651699 - WINKER, JULIA 8:30 AM - 8:45 AM (15 Mins)
16510 SOUTH OSAGE TRAIL BENSON, AZ
85602 COCHISE

☑	Client Name	Cat	Service	Column	Things to bring
☑	HIPPENSTEEL ,SAHARA	C4	NUTRITION DISCUSSION PLUS MEDICAL	NES 1	

122652873 - LARSON, BREA 10:00 AM - 10:30 AM (30 Mins)
1548 NORTH POMERENE ROAD
POMERENE, AZ 85627 COCHISE

☑	Client Name	Cat	Service	Column	Things to bring
☑			NUTRITION		

Time	NES 1
30	
45	
8:00 AM	8:00 AM TEST, PRECERTIFICATION I
15	
30	8:30 AM WINKER, JULIA
45	
9:00 AM	
15	
30	
45	
10:00 AM	10:00 AM LARSON, BREA
15	
30	10:30 AM MONTIJO, LACEY
45	
11:00 AM	
15	
30	
45	
12:00 PM	
15	
30	
45	
1:00 PM	
15	

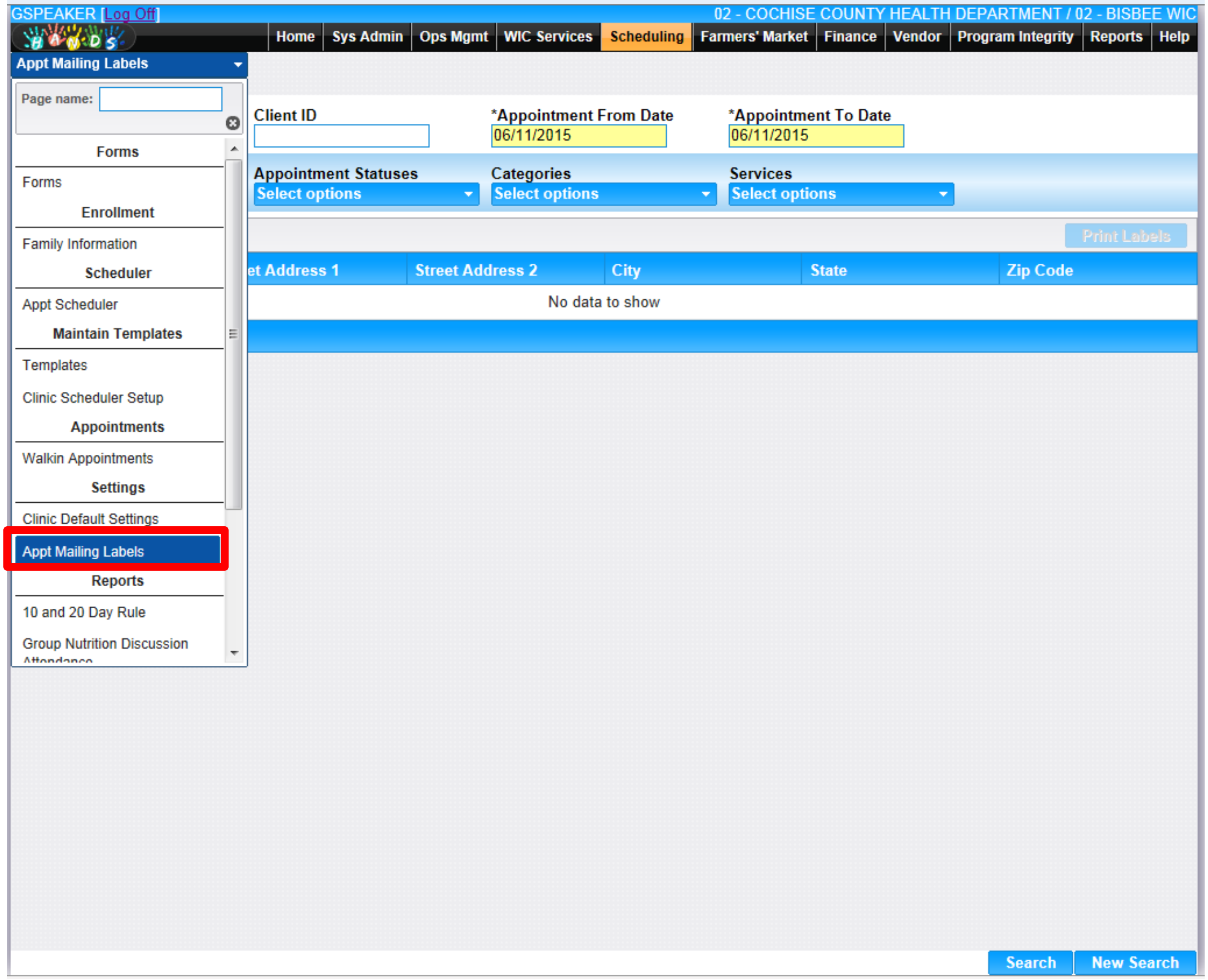
Figure 246: Appointment Scheduler

Appointment Mailing Labels

If your clinic will be using mailing labels, you will need to demonstrate printing appointment mailing labels. Typically, appointment mailing labels are printed to send out Appointment Reminders or Reschedule Notices. Before you begin, you will need to ensure that there are appointments scheduled during the time period for which you wish to print labels.

