

Kentucky Clinic Management System User Guide



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1 DOCUMENT INFORMATION

1.1 DOCUMENT HISTORY

Version	Date Effective	Summary of Changes
[vs. no.]	[date]	[reason for changes]
2.0	May 31, 2013	<ul style="list-style-type: none">• New format• Organized by Support Staff and Patient Menu functions• Added WIC Appendix• Updated screenshots•
2.1	October 1, 2013	<ul style="list-style-type: none">• Updated text and screenshots based on releases• Added reference links
2.2	May 19, 2014	<ul style="list-style-type: none">• Updated text and screenshots based on releases

1.2 DEFINITIONS AND ACRONYMS

Acronym or Term	Definition
Benefit Period	A time period during which WIC benefits may be redeemed. This includes the beginning benefit availability date and ending benefit availability date.
BMI	Body Mass Index
CMS	Clinic Management System
EBT	Electronic Benefit Transfer. The electronic transfer of government benefits to individuals through the use of card technology and point-of-sale terminals.
Host	A central processor/computer which can act as a database processor and/or switch for transactions leaving or coming into a central processor.
KTAP	Kentucky Transitional Assistance Program. KTAP is a monetary assistance program which provides financial and medical assistance to needy dependent children in Kentucky and the parents, or relatives, with whom the children are living.
PEF	Patient Encounter Form

Acronym or Term	Definition
Personal Identification Number (PIN)	A four character numeric code issued to or selected by a cardholder, which must be utilized by the cardholder in conjunction with a card to initiate a transaction.
Retailer	A dealer in foodstuffs, meats, produce, and dairy products. In the context of this document, the term also covers any parties who are authorized by the State to be a vendor of WIC approved items, and/or perform WIC-related computing or financial transactions for them.
RTC	Return to Clinic
System	A collection of hardware, software, persons, and procedures that work together to perform a set of functions.
VOC	Verification of Certification
WIC	Women, Infants and Children. WIC is a Special Supplemental Nutrition Program for Women, Infants, and Children.
WIC Benefit	A product provided by the WIC program to a WIC participant. For purposes of this system, a WIC benefit can be thought of as an authorized food product.
WIC Category	A grouping of authorized food products, such as milk or formula.
WIC Participant	The individual to whom WIC benefits are issued.
WIC Subcategory	A specific type of authorized food product within a WIC category, such as whole milk or skim milk. These are subcategories to the category of milk. Subcategories can be either Broadband (000) or Specific (> 000).

2 INTRODUCTION

2.1 CUSTOM DATA PROCESSING OVERVIEW

Founded in 1981 in LaGrange, Illinois, Custom Data Processing (CDP) is the nation's premier provider of data management systems and services, including two CDP-owned, Tier 3 data centers for the public health community. For over 30 years, CDP has provided customized solutions for public health clinic



management, WIC, eWIC, home health, and environmental health.

CDP's business model has been successfully implemented in thousands of sites across the country, providing cost effective tools for the public health professional. Built with client collaboration and designed to meet state and national health standards,

CDP's health management systems are important tools for improving the quality of health services to all citizens. To learn about CDP enterprise health solutions, call (800) 888-6035 or visit <http://www.cdpehs.com>.

2.2 DOCUMENT PURPOSE

This document describes the functionality, configuration, and operation of the Kentucky Clinic Management System. The audience of this document includes:

- Clinic Staff
- Customer support
- State program administrators

2.3 DOCUMENT STANDARDS AND NAMING CONVENTIONS

Throughout the document, the following conventions are used:

- The terminology "click" and "select" indicate that the user should left-click their mouse button once.
- CAPITALIZED FONT signifies text found in buttons, icons, and links displayed on various application screens.
- Important terms are emphasized with **bold text** at the point where the term is introduced and defined.
- Courier font represents text that the user enters via their keyboard.
- Nomenclature such as GENERAL->MAIN MENU signifies a navigation path.

3 GETTING STARTED

3.1 APPLICATION OVERVIEW

The Kentucky Clinic Management System is a comprehensive system that:

- ◆ Is a Web-based system that is integrated with WIC Direct—the online, WIC EBT solution
- ◆ Is a comprehensive clinic management system including patient registration, service reporting, billing, and management reports
- ◆ Has an appointment scheduling module
- ◆ Has the option to place patients in a household or register them individually
- ◆ Features a Growth Chart module that automatically plots measures
- ◆ Contains a WIC, automated risk assignment module
- ◆ Has a food package assignment module that supports the new Federal food package rules for WIC
- ◆ Enables WIC benefit issuance in both a paper system and eWIC
- ◆ Accesses a statewide immunization registry

The WIC Direct System is an EBT (electronic benefits transfer) system that is an online, real time, electronic system in which WIC participants access their benefits using a magnetic stripe card, similar to a debit card, instead of a traditional paper food instrument. Highlights of this process include:


- ◆ A participant is certified as WIC-eligible at a clinic.
- ◆ An EBT account with participant demographic information is established through the Kentucky CMS System for each participant.
- ◆ An eWIC card is issued to the participant in the clinic and the participant selects a four-digit PIN (personal identification number).
- ◆ Monthly food benefits are issued to the client and posted electronically to the participant's account.
- ◆ The eWIC card is used to access food benefits in the retail store.
- ◆ The EBT host (server) plays the central role in the WIC Direct System. The Kentucky WIC Host interacts with the WIC EBT System to
 - Exchange claim, auto-reconciliation, and error notification files
 - Provide authorized product lists
 - Process online retailer purchase requests

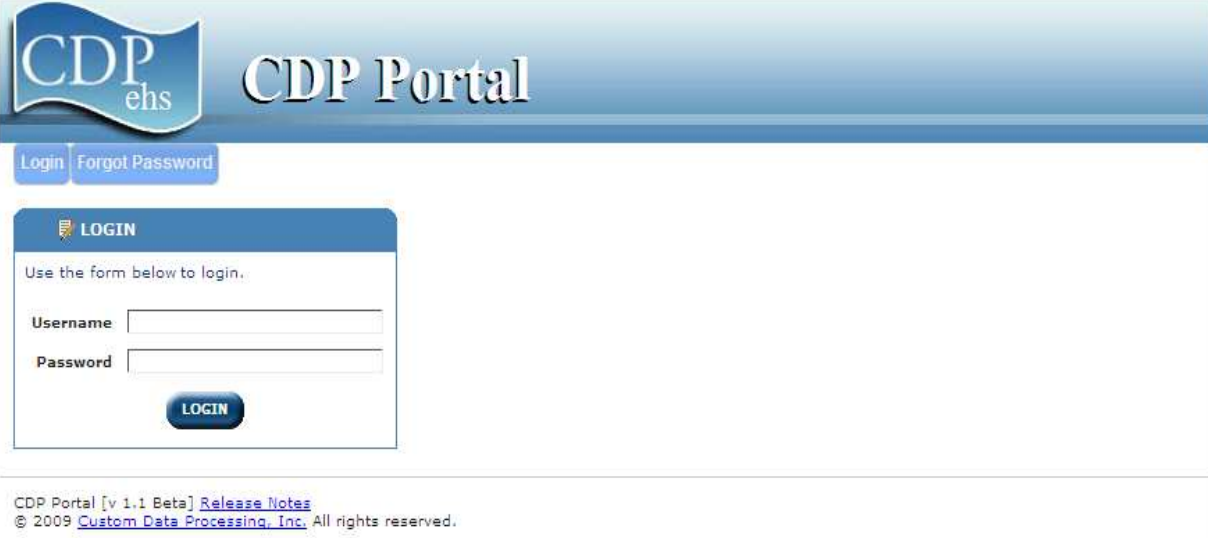
Note that throughout this document, the words "patient" and "participant" are used interchangeably.

In the WIC Direct System, each family/household member's food benefits are aggregated into a single account. The household account consists of specific types and quantities of food items, each with specific eligibility and expiration dates. These dates are cyclical and are set by the State WIC Authority.

Most WIC participant information is recorded in the CMS system, and then transferred seamlessly to the EBT System. During the initial registration process, registration clerks will be the first point of contact for gathering information about participants in the WIC EBT program. Much of this information is automatically transferred from the CMS system to the EBT system as information is saved during the registration process. Participant, household, eWIC card, and benefit information is also updated in the EBT system each time a change is made in the CMS.

3.2 LOGGING INTO THE APPLICATION

To login to the Kentucky CMS System through the CDP Portal, double click the portal icon, enter the user name and password in the appropriate fields, and click . When a user logs into the CDP Portal, they will be logged in to both the CMS and WIC Direct Systems and will be able to move seamlessly between the two systems.



CDP Portal [v 1.1 Beta] [Release Notes](#)
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After login credentials are validated, you will be taken to the Main Menu described in Section **Error! Reference source not found.**, “Application Main Menu”.

3.3 MANAGING MY ACCOUNT

3.3.1 EDIT PROFILE

To edit your profile, click the **Edit Profile** button at the top of the CDP Portal Main Menu screen.




The Edit Profile screen will be displayed.

 A screenshot of the 'EDIT PROFILE' screen. At the top is a blue header with a home icon and the text 'EDIT PROFILE'. Below the header is the instruction: 'Use the below form to edit your profile.' There are three input fields: 'First Name', 'Last Name', and 'Email Address'. Below these is a section titled 'CMS PROFILE OPTIONS' with four fields: 'Clinic' (a dropdown menu), 'WIC Printer' (a text input field), 'Reason for Visit' (a dropdown menu), and 'Visit Date' (a date input field with a calendar icon).


- ◆ User profile information that can be edited is First Name, Last Name, and Email Address.
- ◆ To edit the CMS Profile Options, use the drop-down menus to change the Clinic or Reason for Visit, or manually edit the WIC Printer and Visit Date.
- ◆ To save any changes made, click Save.

3.3.2 FORGOT MY PASSWORD

If you have forgotten your password, click the **Forgot Password** button at the top of the CDP Portal Login screen.

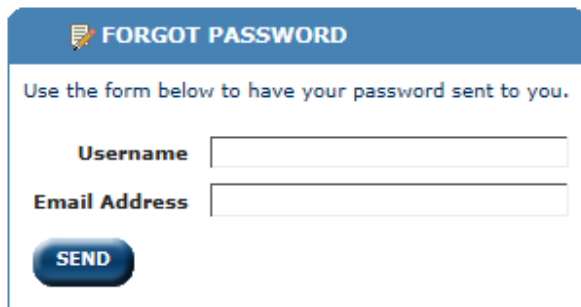


The image shows the top navigation bar of the CDP Portal. On the left is the CDP ehs logo. To its right is the text "CDP Portal". Below the logo and text are two buttons: "Login" and "Forgot Password". The "Forgot Password" button is circled in red.



The image shows the "LOGIN" form. It has a blue header with the word "LOGIN" and a document icon. Below the header is the instruction "Use the form below to login." There are two input fields: "Username" and "Password". Below the fields is a blue button labeled "LOGIN".

A screen will appear with a form requesting the Username and Email Address fields to be completed.



The image shows the "FORGOT PASSWORD" form. It has a blue header with the text "FORGOT PASSWORD" and a document icon. Below the header is the instruction "Use the form below to have your password sent to you." There are two input fields: "Username" and "Email Address". Below the fields is a blue button labeled "SEND".

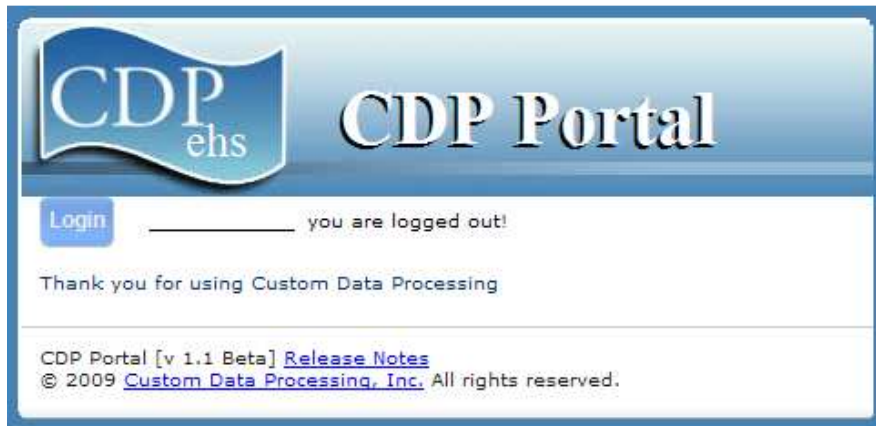
Type your Username and Email Address associated with the user account in the appropriate fields, and click the **SEND** button. Your password will be sent promptly to the email address entered.

3.3.3 CHANGING MY PASSWORD

To change your password at any time, click **Change Password** at the top portion of the CDP Portal screen.

3.3.4 LOGGING OUT OF THE APPLICATION

To exit the CDP Portal from any screen, click **LOGOUT**. When successfully logged out of the CDP Portal, the following screen will be displayed



3.4 GETTING FAMILIAR WITH THE INTERFACE

This section explains the main Portal screen; used to access most applications, common commands, icons, buttons, and navigation tips for using CMS.

3.4.1 CDP PORTAL

After successful login to the CDP Portal, the Portal Main screen will be displayed including the Memberships and Portal News sections. The Memberships section lists all user groups to which a user belongs; all the systems to which they have access; and all applications to which they have access. In this user guide, the CDP Portal screen will be referred to many times when a user will be switching to a new application within CMS.



The screenshot shows the CDP Portal interface. At the top left is the CDP ehs logo. To its right is the text 'CDP Portal'. Below this is a navigation bar with buttons for 'Portal', 'Edit Profile', 'Change Password', and 'Logout', followed by a 'Welcome,' message. The main content area is divided into two columns. The left column is titled 'MEMBERSHIPS' and contains a list of groups and systems. The right column is titled 'PORTAL NEWS' and displays 'No news found.'

CDP ehs CDP Portal

Portal Edit Profile Change Password Logout Welcome,

MEMBERSHIPS

Groups
CDP Administrators
DMS Audit
DMS Edit
DMS Export
DMS Import
DMS Scan
DMS Upload
DMS User
KYCMS_C500_Household
KYCMS_C500_Registration
KYEBT_User
Kentucky WIC EBT

Systems
CDP
CDP Reporting
Global
Kentucky State
Household
Kentucky Clinic Management
Kentucky Wic EBT

Applications
[CDP Security](#)
- [Portal News](#)
- [Access Logs](#)
- [Users](#)
- [Groups](#)
- [Locations](#)
- [Systems](#)
- [Objects](#)
- [Question Group](#)
- [Question](#)
[WIC Food Instrument](#)
- [FI Range Search](#)
- [Report Comments](#)
[Report Viewer](#)
[CDP Report Viewer](#)
[EBT Update](#)
[Handwritten FI Product Rebate Redemption](#)
[Ky State Tables](#)
[Commensurate Pricing](#)
[FM Vendors](#)
[Healthy Start](#)
[Household](#)
- [HH Search](#)
- [HH Received](#)
- [HH Cancel Transfer](#)
[Immunization](#)
[Patient Search](#)
[Scheduling](#)
- [Holiday](#)
- [Provider](#)
- [Provider Schedule search](#)
- [Appt Patient Search](#)
- [Schedule List](#)
[WIC Food Package](#)
- [Category Search](#)
- [Subcategory Search](#)
- [Unit of Measure Search](#)
- [WIC Message Search](#)
[EBT](#)
- [Search Cardholders](#)
- [User Search](#)
- [Add Vendor](#)










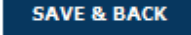







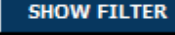













PORTAL NEWS

No news found.

3.4.2 CMS AND WIC EBT BUTTONS & ICONS



FUNCTION	BUTTON/ ICON
Add Household information	ADD
View a participant's WIC Benefits	BENEFITS
Cancel information and return to the previous screen	CANCEL
Print a certificate of a patient's immunization records	CERTIFICATE
Clear existing information	CLEAR
Transfer information to a different county	COUNTY TRANSFER
Create a new household	CREATE NEW HOUSEHOLD
Delete a previous entry	DELETE
Go to the EBT Account screen	EBT ACCT
Issue an eWIC card	EBT CARD
Edit an existing record	EDIT
Export benefits	EXPORT
Retrieve forgotten password	Forgot Password
Initiate a search	GO
Go to the Household Search screen	HH SEARCH
Hide a search filter	HIDE FILTER
Issue patient benefits	ISSUE BENEFITS
Create and print labels	LABELS
Log out of CMS System	Logout
Go to Member screen	MEMBER
Modify patient's benefits	MODIFY
Add a new record	NEW

Create a new household	
Go to the Patient Menu screen	
Return to the menu of Applications and Systems	
Go to the Registration screen	
Replace Benefits in Food Package Replacement	
Return to the previous screen	
Go to the Return to Clinic screen	
Save data entered	
Save information entered and add an eWIC Cardholder	
Save information and return to the Account Details screen	
Save information and go to the Income/Proofs screen	
Save information and go to the Patient Menu	
Save information and return to the Portal	
Save information and add third party liabilities	
Save information and go to the VOC screen	
Save information and go to the WIC Issuance screen	
Initiate the search process	
Show a search filter	
Transfer patient information	
Update a record	
Void Benefits in a Food Package	
Return to the first or last page of results	
Return to the previous or next page of results	
Go back to a main page	
Edit or Update a Record	
Go to the WIC 75 Report	
Show a Record	
View more information	
Select a date	
See how the results were filtered	
Update a User/View User Details	


Update a Vendor/View Vendor Details



3.4.3 NAVIGATION TIPS

Using Search Filters

- ◆ When using search filters in the CMS or WIC EBT Systems, the filters may differ in appearance, however the operations work in the same manner.

Click inside of the search filter box; enter information, and then click .

Examples:



HOUSEHOLD LOOKUP

County: Local Health

Search by one of the fields below

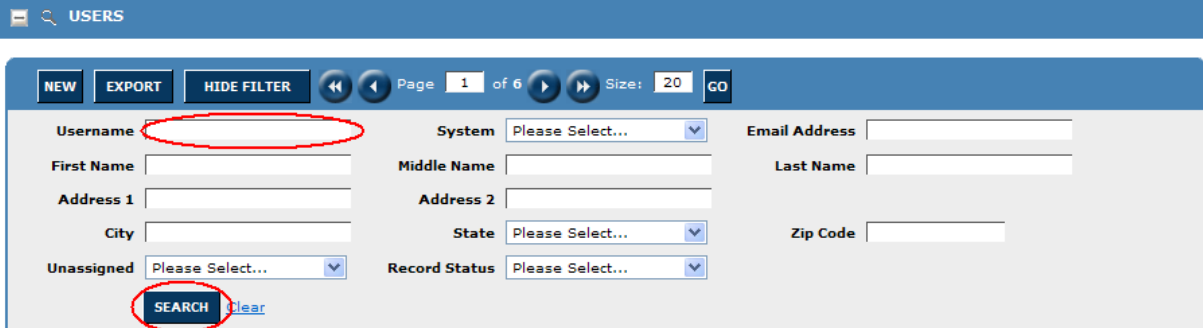
Household #:

Name: smith

Address:

Phone #:

EBT Card #:



USERS

NEW EXPORT HIDE FILTER Page 1 of 6 Size: 20 GO

Username System Please Select... Email Address

First Name Middle Name Last Name

Address 1 Address 2

City State Please Select... Zip Code

Unassigned Please Select... Record Status Please Select...

There are several methods of selecting information within the search filters. These include: typing the information into a search box, drop-down menus, scroll menus, and more.

Drop-down Menus

- ◆ Many times the Search Filter sections will also contain drop-down menus. Clicking in the drop-down field will display a list of choices. Left-click on the arrow, then click on one of the answer choices. Below are examples of drop-down menus.

Member *

- FOSTER CHILD
- CARDHOLDER MEMBER
- CHILD
- FOSTER CHILD
- FOSTER PARENT
- GRANDPARENT
- OTHER
- PRIMARY MEMBER
- SIBLING
- SPOUSE/SIGNIFICANT OTHER

Third Party

Medicaid Eligible? Yes

- No
- Yes
- Applied
- Probable
- Mothers Medicaid
- Family Medicaid
- KChip
- Eligible (Potentially)

Main Screen Arrow Indicator

- ◆ A red arrow pointing to a screen name indicates the screen the user should be on to continue. The following example shows that in order to get to the Account Balance screen, the user must first be on the Patient Menu screen.

Patient Menu screen

To access the **Account Balance** screen from the Patient Menu screen, click [Account Balance](#).

PATIENT MENU

Patient #: 123456789 Medicaid Number: Chart Number:
 Name (F, M, L): JOHN SMITH DOB: 8/1/2009

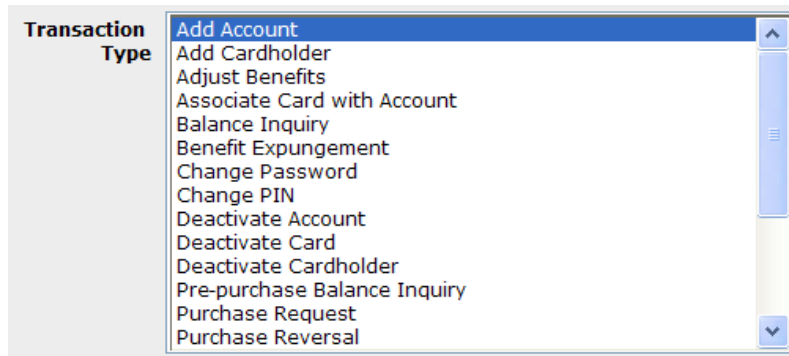
PATIENT SEARCH

- [-] Growth Charts
 - AutoRisk
 - Household
- [-] Patient Imms
 - Immunizations
- [-] Registration
 - Edit
 - Show
 - Return to Clinic
 - Scheduling
- [-] WIC
 - Account Balance**
 - Food Pkg Assignment
 - Food Pkg Replacement
 - Inquiry
 - Return Benefits
 - View Benefits
 - Void Benefits

Scroll Menus

- ◆ Another method of selecting information for a search is the scroll menu. Use the arrows on the side to scroll through the options, then click an answer choice and it will be highlighted. This is a multi-item select field. To select multiple items from the list, hold the “Ctrl” button on the keyboard and click multiple items.

