CERTIFICATION

Q: Scanning of the proof: Will clinics be required to print out the scanned proofs during monitoring? Documentation of the date stamp cannot be seen unless it is monitored in the computer.

R: (Kimberly Menefee): yes; print scans. Date of Scan needs to be documented-please write it on the copy. We will also review scanned proofs in the computer if a computer is available during the review.

Q: Please address the change in medical record being used for proofs.
Medical records usage for Proof of Residence – There needs to be a work order to remove "Medical Verification" from the choice list in all systems and business rules, validation, etc. must be added to DE 77 in the Edits Manual before this can be stopped. A rule such as: "If Transaction Type = C, then code MR-Medical Record must not be allowed."
R: (Sonia Jackson) Medicaid Verification is on the list for using the Medicaid verification as proof of residency if the address on the proof matches the certification form. Per Vicky Moody: Medical Record is still a choice to be used as proof in the system. Medical records will remain on the list as an acceptable proof, but cannot be used for infants unless it is a hospital cert. Sonia: Medical records can only be used if the participant has a previous history with the clinic and the address in the medical record matches the current address given by the participant.

Q: Online Apps & Initial Contact Date: What if a client completes the online apps on Friday afternoon or Saturday? Call Center will not be able to open emails until Monday which is outside of 24 hrs.
R: (Sonia) The state counts business days only; we will not hold the clinic responsible for weekends or holidays. For clinics only open 3 days/week; we will start counting on the next business day the clinic is opened. We will correct/reword this in 2016 Policy**.**

Q: Certification section mentions a monthly online apps report – who will develop that report and what is the purpose of it?
Also, a client may request an appointment date that is outside of processing standards. This must be accounted for in the report.
R: (Sonia) The state is working with CSC to create the report to ensure the online requests are opened in a timely manner. The SWO as well as the NSD's will have access to the report and should be available when we switch to the CSC online registration application.
When a participant requests an appointment outside of processing standards timeframes, it must be documented either in the system or on the form used to make the appointment. The client must be contacted three times when an online request is received and each contact must be documented on the form or in the computer. The documentation for each contact must be available for monitoring purposes. The State WIC office is currently working with CSC to develop a statewide processing standards report.

Q: Online Apps: Why do we have to maintain a file of online apps in clinic if we import them & link them to the client? In District 4 the individual clinic does not receive the email, the call center receives the email and makes the appointment and all the information is imported into the WIC screens for the WIC clinic to expedite the clients services when they show up. The apps are in the client record and would be very difficult to make a file at the clinic site.
R: (Sonia) Keep it in the file for now, including incomplete apps. Currently all systems don't have the link. Once the new online registration application from CSC is in use, we will revisit the need to have the forms kept in a file. If the call centers are receiving the applications the appointments and contacts must be documented on the forms and kept in a file. During a program review, the forms must be available to the auditors for monitoring purposes.

Q: Guardianship – need much more clarification on this including specific scenarios that happen in the clinic.
R: (Angela Damon) Talked to USDA Point of Contact. Submitted all District LA questions and will respond with answers and further clarifications soon. Information received from USDA on February 20, 2015; under no circumstances can we put barriers in place for certification for participants who are in the care of a guardian or caretaker. We will be developing a rights and obligation/disclosure statement for caretakers to sign when a child is brought in for services during a valid certification period when a change in guardianship is made to be maintained in the medical record. We will also revise some of the policies surrounding proxies, and what functions they can perform because we are not adhering to the USDA policy of not creating barriers and preventing hardship for working families from receiving services. The caretaker or guardian must still have proof of ID for the participant and themselves, plus proof of residency and income to complete the certification process. In regards to proxy letters, the same rules apply for now, if the person is a proxy and not the guardian or caretaker.
We are still awaiting guidance from USDA for some of the questions surrounding caretakers/guardianship.

Q: Online apps: a work order is needed to add "E - Online Registration (Email)" to the choice list for DE 111 Initial Contact Type in order for staff to make accurate documentation.

When will the E-online registration (email) option be available for the initial contact type?
R: The work order has been sent to the four frontend system and a SMR to CSC to have the online registration request (E) added to data element 111 as an option that will be implemented in April.

Q: Is the title of the WIC Official required?