To complete a demonstration of the appointment mailing labels functionality, you will need to do the following:

- Select Scheduling – Appt Mailing Labels from the Main Menu
  - Enter Search parameters:
    - Family ID
    - Client ID
    - Appointment From Date
      - **Required**
    - Appointment To Date
      - **Required**
    - Clinic
      - **Required**
      - Multi-Select pick list
    - Appointment Statuses
      - Multi-Select pick list
    - Categories
      - Multi-Select pick list
    - Services
      - Multi-Select pick list
  - Select Search
  - Select Print Labels
  - Select Label Type
  - Select Label start location
    - If you have a partially used sheet of labels, you can specify what label to start at
  - Select Preview Labels
    - Labels will display in a PDF previewer with a menu across the top:
      - Save
      - Print file
        - You have to print using this option or the Adobe Reader toolbar
      - Zoom out
      - Zoom in
      - Adobe Reader toolbar
        - This opens a whole new toolbar
  - Select OK to cancel and return to the main screen


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Mailing Labels
Page name:
Forms
Forms
Enrollment
Family Information
Scheduler
Appt Scheduler
Maintain Templates
Templates
Clinic Scheduler Setup
Appointments
Walkin Appointments
Settings
Clinic Default Settings
Appt Mailing Labels
Reports
10 and 20 Day Rule
Group Nutrition Discussion Attendance
Print Labels
Search
New Search

Client ID:

*Appointment From Date: 06/11/2015

*Appointment To Date: 06/11/2015

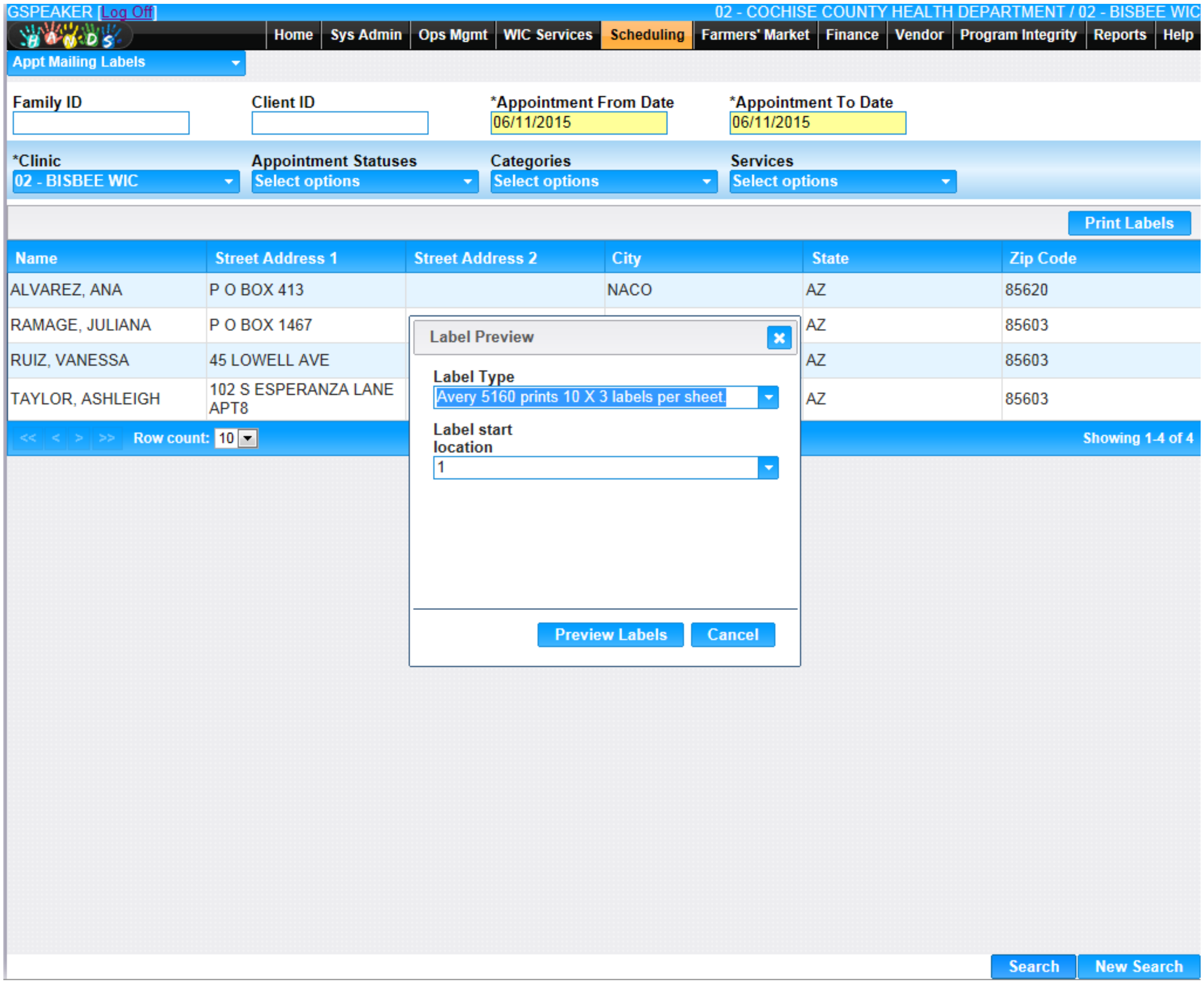
Appointment Statuses: Select options

Categories: Select options

Services: Select options

et Address 1	Street Address 2	City	State	Zip Code
		No data to show		

Figure 247: Appointment Mailing Labels – Print 1


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Mailing Labels
Print Labels
Label Preview
Preview Labels
Cancel
Row count: 10
Showing 1-4 of 4
Search
New Search