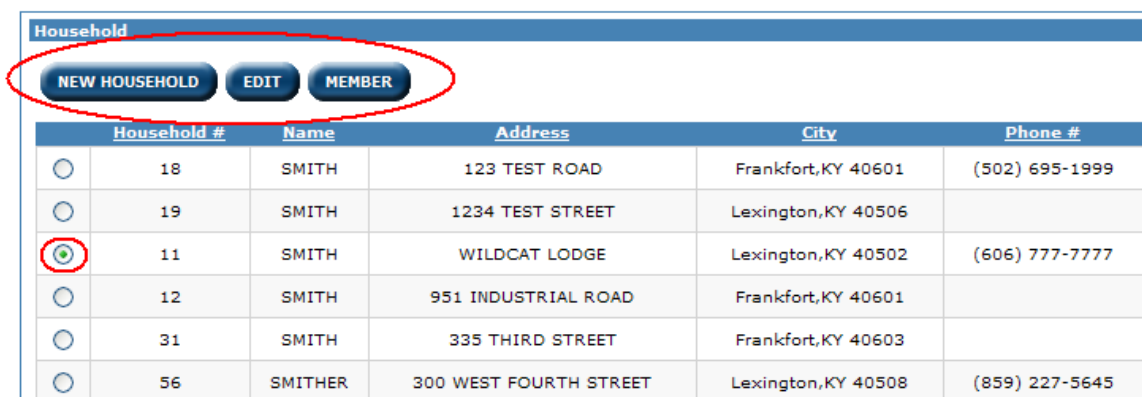
Example:



Selecting Individuals

- ◆ There are many instances in the CMS System in which a single household or patient should be selected from a list of households or patients, and then a button must be clicked to perform a function with that individual.

In some cases, a radio button must be selected that corresponds with the desired information. This is shown below in the Household Search screen. After the radio button has been marked, click a button to perform the desired function.



A similar way of selecting an individual from a list may be check-marking a box corresponding with that individual.

Household Members

Member *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party	Emergency Name
<input type="checkbox"/> Child	451021478	ABNER	ANNIE	F	05/15/2010	Female		
<input type="checkbox"/> Child	000000003	SMITH	ANTONIO	K	02/03/2007	Male		
<input type="checkbox"/> Child	942145789	BROWN	BENNY		01/01/2010	Male		
<input checked="" type="checkbox"/> Child	000000001	SMITH	BORIS	K	04/15/0200	Male		
<input type="checkbox"/> Child	000000002	SMITH	BORIS	K	04/15/2006	Male		
<input type="checkbox"/> Child	343432487	SMITH	DIMITRI	S	04/15/2006	Male		

After an individual is selected, then any of the buttons above may be selected: Delete, Transfer, Registration, Patient Menu, etc. If a button is clicked before selecting an individual, the following message may appear: **Must Select Patient for _____**

Initiating a Search

◆ In the EBT System, the Search button is used to initiate a search.

ACCOUNTS

Page 1 of 1
Size: 20

Household Number
 Card Number

First Name
 Middle Name
 Last Name

Address 1
 Address 2

City
 State
 Zip Code

Entering a Location

- ◆ The filter labeled “City/ State/ Zip” requires information entered in a very specific format. It is easier to avoid error messages by typing just the city, then waiting for the drop-down of cities to appear and selecting one. Do not type a space after entering the city.

City, State Zip * : *ex: Glasgow, KY 42141*

Frankfort Center, NY 13340
Frankfort Heights, IL 62840
Frankfort Hts, IL 62840
Frankfort, IL 60423
Frankfort, IN 46041
Frankfort, IN 46058
Frankfort, KS 66427
Frankfort, KY 40601
Frankfort, KY 40602
Frankfort, KY 40603
Frankfort, KY 40604
Frankfort, KY 40618
Frankfort, KY 40619
Frankfort, KY 40620
Frankfort, KY 40621
Frankfort, KY 40622
Frankfort, ME 04438
Frankfort, MI 49635
Frankfort, NY 13340
Frankfort, OH 45628

Links

- ◆ In the EBT System, links underlined in blue are links to related information, such as a household number, patient or participant names, vendor names, email addresses, etc.

Examples:

Household Number	Name
0	Test Vendor
0052605	Test Vendor 2

- ◆ In CMS, links underlined in black are links to related information, such as household numbers and patient numbers.

Patient

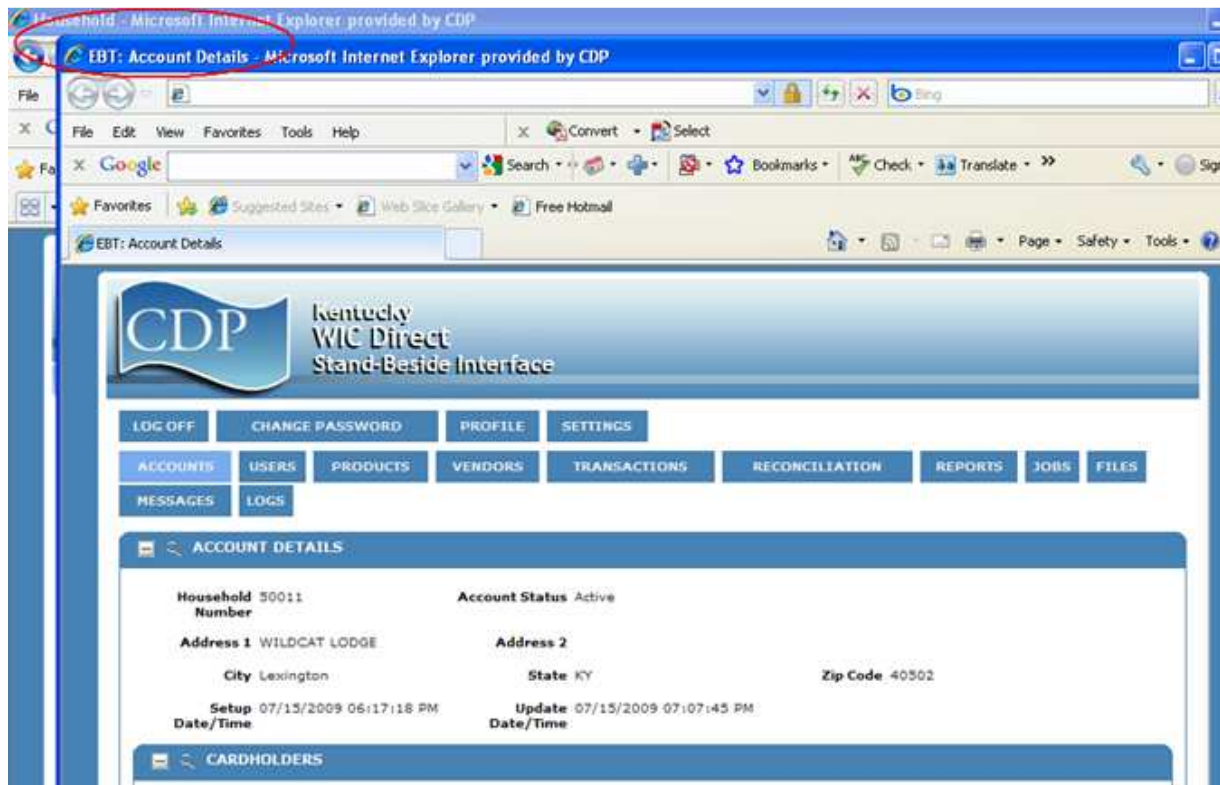
Patient #: Last Name: First Name:

Page 1 of 3 Page Size 10 GO Total Items: 27 Page Number GO TO


Household #	Patient #	Name	Birth Date	Gender
18	555000555	JOHN SMITH	07/01/08	Male
19	123454321	CHILD SMITH	02/03/05	Male
13	900000999	KEVIN SMITH	09/01/08	Male
12	678678678	MAGGIE SMITH	03/15/00	Female

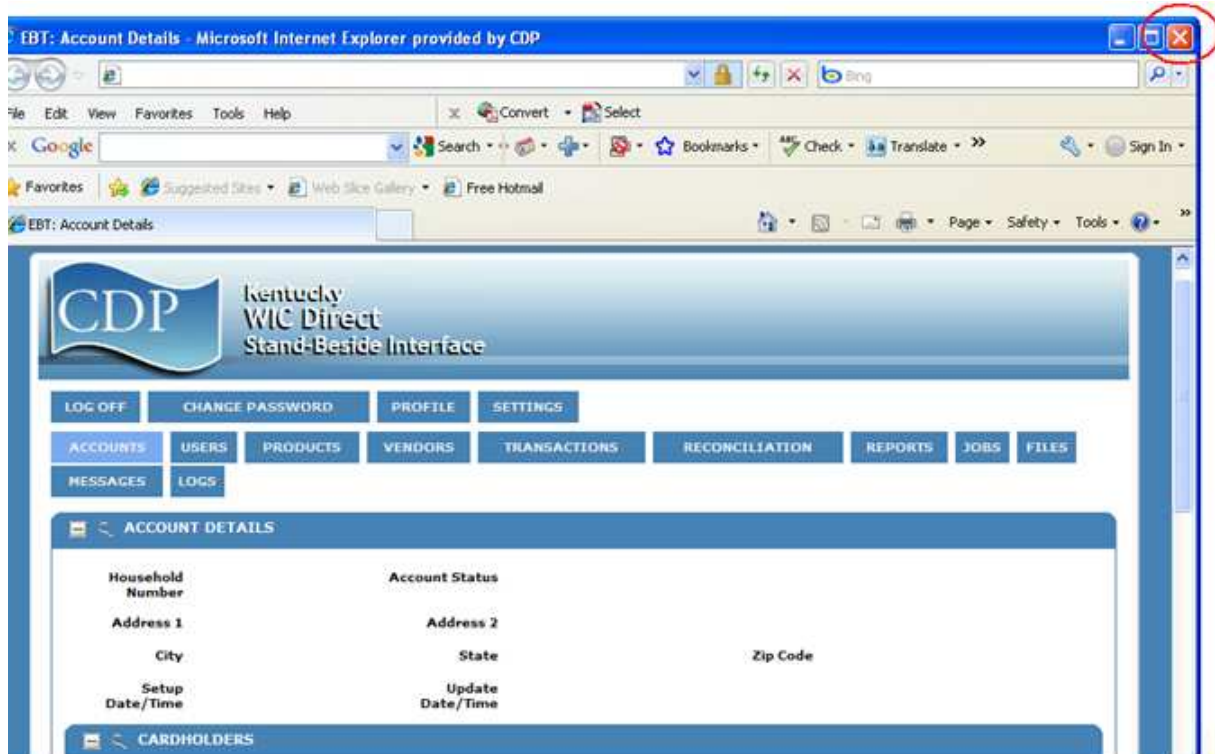
CMS and EBT have separate browser windows

- ◆ When navigating from the CMS System into the EBT System, there will always be a separate browser window that pops up for the EBT System. This means that clicking the “back” button at the top of the browser will not go back to a CMS screen. To return to CMS, just close out of the EBT browser window.



***Note: There are multiple browser windows open.

- ◆ To close out of the EBT browser window, click the  at the top right portion of the screen.



Required Fields

- ◆ Any field with a red asterisk* next to it is a required field. The screen cannot be completed until the required information has been entered.

Patient Information

Mothers name(F,M,L)

Maiden name Prim Care Phy name

Address *

State

City/State/Zip * 4 digit sub zip County Residence *

Home Phone Cell Phone Work Phone

Email

Home Contact? If no, How to contact?

Homeless?

Marital

Migrant? Special Program?

Hisp/Latino? *

Race Code(s) *

Assigned Codes

Screens that extend past the width of a standard screen

- In the CMS System, there are some screens that require scrolling to the right to view all the fields. These fields extend beyond the width of the screen. The Household Member screen is an example.

Household Members

SAVE & 3RD PARTY SAVE & INCOME SAVE & WIC PROOFS SAVE & WIC ISSUANCE SAVE & CHANGE BENEFIT FORM

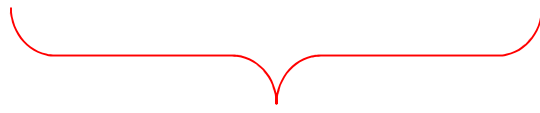
ADD SAVE DELETE TRANSFER REGISTRATION LABELS PATIENT MENU RTC

Member *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party
<input type="checkbox"/> FOSTER CHILD	121123211	GONZALEZ	HORATIO		5/1/2005	Male	
<input type="checkbox"/> FOSTER CHILD	333222111	SMITH	BOBBY		11/12/2004	Male	
<input type="checkbox"/> CARDHOLDER MEMBER	121212121	SMITH	GINA	G	12/24/1982	Female	
<input type="checkbox"/> CHILD	894514604	SMITH	LACY		5/15/2009	Female	
<input type="checkbox"/> PRIMARY MEMBER	777777777	SMITH	TUBBY		5/1/2006	Male	

- The screen must be scrolled so that the information to the right can be seen: Emergency Name, Medical Home, LEP (Limited English Proficiency), Primary Language, and Comments.

MENU RTC

Name *	MI	Birth Date *	Gender *	Responsible Party	Emergency Name	Medical Home	Next Action Due	LEP	Primary Language	Comment
		5/1/2005	Male					<input type="checkbox"/>	Spanish	
		11/12/2004	Male					<input type="checkbox"/>		
	G	12/24/1982	Female					<input type="checkbox"/>	English	
		5/15/2009	Female					<input type="checkbox"/>	English	
		5/1/2006	Male					<input type="checkbox"/>		

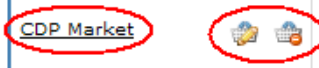


Moving cursor over text to reveal an icon

- ◆ In the EBT System, there are instances where icons will only be revealed after the cursor is moved over text.

In the example below, the EBT Vendors screen, the cursor moved over “CDP Market”. Note the icons that appeared.

Name	Number	Address
Test Vendor	1111	1111 First Street Frankfort, KY 40601
Test Vendor 2	1112	1222 Second Street Frankfort, KY 40601
Crowell Foods	3838383	406 Winners Circle Frankfort, KY 40601
Healthy Foods Grocery	444888	xxx Healthy Lane Frankfort, KY 40601
CDP Market	500001	123 Merchant Lane Frankfort, KY 40601



Another instance where this occurs is on the EBT Users screen.

Username	System
Allie.Williams	OWE
Allison.James 	OWE
Amy Smith	OWE
andy.vail	KY CMS
angelak.howard	KY CMS
Annie.Oakley	OWE
anthony.davis	KY CMS

Lists of pages of results

- ◆ After performing a search, there may be several pages of results, but only the first page is visible. Use the arrow buttons to move to the next, last, previous, and first pages.
- ◆ Notice that the example shown on the following page has 3 pages of results. The Page Size is 10, therefore 10 results are shown. Use the arrows to navigate through the pages.
- ◆ The page size can be changed to show more or less items per page. Change the number in the Page Size box and click Go.

Patient

Patient #: Last Name: First Name: SEARCH CLEAR

NEW PATIENT


◀
◀
Page 1 of 3
▶
▶▶
Page Size 10
GO
Total Items: 27
Page Number
GO TO

Household #	Patient #	Name	Birth Date	Gender
18	555000555	JOHN SMITH	07/01/08	Male
19	123454321	CHILD SMITH	02/03/05	Male
13	900000999	KEVIN SMITH	09/01/08	Male
12	678678678	MAGGIE SMITH	03/15/00	Female
42	5454212	ELIZA K SMITH	12/13/80	Female
13	544545454	HANK SMITH	05/01/06	Male
3	985462211	PENNY SMITH	02/25/06	Female
New	416393872	CARI SMITH	10/25/91	Female
New	A-5121059	ABE S SMITH	12/10/59	Male
31	777888777	ORLANDO SMITH	05/01/97	Male

Entering Measurements

- ◆ When entering measurements in the Growth Chart application, it is important to pay attention to the filters. There are separate filters for feet and inches and pounds and ounces. It is not necessary to enter “ft.” or “in.”, just enter the numeric measurement.

Measurements

Date of Measures: 06/03/2009 

Height (ft.): 5 **Height (in.):** 4 [Convert](#)

Unknown Height Recumbent

Weight (lbs.): 139 **Weight (oz.):** 2 [Convert](#)

Unknown Weight

Head Circ. (cm.): 0 [Convert](#)

BMI: 23.88

Comments:

- ◆ The person’s measurements shown above would be 5 feet, 4 inches. They would weigh 139 pounds, 2 ounces.

4 PATIENT FUNCTIONS

Patient functions are functions that can be performed for an individual, rather than a household. These functions include searching for a patient, editing patient information, and registering a patient.

4.1 HOUSEHOLD SEARCH & PATIENT SEARCH SCREEN

To access the Household Search screen from the Portal screen, click the Household or Household Search link in the list of applications. Once the application has been successfully accessed, the Household Search screen will be displayed.

HOUSEHOLD SEARCH

County

Number

Household # OR EBT Card #

Household Data

Last Name
Address
Phone #

Patient Data

Patient #
Last Name First Name
Cell Phone #
Visit Date


From this screen there are two options for searching within the system:

- ◆ Searching for a household.
- ◆ Searching for a patient.

4.1.1 PATIENT SEARCH

To search for a patient, use the bottom portion of the **Household Search Screen**, as displayed below.

Patient Data	
Patient #	<input type="text"/>
Last Name	<input type="text"/>
Cell Phone #	<input type="text"/>
First Name	<input type="text"/>
Visit Date	<input type="text" value="11/08/2010"/> 

- Click once inside the boxes and type the **Patient #, Last Name, and First Name, or Cell Phone #**, then click . The Patient # does not have to be used; however it will often return a direct hit.

Once information for the search filters has been entered, a list of records matching the search criteria will be displayed.

If a last name has been entered in the search filter, there may be more than one page of results. Use the arrows to navigate to the previous page, next page, or last page.

****Note: The number of records that appear on the page can be changed by entering the number of results per page in the Page Size box.*

Patient Data






Patient #































Last Name First Name

Cell Phone #

Visit Date 


PATIENT

NEW PATIENT   Page of 6   Size: 

	Household #	Patient #	Name	Birth Date	Gender
  	71	456781245	WANDA SMITH	4/1/1989	Female
  	19	342343256	PETYA D SMITH	4/15/2006	Male
  	127	456127891	ANNA SMITH	2/28/1983	Female
  	139	259452710	MEILSSA V SMITH	4/27/2010	Female
  	New	748159000	JAY L SMITH	6/25/2008	Male
  	19	000000002	BORIS G SMITH	4/15/2006	Male
  	19	343423545	OKSANA R SMITH	9/23/2007	Female
  	14	451278945	MARY SMITH	7/10/2006	Female
  	14	487512478	MOLLIE SMITH	8/20/2008	Female
  	19	923489423	LEONARD K SMITH	4/15/2006	Male

Patient Is Found

Once the results are displayed, if the patient is listed, there are three options: Go to Registration screen, Edit Household, and Go to Member screen (if the patient is in a household).

- ◆ To go to the Registration screen for that patient, click the Registration icon .

Patient Data

Patient #

Last Name First Name

Cell Phone #

Visit Date

PATIENT

NEW PATIENT Page of 6 Size:

	Household #	Patient #	Name	Birth Date	Gender
	71	456781245	WANDA SMITH	4/1/1989	Female
	19	342343256	PETYA D SMITH	4/15/2006	Male
	127	456127891	ANNA SMITH	2/28/1983	Female
	139	259452710	MEILSSA V SMITH	4/27/2010	Female

- ◆ To go to the **Household Edit** screen, click the Household Edit icon . Refer to [Editing a Household](#) for more information.

Patient Data

Patient #

Last Name First Name

Cell Phone #

Visit Date

PATIENT

NEW PATIENT Page of 6 Size:

	Household #	Patient #	Name	Birth Date	Gender
	71	456781245	WANDA SMITH	4/1/1989	Female
	19	342343256	PETYA D SMITH	4/15/2006	Male
	127	456127891	ANNA SMITH	2/28/1983	Female
	139	259452710	MEILSSA V SMITH	4/27/2010	Female
	New	748159000	JAY L SMITH	6/25/2008	Male

- ◆ To go to the Member screen corresponding to the patient's household, click the Go to Member icon . If the patient is not in a household, the member icon is grayed out.

Patient Data

Patient #

Last Name First Name

Cell Phone #

Visit Date

PATIENT

NEW PATIENT Page 1 of 6 Size: 10

	Household #	Patient #	Name	Birth Date	Gender
	71	456781245	WANDA SMITH	4/1/1989	Female
	19	342343256	PETYA D SMITH	4/15/2006	Male
	127	456127891	ANNA SMITH	2/28/1983	Female
	139	259452710	MEILSSA V SMITH	4/27/2010	Female

Patient Is Not Found

If the results displayed do not show the desired patient, a new patient can be created in the system.

- To add a New Patient, click which then displays the **Registration Screen**.

PATIENT

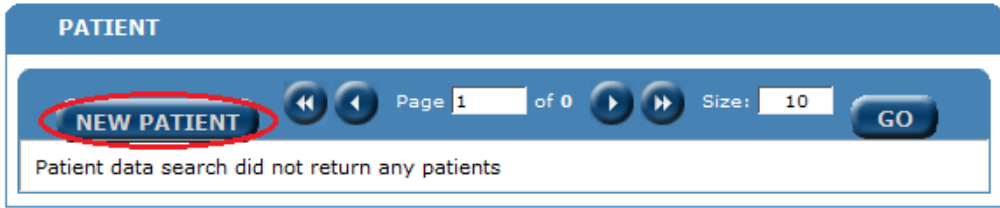
Page 1 of 0 Size: 10

Patient data search did not return any patients

4.1.2 ADDING A NEW PATIENT

After searching for the patient from the Household Search screen, if the patient is not found, click





The **Registration Screen** will then be displayed.

ADD PATIENT

Clinic * Primary Language

Patient# * Chart # NEXT CHART#

Name (F,M,L) *

Birth Date * Gender * Privacy Policy Signed

Visit Information

Visit Date * Reason(s) For Visit *

Patient Information

Mothers name(F,M,L)

Maiden name Prim Care Phy name

PCP #

Address *

State City/State/Zip * 4 digit sub zip County Residence *

Home Contact? If no, How to contact?

Alert Preference Home Phone Cell Phone Work Phone

Email

Homeless? Marital Migrant? Special Program?

Hisp/Latino? *

Patient will not answer race (FP pats only)

Race Code(s) *

Available Codes	Assigned Codes
White	
Black	
Native American/Indian	
Asian	
Hawaiian/Pacific Islander	

Income

Annual Amount Number in Household * Income Assessed Date

Third Party

Medicaid Eligible? Medicaid # Presumptive Date

VFC Medicaid MCO MCO Member #

Kenpac Eligible? Kenpac Phy/#

Medicare Eligible? Medicare Number

KTAP? Foodstamps?