Proxies cannot present VOC or transfer information for the participant, what about if proxy is the caregiver of child/infant without any type of legal documentation, can we process transfer?
R: Yes; on all official documents both signature AND title are required.
Regarding proxies: if a proxy becomes a caregiver, than she is no longer a proxy and can therefore process the transfer into clinic. We cannot create a barrier or restrict the caretaker/guardian from enrolling/ transferring an infant or child on the program if they do not have any legal documentation stating they are the caretaker or guardian. We will be developing a rights and obligation/disclosure statement for caretakers to sign when a child is brought in for services.

RIGHTS AND OBLIGATIONS
Q: In general we have some concerns about the Rights and Obligations in the WIC ID card not particularly mentioning misrepresentation and fraud, which is mentioned in the CA section. This section is not signed until the certification is almost complete and may not be signed by the caregiver/guardian, etc. at all if custody or guardianship changes.

Will the State notify the various computer systems to update the computer system with the revised notice of disclosure statement?
R: We have already sent this out to the developers so they can change it in the systems. The statement was also translated in Spanish and sent to the developers to put in the system. The rights and Obligation statement is currently under review to be updated/revised to include the statement regarding misrepresentation and fraud by any applicant, participant, caretaker, or guardian.

MONITORING
Q: Isn't question 1 simply a "yes" or "no" question? How can you assign points to this? When would you not receive all 4 points?

How are you going to monitor if the staff are using Clients Without Issues Report to reschedule missed appointments and write us up for it when we aren't using that as a method to contact missed appointments because it is so inaccurate?
R: Yes it is a Y/N question. If your answer is no then you will not get all four points. If you have a call center and/or have a system already in place to monitor how your LA is contacting missed appointments (EG: 4-0 Kasey- uses missed/kept logs on M&M) then we just need to see how you are managing this.

Q: Can we add "or use of local report with similar information" Currently our district utilizes a Report generated locally that has current month information.
Are the clients without issues report used to reschedule participants who missed voucher pickup or recertification?
R: You may continue to use your own methods at the LA to monitor clients if it is more accurate. The report or system you are utilizing to reschedule missed appointments must be available during a monitoring visit.

Q: Form 7-Processing Standards under the Monitoring Tool should have 10 rows for client names. It was reduced to 8 but 10 clients are required (2 per WIC type).
R: We will make any corrections necessary in the 2016 Manual; will fix form soon. The thirty day form should also have 5 boxes. We understand that the NA box is too dark.

Q: The Monitoring Tool added that RECEIVED MANUAL VOUCHERS will also now require second verifying initials (previously second initials only required for monthly inventory and during destruction of supply). Shouldn't it also be a new change added under Food Delivery
R: (Jamila Blount) The new change is highlighted in the 2015 Procedures Manual; (FD-12) E. Inventory Control of Manual Vouchers.

Q: Are voucher override request approved by an authorized manager? (MO-47) All sites do not have a manager on site what do you recommend?
R: For voucher overrides; choose a designated individual. Please send a list of names of the persons in your district who are responsible for overrides to Sonia so that we can be up to date at the state office.

Q: What about in the Monitoring Tool - 'voided vouchers due to food package changes attached to the current replacement receipt" when the client transfers into your clinic, needing a food package and you can't void those vouchers because you have to send them to the issuing clinic and then what does the issuing clinic do with them?-MO28
R: Attach the voided vouchers to the replacement voucher receipts; the current clinic can call the losing clinic to have the vouchers voided in their system or call CSC to void the vouchers in the VMARS system**.** We are working on revising this policy due to the implementation of VMARS.

Q: The new rule about voucher paper and only opening one box at a time and using first in- first out procedures?? Why is this being implemented? It is easier to lock the paper up not in boxes. As long as we have the correct amount of paper and it is locked and secured what does it matter that it is not in the box?
R: (Ondray Jennings) The policy was implemented to improve inventory control and financial accountability. OIG is aware of the storage space concerns that clinics may encounter, therefore the local agency may remove the VMARS stock paper from the boxes upon delivery and store the stock paper in a secure location. The Operations Unit and OIG are working to set standardized procedures for inventory and stock paper maintenance. An Action Memo will be sent to the Nutrition Services Directors giving notification of the new requirements.