Family ID:

Client ID:

*Appointment From Date: 06/11/2015

*Appointment To Date: 06/11/2015

*Clinic: 02 - BISBEE WIC

Appointment Statuses: Select options

Categories: Select options

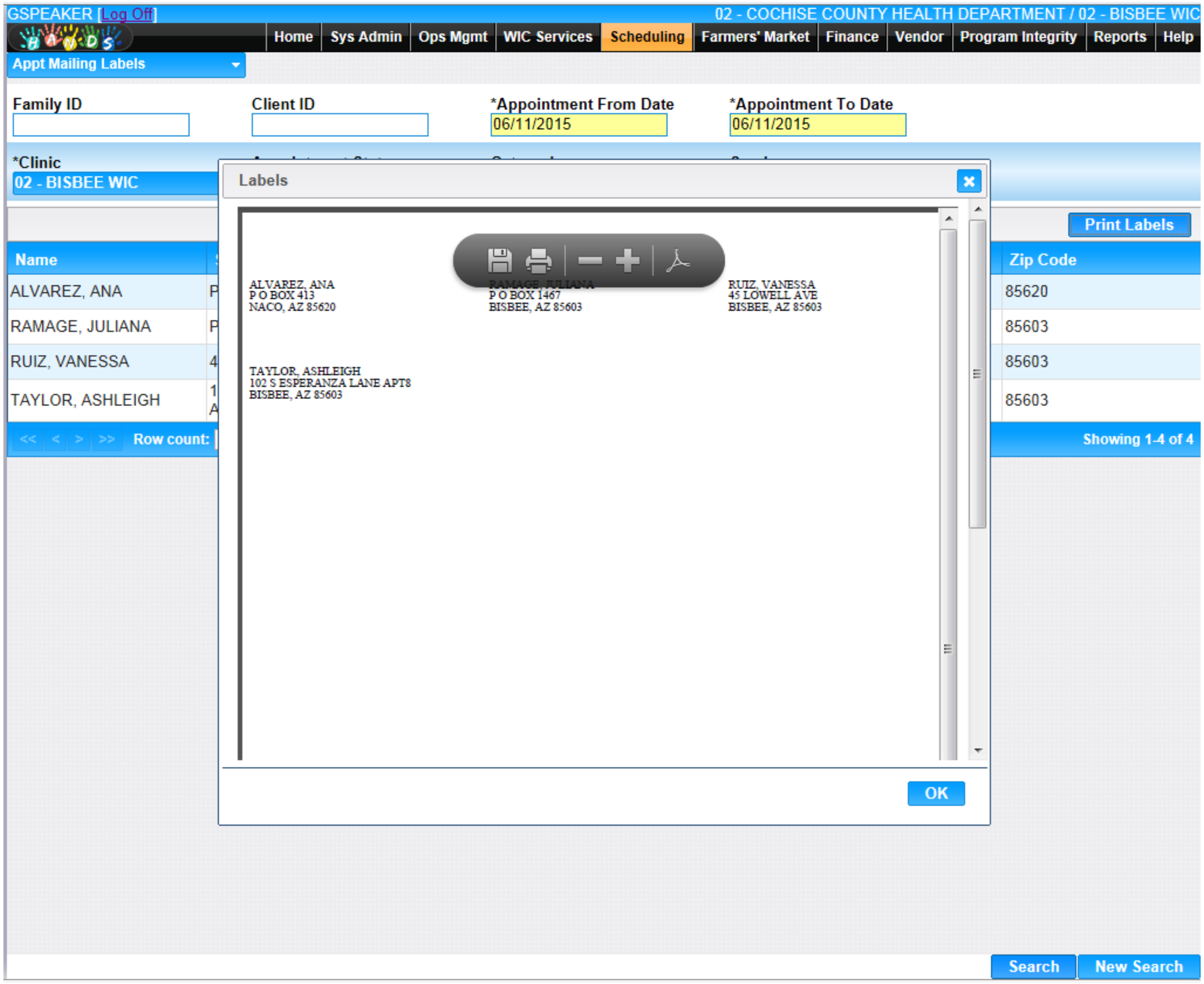
Services: Select options

Name	Street Address 1	Street Address 2	City	State	Zip Code
ALVAREZ, ANA	P O BOX 413		NACO	AZ	85620
RAMAGE, JULIANA	P O BOX 1467			AZ	85603
RUIZ, VANESSA	45 LOWELL AVE			AZ	85603
TAYLOR, ASHLEIGH	102 S ESPERANZA LANE APT8			AZ	85603

Label Type: Avery 5160 prints 10 X 3 labels per sheet.