Contracted Services

Primary Insurance Subscriber Group # Policy #

Supplemental Insurance Subscriber Relation Insurance Member #

Subscriber Group # Policy #

Subscriber Relation Insurance Member #

Voter

Apply to Vote? Print Form?

Comments/Notes

Labels

Pef Registration Mailing Lab Chart Chart2 Alert

SAVE
SAVE & PORTAL
SAVE & PATIENT SEARCH
SAVE & PATIENT MENU
PATIENT SEARCH

4.1.3 REGISTERING A NEW PATIENT

Registration Screen

The Registration screen is divided into eight sections: **Add Patient, Visit Information, Patient Information, Income, Third Party, Voter, Comments/ Notes, and Labels.**

General Information

Information entered in the **Add Patient** section is general information about the patient: **Clinic, Patient #, Name** (First, Middle, Last), **Birth Date, Gender, Primary Language, Chart #, and Privacy Policy Signed.**

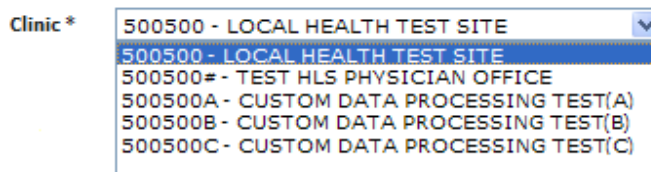
The **Clinic** (set by access role), **Gender**, and **Primary Language** boxes are drop-down menus



. Left-click on the arrow and select one of the answer choices.


***Note: Clinics which provide WIC services are flagged in the system. Only clinics providing WIC services will allow a WIC Reason for Visit.

Example:




Visit Information


Information entered in the **Visit Information** section is: **Visit Date**, and **Reason Codes.**

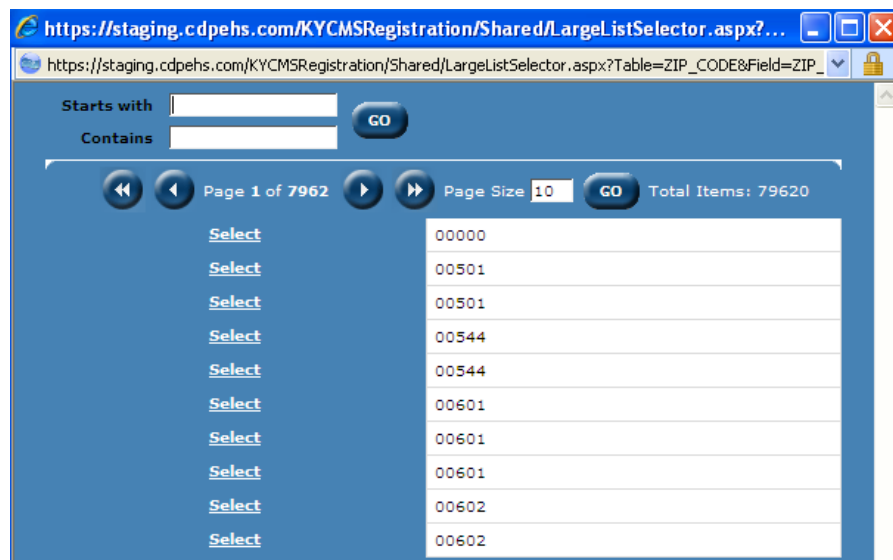
- ◆ The **Visit Date** will be auto-filled with today's date. A different date can be typed into the field. Once the Visit Date is entered, click .
- ◆ Use the drop-down menu to select a **Reason Code(s).**

Patient Information

Information entered in the **Patient Information** section is: **Mother's name (First, Middle, Last), Maiden Name** (for the Patient being registered, if applicable), **Prim Care Physician name, Address, City/State/Zip, 4 digit sub zip, County Residence, Home Contact** (The patient may not want to be contacted at the address given), **If No, How to Contact?, Alert Preference** (for the auto dialer), **Home Phone, Cell Phone, Work Phone, Email, Homeless, Marital, Migrant, Special Program, Hispanic/ Latino, Patient will not answer race** (for family planning patients only), and **Race Code(s)**.

- ◆ The **City/State/Zip and County Residence** sections have drop-down menus. The County of Residence has the option to view more choices by clicking .



*****Note:** Clicking  will display a pop up window with additional choices. The screen is displayed below.





- ◆ The **Home Contact, Alert Preference, Homeless, Marital, Migrant, Special Program, and Hispanic/Latino** sections have drop-down menus. Left-click on the arrow, then left-click on an answer choice.

Note: The Alert Preference field is used for the Auto Dialer. The preference selected will be the method used to alert the patient of appointments.

Race Codes


- ◆ To select a race code left-click on a race, then click . This will add the race code to the Assigned Codes table.
- ◆ To remove a race code left-click on the “assigned race code” to be removed, and then click .

Available Codes	Assigned Codes
Race Code(s) * Black Asian Hawaiian/Pacific Islander White	 Native American/Indian 

***Note: Multiple race codes can be added.

Income

Information in the **Income** section is: **Annual Amount, Number in Household, and Income Assessed Date.**

- ◆ Income will auto fill from the Member screen and Income screen, if either screen has been completed.
- ◆ Use the calendar icon  to select an **Income Assessed Date by left-clicking on the icon, then clicking on a day, or manually enter the date.** ***Note: The income eligibility guidelines are compliant with HHS and USDA regulations.

*Refer to WIC Procedures Section, 1.4 [WIC Registration](#)

Third Party

Information in the **Third Party** section is: **Medicaid Eligible, Medicaid #, Presumptive Date, VFC, Medicaid MCO, MCO Member #, Kenpac Eligible, Kenpac Physician/ #, Medicare Eligible, Medicare #, Passport Advantage #, KTAP (Kentucky Transitional Assistance Program), Food Stamps, and Contracted Services. Insurance fields are available for completion if the patient is not in a household; if the patient is in a household, these fields are transferred from the completed household screens.**

Many of the sections under **Third Party** have drop-down menus. Left-click on the arrow, and then click on an answer choice.

*Refer to WIC Procedures Section, 1.4 [WIC Registration](#)

Third Party

Medicaid Eligible? <input type="text"/>	Medicaid # <input type="text"/>	Presumptive Date <input type="text"/>
VFC <input type="text"/>	Medicaid MCO <input type="text"/>	MCO Member # <input type="text"/>
Kenpac Eligible? <input type="text"/>	Kenpac Phy/# <input type="text"/>	
Medicare Eligible? <input type="text"/>	Medicare Number <input type="text"/>	Passport Advantage # <input type="text"/>
KTAP? <input type="text"/>	Foodstamps? <input type="text"/>	
Contracted Services <input type="text"/>		
Primary Insurance <input type="text"/>	Subscriber <input type="text"/>	Group # <input type="text"/>
	Subscriber Relation <input type="text"/>	Insurance Member # <input type="text"/>
Supplemental Insurance <input type="text"/>	Subscriber <input type="text"/>	Group # <input type="text"/>
	Subscriber Relation <input type="text"/>	Insurance Member # <input type="text"/>
		Policy # <input type="text"/>
		Policy # <input type="text"/>

Voter

Information in the **Voter** section is: **Apply to Vote and Print Form.**

- Use the drop-down menus to select “yes” or “no”.

Voter

Apply to Vote? Print Form?

Comments / Notes

There is an option to left-click in the **Comments/ Notes** section and type a note about the patient.

Comments/Notes

Write Comment Here.

Labels

Information in the **Labels** section is: **PEF (Patient Encounter Form), Additional PEF, Registration, Mailing, Lab, Chart, Chart 2, and Alert.**

Labels

PEF Additional Pef? Registration Mailing Lab Chart Chart 2 Alert

- After selecting the quantities of each type of label to be printed, click one of the save buttons at the bottom of the screen.

Voter
 Apply to Vote? Print Form?

Comments/Notes

Labels
 PEF Additional Pef? Registration Mailing Lab Chart Chart 2 Alert

- [SAVE](#)
- [SAVE & PORTAL](#)
- [SAVE & PATIENT SEARCH](#)
- [SAVE & PATIENT MENU](#)
- [SAVE & MEMBER](#)
- [SAVE & VOC](#)
- [PATIENT SEARCH](#)
- [MEMBER](#)

- ◆ To save data entered and return to the CDP Portal, click
- ◆ To save information and search for another patient, click
- ◆ To save information and return to the Member screen, click



Note that clicking Save & VOC is for out-of-state WIC VOCs only.

- ◆ A separate browser window appears with the label. Zoom in to enlarge the text, or print the label. Then close the window. An example is shown below.

Example:

SBC444444 04/26/2013 NEW PEF# 22407424
TESTING TEST #HSE: 2 INC: N/A
HM CONTACT: Y DOB: 02/20/1984 AGE: 29y 2m VFC?: N 500
MDCD: Y MCO: N/A MDCR: N INS: N VOC: N LEP: N SMKR:
REASON FOR VISIT: AD-EXAM
FUT APT:

PV 0.00%

5 HOUSEHOLD FUNCTIONS

This section describes functions that can be performed at the household level. Patients may be grouped in a household to keep information in a common place for all patients in a household, as well as allow issuance to be divided among the household.

- ◆ To access the Household Search screen from the Portal, click [Household](#) (Refer to CDP Portal in section 3 for more information).

There are a number of search filters that can be used to search for a household from the **Household Search Screen**.

The search filter for “**County**” is a drop-down menu that is used to select the county in which the household is located. Most counties will already have this auto-filled. If a user has access to multiple counties, they may select one from a drop-down list.

- ◆ Left-click on the arrow and select a county from the list.

HOUSEHOLD SEARCH

County Local Health

Number

Household # OR EBT Card #

Household Data

Name

Address

Phone #

Patient Data


Patient #

Last Name First Name

Visit Date 11/08/2010

Enter information before clicking any buttons on this screen. Trying to perform a search without entering information will result in an error message that reads “no criteria entered”.

From this screen, enter the **Household Number** or **eWIC Card Number**, **Name**, **Address**, or **Phone Number**. Information does not have to be entered for all fields to obtain results.

After filling in the boxes, click . A list of records will be displayed at the bottom of the screen. If the household is in the system, typing a household number instead of a household name will return a direct hit.

HOUSEHOLD SEARCH

County  

Number

Household # OR EBT Card #


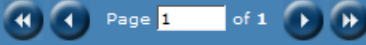


Household Data





















Name
 Address
 Phone #

Patient Data

Patient #
 Last Name First Name
 Visit Date 

HOUSEHOLD

  Page of 1  Size: 


	Household #	Name	Address	City/State/Zip	Phone #	Status
 	11	SMITH	123 WILDCAT LODGE	Frankfort,KY 40601	(270) 666-7722	Active
 	14	SMITH	123 ANYSTREET	88,KY 42130	(502) 695-1999	Active
 	19	SMITH	123 TEST STR	Lexington,KY 40504	(270) 695-1999	Active
 	12	SMITH	951 INDUSTRIAL ROAD	Frankfort,KY 40601		Active
 	39	SMITH	100 SNOW COURT	Glasgow,KY 42141	(270) 207-7700	Active
 	127	SMITH	2099 WILSON AVENUE	Frankfort,KY 40601	(502) 695-8998	Active
 	139	SMITH	123 MAIN STREET	Henderson,KY 42419		Active
 	142	SMITHSON	2332 WINTERGREEN	Owensboro,KY 42301	(270) 683-1419	Active
 	118	SMITH	400 WEST MAIN STREET	Frankfort,KY 40601	(502) 564-7213	Active
 	184	SMITH	534 MAIN STREET	Frankfort,KY 40601	(502) 875-4343	Active







If the household is not on file, or an incorrect household number has been entered, the following message will be displayed, **“The Household Number does not exist”**.

From the **Household Screen**, there are three options:

- ◆ View members and information for an existing household.
- ◆ Edit an existing household.
- ◆ Create a new household.

5.1 MEMBER SCREEN

The Member screen displays demographic information for all members, or patients, in a given household as well as a menu of options for each member. To access the Member screen from the Household Search screen in the previous section, click the Go to Member icon  next to the household number.

HOUSEHOLD							
NEW HOUSEHOLD Page 1 of 1 Size: 10 GO							
	Household #	Name	Address	City/State/Zip	Phone #	Status	
	11	SMITH	123 WILDCAT LODGE	Frankfort,KY 40601	(270) 666-7722	Active	
	14	SMITH	123 ANYSTREET	88,KY 42130	(502) 695-1999	Active	
	19	SMITH	123 TEST STR	Lexington,KY 40504	(270) 695-1999	Active	
	12	SMITH	951 INDUSTRIAL ROAD	Frankfort,KY 40601		Active	
	39	SMITH	100 SNOW COURT	Glasgow,KY 42141	(270) 207-7700	Active	
	127	SMITH	2099 WILSON AVENUE	Frankfort,KY 40601	(502) 695-8998	Active	

The Member screen will be displayed.

Household

Status Active County LOCAL HEALTH Household # 19
 Name SMITH EBT Account # 50019 **EDIT** **HH SEARCH** **EBT ACCT** **WIC INQUIRY**
 Address 123 TEST STR City/State/Zip Lexington, KY 40504 Phone # (270) 695-1999

Responsible Party

Name	Address	City/State/Zip
HOWARD JONES	501 SMITH STREET	Frankfort, KY 40601
KEVIN SMITH	500 SMITH STREET	Frankfort, KY 40601

Emergency Name

There are no records to display.

Medical Home

There are no records to display.

Annual Income Number in Household * Visit Date

Household Members

SAVE & THIRD PARTY **SAVE & INCOME/PROOFS** **SAVE & ISSUANCE** **SAVE & REINSTATE/TERM**
ADD **SAVE** **DELETE** **TRANSFER** **REGISTRATION** **LABELS** **PATIENT MENU** **RTC**

Member *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party	Emergency Name	Medical Home	Next Action Due	LEP	Primary Language
<input type="checkbox"/> Child	000000002	SMITH	BORIS	G	04/15/2006	Male					<input type="checkbox"/>	Russian
<input type="checkbox"/> Child	000000001	SMITH	BORIS	K	04/15/2000	Male					<input type="checkbox"/>	Russian
<input type="checkbox"/> Child	343432487	SMITH	DIMITRI	S	04/15/2006	Male					<input type="checkbox"/>	Russian
<input type="checkbox"/> Child	288411671 NHC	SMITH	IVAN	U	03/05/2008	Male					<input type="checkbox"/>	Russian
<input type="checkbox"/> Child	232445689	SMITH	IVANA	S	09/23/2007	Female					<input type="checkbox"/>	Russian

Member Screen

The first section of the **Member screen**, as shown below, has general **household** information: **Status**, **County**, **Household #**, **Name**, **EBT Account #**, **Address**, **City/State/Zip**, and **Phone #**.



Household

Status Active County LOCAL HEALTH Household # 19
 Name SMITH EBT Account # 50019 **EDIT** **HH SEARCH** **EBT ACCT** **WIC INQUIRY**
 Address 123 TEST STR City/State/Zip Lexington, KY 40504 Phone # (270) 695-1999

◆ To update any of the general household information, click **EDIT** (Refer to [5.1.8](#)).

***Note: Some changes made while editing an existing household only apply to the household as a whole. Changing the household Name does not change the individual member's name.

◆ To return to the Household Search screen, click **HH SEARCH** (Refer to 4.1 Household Search & Patient Search Screen)

- ◆ To view the Household’s EBT Account, click  which is linked to the Household’s Account Details screen in the EBT System (*Refer to 5.1.5.1*).
- ◆ To view the Household’s WIC Inquiry Report, click . A separate window will pop up and display the household’s WIC information divided into sections for each household member. An example is shown on the following page.

Responsible Party

The next section of the Member screen, as shown below, has **Responsible Party** Information: The Responsible Party’s Name, Address, and City/State/Zip. The Responsible Party is the contact who will be responsible for members in the household. There may be more than one Responsible Party per household.

Responsible Party		
Name	Address	City/State/Zip
MINIE MOUSE		Frankfort,KY 40604
MICKEY MUSE		Frankfort Heights,IL 62840

Emergency Names

The next section of the Member screen, as shown below, has **Emergency Names** and **Phone Numbers**. An Emergency Name is the contact who should be notified in the event of an emergency, such as a doctor. There may be more than one Emergency Name per household.

Emergency Name	
Name	Phone Number
DR. DAVIS	(502) 555-9999


Medical Home

The next section displays **Medical Home** (Primary Care Physician) information.

Medical Home				
Physician/Clinic	Address	City/State/Zip	Phone	Fax
Family Care Physician	1313 Happy Lane	Frankfort,KY 40601	(502) 123-4567	

Member Reason for Visit

***Note: This function is currently under development.

The next section displays **Member Reason for Visit** information. This gives details as to why the household member visited the clinic, and the length of the visit. To edit information, click .

Member Reason For Visit



There are no records to display.

Edit Member Reason for Visit

Reason for Visit


Household

Status: Active **County:** LOCAL HEALTH **Household #:** 19
Name: SMITH **EBT Account #:** 50019
Address: 123 TEST STR **City/State/Zip:** Lexington,KY 40504 **Phone #:** (270) 695-1999





Visit Information


Visit Date: 03/22/2010 

Household Members





Member Service/Reason/Provider Length of Visit

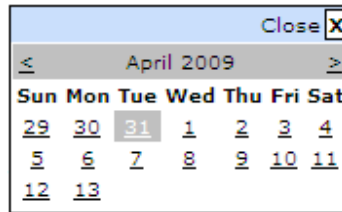
There are no records to display.


The first panel on the **Reason for Visit** screen displays general information for that particular household: **County, Household number, Name, Address, City/State/ Zip, and Phone Number.**

The second panel, **Visit Information**, displays the Visit Date.


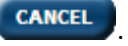

- The date will be automatically filled with today's date. To change the **Visit Date**, left-click on the calendar icon  and select a date, or key in a date.

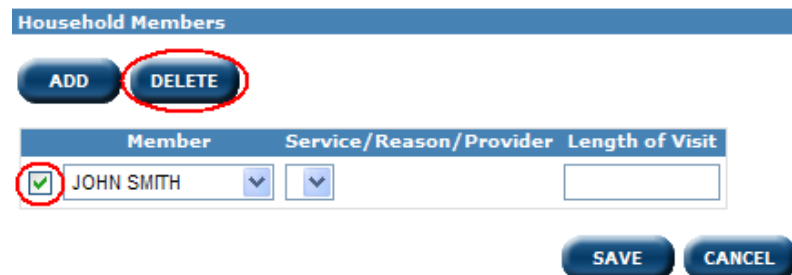


The third panel, **Household Members**, displays each Member and reason for visit.

- To add a Member Reason for Visit, click . Use the drop-down menus to select a **Member**, and a **Service/ Reason/ Provider**. Then type the length of the visit in the **Length of Visit** box.



- To save the Member Reason for Visit, click .
- To cancel without saving changes, click .
- To delete a previous entry, select the next to the Member's name, and then click .



Household Income

➔ **Members screen**

The next section displays **Household Income** information: annual **Income** (total for the household), **Number in Household**, and **Visit Date**.

Annual Income: Number in Household: Visit Date: 

Household Members Section

The last section displays the **Household Members** and a menu of options: **Save & Third Party** Information, **Save & Income/Proofs** Information, **Save & WIC Issuance**, **Save & Reinstater/Terminate**, **Add** members, **Save**, **Delete** members, **Transfer** members, **Registration** screen, print **Labels**, go to **Patient Menu**, and **RTC** (Return to Clinic).

Household Members

5.1.1 ADD MEMBER

To add a member from the Member screen, click  .


Household Members

A new row will appear in the grid below the menu of buttons, with blank fields for entering data for the patient.

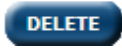
Household Members

Member	Patient #	Last Name	First Name	MI	Birth Date	Gender	Responsible Party	Emergency Name	Medical Home	Next Action Due	LEP	Primary Language
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

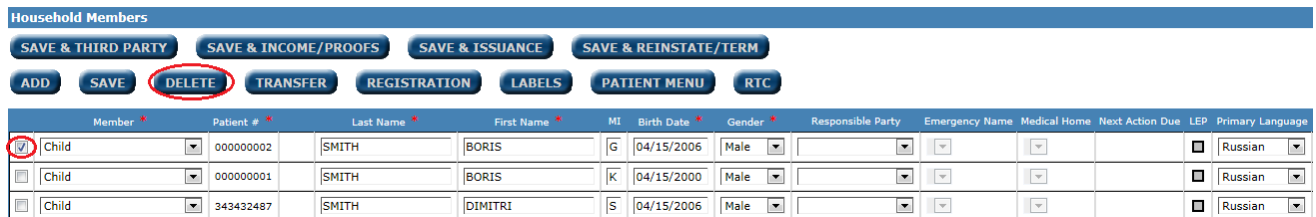
- ◆ Use the drop-down menu to select a Member status for the patient (ex: Primary Member, Child, Cardholder Member, etc.). Enter the Patient #, Last Name, First Name, Middle Initial, and Birth Date in the appropriate fields. Use the drop-down menus to select the Gender, Responsible Party, Emergency Name, Medical Home (Primary Care Physician), and Primary Language.

- ◆ To save any changes made, click .

5.1.2 DELETE MEMBER

To delete a member, select the next to the Member’s name, and then click . An example is shown below.

Example:



The screenshot shows the 'Household Members' interface. At the top, there are several action buttons: 'SAVE & THIRD PARTY', 'SAVE & INCOME/PROOFS', 'SAVE & ISSUANCE', and 'SAVE & REINSTATE/TERM'. Below these are more buttons: 'ADD', 'SAVE', 'DELETE' (circled in red), 'TRANSFER', 'REGISTRATION', 'LABELS', 'PATIENT MENU', and 'RTC'. The main area contains a table with the following columns: Member, Patient #, Last Name, First Name, MI, Birth Date, Gender, Responsible Party, Emergency Name, Medical Home, Next Action Due, LEP, and Primary Language. The first row is selected, and the 'DELETE' checkbox is checked.

Member *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party	Emergency Name	Medical Home	Next Action Due	LEP	Primary Language
<input checked="" type="checkbox"/> Child	000000002	SMITH	BORIS	G	04/15/2006	Male					<input type="checkbox"/>	Russian
<input type="checkbox"/> Child	000000001	SMITH	BORIS	K	04/15/2000	Male					<input type="checkbox"/>	Russian
<input type="checkbox"/> Child	343432487	SMITH	DIMITRI	S	04/15/2006	Male					<input type="checkbox"/>	Russian

5.1.3 THIRD PARTY INFORMATION

From the Household Members screen, to save and view third party information, click



. The Third Party Liabilities screen will be displayed.