FOOD DELIVERY

Q: Please Clarify
Seniors Farmers Market Vouchers Printed in the WIC clinics.
R: the GA SFMNP vouchers will not be printed in the clinic; at no time should vouchers be issued at district clinics**.**

Q: Please Clarify
These retrieved vouchers should be voided in the system, stamped void, and filed with the replacement voucher receipt.
R: This issue pertains to food package changes or prenatals that were previously issued vouchers and returned for certification as breast feeders or non-breast feeders; If vouchers are brought back (by the participant) they need to be stamped VOID and placed with the voucher receipt.

Q: What documentation is needed for the monthly VMARS stock paper inventory?
R: (Ondray Jennings) OIG recognizes that a standard inventory control method is not in place. The Operations Unit and OIG are working to set standardized procedures for inventory and stock paper maintenance. An Action Memo will be sent to the Nutrition Services Directors giving notification of the new requirements.

Q: We need more guidance on overrides and the report. Also, is it really required that the District Health Director inform the SWO of changes to override permission?

Please explain FD-32 regarding the clinic supervisor or NSD signing, dating and reviewing the report? Is the State open to districts providing a policy as to how they would monitor the override report?
R: Regarding overrides and the report: We are in the process of changing that because the district health directors will no longer be responsible. We are changing this over to the NSD's responsibility. The NSD is supposed to be monitoring this report on a weekly basis, so that the monthly report does not get out of hand (since there are so many). At the SWO, we need to know what the overrides are for and who approved it. If you have any additional suggestions and guidance or have any local agency policies currently in place on how to monitor or update these reports at the district level; send it to Sonia for review.
Sonia Jackson will update the PM in the future regarding these matters.

COMPLIANCE ANALYSIS

Q: This page states that the District NSD will visit each clinic to review clinical procedures; however the Monitoring section does not require this. Can this be explained?
R: (Jamila Blount) Internal Self-Reviews must be conducted annually. Half of the District clinics must be reviewed one year and all other clinics must be reviewed the following year. A schedule of review dates and clinics and the name of person conducting the self-reviews, must be submitted to the Georgia WIC Program by September 30thof each year. A summary of any Self-Review performed during each quarter and the name of the person conducting the self-review, must be submitted to the Georgia WIC Program.

This section talks about fraud and abuse, but as stated before, the Rights and Obligations don't fully explain what fraud and abuse can be.
R: The State Office recognizes the need to update the monitoring and the rights and obligations sections of the manual.
R: The NSD is required to monitor and review clinical procedures in the district (see FD-31). NSDs should monitor the override reports at a minimum on a weekly basis to ensure the reports are maintained accurately**.**

Q: Can districts be provided with a template of the various warning letters or a fillable form?
R: The staff from Compliance Analysis along with the staff from Program Integrity and Strategy will collaborate in the development of fillable forms.

NUTRITION EDUCATION
Q: Is the state going to print more online nutrition education flyers for the district to promote online nutrition education?
R: Any district may contact Steve @ Standard Press regarding the online nutrition education flyers.
Steve McCart
Sr. Account Executive
Standard Press
1210 Menlo Drive
Atlanta, GA 30318
404.351.6780 ex. 120 Tel
404.351.7139 Fax
678.557.6801 Mobile

The state anticipates coordinating a bulk order for materials, but a date has not been confirmed.

Q: Please provide more information on what this plan should include. Will there be a template? Who develops the goals and objectives? This section says Nutrition Education Plan is "part of the WIC plan" – is there WIC plan due also?
R: Since the deadline for this plan is in May, the 2015 plan will be reviewed at the NSD Meeting on March 19, 2015. Prior to this meeting a sample of this plan will be sent out for feedback. The goal is KISS (keep it short and simple). For the future Nutrition Services Plan (NSP) a team of state and local staff will meet to construct what it looks like; including goals and objectives, etc.

Q/C: International Dietetics and Nutrition Terminology Reference Manual- This is out of print- The new name is "eNCPT"- electronic Nutrition Care Process and Terminology. Can state purchase subscription for districts like the NCM, lack of access hinders the use of standard language in our district.
R: The districts will be queried regarding their choices for subscriptions. A final decision will be made at the State level by the end of February, 2015.