Label start location: 1

Figure 248: Appointment Mailing Labels – Print 2


GSPEAKER [Log Off]
02 - COCHISE COUNTY HEALTH DEPARTMENT / 02 - BISBEE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
Appt Mailing Labels
Labels
Print Labels
<< < > >> Row count:
Showing 1-4 of 4
OK
Search
New Search

Family ID
Client ID
*Appointment From Date: 06/11/2015
*Appointment To Date: 06/11/2015
*Clinic: 02 - BISBEE WIC

Name	Zip Code
ALVAREZ, ANA	85620
RAMAGE, JULIANA	85603
RUIZ, VANESSA	85603
TAYLOR, ASHLEIGH	85603

ALVAREZ, ANA
P O BOX 413
NACO, AZ 85620

RAMAGE, JULIANA
P O BOX 1467
BISBEE, AZ 85603

RUIZ, VANESSA
45 LOWELL AVE
BISBEE, AZ 85603

TAYLOR, ASHLEIGH
102 S ESPERANZA LANE APT8
BISBEE, AZ 85603

Figure 249: Appointment Mailing Labels – Preview

EXTRAS

THINGS TO DO BEFORE YOU GET STARTED:

- Review the following area(s) of the HANDS Resource Site:
  - Module 9
    - Food Benefit Lookup
- Review the following area(s) of the CMA HANDS Clinic Training Manual:
  - Module 4
    - Look Up Food Benefits
- For the Arizona WIC Program, reference the following area(s) of the Arizona WIC Policy and Procedure Manual:
  - Chapter 5