THIRD PARTY LIABILITIES

Household

Status Active County LOCAL HEALTH Household # 19
 Name SMITH EBT Account # 50019 **EDIT** **HH SEARCH** **EBT ACCT**
 Address 123 TEST STR City/State/Zip Lexington, KY 40504 Phone # (270) 695-1999

Primary Insurance Company

Name	Subscriber Name	Group Number	Status
HUMANA	HOWARD SMITH		ACTIVE
BLUE CROSS BLUE SHIELD	LISA SMITH		ACTIVE

Supplemental Insurance Company

There are no records to display.

Member Reason For Visit

EDIT

There are no records to display.

Household Members

Visit Date: 01/25/2011 **SAVE** **CANCEL** **SAVE & MEMBER** **SAVE & INCOME/PROOFS** **SAVE & ISSUANCE**

All	Patient #	First Name	Birth Date	Medicaid Elig	Medicaid #	Medicare Elig	Medicare #	KTAP	Food Stamps	Underinsured	Primary Ins. Subscriber	Sub Relat	Ins Mem #	Supplemental
<input type="checkbox"/>	000000003	ANTONIO	2/3/2007	Yes		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	000000001	BORIS	4/15/2007					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	343432487	DIMITRI	4/15/2006	Applied		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	288411671	IVAN	3/5/2008					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	232445689	IVANA	9/23/2007	Applied				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	123456789	JOHN	8/1/1954	No		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	923489423	LEONARD	4/15/2006	Applied				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

This screen contains information on: General Household Information, Primary Insurance Company, Supplemental Insurance Company, Member Reason for Visit, and Household Members information.

- To edit any of the Third Party information for a member, select the next to a members name and fields for eligibility will become editable.

Example:

Household Members

Visit Date: 04/24/2013 **SAVE** **CANCEL** **SAVE & MEMBER** **SAVE & INCOME/PROOFS** **SAVE & ISSUANCE**

All	Patient #	First Name	Birth Date	Medicaid Elig	Medicaid #	Medicare Elig	Medicare #	KTAP	Food Stamps	Underinsured	Primary Ins. Subscriber	Sub Relat	Ins Mem #	Supplemental Ins. Subscriber	Sup Sub Relat
<input checked="" type="checkbox"/>	000000002	BORIS	4/15/2006	A - APPLIED				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	000000001	BORIS	4/15/2000	N - NO		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	343432487	DIMITRI	4/15/2006	A - APPLIED		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	288411671	IVAN	3/5/2008	Y - YES	4343434343			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

*Refer to WIC Procedures Section, 1.4 [WIC Registration](#)

5.1.4 INCOME/PROOFS

To save information entered and view income/proofs information from the Member screen, click



Household Members

SAVE & THIRD PARTY **SAVE & INCOME/PROOFS** SAVE & ISSUANCE SAVE & REINSTATE/TERM

ADD SAVE DELETE TRANSFER REGISTRATION LABELS PATIENT MENU RTC

Member	Patient #	Last Name	First Name	MI	Birth Date	Gender	Responsible Party	Emergency Name	Medical Home
<input type="checkbox"/> Child	000000002	SMITH	BORIS	G	04/15/2006	Male			
<input type="checkbox"/> Child	000000001	SMITH	BORIS	K	04/15/2000	Male			
<input type="checkbox"/> Child	343432487	SMITH	DIMITRI	S	04/15/2006	Male			
<input type="checkbox"/> Child	288411671 IMC	SMITH	IVAN	U	03/05/2008	Male			
<input type="checkbox"/> Child	232445689	SMITH	IVANA	S	09/23/2007	Female			

The Income/Proofs screen includes: General Household Information, Visit Date, Member Reason for Visit, Income Assessment, Salaried Income/Wages, and Other Income. There are drop-down menus corresponding to each household member.

- Checking the box next to a member’s Patient # will open up the fields to enter or edit the member’s Adjunct Eligibility and proofs.

***Note: The screen extends beyond the width of the page. To see the rest of the screen, use the scroll bar at the bottom of the screen.

- Each member can be selected to edit information individually, or select to edit all members of the households’ information at once.

INCOME/PROOFS

Household

Status Active County LOCAL HEALTH Household # 19
 Name SMITH EBT Account # 50019 **EDIT** **HH SEARCH** **EBT ACCT**
 Address 123 TEST STR City/State/Zip Lexington, KY 40504 Phone # (270) 695-1999

Visit Date 01/25/2011

Member Reason For Visit

EDIT

There are no records to display.

Household Members

All	Patient #	First Name	Birth Date	Next Action Due	Initial Contact Data	Physically Present	Residence	Identification	Income Qualify	Adjunct El
<input checked="" type="checkbox"/>	000000003	ANTONIO	2/3/2007		06/19/2010	Yes			Yes	
<input type="checkbox"/>	000000001	BORIS	4/15/2007			Yes			Yes	
<input type="checkbox"/>	343432487	DIMITRI	4/15/2006			Yes			Yes	

Income Assessment

Last Assessed Date 2/12/2010 Current Assessment Date 01/25/2011 Assessing Income?

Salaried Income/Wages

ADD

Name *	Employer *	Pay Period *	Amount *	Proof
JOHN	KDE	Annual	29000	Tax Return/W2

Other Income

ADD

There are no records to display.

SAVE **CANCEL** **SAVE & MEMBER** **SAVE & 3RD PARTY** **SAVE & ISSUANCE**

- Under the Income Assessment panel, use the calendar icon or manually enter the Current Assessment Date (Today's date will automatically be filled in). If the income is being assessed, check the box next to Assessing Income. Once the box has been checked, the Salaried Income/Wages panel will no longer be grayed out and the income information can be entered.

- To save information entered and go to the WIC Issuance screen, click **SAVE & ISSUANCE**. (Refer to section 5.1.5 for more information).

*Refer to WIC Procedures Section, 1.4 [WIC Registration](#)

5.1.5 WIC ISSUANCE

To save information and view WIC Issuance from the Household Member screen, click

SAVE & ISSUANCE. The WIC Benefits Issuance screen will be displayed.

WIC BENEFITS ISSUANCE

Household

Status Active County LOCAL HEALTH Household # 19
 Name SMITH EBT Account # 50019 **EBT CARD**
 Address 123 TEST STR City/State/Zip Lexington, KY 40504 Phone # (270) 695-1999 **EDIT** **HH SEARCH** **EBT ACCT** **MEMBER**

Issuance Info

Print Benefit FIs EBT Card # ---
 Clinic * Issue Date * Issue Day
 Bank Account FI Number Check Previous FI
 Identification *

Member Reason For Visit

EDIT

There are no records to display.

Household Members									
All	Patient #	Name	Next Action Due	FMNP	Last FP	Next Issuance Due	Next FP	Months To Issue	Cert Label Only?
<input type="checkbox"/>	000000034	BABY A SMITH				12/13/2012			<input type="checkbox"/>
<input type="checkbox"/>	000000002	BORIS G SMITH		NO		12/13/2012	CB		<input type="checkbox"/>
<input type="checkbox"/>	000000001	BORIS K SMITH				12/13/2012			<input type="checkbox"/>
<input type="checkbox"/>	343432487	DIMITRI S SMITH		NO		12/13/2012	CB		<input type="checkbox"/>
<input type="checkbox"/>	288411671	IVAN U SMITH		NO		12/13/2012	CA		<input type="checkbox"/>
<input type="checkbox"/>	232445689	IVANA S SMITH		NO		12/13/2012	CB		<input type="checkbox"/>
<input type="checkbox"/>	923489423	LEONARD K SMITH		NO		12/13/2012	CB		<input type="checkbox"/>
<input type="checkbox"/>	343424335	MARLENA E SMITH		NO		12/13/2012	CB		<input type="checkbox"/>
<input type="checkbox"/>	790909099	MASHA Y SMITH		NO		12/13/2012	CB		<input type="checkbox"/>
<input type="checkbox"/>	434343432	NATASHA S SMITH		NO		12/13/2012	CB		<input type="checkbox"/>

- ◆ Use the drop-down menu to select the Clinic. Enter the Issue Date and Issue Day. Use the Identification drop-down menu to select the method of Identification.
- ◆ To issue benefits to an eligible member, check the box next to the Patient # benefits are being issued to. Use the drop-down menu to select the number of Months to Issue.

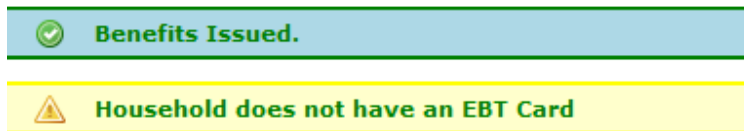
***Note: If a member is ineligible the checkbox next to their Patient # will be grayed out.

<input type="checkbox"/>	434343432	NATASHA S SMITH		NO		1/26/2011	CB	
<input checked="" type="checkbox"/>	343423545	OKSANA R SMITH	Recertification	NO		1/26/2011	CB	<div style="border: 1px solid red; border-radius: 50%; padding: 2px;"> <input type="text"/> </div> <ul style="list-style-type: none"> 1 month <li style="background-color: #e0e0e0;">2 months 3 months
<input type="checkbox"/>	288411670	OLEG N SMITH		NO		1/26/2011	CB	
<input type="checkbox"/>	342343256	PETYA D SMITH		NO		1/26/2011	CB	
<input type="checkbox"/>	657676767	SVETLANA L SMITH				1/26/2011		

- ◆ After selecting the number of Months to Issue, the benefits can be previewed by clicking . If the information is correct, click .

*Refer to WIC Procedures Section, 1.1 [WIC Benefits](#) and 1.3 [WIC Labels](#)

After issuing benefits from the WIC Benefits Issuance screen, if the household has not yet been assigned an eWIC card, a message will be displayed at the bottom of the screen.



An EBT Card button is displayed at the top of the screen for households that do not have an eWIC card. To issue an eWIC card, click **EBT CARD**.

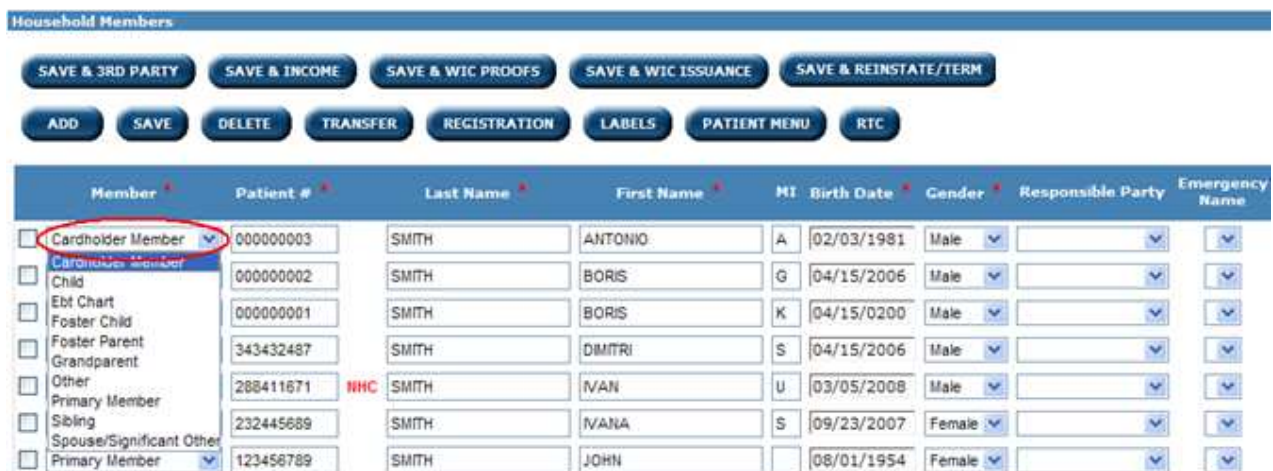
5.1.5.1 EWIC CARD ISSUANCE

eWIC cards are issued to patients, or households, and contain benefits available to purchase WIC food items at participating stores. Items may be purchased as needed, and the balance will remain on the card until the issuance period ends.

5.1.5.1.1 ADDING AN EBT CARDHOLDER

Adding a Cardholder to a Household (where cardholder is a household member)

- ◆ From the Member screen, select the Cardholder Member for the Household using the drop-down menu item beside the Patient name, then click the Save & Issuance button.



- ◆ From the WIC Benefits Issuance screen, click the EBT Card button at the top right corner of the screen. The Add Card/Cardholder screen will be displayed.

+
ADD CARD/CARDHOLDER

Household Number 50018

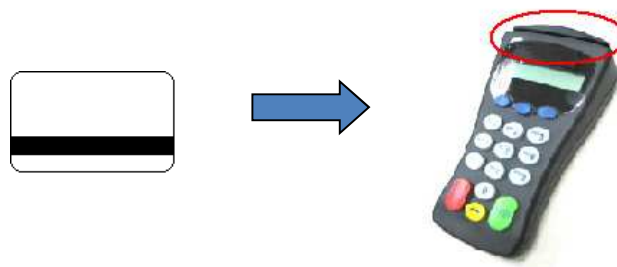
Card Number * PIN [PIN Entered](#)

First Name * Middle Name Last Name *

Birth Date *

[SAVE & NEW](#)
[SAVE & BACK](#)
[Back Clear](#)

- ◆ Click in the Card Number field. The six-digit BIN number will appear.
- ◆ Select the next eWIC card from the clinic card inventory. Swipe the card through the PIN pad/card reader. The card number will automatically appear in the Card Number field.



- ◆ Click in the PIN entry field. Ask the participant to enter a 4-digit PIN number. Have them confirm/re-enter that number. Note that when the [PIN enter PIN](#) link is clicked, it changes to waiting and a 30-second timeout period is allowed to enter and re-enter a PIN.
- ◆ The [PIN PIN Entered](#) message will be displayed in the PIN field.
- ◆ The cardholder name and birth date is auto-filled when the cardholder is designated on the Member screen. Click the [SAVE & BACK](#) button to save the information and view the Account Details screen (Household #50018 is shown below). To return to the CMS Household screen, close the Account Details screen.

ACCOUNT DETAILS

Household Number: 50018 Account Status: Active

Address 1: 123 TEST ROAD Address 2:

City: FRANKFORT State: KY Zip Code: 40601

Setup Date/Time: 03/03/2009 12:24:38 AM Update Date/Time: 05/26/2009 05:33:06 PM

CARDHOLDERS


Actions	Card Number	Card Status	Cardholder Status	Cardholder Type	Cardholder Name	Cardholder Birth Date
Please Select... <input type="button" value="Go"/>	606370900003803	Active	Active	Primary	James Smith	01/01/1967

BENEFITS ENDING 7/27/2009

Page 1 of 1
Size: 20

Category	Subcategory	Quantity
03 - Eggs	001 - Fresh eggs	0.00 doz
08 - Fish	005 - Tuna - convenient pack	7.00 oz
09 - Infant Cereal	000 - Infant Food - all authorized types	0.00 oz
09 - Infant Cereal	000 - Infant Food - all authorized types	0.00 oz
21 - Infant Formula (IF)	057 - Good Start Supreme DHA/ARA Pwd	0.00 can
21 - Infant Formula (IF)	057 - Good Start Supreme DHA/ARA Pwd	0.00 can

Adding a Cardholder to an Account (when cardholder is not a household member)

- ◆ The same process as explained where a cardholder is a household member can be done, but the Name and Birth Date must be entered on the Add Card/Cardholder screen.
- ◆ There is another method for adding a cardholder who is not a household member. From the Household Member screen, click the  button in the top right portion of the screen.

MEMBER


Household

County: LOCAL HEALTH Household #: 56 Name: SMITHER

Address: 300 WEST FOURTH STREET City/State/Zip: Lexington, KY 40508 Phone #: (859) 227-5645

Responsible Party

***Entire screen not displayed.

- ◆ The Account Details screen for the household is shown below (Household #56 is displayed). The benefits for the household are displayed in the three panels at the bottom of the screen. Note the “No cardholders found for the account” message. Click the  button.

ACCOUNT DETAILS

Household Number **50056** Account Status Active

Address 1 300 WEST FOURTH STREET Address 2

City LEXINGTON State KY Zip Code 40508

Setup Date/Time 05/22/2009 03:11:40 PM Update Date/Time 05/22/2009 03:13:01 PM

CARDHOLDERS

No cardholders found for account.

BENEFITS ENDING 6/21/2009

BENEFITS FROM 6/22/2009 TO 7/21/2009

BENEFITS FROM 7/22/2009 TO 8/21/2009

UPDATE **ADD CARDHOLDER** BENEFITS [Transactions Back](#)

- ◆ The Add Card/Cardholder screen will be displayed as shown below. Add the required information for the cardholder and click the Save and Back button to return to the Account Details screen. The cardholder name will now be displayed. Close the Account Details screen to return to the WIC Benefits Issuance screen.

ADD CARD/CARDHOLDER

Household Number **50056**

Card Number * PIN [Enter PIN](#)

First Name * Middle Name Last Name *

Birth Date MM/DD/YYYY *

SAVE & NEW SAVE & BACK [Back Clear](#)

5.1.5.1.2 CHANGING CARDHOLDERS



Member screen

- ◆ To change a cardholder from the Member screen, use the drop-down menu to designate a member as a Cardholder Member. Note that the Name and Birth Date must also be changed on EBT from the Add Card/Cardholder screen.

- ◆ There can only be one Cardholder Member per household. If a previous cardholder member was selected, use the drop-down menu to change their member status (Primary Member, Foster Parent, Other, etc.).

Household Members

SAVE & 3RD PARTY SAVE & INCOME SAVE & WIC PROOFS SAVE & WIC ISSUANCE SAVE & REINSTATE/TERM

ADD SAVE DELETE TRANSFER REGISTRATION LABELS PATIENT MENU RTC

Member *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *
<input type="checkbox"/> CARDHOLDER MEMBER	666444666	SMITH	JAMES	E	1/1/1967	Male
<input type="checkbox"/> CARDHOLDER MEMBER	555000555	SMITH	JOHN		7/1/2008	Male
<input type="checkbox"/> CHILD						
<input type="checkbox"/> FOSTER CHILD						
<input type="checkbox"/> FOSTER PARENT						
<input type="checkbox"/> GRANDPARENT						
<input type="checkbox"/> OTHER						
<input type="checkbox"/> PRIMARY MEMBER						
<input type="checkbox"/> SIBLING						
<input type="checkbox"/> SPOUSE/SIGNIFICANT OTHER						

Internet

After an eWIC card has been assigned to the household, close out of the EBT browser window. The Issuance screen will still be displayed.

WIC BENEFITS ISSUANCE

Household

Status: Active **County:** LOCAL HEALTH **Household #:** 19
Name: SMITH **EBT Account #:** 50019
Address: 123 TEST STR **City/State/Zip:** Lexington, KY 40504 **Phone #:** (270) 695-1999

Issuance Info

Print Benefit FIs: **EBT Card #:** 6063709000001138

Clinic *: 500500 - LOCAL HEALTH TEST SITE **Issue Date *:** 09/24/2009 **Day:**

Bank Account : **FI Number :** **Check Previous FI**

Identification *:

Member Reason For Visit

There are no records to display.

Household Members

<input type="checkbox"/> All	Patient #	Name	Next Action Due	Farmer's Market	Last FP	Next Issuance Due	Next FP	Months To Issue *
<input type="checkbox"/>	000000003	ANTONIO A SMITH		NO		3/23/2010	CB	
<input type="checkbox"/>	000000002	BORIS G SMITH		NO		3/23/2010	CB	
<input type="checkbox"/>	000000001	BORIS K SMITH				3/23/2010		
<input type="checkbox"/>	343432487	DIMITRI S SMITH		NO		3/23/2010	CA	
<input type="checkbox"/>	288411671	IVAN U SMITH		NO		3/23/2010	CA	
<input type="checkbox"/>	232445689	IVANA S SMITH		NO		3/23/2010	CB	
<input type="checkbox"/>	123456789	JOHN SMITH				3/23/2010		

◆ Use the drop-down menus to select the Clinic and Identification type. Enter the issue date.


◆ Select a single patient, multiple patients, or all All. Once a patient is selected, a field for Months to Print will appear. Use the drop-down menu to select a number of months, and then click .

Household Members

<input type="checkbox"/> All	Patient #	Name	Next Action Due	Farmer's Market	Last FP	Next Issuance Due	Next FP	Months To Issue *
<input checked="" type="checkbox"/>	101010101	GABRIELLE SMITH		NO		9/24/2009	PLF	3 month
<input type="checkbox"/>	748159000	JAY L SMITH				9/24/2009		
<input type="checkbox"/>	123456789	JOHN SMITH				9/24/2009		

After benefits have been successfully issued, the following message displayed at the bottom of the screen:




To return to the Member screen, click .

5.1.6 TRANSFERRING MEMBERS

Household members can be transferred to another household in the same county, or to a household in another county. Whole households can be transferred to other counties, and members can be transferred to a new household.

5.1.6.1 TRANSFERRING A MEMBER TO A DIFFERENT HOUSEHOLD

To transfer a member to another household in the same county, select the next to the Member's name, and then click  at the bottom of the Member screen.

Household Members												
<input type="button" value="SAVE & THIRD PARTY"/> <input type="button" value="SAVE & INCOME/PROOFS"/> <input type="button" value="SAVE & ISSUANCE"/> <input type="button" value="SAVE & REINSTATE/TERM"/>												
<input type="button" value="ADD"/> <input type="button" value="SAVE"/> <input type="button" value="DELETE"/> <input type="button" value="TRANSFER"/> <input type="button" value="REGISTRATION"/> <input type="button" value="LABELS"/> <input type="button" value="PATIENT MENU"/> <input type="button" value="RTC"/>												
Member *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party	Emergency Name	Medical Home	Next Action Due	LEP	Primary Language
<input checked="" type="checkbox"/>	Child	000000002	SMITH	BORIS	G	04/15/2006	Male				<input type="checkbox"/>	Russian
<input type="checkbox"/>	Child	000000001	SMITH	BORIS	K	04/15/2000	Male				<input type="checkbox"/>	Russian

Household Transfer screen

HOUSEHOLD MEMBER TRANSFER

County	Patients			
Local Health	Patient #	Name	Birth Date	Gender
	00000002	BORIS G SMITH	04/15/06	Male

RECEIVE

County Local Health

Number

Household # OR EBT Card #

Household Data

Name

Address

Phone #

Patient Data

Patient #

Last Name First Name

Another County Transfer

New County

Transferring a Member to a Different Household

The Household Transfer screen will display the patient’s current county and personal information (Patient #, Name, Birth Date, and Gender) at the top of the screen.

