

Policy and Procedure Updates

Chapters 1, 2, 7



Health and Wellness for all Arizonans

azdhs.gov



Chapter One

- Removed the need for formula sample inventory
- LA will submit staff with formula approval rights
- Added need for Training Coordinator
- Updated Job Duties for Nutrition Coordinator and Breastfeeding Coordinator
- Language re: not sharing user name or password



Chapter 2



AZ WIC ID Folder

- Back Panel
 - Must still include clinic stamp/info
 - Signature requirements remain the same
- Inside
 - Only required to document:
 - Client name
 - Client ID
 - Family ID

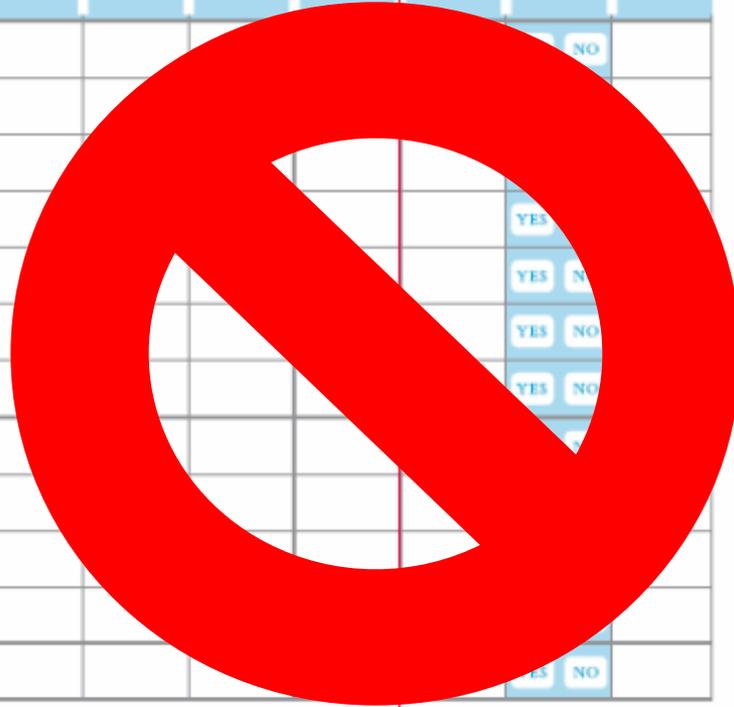
Certification Information
 Información de la Certificación

FAMILY ID NUMBER: 999999999

Blake Shelton 11111111111

Miranda Lambert 88888888888

	Name of Participant	ID Number	Cert. Starts	Cert. Ends	Next Cert. Date	Income Date	Risk Codes	Migrant Status	RX Expires
1	Blake Shelton	11111111111						NO	
2	Miranda Lambert	88888888888						NO	
3								YES	
4								YES	
5								YES	
6								YES	
7								YES	
8									
9									
10									
11									
12								YES	NO



 (Print Name)

 (Signature)

WIC Staff Approval

Proof of ID

- To clear up confusion, language was added that any documentation presented as ID without the infant/child name is not an acceptable form of ID
- i.e. “Baby Boy”

I'm a Breastfed Boy!

My Name Baby Boy

My Birthdate 8-30-00 Time 2246

Weight 7 lbs. 11½ Length 20 in.

Head _____ Chest _____ Room # 372

My Mother Jolena

My Doctor Prine

Mother's Doctor W. McIntosh



Determining Household Size

- If participant lives with family members:
 - **Include** family members in household size if they provide financial support for participant
 - **Do not include** family members in household size if they do not provide financial support for participant
- If participant lives with boyfriend, girlfriend, fiancé, domestic partner, etc:
 - **Include** partner in household. This includes opposite and same sex partners
- If participant lives with others (non-family or non-partners):
 - **Include** roommates in household size if they provide financial support for participant
 - **Do not include** roommates in household size if they do not provide financial support

Foster Children

- Added language that a “Notice to Provider” OR “official notification of placement from a temporary adoption organization” is allowable to make foster parent(s) the AR
- Included language re: foster families with multiple foster children can share one ID folder in addition to ID #