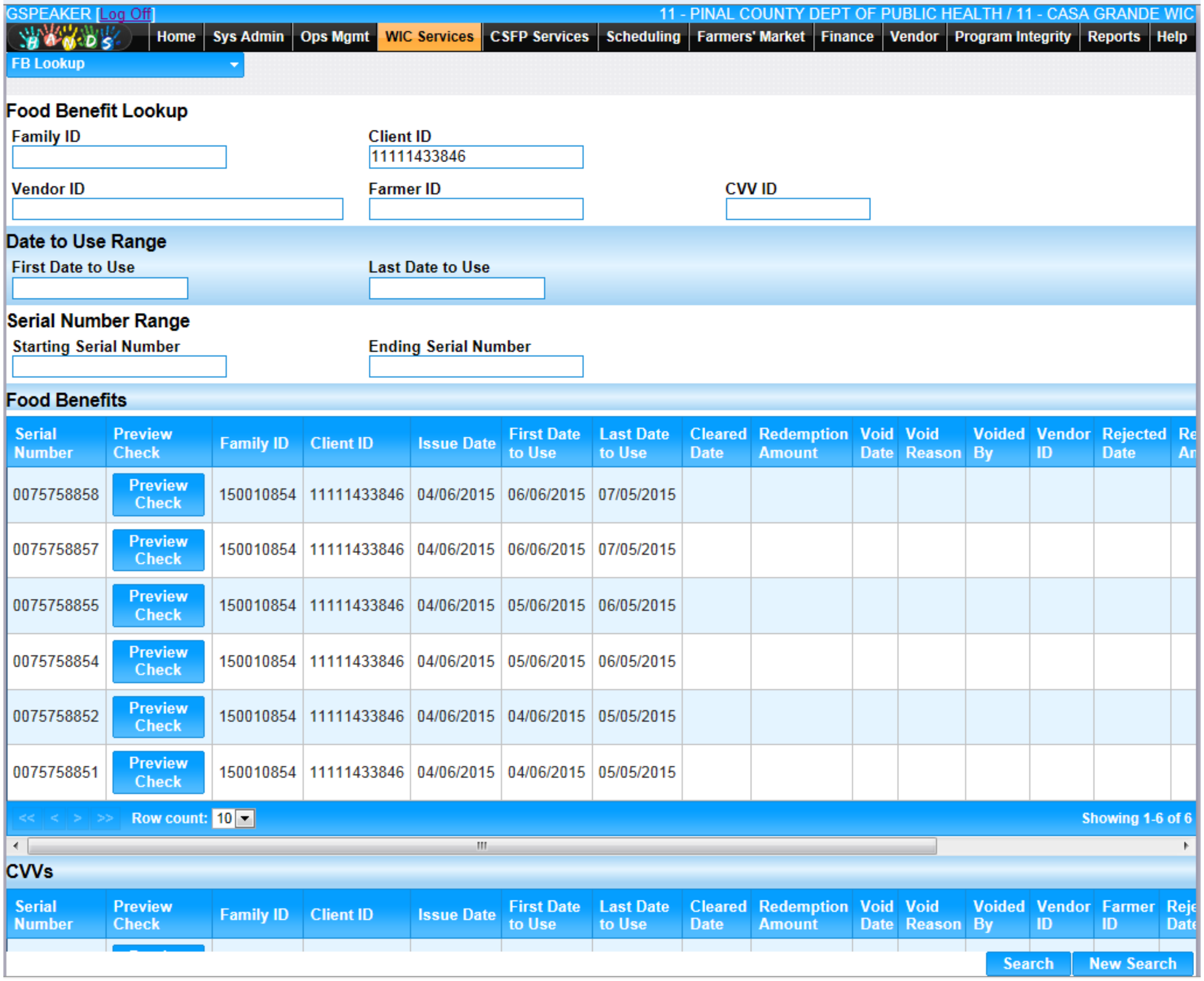
Food Benefit Lookup

You will need either to provide a demonstration of the functionality, or to direct users to practice using the Food Benefit (FB) Lookup screen. To use this screen, the family/client you are using will need to be issued food benefits. It would also be helpful to make sure they are issued Cash Value Vouchers (CVVs) to demonstrate that the screen is now split into two sections, one for FBs and one for CVVs.

A good example of when to use the FB Lookup screen is when clients are reporting checks lost or stolen and you need to find the serial numbers for State staff. You can use this as an exercise when demonstrating this screen.

To demonstrate the Food Benefit Lookup screen, you would do the following:

- Select WIC Services from the Main Menu
- Select FB Lookup from the navigation menu on the Client/Family Search screen
  - Enter Search criteria:
    - Family ID
    - Client ID
    - Vendor ID
      - Used by State
    - Farmer ID
      - Used by State
    - CVV ID
    - Date to Use Range
    - Serial Number Range
  - Click Search
  - Discuss the information contained in both the FB and the CVV grids
    - Find the Serial Number column
  - View the Preview (display) of the FBs and CVVs


GSPEAKER [Log Off]
11 - PINAL COUNTY DEPT OF PUBLIC HEALTH / 11 - CASA GRANDE WIC
HANDS
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help
FB Lookup
Search
New Search

Food Benefit Lookup

Family ID:

Client ID: 11111433846

Vendor ID:

Farmer ID:

CVV ID:

Date to Use Range

First Date to Use:

Last Date to Use:

Serial Number Range

Starting Serial Number:

Ending Serial Number:

Food Benefits

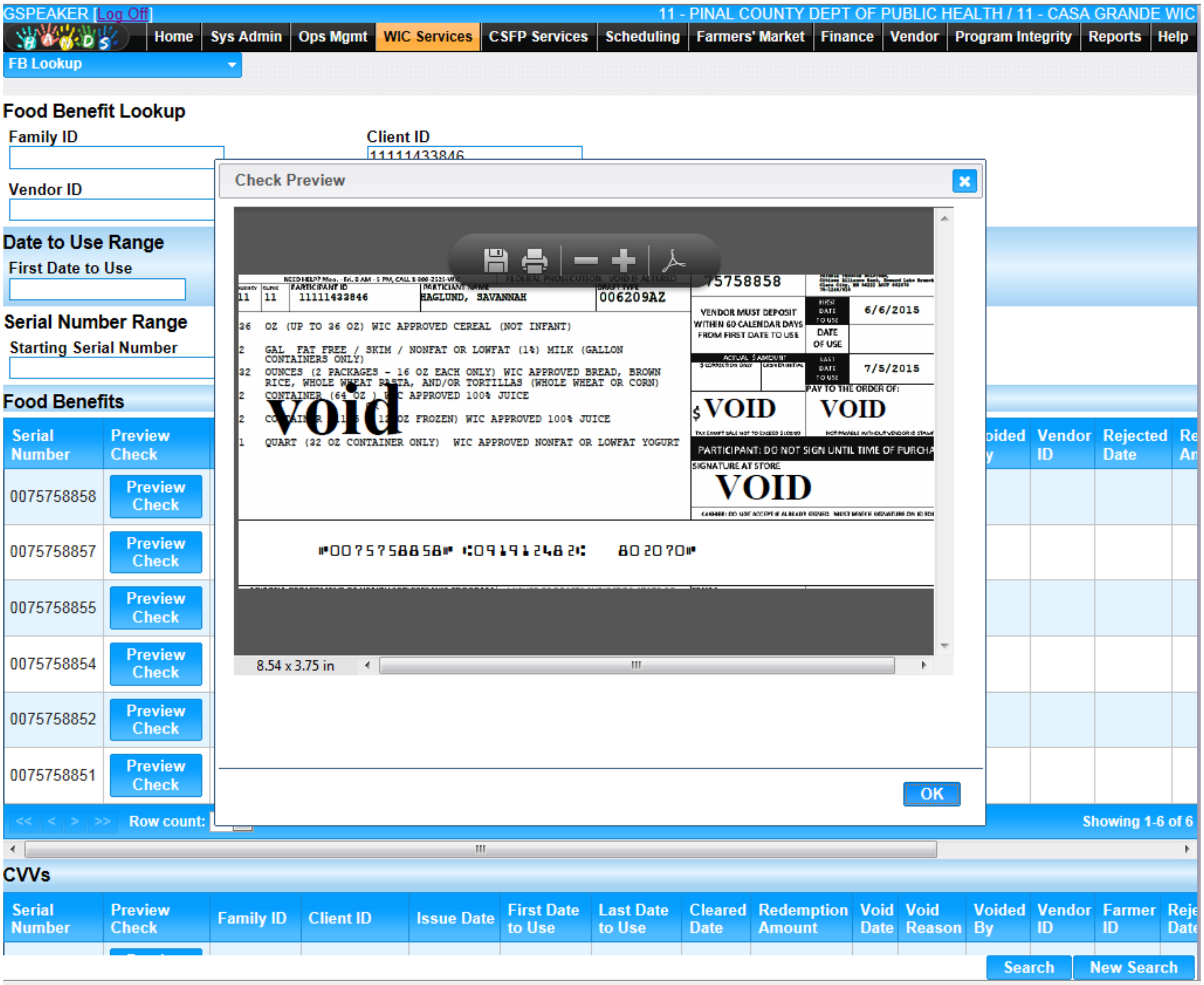
Serial Number	Preview Check	Family ID	Client ID	Issue Date	First Date to Use	Last Date to Use	Cleared Date	Redemption Amount	Void Date	Void Reason	Voided By	Vendor ID	Rejected Date	Re Ar
0075758858	Preview Check	150010854	11111433846	04/06/2015	06/06/2015	07/05/2015								
0075758857	Preview Check	150010854	11111433846	04/06/2015	06/06/2015	07/05/2015								
0075758855	Preview Check	150010854	11111433846	04/06/2015	05/06/2015	06/05/2015								
0075758854	Preview Check	150010854	11111433846	04/06/2015	05/06/2015	06/05/2015								
0075758852	Preview Check	150010854	11111433846	04/06/2015	04/06/2015	05/05/2015								
0075758851	Preview Check	150010854	11111433846	04/06/2015	04/06/2015	05/05/2015								