- ◆ A household can be found by searching by Household #, eWIC card #, Name, Address, Phone #, Patient #, or name and clicking .

A list of households will be displayed. To select a household for the member to be transferred to, left-click on the ➔ next to the desired household number, or click .

The patient’s new household Member screen will be displayed. Check the Member section at the bottom of the screen to see that the patient was successfully transferred.

5.1.6.2 TRANSFERRING A HOUSEHOLD OR PATIENT TO A DIFFERENT COUNTY

Transferring a Household to a Different County

To transfer a household to a different county, left-click the arrow on the drop-down menu

and select a new county, then click

COUNTY TRANSFER

at the bottom of the Transfer screen.

Another County Transfer

New County: **COUNTY TRANSFER**

Another County Transfer

New County **COUNTY TRANSFER**

PATIENT

Page 1 of 5 Size: 10 **GO**

	Household #	Patient #	Name	Birth Date	Gender
→	71	456781245	WANDA SMITH	4/1/1989 12:00:00 AM	Female
→	19	342343256	PETYA D SMITH	4/15/2006 12:00:00 AM	Male
→	127	456127891	ANNA SMITH	2/28/1983 12:00:00 AM	Female
→	139	259452710	MEILSSA V SMITH	4/27/2010 12:00:00 AM	Female
→	19	000000002	BORIS G SMITH	4/15/2006 12:00:00 AM	Male
→	19	343423545	OKSANA R SMITH	9/23/2007 12:00:00 AM	Female
→	14	451278945	MARY SMITH	7/10/2006 12:00:00 AM	Female
→	14	487512478	MOLLIE SMITH	8/20/2008 12:00:00 AM	Female
→	19	923489423	LEONARD K SMITH	4/15/2006 12:00:00 AM	Male
→	19	123456789	JOHN SMITH	8/1/1954 12:00:00 AM	Female

5.1.6.3 TRANSFERRING TO A NEW HOUSEHOLD

To Transfer a Patient to a New Household from the Transfer screen, click

CREATE NEW HOUSEHOLD

HOUSEHOLD MEMBER TRANSFER

County	Patients			
Local Health	Patient #	Name	Birth Date	Gender
	000000001	BORIS K SMITH	04/15/07	Male

RECEIVE

County Local Health **SEARCH** **CLEAR** **CREATE NEW HOUSEHOLD** **CANCEL**

Number

Household # OR EBT Card #

Household Data

Name
 Address
 Phone #

Patient Data

Patient #
 Last Name First Name

Another County Transfer

New County **COUNTY TRANSFER**

The Add Household screen will be displayed. Refer to [Creating a New Household](#) for more information.

Clicking **CANCEL** will return to the **Member** screen.

5.1.7 LABELS

To create labels for a patient in the household, check the box corresponding to the household member,


then click **LABELS**.

Household Members

SAVE & THIRD PARTY
SAVE & INCOME/PROOFS
SAVE & ISSUANCE
SAVE & REINSTATE/TERM

ADD
SAVE
DELETE
TRANSFER
REGISTRATION
LABELS
PATIENT MENU
RTC

Member *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party
<input checked="" type="checkbox"/> Child 	000000002	SMITH	BORIS	G	04/15/2006	Male 	
<input type="checkbox"/> Child 	000000001	SMITH	BORIS	K	04/15/2000	Male 	
<input type="checkbox"/> Child 	343432487	SMITH	DIMITRI	S	04/15/2006	Male 	

A pop-up window will appear with the various labels that can be created: PEF (Patient Encounter Form), Additional PEF, Registration, Mailing, Lab, Chart, Chart 2, and ACH-58. Manually enter the number of each label to be printed in the field corresponding to the label, then click .



A PDF of the labels created will pop up in a new window. The labels can be printed from this screen.

Example:

05/16/2014		HLS 500500	
SMITH BORIS G			
000000002			
DOB: 04/15/2006		HH# 19	


05/16/2014		HLS 500500	
SMITH BORIS G			
000000002			
DOB: 04/15/2006		HH# 19	

000000002	07/12/2011	NEW	PEF# 13062798
SMITH BORIS G	#HSE: 5	INC: 0.00	
HM CONTACT: Y	DOB: 04/15/2006	AGE: 5y 2m	VFC?: N 500
MDCD: A MCO: N/A	MDCR: N	INS: N	VOC: N LEP: N SMKR:
REASON FOR VISIT:			
FUT APT:			
PV 0.00%			

SMITH BORIS G		07/12/2011		000000002	
MR#	123 TEST STR	NOPP:	500		
LEXINGTON, KY 40504		PH# (270) 695-1999			
DOB 04/15/2006	RC: W	FP RC: N/A	ETH: N	SEX: M	
ALT#	PRE: R: 04	I: 04	M:	K:	F: (1)
HM CONT: Yes	HOW:				

07/12/2011		000000002	
EMER CNT:		PH	
PCP# -	LEP: NO		
MDCD: A	PDT:		
MCO: N/A	Mem#: N/A		
KTAP: N	FDST: N	VOC: N	MDCR: N #:
#HSE: 5	INC: 0.00	KVP?: N	INS: N WH: N (2)


07/12/2011		000000002	
------------	--	-----------	--

After the labels have been created, close out of the window and click  in the "Create Labels" window to return to the Members screen.

5.1.8 EDITING A HOUSEHOLD




 **Household Search screen**

From the Household Search screen, enter the **Household Number, Name, Address, Phone Number, or eWIC Card Number**. Entering as many of these fields as possible will narrow the results, but only one field is needed to perform a search.

After filling in the boxes with the corresponding answers, click . A list of records will be displayed at the bottom of the screen. Typing a household number instead of a household name will return a direct hit if the household is in the system.

- ◆ To edit an existing household, click the Edit icon  next to the household number.


HOUSEHOLD SEARCH

County   

Number

Household # OR EBT Card #

Household Data

Name 


Address

Phone #



Patient Data






Patient #

Last Name First Name

Visit Date 

HOUSEHOLD


Page of 1
Size:


	Household #	Name	Address	City/State/Zip	Phone #	Status
	11	SMITH	123 WILDCAT LODGE	Frankfort, KY 40601	(270) 666-7722	Active
	14	SMITH	123 ANYSTREET	88, KY 42130	(502) 695-1999	Active
 	19	SMITH	123 TEST STR	Lexington, KY 40504	(270) 695-1999	Active
	12	SMITH	951 INDUSTRIAL ROAD	Frankfort, KY 40601		Active

The **Edit Household** screen, shown on the following page, will be displayed.

Edit Household Screen

➔ Household Search screen

General Household Information

The first section of the Edit Household **screen**, as shown below, is general household information: County, Household #, Name, Address, City/State/Zip, Phone #, EBT Card #, and Deleted (Yes/No).

EDIT HOUSEHOLD

County: LOCAL HEALTH

Household #: 19

Name *:

Address *:

City,State Zip *: ex: Glasgow,KY 42141

Phone #:

Last Benefit Form: EBT Card

EBT Card #: 6063709000001138

Deleted?:

***Note: Any search filter with an asterisk (*) is required.

- ◆ To change information in any of the entries, highlight the current entry, and delete it. Enter new information.
- ◆ To save information entered and return to the Member screen, click .
- ◆ To return to the Household Search screen without saving changes, click .

Responsible Party

The next section, as shown below, is the **Responsible Party** section. The Responsible Party is the person(s) who will be held responsible for the household member(s). There may be multiple Responsible Parties per household, but only one per member.

Responsible Party

ADD

	First Name *	MI	Last Name *	Address *	City/State/Zip *
X	HOWARD		HUGHES	144 MAIN STREET	Frankfort,KY 40601
X	KEVIN	D	KRING	344 ANYSTREET	Frankfort,KY 40601
X	JANET		JOHNSON	123 MAIN STREET	Frankfort,KY 40601

- ◆ To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- ◆ To add a Responsible Party, click **ADD**. Type the Responsible Party's **First Name**, **MI** (Middle Initial), **Last Name**, **Address**, and **City/ State/ Zip**.

Emergency Name

The next section, as shown below, is the **Emergency Name** section. This is the name of the person who should be contacted in the event of an emergency.

Emergency Name

ADD

	Name *	Phone Number *
X	JAMES MADISON	(502) 695-1978
X	TUBBY SMITH	(502) 695-1999

- ◆ To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- ◆ To add an **Emergency Name**, click **ADD**. Type the contact's **Name** and **Phone Number**.

Primary Insurance Company

The next section, as shown below, is the **Primary Insurance Company** section.

Primary Insurance Company

ADD

	Name *	Subscriber Name *	Group Number *	Policy Number *
X	3 HUMANA	KEVIN KRING	123456	54321

- ◆ To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- ◆ To add a Primary Insurance Company, click **ADD**. Type the Insurance Company's **Name, Subscriber Name, Group Number, and Policy number.**

Supplemental Insurance Company

The next section, as shown below, is the **Supplemental Insurance Company** section.

Supplemental Insurance Company

ADD

	Name *	Subscriber Name *	Group Number *	Policy Number *
X	9004 HUMANA	KEVIN KRING	1234568	00000005

- ◆ To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- ◆ To add a Supplemental Insurance Company, click **ADD**. Type the Insurance Company's **Name, Subscriber Name, Group Number, and Policy Number.**

Medical Home

The next section, as shown below, is the **Medical Home** (Primary Care Physician) section.




Medical Home

ADD

	Physician/Clinic *	Address *	City/St/Zip *	Telephone *	Fax *
X	FAMILY PHYSICIAN	123 TEST LANE			

- ◆ To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- ◆ To add a Medical Home, click **ADD**. Type the **Physician/ Clinic Name, Address, City/ State/ Zip, Telephone Number, and Fax Number.**

After edits are made, there are three options:

- ◆ To save changes and go to the Member screen, click .
- ◆ To return to the Household Search screen without saving changes, click .
- ◆ To save changes and issue an eWIC card, click  (Refer to eWIC Card Issuance *for more information*).

****Note: The EBT Card Issuance button is only displayed if the household has not been assigned an eWIC card.*

5.1.9 CREATING A NEW HOUSEHOLD

➔ Household Search screen

- ◆ To create a new household from the Household Lookup screen, type the household member's name and click **SEARCH**
- ◆ If the household name is not shown on the list, click **NEW HOUSEHOLD**.

The Add Household screen will be displayed.



CDP cms Kentucky **Clinic Management** Household *Kentucky UNBRIDLED SPIRIT*

PORTAL LOGOUT

ADD HOUSEHOLD

County: LOCAL HEALTH **SAVE** **CANCEL**

Household #: ---

Name:

Address:

City, State Zip: *ex: Glasgow, KY 42141*

Phone #:

EBT Card #: ---

Responsible Party

ADD **DELETE**

Supplemental Insurance Company

ADD **DELETE**

Name	Subscriber Name	Group Number	Policy Number

Medical Home

ADD **DELETE**

Physician/Clinic	Address	City/St/Zip	Telephone	Fax

SAVE **SAVE & EBT CARD ISSUANCE** **CANCEL**

PORTAL LOGOUT

CMS Household v1.0 Beta 02/19/2009
©2009 Custom Data Processing, Inc. All rights reserved.

General Household Information

The first section of the Add Household **screen**, as shown below, is general household information: **County, Household #, Name, Address, City/State/Zip, and Phone #.**

Example:

ADD HOUSEHOLD

County: LOCAL HEALTH

Household #: ---

Name *:

Address *:

City, State Zip *: *ex: Glasgow, KY 42141*

Phone #:

Last Benefit Form:

EBT Card #: ---

SAVE CANCEL

Adding a Responsible Party

The next section, as shown below, is the **Responsible Party** section. The Responsible Party is the person who will be held responsible for the member(s). There may be multiple Responsible Parties per household, but only one per member. To add a Responsible Party, click **ADD**. Enter the Responsible Party's **First Name, MI (Middle Initial), Last Name, Address, and City/State/ Zip.**

Responsible Party

ADD

	First Name *	MI	Last Name *	Address *	City/State/Zip *
X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Adding an Emergency Name

The next section, as shown below, is the **Emergency Name** section. This is the name of the person who should be contacted in the event of an emergency. To add an **Emergency Name**, click **ADD**. Enter the contact's **Name and Phone Number.**

Emergency Name

ADD

Name *	Phone Number *
<input type="text"/>	<input type="text"/>

Adding a Primary Insurance Company

The next section, as shown below, is the **Primary Insurance Company** section. To add a Primary Insurance Company, click **ADD**. Enter the Insurance Company’s **Name, Subscriber Name, Group Number, and Policy number.**

Primary Insurance Company

ADD

Name *	Subscriber Name *	Group Number *	Policy Number *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Adding a Supplemental Insurance Company

The next section, as shown below, is the **Supplemental Insurance Company** section. To add a Supplemental Insurance Company, click **ADD**. Enter the Company’s **Name, Subscriber Name, Group Number, and Policy Number.**

Supplemental Insurance Company

ADD

Name *	Subscriber Name *	Group Number *	Policy Number *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Adding a Medical Home

The next section, as shown below, is the **Medical Home** (Primary Care Physician) section. To add a Medical Home, click **ADD**. Enter the **Physician/ Clinic Name, Address, City/ State/ Zip, Telephone Number, and Fax Number.**

Medical Home

ADD

	Physician/Clinic *	Address *	City/St/Zip *	Telephone *	Fax *
X					

◆ To delete any entries on the **Household Screen**, check the X corresponding with the entry.

Example:

Supplemental Insurance Company

ADD

	Name *	Subscriber Name *	Group Number *	Policy Number *
X	HUMANA	KEVIN KRING	12345678	12345

6 PATIENT MENU FUNCTIONS

6.1 PATIENT MENU SCREEN

→ Household Member Screen

To access the **Patient Menu Screen** from the **Household Member Screen**, check the next to a member's name, and click **PATIENT MENU**.

The screenshot shows the 'Household Members' interface. At the top, there are several action buttons: SAVE & 3RD PARTY, SAVE & INCOME, SAVE & WIC PROOFS, SAVE & WIC ISSUANCE, SAVE & REINSTATE/TERM, ADD, SAVE, DELETE, TRANSFER, REGISTRATION, LABELS, PATIENT MENU (circled in red), and RTC. Below these buttons is a table with the following columns: Member, Patient #, Last Name, First Name, MI, Birth Date, Gender, Responsible Party, and Emergency Name. The table contains seven rows of member data. The first row is checked, and the 'PATIENT MENU' button is circled in red.

Member	Patient #	Last Name	First Name	MI	Birth Date	Gender	Responsible Party	Emergency Name
<input checked="" type="checkbox"/> Child	000000003	SMITH	ANTONIO	K	02/03/2007	Male		
<input type="checkbox"/> Child	000000001	SMITH	BORIS	K	04/15/0200	Male		
<input type="checkbox"/> Child	000000002	SMITH	BORIS	K	04/15/2006	Male		
<input type="checkbox"/> Child	343432487	SMITH	DIMITRI	S	04/15/2006	Male		
<input type="checkbox"/> Child	288411671	NHC SMITH	IVAN	U	03/05/2008	Male		
<input type="checkbox"/> Child	232445689	SMITH	IVANA	S	09/23/2007	Female		
<input checked="" type="checkbox"/> Primary Member	123456789	SMITH	JOHN		08/01/1954	Female		

The **Patient Menu Screen** will be displayed.

PATIENT MENU

Patient #: 111777801

Name (F, M, L): INFANT TEST

Medicaid Number:

Chart Number:

DOB: 3/28/2011

PATIENT SEARCH

- ☐ [Growth Charts](#)
 - [Measures & Bloodwork History](#)
 - [Member](#)
- ☐ [Patient Imms](#)
 - [Immunizations](#)
- ☐ [Registration](#)
 - [Edit](#)
 - [Show](#)
 - [Return to Clinic](#)
 - [Scheduling](#)
 - [Seals Edit](#)
- ☐ [WIC](#)
 - [Account Balance](#)
 - [Food Pkg Assignment](#)
 - [History](#)
 - [Inquiry](#)
 - [Print VOC](#)
 - [Replace Benefits](#)
 - [Return Purchased Formula](#)
 - [View Benefits](#)
 - [Void Benefits](#)

The Patient Menu screen offers access to patient information in four main areas: Growth Charts, Patient Immunizations, Registration, and WIC. The links below these main sections will take the user to a specific screen within that area.

6.2 GROWTH CHARTS

The Growth Charts application is used to capture birth information for infants, height and weight, pre-pregnancy weights, hemoglobin/hematocrit, lead, and print charts.

To access the Measures & Blood Work History screen in the Growth Chart Application, click [Growth Charts](#) on the patient menu.

The screenshot displays the 'PATIENT MENU' interface. At the top, patient information is shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. The main menu items are: Growth Charts (circled in red), Measures & Bloodwork History, Member, Patient Imms, Immunizations, Registration, Edit, Show, Return to Clinic, Scheduling, Seals Edit, and WIC. Under WIC, there are sub-items: Account Balance, Food Pkg Assignment, History, Inquiry, Print VOC, Replace Benefits, Return Purchased Formula, View Benefits, and Void Benefits.

The **Measures and Blood Work History Screen** will be displayed.

6.2.1 MEASURES & BLOOD WORK HISTORY

The screenshot displays the 'MEASURES AND BLOODWORK HISTORY' section of the Kentucky Clinic Management system. At the top, there are navigation buttons for 'PORTAL', 'LOGOUT', 'GROWTH CHART', 'MEASURES/BLOODWORK HIST', 'NEW MEASURES/BLOODWORK', 'BMI CALC', 'PATIENT MENU', 'MEMBER', 'RTC', and 'NEW CERT/RECERT'. The main content is divided into three sections: 'PATIENT', 'PATIENT'S BIRTH RECORD', and 'HISTORY'.

PATIENT INFORMATION:

Clinic	Household #	ID #	Name	Birth Date
500500	19	790909099	MASHA Y SMITH	9/23/2007
Current Patient Age	Gender	Chart #	Certification Date	Status
5 Years & 7 Months	Female		11/04/2009	Child
Priority	Risk	Food Package	Next Issuance	Next Action Due
0	211, 201h	CB		

PATIENT'S BIRTH RECORD:

Length No Record Weight No Record Gestational Age No Record **NEW RECORD**

Mother's Data:

Height	No Record	Weight	No Record	BMI	No Record
--------	-----------	--------	-----------	-----	-----------

Father's Data:

Height	No Record	Weight	No Record	BMI	No Record
--------	-----------	--------	-----------	-----	-----------

HISTORY:

Page 1 of 1 Size: 10 GO

	Date of Service	Date of Measures	Height and Weight	Date of Hgb/HCT	Hgb HCT	Date of Lead	Lead	Clinic
X	06/29/2010	06/25/2010	0ft 0in 0lb 0oz		0 0			500500
X	06/29/2010	06/25/2010	2ft 11in 35lb 0oz	06/25/2010	10 10			500500
X	11/04/2009	11/04/2009	3ft 6in 20lb 8oz	11/04/2009	10 10	11/04/2009	10	500500

The Measures & Blood Work History screen consists of a patient panel with general patient information, the patient's birth record, and a grid containing the patient's history of measures and blood work records.

To edit a record, click the Edit icon corresponding to a record. The Edit Measures and Blood Work screen will be displayed.

HISTORY								
Page 1 of 1 Size: 10 GO								
	Date of Service	Date of Measures	Height and Weight	Date of Hgb/HCT	Hgb HCT	Date of Lead	Lead	Clinic
	11/04/2009	11/04/2009	3ft 6in 20lb 8oz	11/04/2009	10 10	11/04/2009	10	500500

6.2.2 EDIT MEASURES & BLOOD WORK

MEASURES AND BLOODWORK

PATIENT

Clinic 500500	Household # 19	ID # 790909099	Name MASHA Y SMITH	Birth Date 9/23/2007
Current Patient Age 6 Years & 7 Months	Gender Female	Chart #	Certification Date 11/04/2009	Status Child
Priority 0	Risk 211, 201h	Food Package CB	Next Issuance	Next Action Due

PATIENT'S BIRTH RECORD

Length No Record Weight No Record Gestational Age No Record NEW RECORD

Mother's Data

Height No Record	Weight No Record	BMI No Record
------------------	------------------	---------------

Father's Data

Height No Record	Weight No Record	BMI No Record
------------------	------------------	---------------

☰
Date of Service 11/04/2009

MEASURES

Date of Measures *

Height ft in Unknown Height [Convert](#)

Weight lb oz Unknown Weight [Convert](#)

Head Circum cm [Convert](#)

BMI 8.17 Comments

☰
BLOOD WORK

Hgb/HCT Measures Date Hemoglobin - Non-Invasive gm/dL Hemoglobin - Invasive gm/dL

Hematocrit % Unknown hemoglobin/hematocrit

Lead Measures Date Lead Count µg/dL Unknown Lead

SAVE
SAVE & PATIENT DETAIL
SAVE & WIC CERT/RECERT
CANCEL

To edit any of the measures or blood work fields, click in the text box fields and change the measures/blood work numbers. To save information and return to the Measures and Blood Work History screen, click Save. To return to Measures & Blood Work History without saving changes, click Cancel.

6.2.3 NEW MEASURES/BLOODWORK

The New Measures and Blood Work screen can be accessed from the Measures and Blood Work History screen. Click **NEW MEASURES/BLOODWORK** at the top portion of the screen.

The screenshot shows the top navigation bar of the Kentucky Clinic Management system. The header includes the CDP cms logo, the text 'Kentucky Clinic Management Growth Charts', and the Kentucky state logo with the slogan 'UNBRIDLED SPIRIT'. Below the header are several navigation buttons: 'PORTAL', 'LOGOUT', 'GROWTH CHART', 'MEASURES/BLOODWORK HIST', 'NEW MEASURES/BLOODWORK' (highlighted with a red circle), 'BMI CALC', 'PATIENT MENU', 'MEMBER', and 'RTC'. Below the navigation bar is a section titled 'MEASURES AND BLOODWORK HISTORY' containing a patient information table.