Adjunct Eligibility

- Documentation **when participant brings proof** of adjunct eligibility at the time of certification:
 - Enter the appropriate interval (e.g., weekly, monthly)
 - Enter the dollar amount of estimated income stated by the participant
 - Enter the source as S (Adjunctively Eligible program)
 - Enter the form of documentation shown by the participant (TANF (6) / AHCCCS (4) / Food Stamp (7) / Section 8 housing (13) / FDPIR letter)
 - AHCCCS medical cards and SNAP EBT cards do not count as proof unless there are eligibility dates printed on them

Adjunct Eligibility

Arizona WIC Program - [Income Calculator]

File Edit Item Record Query Window Help

Income Providers

WIC Elderly

Name	SSN
PRIMARY PROVIDER	

Income

Interval	Amount	Source	Documentation	Monthly	Annual
A	100000.00	S	4	8333.33	100000.00

Weekly Hours: Totals: Monthly: 8333.33 Annual: 100000.00

WIC Income Guidelines

Number In Family:

Unborn Counted:

New Income Date:

Income Averaging

Interval:

Total:

Average:

Amount:

Adjunct Eligibility Pop-Up

- If the participant brings proof of adjunct eligibility:
 - Document the program in the Eligibility pop-up
 - Check the “Participant” checkbox(es) for the adjunct program(s) for which there is proof
 - Document any other programs the client participates in
 - Do not check the “Participant” checkbox if they do not have proof of participation with them
 - **If the applicant does not have proof of participation in at least one of the adjunct programs, do not document any of the program(s) in the eligibility pop-up**

Eligibility Pop-Up

Arizona WIC Program - [Client Registration]

File Edit Item Record Query Window Help

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Family

Family ID: 130706568

Authorized Rep 1 Last Name: URBAN

Authorized Rep 1 First Name: KEITH

MI1: MI2:

Notes:

Client Eligibility

Client ID: 1045001

Program: C AHCCCS

Birth Date: 12/13/20

Proof of:

Adjunct Eligibility:

Participant:

Income Family: OK Income Individual:

Migrant Homeless Group Home Military Refugee Foster Care

Disability:

VOC:

Ineligibility Reason:

Health Care: Other Programs:

Transfer Info: Previous Names:

Communications: Previous Families:

Family Client Reg Cert Action Medical Health Nutr Quest Care Plan Food Pkg

No Proof of Adjunct Eligibility

- **We are no longer allowed to give a 30 grace period to bring proof of adjunct eligibility**
- If participant has no proof of adjunct eligibility *and* reported income is within guidelines:
 - Enter the interval (e.g., weekly, monthly)
 - Enter the amount of income disclosed by the participant
 - Enter “T - Self Declared” as source.
 - Enter “10” (Forgot Documentation / Waiver) as the form
- If participant has no proof of adjunct eligibility and reported income is above guidelines, participant must return to be certified once they have proof of adjunct eligibility

Mid-Cert Health Checks

- Includes guidance of what needs to be done at mid-certs:
 - Assess anthropometrics
 - Complete assessment using ABCDE
 - TGIF note

- TGIF note content requirements remain the same
- Notes must be completed the same day as the visit



Chapter



Training Coordinator

- Added Training Coordinator to this chapter to be consistent with additions in chapter 1

Local Agency Self-Assessment

- Included guidance about LA self-assessment including lower number of observations and chart reviews:
 - Observations of one (1) Certification for each category (infant, child, pregnant, breastfeeding, postpartum), including anthropometric and hematology components;
 - Observations of one (1) secondary nutrition education contact for each category (five (5) total);
 - Chart reviews for three (3) certifications for each category (infant, child, pregnant, breastfeeding, postpartum).

Staff Training

- Required number of CE hours decreased from 48 to 24
 - 16 hours nutrition education hours
 - 8 hours breastfeeding education hours
- Updated guidance about what staff training files need to contain
 - Summary of needs *based on LA self-assessment*
 - New employee training files (if applicable)

New Employee Training Plan

- Decreased number of required monthly chart reviews and observation to match the number required for the LA Self-Assessment:
 - Chart reviews: minimum of three per WIC participant category with the 3 women reviews being 1 pregnant, 1 breastfeeding and 1 postpartum)
 - Observations: minimum of one per WIC participant category

Questions?