<< < > >> Row count: 10 Showing 1-6 of 6

CVVs

Serial Number	Preview Check	Family ID	Client ID	Issue Date	First Date to Use	Last Date to Use	Cleared Date	Redemption Amount	Void Date	Void Reason	Voided By	Vendor ID	Farmer ID	Reje Date

Figure 250: Food Benefit Lookup – FB Grid



Food Benefit Lookup

Family ID:

Client ID: 11111433846

Vendor ID:

Date to Use Range

First Date to Use:

Serial Number Range

Starting Serial Number:

Food Benefits

Serial Number	Preview Check
0075758858	Preview Check
0075758857	Preview Check
0075758855	Preview Check
0075758854	Preview Check
0075758852	Preview Check
0075758851	Preview Check

Showing 1-6 of 6

Check Preview

Agency	Clinic	Participant ID	Participant Name	Draft Type
11	11	11111433846	HAGLUND, SAVANNAH	006209AZ

75758858

36 OZ (UP TO 36 OZ) WIC APPROVED CEREAL (NOT INFANT)

2 GAL FAT FREE / SKIM / NONFAT OR LOWFAT (1%) MILK (GALLON CONTAINERS ONLY)

32 OUNCES (2 PACKAGES - 16 OZ EACH ONLY) WIC APPROVED BREAD, BROWN RICE, WHOLE WHEAT PASTA, AND/OR TORTILLAS (WHOLE WHEAT OR CORN)

2 CONTAINER (64 OZ) WIC APPROVED 100% JUICE

2 CONTAINER (11.5 - 12 OZ FROZEN) WIC APPROVED 100% JUICE

1 QUART (32 OZ CONTAINER ONLY) WIC APPROVED NONFAT OR LOWFAT YOGURT

void

VENDOR MUST DEPOSIT WITHIN 60 CALENDAR DAYS FROM FIRST DATE TO USE

FIRST DATE TO USE: 6/6/2015

DATE OF USE:

LAST DATE TO USE: 7/5/2015

ACTUAL $ AMOUNT

PAY TO THE ORDER OF: VOID

$ VOID

PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHA

SIGNATURE AT STORE: VOID

⑈0075758858⑈ ⑆091912482⑆ 802070⑈

8.54 x 3.75 in

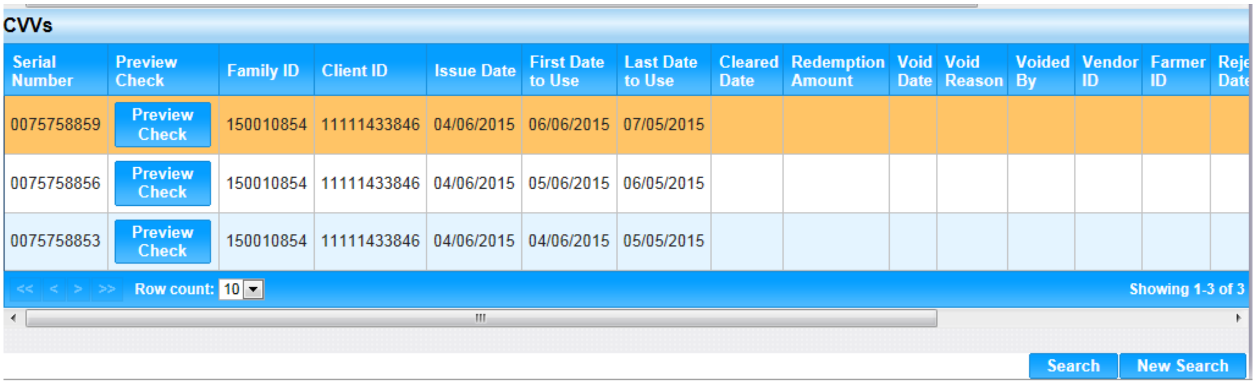
OK

CVVs

Serial Number	Preview Check	Family ID	Client ID	Issue Date	First Date to Use	Last Date to Use	Cleared Date	Redemption Amount	Void Date	Void Reason	Voided By	Vendor ID	Farmer ID	Reje Date