PATIENT				
Clinic	Household #	ID #	Name	Birth Date
500500	19	790909099	MASHA Y SMITH	9/23/2007
Current Patient Age	Gender	Chart #	Certification Date	Status
2 Years & 9 Months	Female		11/04/2009	Child
Priority	Risk	Food Package	Next Issuance	Next Action Due
1	201h, 211	CB		

MEASURES AND BLOODWORK

PATIENT

Clinic 500500	Household # 19	ID # 790909099	Name MASHA Y SMITH	Birth Date 9/23/2007
Current Patient Age 6 Years & 7 Months	Gender Female	Chart #	Certification Date 11/04/2009	Status Child
Priority 0	Risk 211, 201h	Food Package CB	Next Issuance	Next Action Due

PATIENT'S BIRTH RECORD

Length	No Record	Weight	No Record	Gestational Age	No Record	NEW RECORD
--------	-----------	--------	-----------	-----------------	-----------	---

Mother's Data

Height	No Record	Weight	No Record	BMI	No Record
--------	-----------	--------	-----------	-----	-----------

Father's Data

Height	No Record	Weight	No Record	BMI	No Record
--------	-----------	--------	-----------	-----	-----------

MEASURES

Date of Service *

Date of Measures *

Height ft in Unknown Height [Convert](#)

Weight lb oz Unknown Weight [Convert](#)

Head Circum cm [Convert](#)

BMI 0.00 Comments

BLOOD WORK

Hgb/HCT Measures Date Hemoglobin - Non-Invasive gm/dL Hemoglobin - Invasive gm/dL


Hematocrit % Unknown hemoglobin/hematocrit

Lead Measures Date Lead Count µg/dL Unknown Lead


SAVE
SAVE & PATIENT DETAIL
SAVE & WIC CERT/RECERT
CANCEL

The Patient Details panel displays: Clinic, Household Number, ID Number, Name, Birth Date, Current Patient Age, Gender, Chart Number, Certification Date, Status, Priority, Risk, Food Package, Next Issuance, and Next Action Due.


The Patient's Birth Record panel displays: Length, Weight, Gestational Age, and Mother and Father's Height, Weight, and BMI.

- ◆ If a new Patient Birth Record is being entered, click .
- ◆ Date of Service is a required field. Use the calendar icon to select a date.
- ◆ The **Measures** panel displays: Date of Measures, Recumbent Measure, Height (ft.), Height (in.), Weight (lb.), Weight (oz.), Head Circumference (cm), BMI, Comments, and, if applicable, Pre-Pregnancy Weight. Complete fields.

***Note: The patient's BMI will be auto-calculated after measures have been entered.

Date of Service * 

MEASURES

Date of Measures *  Recumbent Measure

Height ft in Unknown Height [Convert](#)

Weight lb oz Unknown Weight [Convert](#)

Head Circum cm [Convert](#)

BMI

- ◆ The **Blood Work** panel displays: Hgb (Hemoglobin)/HCT (Hematocrit) Measures Date, Hemoglobin- Non-invasive (grams/deciliters), Hemoglobin – Invasive(grams/deciliters), Hematocrit (%), Lead Measures Date, and Lead Count (micrograms/deciliters). If blood work measures are unknown, check the appropriate unknown boxes.

Note: Only a Hemoglobin or Hematocrit measure can be entered. An error message will be displayed if both measures are entered.

After all information has been entered, click Save to save information, or Save & WIC Cert/Recert.

*Refer to WIC Procedures Section, 1.2 [WIC Certification](#)

6.2.3.1 BODY MASS INDEX CALCULATOR

The BMI Calculator screen can be accessed by clicking **BMI CALC** at the top of any screen in the Growth Charts application.

PATIENT				
Clinic 500500	Household # 19	ID # 343423545	Name OKSANA R SMITH	Birth Date 9/23/2007
Current Patient Age 3 Years & 2 Months	Gender Female	Chart #	Certification Date 12/01/2010	Status Child
Priority 1	Risk 201h, 211	Food Package CB	Next Issuance	Next Action Due 06/01/2011

BMI CALCULATOR

Height (Ft.)

Height (In.)

Weight (Lbs.)

BMI ---

Calculations made according to the [Adult BMI Formula](#) from the Centers for Disease Control and Prevention

STATUS (ADULT)	
BMI	Weight Status
Below 18.5	Underweight
18.5 - 24.9	Normal
25.0 - 29.9	Overweight
30.0 and Above	Obese

STATUS (PREGNANT)	
BMI	Weight Status
Below 19.8	Underweight
19.8 - 26.0	Normal
26.1 - 29.0	Overweight
29.1 and Above	Obese

Calculating Body Mass Index

- To calculate a patient's **Body Mass Index (BMI)**, type the patient's **Height** (number of feet), **Height** (number of inches), and **Weight** (in pounds) in the corresponding boxes, then click . The BMI will be calculated and appear in the bottom portion of the **BMI Calculator** box.

BMI CALCULATOR

Height (Ft.)

Height (In.)

Weight (Lbs.)

BMI 23.72

Calculations made according to the [Adult BMI Formula](#) from the Centers for Disease Control and Prevention

STATUS (ADULT)

BMI	Weight Status
Below 18.5	Underweight
18.5 - 24.9	Normal
25.0 - 29.9	Overweight
30.0 and Above	Obese

STATUS (PREGNANT)

BMI	Weight Status
Below 19.8	Underweight
19.8 - 26.0	Normal
26.1 - 29.0	Overweight
29.1 and Above	Obese

- ◆ Use the BMI number calculated and the **Status** charts to determine **Weight Status** category for the patient. There is a chart for adults and a separate chart for pregnant women.

- ◆ To reset the calculator, click .

6.2.4 VIEWING AND PRINTING GROWTH CHARTS

After entering new measures and bloodwork, to view the growth charts for a patient, click the Growth Chart button. The Height chart will be displayed automatically as shown below.

- GROWTH CHART
- MEASURES/BLOODWORK HIST
- NEW MEASURES/BLOODWORK
- BMI CALC
- PATIENT MENU
- MEMBER
- RTC
- NEW CERT/RECERT

PATIENT				
Clinic 500500	Household # 19	ID # 000000034	Name BABY A SMITH	Birth Date 2/3/2010
Current Patient Age 2 Years & 6 Months	Gender Male	Chart #	Certification Date	Status
Priority 0	Risk None	Food Package	Next Issuance	Next Action Due

VIEW OR PRINT CHARTS

Select a Chart

- Height (0 - 24 Months Old)
- Weight (0 - 24 Months Old)
- Head Circumference
- Weight for Length (0 - 24 Months Old)
- Height (2 - 20 Years Old)
- Weight (2 - 20 Years Old)
- BMI

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PRINT

Chart Filter

All Available Charts ▼

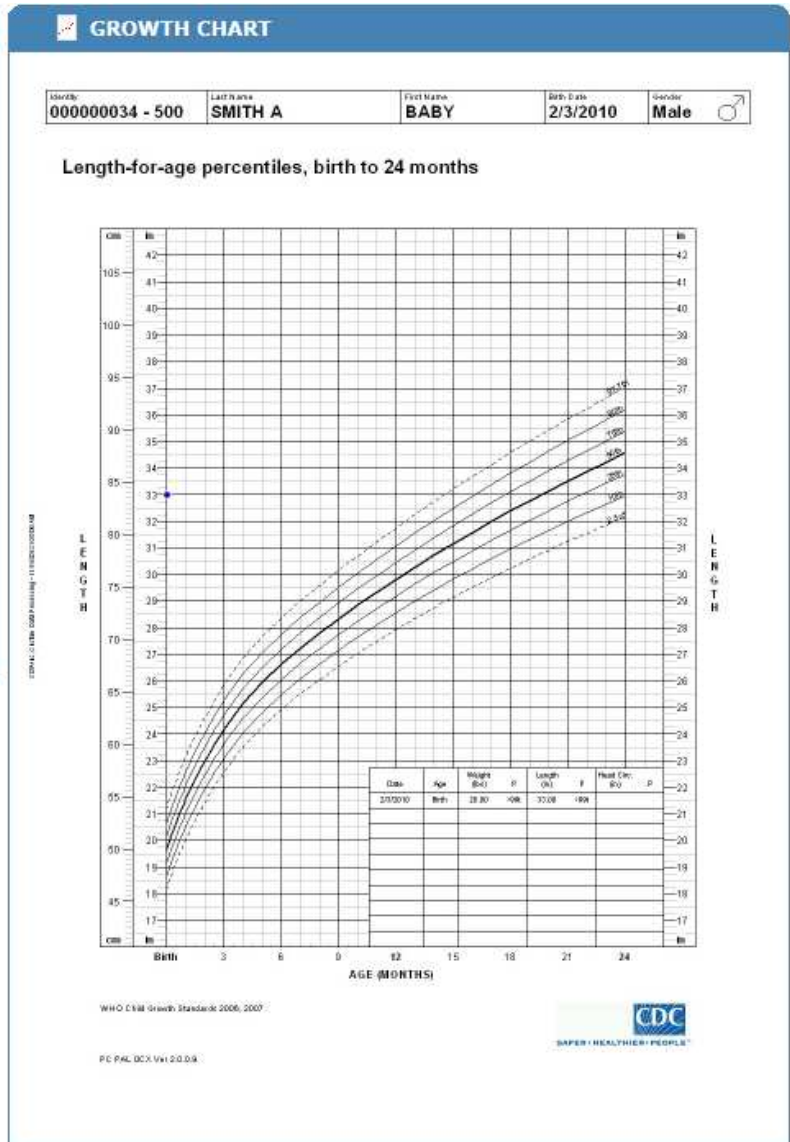
Group Printing

0 - 24 Month Charts ▼

PRINT GROUP

CONVERSION DATA

US	Metric
1 Foot	30.48 cm
1 Inch	2.54 cm
1 Pound	.45359237 kg
1 Ounce	.0283495231 kg



Depending on the age of the patient, the charts may be displayed in WHO or CDC mode.

- ◆ To select a different chart (Weight, Head Circumference, or Weight for Length, click one of the charts in the “View or Print Charts” panel.

OR

- ◆ Use the arrow buttons to change charts.



Below is an example of a Weight (0-24 months) chart.

VIEW OR PRINT CHARTS

Select a Chart

- Height (0 - 24 Months Old)
- Weight (0 - 24 Months Old)**
- Head Circumference
- Weight for Length (0 - 24 Months Old)
- Height (2 - 20 Years Old)
- Weight (2 - 20 Years Old)
- BMI

← ← → →

PRINT

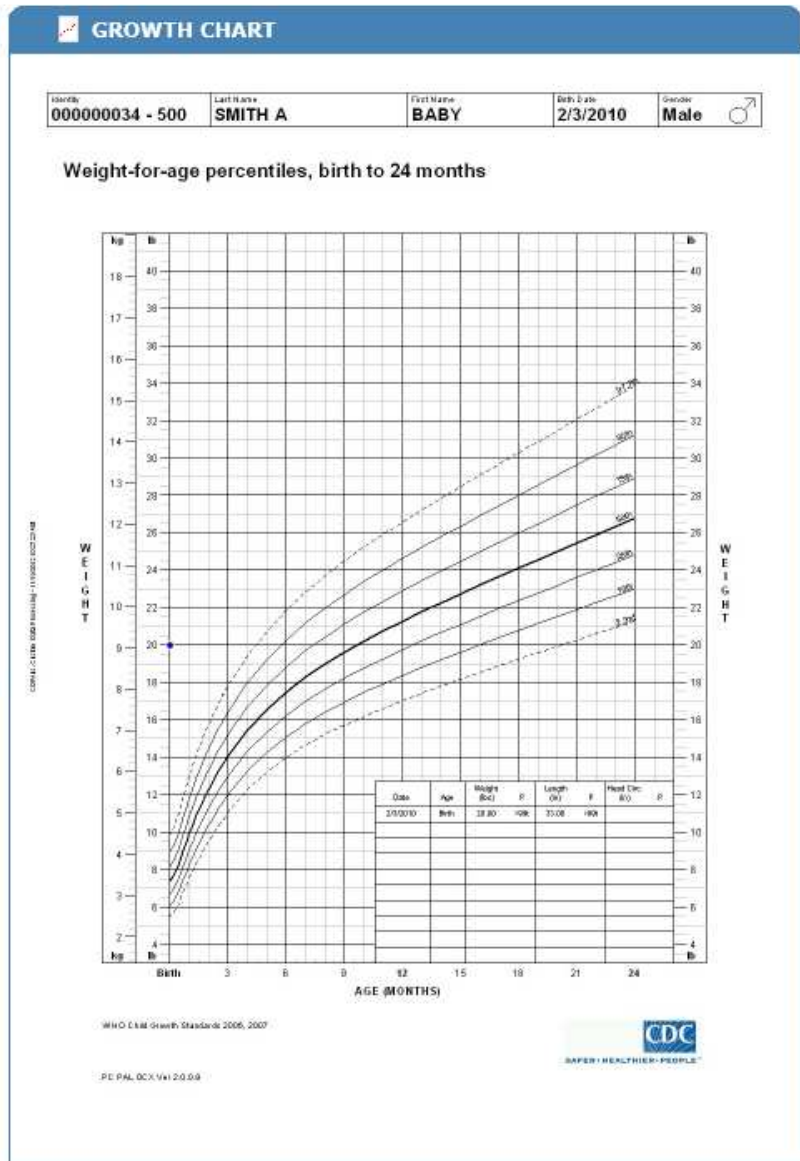
Chart Filter
All Available Charts

Group Printing
0 - 24 Month Charts

PRINT GROUP

CONVERSION DATA

US	Metric
1 Foot	30.48 cm
1 Inch	2.54 cm
1 Pound	.45359237 kg
1 Ounce	.0283495231 kg



Below is an example of a Head Circumference chart.

VIEW OR PRINT CHARTS

Select a Chart

- Height (0 - 24 Months Old)
- Weight (0 - 24 Months Old)
- Head Circumference
- Weight for Length (0 - 24 Months Old)
- Height (2 - 20 Years Old)
- Weight (2 - 20 Years Old)
- BMI

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PRINT

Chart Filter

All Available Charts ▼

Group Printing

0 - 24 Month Charts ▼

PRINT GROUP

GROWTH CHART

ID#	Last Name	First Name	DOB Date	Gender
000000034 - 500	SMITH A	BABY	2/3/2010	Male

Head circumference-for-age and percentiles, birth to 24 months

Date	Age	Weight (kg)	Length (cm)	Head Circ. (cm)
2/3/2010	2m	28.80	53.00	44.00

WHO Child Growth Standards 2006, 2007

PC-PAL-00X-V01-2009

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Below is an example of a Weight for Length (0-24 months) chart

VIEW OR PRINT CHARTS

Select a Chart

- Height (0 - 24 Months Old)
- Weight (0 - 24 Months Old)
- Head Circumference
- Weight for Length (0 - 24 Months Old)
- Height (2 - 20 Years Old)
- Weight (2 - 20 Years Old)
- BMI

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PRINT

Chart Filter

All Available Charts ▼

Group Printing

0 - 24 Month Charts ▼

PRINT GROUP

GROWTH CHART

Identity: 000000034 - 500	Last Name: SMITH A	First Name: BABY	Birth Date: 2/3/2010
			Gender: Male

Weight-for-length percentiles, birth to 24 months

kg	lb	Date	Age	Weight (kg)	W	Length (cm)	L	Head Cn. (cm)	H
		2/3/2010	Birth	29.20	99th	32.08	100th		

WHO Child Growth Standards 2006
PC PAL DCX V01 20.09

CONVERSION DATA

US	Metric
1 Foot	30.48 cm
1 Inch	2.54 cm
1 Pound	.45359237 kg
1 Ounce	.0283495231 kg

Below is an example of a chart showing Stature-for-age percentiles, 2 to 20 years old

VIEW OR PRINT CHARTS

Select a Chart

- Height (0 - 24 Months Old)
- Weight (0 - 24 Months Old)
- Head Circumference
- Weight for Length (0 - 24 Months Old)
- Height (2 - 20 Years Old)
- Weight (2 - 20 Years Old)
- BMI

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PRINT

Chart Filter

All Available Charts ▼

Group Printing

0 - 24 Month Charts ▼

PRINT GROUP

GROWTH CHART

Identify	Last Name	First Name	Birth Date	Gender
000000034 - 500	SMITH A	BABY	2/3/2010	Male

Stature-for-age percentiles, 2 to 20 years

Date	Age	Weight (kg)	W	Stature (in)	H	Head Cir. (in)	H
9/18/2012	2y 7m	22.80	<1st	31.00	<1st		

Published May 30, 2000.
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
 PE-PAL-DCJ-Vol 2.0.0.0

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Below is an example of a chart showing Weight-for-age percentiles, 2 to 20 years

VIEW OR PRINT CHARTS

Select a Chart

- Height (0 - 24 Months Old)
- Weight (0 - 24 Months Old)
- Head Circumference
- Weight for Length (0 - 24 Months Old)
- Height (2 - 20 Years Old)
- Weight (2 - 20 Years Old)
- BMI

⏪ ⏩ ⏴ ⏵

PRINT

Chart Filter

All Available Charts ▼

Group Printing

0 - 24 Month Charts ▼

PRINT GROUP

GROWTH CHART

ID/DOB: 000000034 - 500	Last Name: SMITH A	First Name: BABY	Birth Date: 2/3/2010
			Gender: Male

Weight-for-age percentiles, 2 to 20 years

kg	lb	Date	Age	Weight (kg)	Height (cm)	Status	Head Circ. (cm)
23.0	50.7	8/20/12	2y 7m	22.08	118	118	118

CONVERSION DATA

US	Metric
1 Foot	30.48 cm
1 Inch	2.54 cm
1 Pound	.45359237 kg
1 Ounce	.0283495231 kg

Published May 30, 2000

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

PE PAL DCX VAI 20.0.0

Below is an example of a chart showing Body Mass Index-for-age percentiles, 2 to 20 years

VIEW OR PRINT CHARTS

Select a Chart

- Height (0 - 24 Months Old)
- Weight (0 - 24 Months Old)
- Head Circumference
- Weight for Length (0 - 24 Months Old)
- Height (2 - 20 Years Old)
- Weight (2 - 20 Years Old)
- BMI

⏪ ⏩ ⏴ ⏵
PRINT

Chart Filter

All Available Charts ▼

Group Printing

0 - 24 Month Charts ▼

PRINT GROUP

GROWTH CHART

Handle	Last Name	First Name	Birth Date	Gender
000000034 - 500	SMITH A	BABY	2/3/2010	Male

Body mass index-for-age percentiles, 2 to 20 years

kg/m ²	Date	Age	Weight (kg)	H	Status (cm)	P	BMI (kg/m ²)	P
18.1	4/10/2012	3y 7m	22.08	111cm	118.0	111cm	18.1	40th

* To calculate BMI: Weight (kg) / Status (cm) * 10000
 or Weight (lb) / Status (in) * 703

Published May 30, 2000.
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
 © CDC/NCHS, 2000

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6.2.5 CERTIFICATION

To access the Cert/Recert (Certification and Recertification) Status Selection screen in the Growth Chart application, click the New Cert/Recert button at the top of any screen in Growth Charts.

6.2.5.1 CERT/RECERT STATUS SELECTION

CERT/RECERT STATUS SELECTION				
PATIENT				
Clinic 500500	Household # 19	ID # 444333222	Name LUCY B SMITH	Birth Date 2/9/2012
Current Patient Age 1 Years & 2 Months	Gender Female	Chart #	Certification Date	Status
Priority 0	Risk None	Food Package	Next Issuance	Next Action Due

SELECT STATUS				
Status *	<input type="text" value="Child"/>			
Certification Date *	<input type="text" value="05/01/2013"/>	Action Date *	<input type="text" value="05/01/2013"/>	
Actual Delivery Date	<input type="text" value="MM/DD/YYYY"/>	Expected Delivery Date	<input type="text" value="MM/DD/YYYY"/>	
CALCULATE RISK				

- Use the drop-down menu to select the Status. Once status has been entered, dates appropriate for the status must be entered. Use the calendar icon to select the date or manually enter the date.

After required information has been entered, click **CALCULATE RISK**. The New Cert/Recert screen will be displayed.

6.2.5.2 NEW CERT/RECERT

The Cert/Recert screen displays risks automatically assigned based on the patient's measures and blood work.

NEW CERT/RECERT				
PATIENT				
Clinic	Household #	ID #	Name	Birth Date
500500	19	444333222	LUCY B SMITH	2/9/2012
Current Patient Age	Gender	Chart #	Certification Date	Status
1 Years & 2 Months	Female			
Priority	Risk	Food Package	Next Issuance	Next Action Due
0	None			
SELECT STATUS				
Status	Child		Action Date	5/1/2013
Certification Date	5/1/2013		Expected Delivery Date	
Actual Delivery Date				
Trimester	N/A			
PERCENTILES				
Date of Measures	5/1/2013	Date of Measures	N/A	
Height(%)	<= 0	Hemoglobin(gm/dL)	N/A	
Weight(%)	9.85	Hematocrit(%)	N/A	
Head Circumference(%)	N/A	Lead Measures Date	N/A	
Weight for Length(%)	65.54	Lead(µg/dL)	N/A	
BMI(%)	N/A			
RISK				
<div style="border: 1px solid gray; padding: 5px;"> 121c - Short Stature (<= 2.3rd percentile length for age (birth to 1.9 yrs)*) </div>				
Lines marked with an asterisk (*) have been automatically calculated and can't be removed.				
<input type="button" value="REMOVE SELECTED"/>				
<input checked="" type="radio"/> Search By Risk or Description				
<input type="text"/>				
<input type="radio"/> Launch Risk Wizard				
<input type="radio"/> Show List of Risks				
<input type="button" value="ADD RISK"/>				
BREAST FEEDING QUESTIONS				
Is the infant being fed any breastmilk?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Was the infant ever fed breastmilk?	<input type="checkbox"/>			
How long was the infant fed breastmilk?	Month	Weeks	Days	
Is the infant fed anything other than breastmilk?	<input type="checkbox"/>			
How old was the infant when he/she was fed something other than breastmilk?	Month	Weeks	Days	

***Note: Screen continues on next page.

COMMENTS

PLAN

TV VIEWING

Hours per day watching TV

SAVE
SAVE & PATIENT DETAIL
SAVE & FOOD PKG ASSIGN
CANCEL

The **New Cert/Recert** screen is divided into sections: **Patient, Select Status, Percentiles, Risk, Breast-feeding Questions** (if appropriate for status), **Comments, TV viewing** (if appropriate for age) and **Plan**.

The **Percentiles** panel contains all of the percentages from the measurements entered for the patient. This includes: **Dates of Measures, Height, Weight, Head Circumference, Weight for Length, BMI** (Body Mass Index), **Date of Measures, Hemoglobin, Hematocrit, Lead Measures Date, and Lead**.

The **Risk** panel shows the risks that were calculated for the patient based on the measures and blood work entered.

RISK

1020.211 - Elevated Blood Lead (>= 10 ug/dl) within the past 12 months*

Lines marked with an asterisk (*) have been automatically calculated and can't be removed.