Q: During group classes staff introductions are imperative, client introducing themselves in front of other clients…. HIPAA? A good use of time?
R: Please review the nutrition assistant checklist regarding the issue of introductions**.**

Q: Can the Nutrition Assistant Observation Form be made fillable?
R: A fillable Nutrition Assistant Observation Form can be downloaded from the District Resources Page at. https://dph.georgia.gov/district-resources
Look under Nutrition Assistant Training – Nutrition Assistant Observations.

FOOD PACKAGE

Q: Can this change be explained in more detail?

Added new guidelines for determining feeding type for breastfeeding baby in hospital. USDA allowed Georgia to issue the mom a food package that matches what we expect her to be on when the infant is discharged from the hospital.
R: When baby is expected to be in the hospital for more than a month, the dyad should be certified as exclusively breastfeeding. For the month of expected discharge, the mom and baby's feeding type should be changed to match mom's plan for feeding the infant after discharge. Mom's food package should be issued based on the "discharge" feeding type. The Baby should be issued formula in the amount appropriate for their feeding type when discharged.
If infant is only expected to stay in the hospital for a short period time (< month), then assign feeding type and food packages for both mom and infant based on feeding plans after discharge.

Q: Why does CPA's need to document reason for issuing soy milk/tofu? Vegan Diet? We do not document if family chooses other diets?
R: USDA allows the CPA to document reason for issuing soy milk/tofu. Changes will be made to 2016 Georgia WIC Policy and Procedure Manual**.**

Q: Can we continue to use our district form to track Special Formulas?
R: The State Office is requiring mandatory use of the State Special Formula form for consistency. All districts that requested review and approval of local agency forms that included all components of the state special formula tracking form have been notified of their approval status.

BREASTFEEDING

Q: Need more information and training on the section about Medicaid and breast pumps. As of 1/6/2015, Medicaid was not paying for any pumps.
R: The WIC Procedures Manual initially included a reference to Medicaid and the ability for participants to receive breast pumps through Medicaid. The implementation by Medicaid has not been what was expected and the reference will be removed in the 2016 WIC Procedures Manual. The state is working on a new breast pump ordering process that will make use of available State food dollars.

Q: Why are BF Dyad Summary reports mentioned under Monitoring and nowhere else in the procedure manual. We have never been told to send summaries of these reports to the State before? The BF Dyad report needs to be defined and what is required with the report in the procedure manual if it is going to be monitored. We download the report into a spreadsheet and add our comments/findings to that and save it at the District level. This process needs to be accepted as well**.**
R: Breastfeeding Dyad is a current USDA Corrective Action. There was considerable discussion regarding the mother-baby dyad. Currently, the dyads are not matching. A revised breastfeeding dyad report is available on GWIS (Filed under CPS Reports / Caseload Management / Breastfeeding Dyads Report). The report should be reviewed monthly and filed at the district office.

Q: Has the breast pump log been revised that was discussed at the breastfeeding meeting in Macon with the suggestions provided?
R: The draft breast pump tracking log has been added to the district resource page.
https://dph.georgia.gov/district-resources
Note: Breastfeeding tracking and inventory logs were posted in draft form. Comments Welcome!

Q: Is there a recommended salary for peer counselors that can be hired fulltime? Will the annex have to be revised to hire a peer counselor full time?
R: The State WIC Office in coordination with Public Health is revising the Peer Counseling Annex. A final revised 329 Peer Counseling Annex must be in place before districts can hire peer counselors full time using peer counseling funds. The following statement was added to the *Draft Annex*: "Districts are encouraged to hire PCs part time (approximately 20 hours a week). A Peer Counselor's weekly schedule may be adjusted to prevent lapse of funds or to meet program needs. Where funds allow peer counselors can be hired full time."
Salary recommendations in the *Draft Annex* are covered by the following statements:

- PCs must be paid a minimum of eleven dollars ($11) per hour. Experienced or Lead Peer Counselors may be paid $13.00 or more per hour.
- Training Alternate Peer Counselors: Alternate Peer Counselors can be paid ten dollars ($10.00) per hour to be trained as peer counselors.

ADMINISTRATION

Q: What is option II? Is this form to be used to report all types of system issues?
R: This refers to the Computer Issues Report which no longer has an option II. The form has been revised and is similar to the Computer Issues Report used in past years. It was sent out to all the NSDs. We have gone back to using a simpler version where the user can check off any issues they are experiencing. The form can be forwarded to anyone experiencing any computer issues upon request.