Search | New Search

Figure 251: Food Benefit – Display



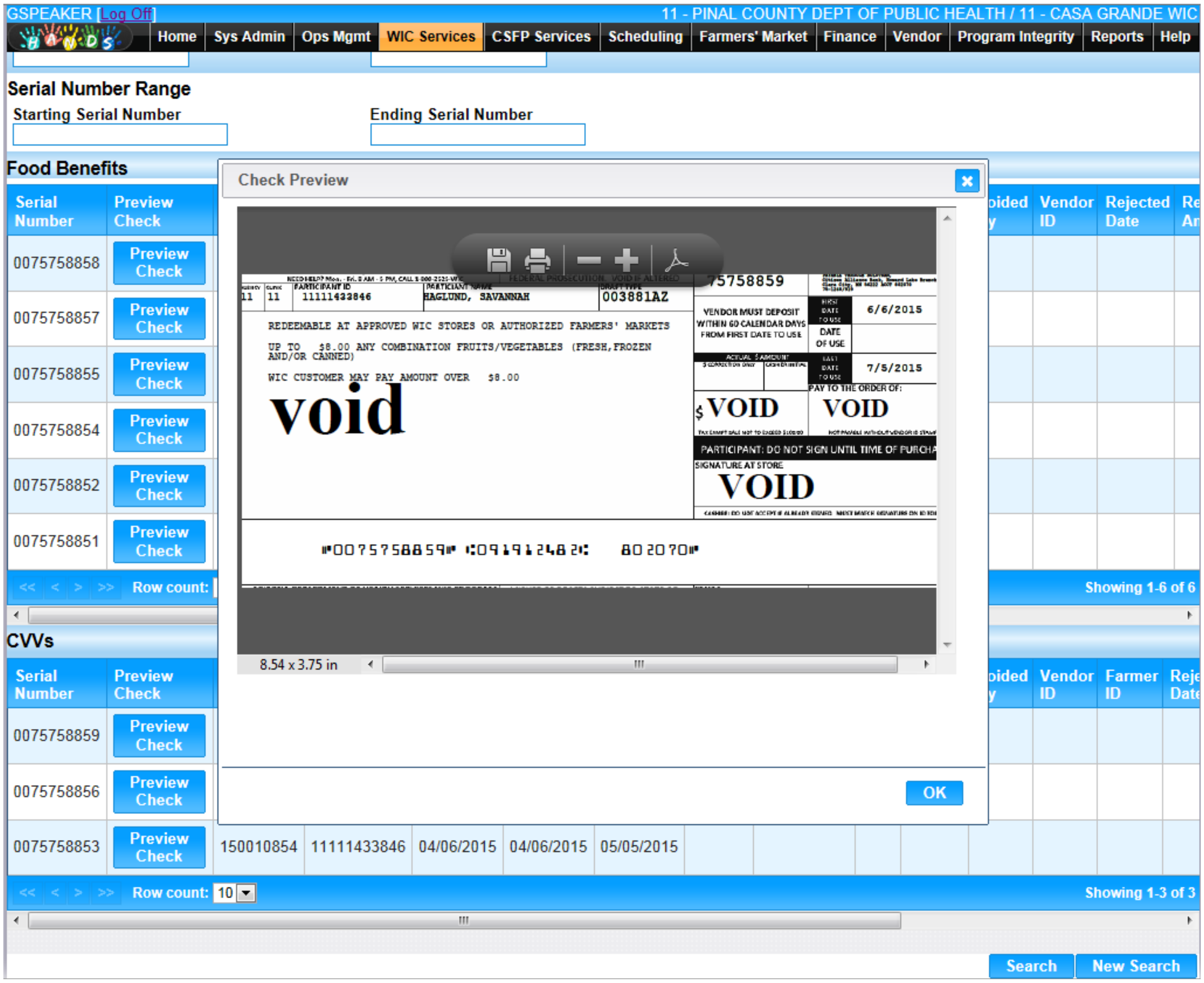
CVVs

Serial Number	Preview Check	Family ID	Client ID	Issue Date	First Date to Use	Last Date to Use	Cleared Date	Redemption Amount	Void Date	Void Reason	Voided By	Vendor ID	Farmer ID	Reje Date
0075758859	Preview Check	150010854	11111433846	04/06/2015	06/06/2015	07/05/2015								
0075758856	Preview Check	150010854	11111433846	04/06/2015	05/06/2015	06/05/2015								
0075758853	Preview Check	150010854	11111433846	04/06/2015	04/06/2015	05/05/2015								