REMOVE SELECTED

Search By Risk or Description


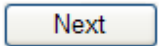
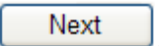
Launch Risk Wizard

Show List of Risks


ADD RISK

- ◆ To remove a Risk that has been assigned, click on a Risk to highlight it, and then click . Risk marked with an asterisk have been automatically calculated and can't be removed through this process. To remove an automatically assigned risk, measures resulting in the risk assignment must be changed.

****Note: If a Risk Code has been marked with an asterisk (*), it was calculated automatically and cannot be removed. To remove an automatically assigned risk, measures resulting in the risk assignment must be changed.*

- ◆ To add a Risk, select the next to the method by which the Risk will be found: Search by Risk or Description, Launch Risk Wizard, or Show List of Risks. If using Search by Risk or Description, once desired Risk is found, click on the Risk to highlight it, and then click . The Risk will be added to the Risk table.
- ◆ To **Launch the Risk Wizard**, select the corresponding with Launch Risk Wizard. The Wizard is used to help make determinations about which risks to apply to a WIC Patient. If any of the criteria apply to the patient, select the corresponding with it, and then click . If the criteria do not apply to the patient, just click .

After the process has been completed, click .

- ◆ To **Show a List of Risk Codes** from which to choose, select the corresponding with Show List of Risk Codes. Use the arrows to navigate through the list of Valid Risks, and click on a risk to highlight it, and then click .



6.3 PATIENT IMMUNIZATIONS

➔ Patient Menu screen

To access the **Patient Immunization** screen from the **Patient Menu** screen, click [Immunizations](#) .

The screenshot displays the 'PATIENT MENU' interface. At the top, patient details are shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. A list of menu items follows, including 'Growth Charts', 'Member', 'Patient Imms', 'Registration', and 'WIC'. Under 'Patient Imms', the 'Immunizations' option is highlighted with a red circle. Other options under 'Patient Imms' include 'Measures & Bloodwork History', 'Edit', 'Show', 'Return to Clinic', 'Scheduling', and 'Seals Edit'. The 'WIC' section includes options like 'Account Balance', 'Food Pkg Assignment', 'History', 'Inquiry', 'Print VOC', 'Replace Benefits', 'Return Purchased Formula', 'View Benefits', and 'Void Benefits'.

The Patient Immunizations screen will be displayed.

The Immunizations screen displays a patient’s vaccination records.

CDP cms Kentucky **Clinic Management**
Immunizations

PORTAL LOGOUT

PATIENT PATIENT SEARCH PATIENT MENU

Patient #: 123456789 Medicaid #: Chart #: Name: JOHN SMITH DOB: 8/1/1954 Age: 56 Years, 4 Months.

Exemptions: Medical - Vaccine Group: Measles, Mumps, Rubella - Permanent (Start: 8/16/2010)

Contraindications: Vaccine Group: Hepatitis A Vaccine: Hepatitis A - Anaphylactic reaction to a vaccine component - Permanent (Start: 8/18/2010)
 Vaccine Group: Hepatitis A Vaccine: Hepatitis A - Anaphylactic reaction to previous dose of the vaccine - Permanent (Start: 8/18/2010)
 Vaccine Group: Hepatitis A Vaccine: Hepatitis A - Anaphylactic reaction to Alum - Permanent (Start: 8/10/2010)
 Vaccine Group: Measles, Mumps, Rubella All vaccines - Anaphylactic reaction to a vaccine component - Permanent (Start: 8/8/1997)

Precautions: Vaccine Group: Hib Vaccine: Hib, PRP-T - Moderate or severe acute illness - Permanent (Start: 8/18/2010)

Adverse reactions: Hepatitis A - Anaphylactic reaction vaccine comp (Date: 8/18/2010)
 Hepatitis B - Anaphylactic reaction previous dose (Date: 5/8/1997)
 Hepatitis B - Fever of >=40.5C (105F) (Date: 5/8/1997)

IMMUNIZATION HISTORY

Certificate Status Summary - Patient Age: 56 yrs. or 676 mos.

(i) 7 years of age or older and has received:

- 1.a. Five (5) doses of DTP or DTaP or combinations of the two (2) vaccines
 - b. A dose of Td that was preceded by two (2) doses of DTP, DTaP, DT, or Td or combinations of the four (4) vaccines - **No**
2. One (1) dose of Td or Tdap given at eleven (11) to twelve (12) years of age, if at least five (5) years have elapsed since the last dose of DTaP, DTP, or DT - **Yes**
3. Four (4) doses of OPV or IPV or combinations of the two (2) vaccines - **No**
4. One (1) dose of MMR and a second dose of measles-containing vaccine - **Yes** (Medical Exemption - Vaccine Group:Measles, Mumps, Rubella)
- 5.a. Three (3) doses of HepB, if he or she was born October 1, 1992 or later; or
 - b. Two (2) doses of adult HepB approved by the Federal Drug Administration (FDA) as an alternative schedule for adolescents eleven (11) to fifteen (15) years of age, completed by age sixteen (16). - **Yes**

Provisional Immunization Certificate will be issued. (Certificate will be valid until 12/15/2010)

PROVISIONAL IMMUNIZATION CERTIFICATE CERTIFICATE OF MEDICAL EXEMPTION

1 of 1 5 Items 50 /Page GO






Vaccine	Date	Immunization Clinic Name	Type/Manufacturer	Validity
DTaP	8/5/2010			Valid
DTaP	8/10/2010			Invalid
Hepatitis A	8/5/2010			Valid
HepB, adol/high risk infant	8/5/2010			Valid
Hib, PRP-T	8/19/2010		Sanofi Pasteur	Valid

Patient Details

The **Patient Details** section consists of: **Patient Number, Medicaid Number, Chart Number, Name, Date of Birth, and Age.**



Immunizations History

The **Immunizations** section consists of: **Vaccine, Date, Immunization Clinic Name, Type/Manufacturer, and Validity.**

- ◆ To add a new immunization, click .
- ◆ To edit an existing immunization, select the next to the immunization and click .
- ◆ To delete an existing immunization, select the next to the immunization and click .
- ◆ To view the complete immunization forecast for the patient, click .
- ◆ To show immunizations due for the patient, click .



There are three buttons adjacent to the Patient Details section: Certificate, Patient Menu, and Return.

- ◆ To print an Immunization Certificate for the patient, click .
- ◆ To return to the Patient Menu screen, click .

6.3.1 ADD IMMUNIZATION

To add an Immunization from the Show Immunizations screen, click **NEW**.

The Add Immunization screen will be displayed.

The Add Immunization screen consists of two panels: Patient Details and Add Immunization.

The Patient Details panel displays the County, Number, Medicaid, Chart Number, Name, and Date of Birth.

- ◆ Use the drop-down menus to select: Vaccine Provider, Description, Injection Site, VIS Title, and Contradictions or adverse reaction.

*****Note:** *If the provider is not found in the list, check the box to add a new provider.*



The screenshot shows a blue header bar with the text "ADD IMMUNIZATION" and a document icon. Below the header, there is a form field labeled "Vaccine Provider" with a dropdown arrow. To the right of the dropdown, there is a link that says "If provider is not found in the list" followed by a red circle containing a plus sign icon, and then the text "Check here to add new provider:".

- ◆ Enter the Clinic Name, Provider Name (First/Last), Vaccine Manufacturer, and Vaccine Lot Number.
- ◆ Manually enter the dates for Date Given, Vaccine Information Statement Date, and VIS Given Date, or use the calendar icons to select the dates.

6.4 REGISTRATION

➔ Patient Menu screen

To access the **Registration** screen from the **Patient Menu** screen, click [Registration](#).

The screenshot displays the 'PATIENT MENU' interface. At the top, patient details are shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. A list of menu items follows, including 'Growth Charts', 'Patient Imms', 'Registration' (circled in red), and 'WIC'. Each menu item has associated sub-options.

Menu Item	Sub-Options
Growth Charts	Measures & Bloodwork History
Member	
Patient Imms	Immunizations
Registration	Edit, Show, Return to Clinic
Scheduling	
Seals Edit	
WIC	Account Balance, Food Pkg Assignment, History, Inquiry, Print VOC, Replace Benefits, Return Purchased Formula, View Benefits, Void Benefits

The Edit Patient screen will be displayed for an established patient. For a new patient, the Add Patient screen will be displayed. Refer to Adding A New Patient in section 4.1.

6.5 SCHEDULING

➔ Patient Menu screen

To access the **Scheduling** screen from the Patient Menu screen, click [Scheduling](#).

The screenshot displays the 'PATIENT MENU' interface. At the top, patient details are shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. A list of menu options follows, including Growth Charts, Patient Imms, Registration, and WIC. The 'Scheduling' option is circled in red.

PATIENT MENU		
Patient #:	111777801	Medicaid Number:
Name (F, M, L):	INFANT TEST	Chart Number:
		DOB: 3/28/2011
PATIENT SEARCH		
[-] Growth Charts		
Measures & Bloodwork History		
Member		
[-] Patient Imms		
Immunizations		
[-] Registration		
Edit		
Show		
Return to Clinic		
Scheduling		
Seals Edit		
[-] WIC		
Account Balance		
Food Pkg Assignment		
History		
Inquiry		
Print VOC		
Replace Benefits		
Return Purchased Formula		
View Benefits		
Void Benefits		

PATIENT APPOINTMENT SCHEDULE

PATIENT MENU
MEMBER

Health Department:

Name (F, M, L):

Address:

City, State ZIP:

Birthdate:

Initial Contact Dt:

New Patient: No Patient Number: Chart #:

Home Contact: Yes No

Telephone:

Primary Language: Interpreter Needed?:

APPOINTMENTS

There are no current, future or cancelled appointments to display.

SEARCH APPOINTMENT SCHEDULE

APPOINTMENT REASONS

Next Avail?: No Yes

Date *

Day of Week:

Part of Day:

Time Range: To

Length *

Provider:

Provider Type:

Type:

Sub Type:

Interpreter:

Interpreter Needed: No Yes

The top portion of the screen contains patient information: Patient Number, Chart #, Name, Home Contact, Address, Telephone, City/St/Zip, Gender, Birth date, Primary Language, Interpreter Needed?, and Initial Contact Dt.

- ◆ To view the Current Scheduled Appointments for the patient, click .
- ◆ To Add an Appointment Reason, use the drop-down menu and select a reason, then click .
- ◆ To Delete an Appointment Reason, select the next to a reason and click .
- ◆ Use the drop-down menu to select an Appointment Reason, Next Available, Provider, Provider Type, Type, Interpreter, Interpreter Needed, Sub-type, Day of Week, and Part of Day.
- ◆ The date will be auto-filled with today's date. To change the date, use the calendar icon . Enter the Time Range and Length.
- ◆ Click .

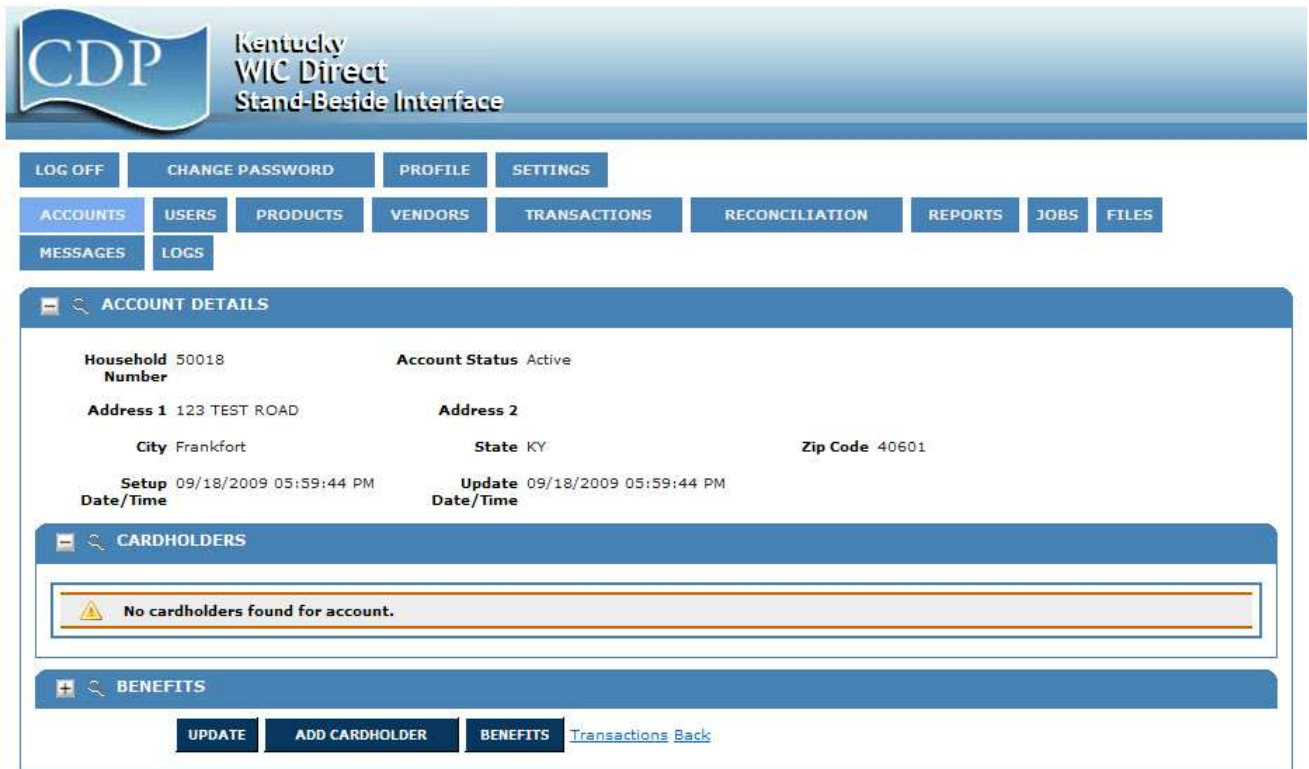
6.6 ACCOUNT BALANCE

➔ Patient Menu screen

To access the **Account Balance** screen from the Patient Menu screen, click [Account Balance](#).

The screenshot displays the 'PATIENT MENU' interface. At the top, patient information is shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. A list of menu items follows, including Growth Charts, Patient Imms, Registration, Scheduling, Seals Edit, and WIC. The 'WIC' section is expanded, and 'Account Balance' is circled in red. Other options under WIC include Food Pkg Assignment, History, Inquiry, Print VOC, Replace Benefits, Return Purchased Formula, View Benefits, and Void Benefits.

The **Account Details** screen is part of the WIC Direct Stand-Beside Interface and will be shown in a separate window.



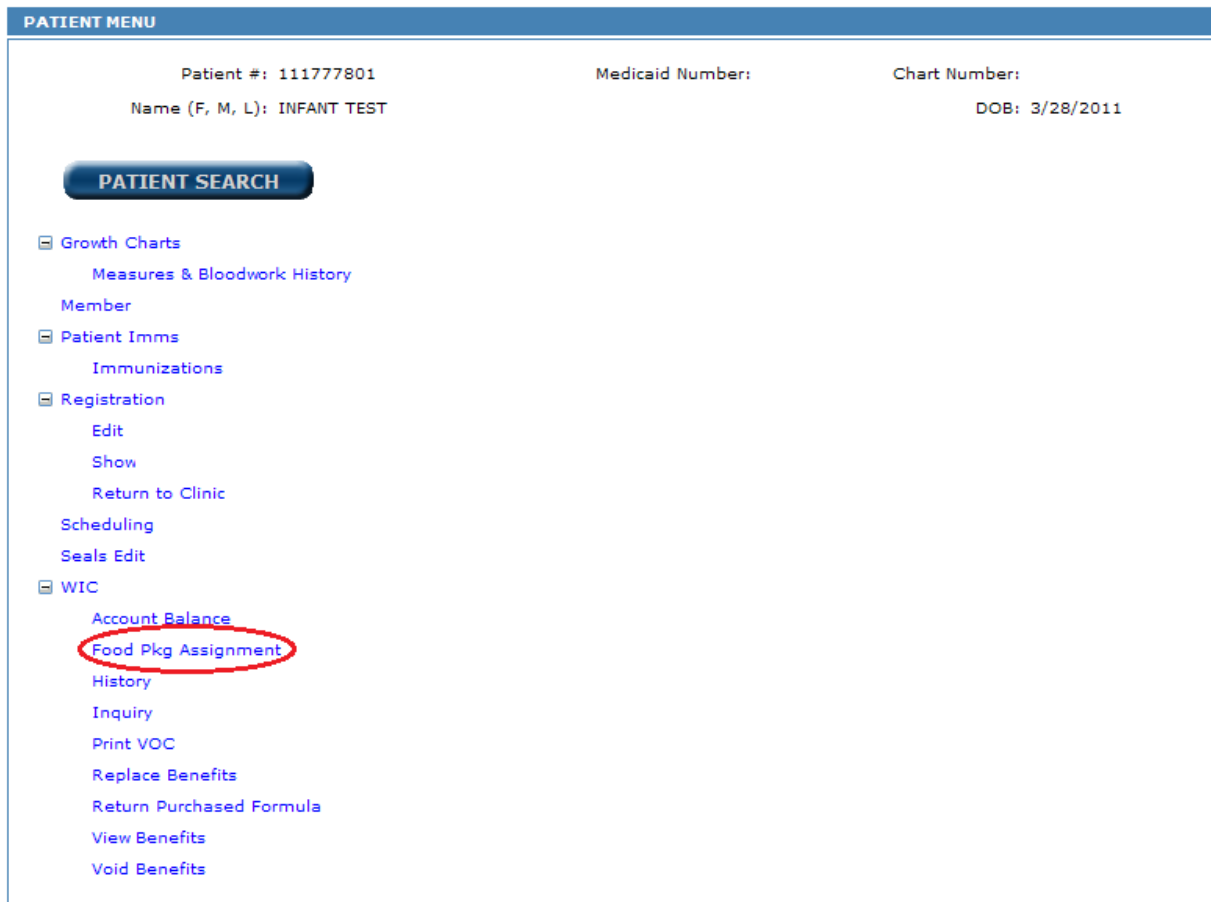
The Account Details screen shows the benefits remaining for the household. The benefits can be modified or exported, depending on the user security. This screen also allows the user to add a Cardholder. Refer to WIC Issuance in section 5.1.5 for more details on this screen.

- ◆ To return to the Patient Menu screen, close out of the Account Details screen.

6.7 FOOD PACKAGE ASSIGNMENT

➔ Patient Menu screen

To access the **Food Package Assignment** screen from the Patient Menu, click [Food Pkg Assignment](#). Food Package assignment is used by a Health Professional to assign an appropriate food package to a patient.



The screenshot displays the 'PATIENT MENU' interface. At the top, patient information is shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. The main menu is organized into several categories, each with a minus sign icon to its left: 'Growth Charts' (with sub-items: Measures & Bloodwork History, Member), 'Patient Imms' (with sub-item: Immunizations), 'Registration' (with sub-items: Edit, Show, Return to Clinic), 'Scheduling', 'Seals Edit', and 'WIC' (with sub-items: Account Balance, **Food Pkg Assignment**, History, Inquiry, Print VOC, Replace Benefits, Return Purchased Formula, View Benefits, and Void Benefits). The 'Food Pkg Assignment' option is highlighted with a red circle.

The **Food Package Assignment** screen will be displayed.

PATIENT

PATIENT MENU
MEMBER
RTC

Clinic	Household #	Number	Name	Birth Date	Patient Age	PEF #
500500	19	790909099	MASHA Y SMITH	09/23/2007	2 Years & 8 Months	2246917
EBT Account #	Status	Priority	Action Date	Action	Recertification/Terminate Due	
	Child	1	11/04/2009	A - Add		

FOOD PACKAGE ASSIGNMENT

FOOD PACKAGE

Contract Formula/Food Package III

Description
 (contains)
 FILTER

Food Package

Rx Date

Rx Expiration Date

Approval

Person Contacted

Date Contacted

FARMERS MARKET

Issue Farmers Market

FB1X PACKAGE

COMMENTS


SAVE & WIC 75
SAVE
SAVE & PATIENT DETAIL
CANCEL

Patient Details

The first section of the screen is the **Patient Section**. This has specific patient information including: **Clinic, Household #, Number, Name, Birth Date, Patient Age, PEF (Patient Encounter Form) #, EBT Account #, Status, Priority, Action Date, Action, and Recertification/ Termination Due.**

Selecting a Food Package

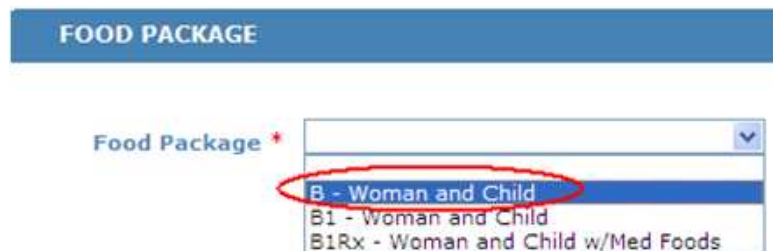
- ◆ The Food Packages populated will be based on the status and age of the patient.

- ◆ Use the description search filter to narrow results. Click .

Description (contains) 

- ◆ Use the drop-down menu to select a Food Package.

Example:



- ◆ If the Food Package selected requires a prescription, the Rx Date and Rx Expiration Date must be completed.
- ◆ If approval for the Food Package is required, the Person Contacted must be completed.

Example:

FOOD PACKAGE

Contract Formula Food Package III

Description (starts with) FILTER

Food Package * B1Rx - Woman and Child w/Med Foods

Rx Date 07/07/2009 📅

Rx Expiration Date 10/07/2009 📅

Approval State

Person Contacted DR. CHARES ALEX ▼

Date Contacted 07/07/2009 📅

- A list of the contents of the food package will be displayed. This includes the Subcategories and the quantities of each. The fields for Eliminate/Reduce, New Quantity, Reason, and Comment will be available to edit individual food items when elimination or reduction is allowed in the food package.

6.7.1 ELIMINATE/REDUCE FROM FOOD PACKAGE

If a food package has been set to allow eliminates or reductions, the Eliminate/Reduce drop-down menu will not be grayed out for those subcategories. An example of this type of food package is shown below.