This report only pertains to CSC/front end issues. If there is an IT issue that can be resolved with a particular district, that issue does not have to be reported at the state level.

Q: Computer systems error report- Option II?
R: Same as above.

Q: Please clarify – Does this mean every adjustment in MIERS needs a justification.

Budgets for local agencies are changed by means of amendments. Realignment of current budget, addition and reduction of funds are completed through the state budget amendment process and includes appropriate narrative justification as required.
R: Per Hugh Warren, every adjustment doesn't need a justification.

Q: This was not highlighted in the rubric, but is in yellow. *Additional policy will be provided to comply with FY 2014 ME regarding approval of purchases.* Can this be addressed?
R: Two forms were developed, one at state level, one at district level; forms will have instructions following USDA's policy on procurement; once approved, a separate training will be developed for DA's and NSDs on how to use the forms.

Q: Who comprises the Program Technology Unit?
R: The Program Technology Unit is comprised of the Program Technology Manager (Astride Ainsley), WIC Systems and Reporting Consultant (Vacant), and the WIC Technical Writer and Special Projects Coordinator (Vacant).

Q: Please Clarify and include process for allocation and reimbursement Visual Collaboration (the cost of Visual Collaboration will be allocated among all programs utilizing the network. Upon completion of the 2014 Management Evaluation, the allocation and reimbursement process will be provided.)
R: Per Hugh Warren, a process has been developed by which to do this, the response is ready to go back on next round to USDA; does not apply to local level, allocation is between WIC and public health programs, will not impact local agencies directly; if more information is needed, may contact Hugh Warren.

VENDOR MANAGEMENT

Q: When are we going to be able to print out real time vendor list for participants and staff in clinic to use?
R: The website will be updated within the week or so that contains this information.

EMERGENCY PLAN
Q. Does each District need to send the SWO their Emergency Plan
R. No they do not. The Emergency section of the WIC Performance manual provides the guidelines for the District regarding WIC processes during an emergency.

Q. Does each District need to create nutrition education materials noted in Section V, Item D, for use during a declared emergency?
R. The Districts do not need to create nutrition education topic materials for emergency circumstances. Barbara Stahnke, heading the Nutrition Education committee, is aware of this need and will be addressing the issue with the committee.

ADDITIONAL RESPONSE INQUIRIES

Q: Public Comment Section says 2014.
R: Changes will be made during 2016 procedures manual update.

Q: Can the clinic just file a monthly override report (versus weekly) since they are sending it to DO monthly and is it being monitored monthly?

R: Per Sonia's request, ensure that the override report is done on a weekly basis.

Q: Do we have permission to issue one month of food package III special formula vouchers for transfers? Is that in the manual?
R: Participants transferring from out of state may receive one month of vouchers if medical documentation cannot be obtained at the time of transfer. It is assumed that with in state transfers you will be able to receive the information from the Georgia transferring clinic.
FP-295: Formula products requiring a prescription, nutritionals, and supplemental foods cannot be issued to WIC clients with qualifying medical conditions unless complete, up-to-date, written medical documentation or a verbal order is present and documented. It is unacceptable and against program policy to issue formula, nutritionals, or supplemental foods for one month until the client can provide the required documentation. Documentation must be present prior to issuance, except in the case of transfers whose medical documentation cannot be obtained at the time of Transfer In; such participants may only receive one (1) month of vouchers until documentation is received. (Refer to the Certification Section.)

Q: How do we check in PARS to determine if time spent on a client is entered in PARS? We can compare all TAD Transactions to the PARS of all staff that worked on that day. I tried this when PARs first started an it took me an entire week to do one day.
R: The State will examine all issues surrounding PARS and will distribute more guidance out to the NSDs – there was also a question regarding who is in charge of PARS at the State level. Anthony McGaughey is the Point of Contact on any matters regarding PARS.

Turnaround Document (TAD)

Note: The current two turnaround document (TAD) field code #54 allows the system to identify multiple births. This should reduce, if not eliminate, twins from appearing on the dual participation report. If the participant in question is a twin, indicate this by putting twin #1 or #2 after the first name on the TAD and the certification form.

If I remember correctly, our system does not allow us to send a transaction with a numerical value in the name field.
R: If using multiple births under birth outcome, use field #56 (on the TAD). In the name field twin A or B can also be used