Row count: 10 — Showing 1-3 of 3

Search | New Search

Figure 252: Food Benefit Lookup – CVV Grid


GSPEAKER [Log Off]
11 - PINAL COUNTY DEPT OF PUBLIC HEALTH / 11 - CASA GRANDE WIC
Home
Sys Admin
Ops Mgmt
WIC Services
CSFP Services
Scheduling
Farmers' Market
Finance
Vendor
Program Integrity
Reports
Help

Serial Number Range

Starting Serial Number

Ending Serial Number

Food Benefits

Serial Number	Preview Check
0075758858	Preview Check
0075758857	Preview Check
0075758855	Preview Check
0075758854	Preview Check
0075758852	Preview Check
0075758851	Preview Check

oided
Vendor ID
Rejected Date
Re Ar
<< < > >> Row count:
Showing 1-6 of 6

Check Preview

NEED HELP? Mon. - Fri. 8 AM - 5 PM, CALL 1-800-252-WIC

FEDERAL PROSECUTION. VOID IF ALTERED

75758859

AGENCY	CLINIC	PARTICIPANT ID	PARTICIANT NAME	DRAFT TYPE
11	11	11111433846	HAGLUND, SAVANNAH	003881AZ

REDEEMABLE AT APPROVED WIC STORES OR AUTHORIZED FARMERS' MARKETS

UP TO $8.00 ANY COMBINATION FRUITS/VEGETABLES (FRESH,FROZEN AND/OR CANNED)

WIC CUSTOMER MAY PAY AMOUNT OVER $8.00

void

VENDOR MUST DEPOSIT WITHIN 60 CALENDAR DAYS FROM FIRST DATE TO USE

FIRST DATE TO USE 6/6/2015

DATE OF USE

ACTUAL $ AMOUNT

LAST DATE TO USE 7/5/2015

PAY TO THE ORDER OF:

$VOID

VOID

PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHA

SIGNATURE AT STORE

VOID

⑈0075758859⑈ ⑆091912482⑆ 802070⑈

8.54 x 3.75 in

CVVs

Serial Number	Preview Check					
0075758859	Preview Check					
0075758856	Preview Check					
0075758853	Preview Check	150010854	11111433846	04/06/2015	04/06/2015	05/05/2015

oided
Vendor ID
Farmer ID
Reje Date
<< < > >> Row count: 10
Showing 1-3 of 3
Search
New Search

Figure 253: CVV – Display

TRAINING NOTES

APPENDIX A: INTERNET EXPLORER SHORTCUTS

The following tables describe shortcuts used with Internet Explorer 9

Viewing and Exploring Webpages using Internet Explorer 9	
To do this action:	**Press these buttons:**
Display Internet Explorer Help	F1
Toggle between full-screen and regular views of the browser window	F11
Move forward through the items on a webpage, the Address bar, or the Favorites bar	Tab
Move back through the items on a webpage, the Address bar, or the Favorites bar	Shift+Tab
Scroll toward the beginning of a screen	Up Arrow
Scroll toward the end of a document	Down Arrow
Scroll toward the beginning of a screen in larger increments	Page Up
Scroll toward the end of a screen in larger increments	Page Down
Move to the beginning of a screen	Home
Move to the end of a screen	End
Find on this page	Ctrl+F
Refresh the current webpage	F5
Stop downloading a page	Esc
Delete browsing history	Ctrl+Shift+Delete
Reopen the last tab you closed	Ctrl+Shift+T
Close the current tab	Ctrl+W
Save the current page	Ctrl+S
Print the current page or active frame	Ctrl+P
Activate a selected link	Enter
Open Favorites	Ctrl+I
Open History	Ctrl+H
Open Download Manager	Ctrl+J
Open the Tools menu (if the Command bar is visible)	Alt+T
Open the Internet Explorer Help menu (if the Command bar is visible)	Alt+H

Table 5: Shortcuts for Viewing and Exploring

Working with Internet Explorer tabs	
To do this action:	**Press these buttons:**
Open links in a new tab in the background	Ctrl+click
Open links in a new tab in the foreground	Ctrl+Shift+click
Open a new tab in the foreground	Ctrl+T
Switch between tabs	Ctrl+Tab or Ctrl+Shift+Tab
Close current tab (or the current window if tabbed browsing is turned off)	Ctrl+W
Switch to a specific tab number	Ctrl+**n** (where **n** is a number between 1 and 8)
Switch to the last tab	Ctrl+9
Close other tabs	Ctrl+Alt+F4

Table 6: Shortcuts for Tabs

Zooming	
To do this action:	**Press these buttons:**
Increase zoom (+ 10%)	Ctrl+Plus Sign
Decrease zoom (- 10%)	Ctrl+Minus Sign
Zoom to 100%	Ctrl+0

Table 7: Shortcuts for Zooming

Editing	
To do this action:	**Press these buttons:**
Remove the selected items, and copy them to the Clipboard	Ctrl+X
Copy the selected items to the Clipboard	Ctrl+C
Insert the contents of the Clipboard at the selected location	Ctrl+V
Select all items on the current webpage	Ctrl+A
Open Internet Explorer Developer Tools	F12

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