Qty	Subcategory	Eliminate/Reduce	New Qty	Reason	Eliminate/Reduce Comment
1.00	Peanut Butter 18 oz - cont	▼	<input type="text"/>	▼	<input type="text"/>
3.00	11.5 oz Conc/12.0 oz Frozen or 46/48 oz Juice - cont	▼	<input type="text"/>	▼	<input type="text"/>
4.75	Reduced Fat 2%, Low Fat 1%, or Skim Milk - Gal	▼	<input type="text"/>	▼	<input type="text"/>
1.00	Eggs - in Dozen Cartons - dozen	▼	<input type="text"/>	▼	<input type="text"/>
1.00	Dry or Can Beans/Peas 16 oz (1 Bag = 4 Cans) - cont	▼	<input type="text"/>	▼	<input type="text"/>
36.00	Breakfast Cereal - hot and cold 10 oz or Larger - Ounce	▼	<input type="text"/>	▼	<input type="text"/>
10.00	Fruit and Vegetables - Cash Value Benefit - \$\$\$	▼	<input type="text"/>	▼	<input type="text"/>
1.00	Cheese in 8 or 16 oz Packages - pound	▼	<input type="text"/>	▼	<input type="text"/>
16.00	Bread 12,16,24 oz / Rice 14,16 oz / Tortilla 16 oz - Ounce	▼	<input type="text"/>	▼	<input type="text"/>

The Subcategories also include the measurements for the specific food item. For example, cheese is in pounds and eggs are in dozens.

Example:

Qty	Subcategory	Eliminate/Reduce	New Qty	Reason	Eliminate/Reduce Comment
36.00	Cereal (Adult) - all authorized hot and cold - Ounce		<input type="text"/>		
24.00	Whole fluid milk - quart		<input type="text"/>		
4.00	Juice - All categories - 12 oz frozen or 48 oz liq - cont		<input type="text"/>		
3.00	Cheese - all authorized - pound		<input type="text"/>		
8.00	Fruit and Vegetables - Cash Value Voucher - \$\$\$		<input type="text"/>		

The bottom portion of the screen has the option to enter comments about the patient’s food package.

COMMENTS

- ◆ Click to save data entered and return to the **Patient Menu** screen.
- ◆ To cancel without saving data entered, click .

6.7.2 REPLACE BENEFITS

➔ Patient Menu screen

To access the **Replace Benefits** screen from the Patient Menu screen, click the Replace Benefits link. Replace Benefits is used to replace a patient's existing food package.

The screenshot displays the 'PATIENT MENU' interface. At the top, patient information is shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. The main menu is organized into categories with expandable icons:

- Growth Charts**
 - Measures & Bloodwork History
 - Member
- Patient Imms**
 - Immunizations
- Registration**
 - Edit
 - Show
 - Return to Clinic
 - Scheduling
 - Seals Edit
- WIC**
 - Account Balance
 - Food Pkg Assignment
 - History
 - Inquiry
 - Print VOC
 - Replace Benefits** (circled in red)
 - Return Purchased Formula
 - View Benefits
 - Void Benefits

6.7.2.1 REPLACING A FOOD PACKAGE WITH THE SAME FOOD PACKAGE

The Issuance Replacement screen shows Patient Details, the remaining Benefits, Void Reason, Food Package, Comments, and Issuance Information.

***Note that the Food Package panel may only show the Food Package, depending on user security access.

PATIENT						
HLS	Household #	Number	Name	Birth Date	Patient Age	PEF #
500-500	96	111011111	LAUREN A SMITH	11/09/2006	2 Years & 6 Months	25001014
Status	Priority	Action Date	Action	Recertification/Terminate Due		
Child	1	05/27/2009	A - Add	RTC		

ISSUANCE REPLACEMENT

MONTH 1 - FROM 7/2/2009 TO 8/1/2009

Void Entire Issuance

Check #774	
Quantity Available	Subcategory
36.00	Cereal (Adult) - all authorized hot and cold
3.00	Cheese - all authorized
2.00	Eggs - all authorized
1.00	All authorized dry legumes (bean & peas) or peanut
8.00	Fruit and Vegetables - Cash Value Voucher
24.00	Whole fluid milk
4.00	Juice - All categories - 12 oz frozen or 48 oz liq

MONTH 2 - FROM 8/2/2009 TO 9/1/2009

Void Entire Issuance

Check #775	
Quantity Available	Subcategory
36.00	Cereal (Adult) - all authorized hot and cold
3.00	Cheese - all authorized
2.00	Eggs - all authorized
1.00	All authorized dry legumes (bean & peas) or peanut
8.00	Fruit and Vegetables - Cash Value Voucher
24.00	Whole fluid milk
4.00	Juice - All categories - 12 oz frozen or 48 oz liq

VOID REASON

Void Reason *

***Screen continues on the next page.

FOOD PACKAGE

Use the Existing Food Package

Contract Formula Food Package III

Description (starts with) FILTER

Food Package * ▼

Rx Date 📅

Rx Expiration Date 📅

Approval [Not Applicable]

Person Contacted ▼ Date Contacted 📅

COMMENTS

ISSUANCE INFO

Print Benefit FIS

Clinic * ▼

Bank Account ▼ FI Number Check Previous FI

Identification * ▼

REPLACE BENEFITS
CANCEL

Patient Details

The first section is the **Patient Section**. This has specific patient information including: **HLS, Household #, Name, Birth Date, Patient Age, PEF (Patient Encounter Form) #, Status, Priority, Action Date, Action, and Recertification/ Termination Due.**


- ◆ Select the next to the month for which benefits are being voided.

ISSUANCE REPLACEMENT


MONTH 1 - FROM 7/2/2009 TO 8/1/2009

Void Entire Issuance

Check #774	
Quantity Available	Subcategory
36.00	Cereal (Adult) - all authorized hot and cold
3.00	Cheese - all authorized
2.00	Eggs - all authorized
1.00	All authorized dry legumes (bean & peas) or peanut
8.00	Fruit and Vegetables - Cash Value Voucher
24.00	Whole fluid milk
4.00	Juice - All categories - 12 oz frozen or 48 oz liq

- Use the drop-down menu  to select a **Void Reason**: Lost or Stolen, Damaged or Destroyed, Other, or Food Pkg Change.

VOID REASON

Void Reason * 

- Lost Or Stolen
- Damaged Or Destroyed
- Other
- Food Pkg Change

- Select "Use the Existing Food Package" to replace with the same food package. Note that access to this function depends on user security.


FOOD PACKAGE


Use the Existing Food Package

- Use the drop-down menu to select a Clinic, and an Identification type under the **Issuance Information** section.

ISSUANCE INFO

Print Benefit FI's:

Clinic: * 500500 - LOCAL HEALTH TEST SITE 

Bank Account:  FI #: Check Previous FI

Identification: * Drivers License 

REPLACE BENEFITS **CANCEL**

- Click **REPLACE BENEFITS**.

6.7.2.2 REPLACING A FOOD PACKAGE WITH A DIFFERENT FOOD PACKAGE

To replace an existing food package with a different food package, follow all the steps in the previous section, Replacing A food Package with the Same Food Package. In the **Food Package** section, however, use the drop-down menu to select a new food package. To narrow results, type a description in the search filter and click **FILTER**. Note that access to this function depends on user security.

FOOD PACKAGE

Use the Existing Food Package

Description: (starts with) **FILTER**

Food Package: B1 - Woman and Child ▼

B - Woman and Child

B1 - Woman and Child

B1Rx - Woman and Child w/Med Foods

A chart displaying all of the contents of the new food package will be displayed. This includes the Subcategories with the measures for the food items, and Quantities of each. For example, Cheese is measured in pounds, and the food package below contains 3 pounds of cheese.

Qty	Subcategory	Eliminate/Reduce	New Qty	Reason	Eliminate/Reduce Comment
36.00	Cereal (Adult) - all authorized hot and cold - Ounce	▼	<input type="text"/>	▼	<input type="text"/>
19.00	Whole fluid milk - quart	▼	<input type="text"/>	▼	<input type="text"/>
4.00	Low Fat Milk - All authorized - quart	▼	<input type="text"/>	▼	<input type="text"/>
8.00	Canned - \$\$\$	▼	<input type="text"/>	▼	<input type="text"/>
3.00	Cheese - all authorized - pound	▼	<input type="text"/>	▼	<input type="text"/>
2.00	Juice - All categories - can/bottle	▼	<input type="text"/>	▼	<input type="text"/>
3.00	Eggs - all authorized - dozen	▼	<input type="text"/>	▼	<input type="text"/>
1.00	All authorized dry legumes (bean & peas) or peanut - cont	▼	<input type="text"/>	▼	<input type="text"/>
2.00	Juice - All categories - 16oz froz or 64oz carton - cont	▼	<input type="text"/>	▼	<input type="text"/>

- ◆ After completing all steps, click  .

6.8 WIC HISTORY

➔ Patient Menu screen

To access the WIC History screen from the Patient Menu screen, click [History](#).

The screenshot displays the 'PATIENT MENU' interface. At the top, patient information is shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. A list of menu items follows, including Growth Charts, Patient Imms, Registration, and WIC. The 'WIC' section is expanded, showing options like Account Balance, Food Pkg Assignment, History (circled in red), Inquiry, Print VOC, Replace Benefits, Return Purchased Formula, View Benefits, and Void Benefits.

The WIC History screen will be displayed.

MEASURES/BLOOD WORK HIST NEW CERT/RECERT PATIENT MENU MEMBER RTC

PATIENT				
Clinic 500500	Household # 19	ID # 123456789	Name JOHN SMITH	Birth Date 8/1/1954
Current Patient Age 56 Years & 4 Months	Gender Female	Chart #	Certification Date 08/04/2010	Status
Priority 1	Risk 201c	Food Package	Next Issuance	Next Action Due


HISTORY					
Page 1 of 1		Size: 10		GO	
Action	Action Date	Status	Priority	Clinic	
Cert / Recert	08/04/2010		1	500500 LOCAL HEALTH TEST SITE	
Cert / Recert	08/04/2010		4	500500 LOCAL HEALTH TEST SITE	
Cert / Recert	08/04/2010		1	500500 LOCAL HEALTH TEST SITE	

WIC History lists all WIC actions, including certifications and changes. WIC History also provides for viewing and editing information for the most current action.








***Note: If an ICT has occurred, the action will be displayed on the WIC History screen as an "ICT Change" in the Action field. An example is shown below.

PATIENT				
Clinic 500500	Household # 651	ID # 777166617	Name GEOFFREY BARONE	Birth Date 9/28/2011
Current Patient Age 0 Years & 11 Months	Gender Male	Chart #	Certification Date 09/03/2012	Status Child
Priority 3A	Risk 342j, 343, 346b	Food Package CB	Next Issuance 12/09/2012	Next Action Due 03/04/2013

HISTORY					
Page 1 of 1		Size: 10		GO	
Action	Action Date	Status	Priority	Clinic	
ICT Change	09/10/2012	Child	3A	500500 LOCAL HEALTH TEST SITE	
Change	09/10/2012	Infant Partially Breastfed	3A	500500 LOCAL HEALTH TEST SITE	

To view or edit patient details, click the  icon.

PATIENT				
Clinic 500500	Household # 19	ID # 790909099	Name MASHA Y SMITH	Birth Date 9/23/2007
Current Patient Age 5 Years & 7 Months	Gender Female	Chart #	Certification Date 11/04/2009	Status Child
Priority 0	Risk 211, 201h	Food Package CB	Next Issuance	Next Action Due


HISTORY					
  Page 1 of 1		 Size: 10			
Action	Action Date	Status	Priority	Clinic	
   Cert / Recert	11/04/2009	Child	0	500500 LOCAL HEALTH TEST SITE	

The Patient Detail screen will be displayed.

6.8.1 PATIENT DETAIL SCREEN

When the Edit icon is clicked on WIC History, a new Patient Detail/Edit screen is displayed that shows the most recent WIC information for that patient.

WIC HISTORY
ISSUANCE
REPLACEMENT
PATIENT MENU
MEMBER
RTC

PATIENT DETAIL/EDIT					
PATIENT					
Clinic 500500	Household # 19	ID # 790909099	Name MASHA Y SMITH	Birth Date 9/23/2007	
Current Patient Age 2 Years & 9 Months	Gender Female	Chart #	Certification Date 11/04/2009	Status Child	
Priority 1	Risk 201h, 211	Food Package CB	Next Issuance	Next Action Due	
SELECT STATUS					
Status	Pregnant				
Certification Date	4/20/2012	Action Date	4/20/2012		
Actual Delivery Date		Expected Delivery Date	9/8/2012		
Trimester	2nd				
INCOME AND PROOFS					
Income			Assessed Date	04/20/2012	
Proofs: Residence	Drivers License	Identification	Photo ID		
Adjunct Eligibility	NO				

MEASURES AND BLOOD WORK					
MEASURES					
Date of Measures	06/25/2010	Recumbent Measure	No	Pregnancy	No
				EDIT RECORD	
Height	ft	in			
Weight	lb	oz			
Head Circum	0	cm			
BMI	0				
Comments					
BLOOD WORK					
Hgb/HCT Measures Date		Hemoglobin	gm/dL	Hematocrit	%
Lead Measures Date		Lead Count	µg/dL		
PERCENTILES					
Date of Measures	6/25/2010	Date of Measures	N/A		
Height(%)	N/A	Hemoglobin(gm/dL)	N/A		
Weight(%)	N/A	Hematocrit(%)	N/A		
Head Circumference(%)	N/A	Lead Measures Date	N/A		
Weight for Length(%)	N/A	Lead(µg/dL)	N/A		
BMI(%)	N/A				
WIC CERTIFICATION					
RISK					
201c - Hematocrit <= 32.9% or Hemoglobin <= 10.9 gm/dl (3rd trimester) 27-40 wks					EDIT RECORD
COMMENTS					
<i>No comments entered.</i>					
PLAN					
<i>No plan entered.</i>					

***Note: Screen continues onto next page.

FOOD PACKAGE

Food Package [EDIT RECORD](#)

RX Date

RX Expiration Date

Approval

PersonContacted Contacted Date

FARMERS MARKET

Issue Farmers Market

FB1X PACKAGE (PREGNANT SUPPLEMENTAL FOOD PACKAGE)

Issue FB1X Package (Pregnant Supplemental Food Package)

COMMENTS

BENEFITS ISSUED

Next Issuance Date

Last Issuance

WIC HISTORY

ISSUANCE

REPLACEMENT

PATIENT MENU

MEMBER

RTC

The Patient Detail/Edit screen contains panels of information including: Patient, Status, Income and Proofs, Birth Record, Measures and Blood Work, WIC Certification (Risk, Breastfeeding Questions (if age appropriate), Comments and Plan, TV Viewing question (if age appropriate)), Food Package, and Benefits Issued.

If information can be changed, the panel contains an Edit Record button.

- ◆ To make changes from the Patient Detail/Edit screen, click the Edit Record button in the panel of the information to be changed.

6.9 WIC INQUIRY

➔ Patient Menu screen

To access the **WIC Inquiry screen** from the Patient Menu screen, click [Inquiry](#).

The screenshot displays the 'PATIENT MENU' interface. At the top, patient information is shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. A list of menu items follows, including Growth Charts, Patient Imms, Registration, Scheduling, and Seals Edit. The 'WIC' section is expanded, showing options like Account Balance, Food Pkg Assignment, History, Inquiry (circled in red), Print VOC, Replace Benefits, Return Purchased Formula, View Benefits, and Void Benefits.

A separate window will appear with the household's WIC Inquiry report. This report breaks down the WIC information for each member of the household.

HLS Household #
19

Number 000000001	Medicaid Number	Name BORIS K SMITH	Birth Date 04/15/200	Patient Age Today 1809 years & 11 months	Chart Number
Status	Priority	Certification Date	Next Action Due Date	Action	
Next Issuance Date	Risk Codes None	Food Package			

Number 000000002	Medicaid Number	Name BORIS K SMITH	Birth Date 04/15/2006	Patient Age Today 3 years & 11 months	Chart Number
Status	Priority 1	Certification Date	Next Action Due Date	Action	
Next Issuance Date	Risk Codes 113a, 201h, 211	Food Package CB			

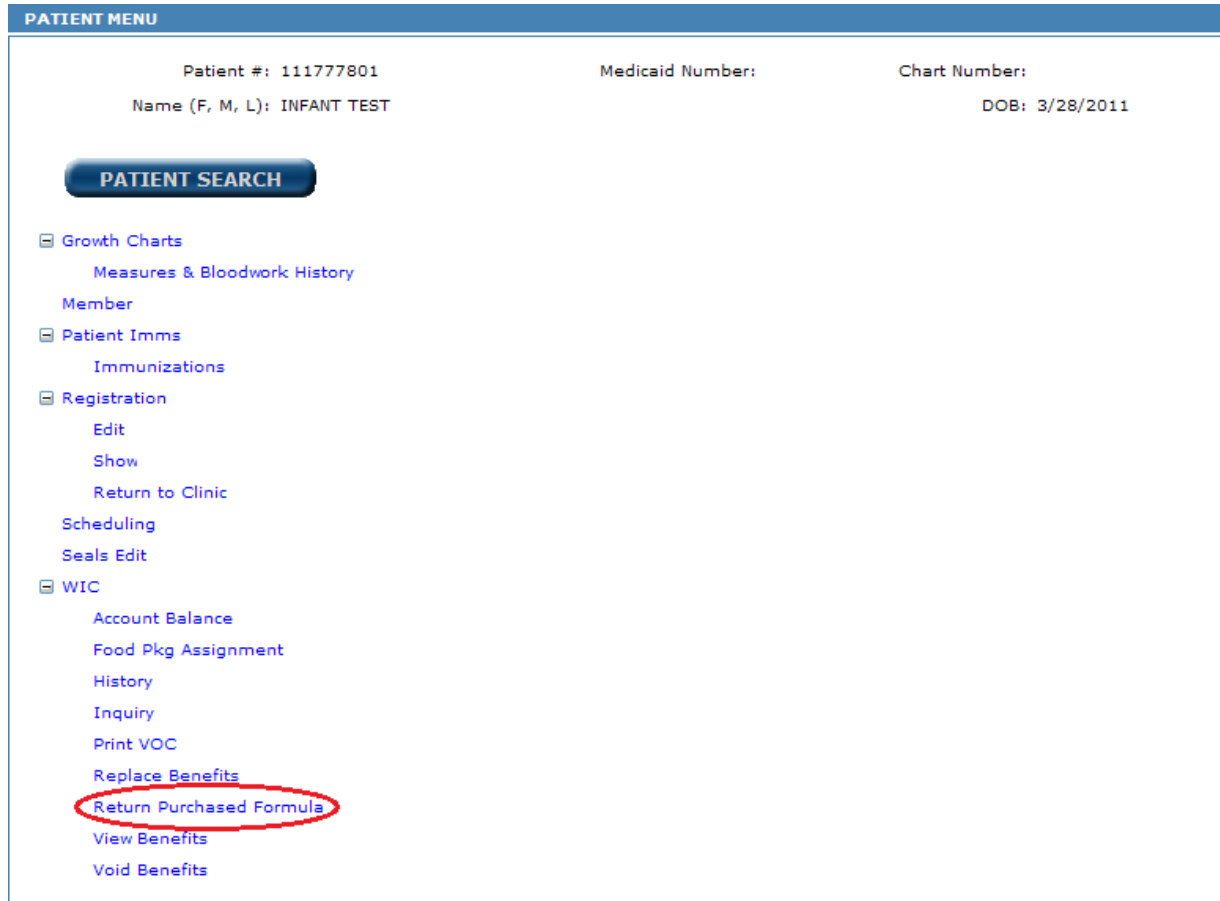
Number 000000003	Medicaid Number	Name ANTONIO K SMITH	Birth Date 02/03/2007	Patient Age Today 3 years & 2 months	Chart Number
Status	Priority 1	Certification Date	Next Action Due Date	Action	
Next Issuance Date	Risk Codes 201h, 211	Food Package CB			

Number 123456789	Medicaid Number	Name JOHN SMITH	Birth Date 08/01/1954	Patient Age Today 55 years & 8 months	Chart Number
Status	Priority	Certification Date	Next Action Due Date	Action	
Next Issuance Date	Risk Codes None	Food Package			

6.10 RETURN PURCHASED FORMULA

 **Patient Menu screen**

To access the Return Formula screen from the Patient Menu screen, click Return Purchased Formula.



PATIENT MENU

Patient #: 111777801 Medicaid Number: Chart Number:
Name (F, M, L): INFANT TEST DOB: 3/28/2011

PATIENT SEARCH

- [-] Growth Charts
 - Measures & Bloodwork History
 - Member
- [-] Patient Imms
 - Immunizations
- [-] Registration
 - Edit
 - Show
 - Return to Clinic
- Scheduling
- Seals Edit
- [-] WIC
 - Account Balance
 - Food Pkg Assignment
 - History
 - Inquiry
 - Print VOC
 - Replace Benefits
 - Return Purchased Formula**
 - View Benefits
 - Void Benefits

RETURN FORMULA				
PATIENT				
Clinic 500500	Household # 1376	ID # TLT081212	Name TINA L TUTT	Birth Date 8/12/2012
Current Patient Age 0 Years & 9 Months	Gender Female	Chart #	Certification Date 08/17/2012	Status Infant Fully Breastfed
Priority 1	Risk 142	Food Package BF1	Next Issuance 07/17/2013	Next Action Due 08/13/2013
MONTH 1				
Quantity Issued	Quantity Purchased	Quantity Returned	Formula	
	<input type="text"/>	<input type="text"/>		

The Return Formula screen shows the existing formula purchased.

- ◆ To return or replace the formula, enter the Quantity returned.
- ◆ Complete the Issuance Info at the bottom of the screen. Use the drop-down menus to select the Clinic, Bank Account, and Identification type. Enter the FI Number, and then click

RETURN BENEFITS

*Refer to WIC Procedures Section, 1.1 [WIC Benefits](#)

6.11 PRINT VOC

➔ Patient Menu screen

To view and print the Verification of Certification (VOC) for the patient from the Patient Menu screen, click [Print VOC](#).

The screenshot displays the 'PATIENT MENU' interface. At the top, patient details are shown: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. A list of menu items follows, including Growth Charts, Patient Imms, Registration, and WIC. The 'Print VOC' option under the WIC section is circled in red.

PATIENT MENU		
Patient #:	111777801	Medicaid Number:
Name (F, M, L):	INFANT TEST	Chart Number:
		DOB: 3/28/2011
PATIENT SEARCH		
[-] Growth Charts	Measures & Bloodwork History	
	Member	
[-] Patient Imms	Immunizations	
[-] Registration	Edit	
	Show	
	Return to Clinic	
	Scheduling	
	Seals Edit	
[-] WIC	Account Balance	
	Food Pkg Assignment	
	History	
	Inquiry	
	Print VOC	
	Replace Benefits	
	Return Purchased Formula	
	View Benefits	
	Void Benefits	

The Verification of Certification will be displayed if the person has a current WIC certification.

**Kentucky WIC Program
Verification of Certification**

Patient Information

HH #	40	Certification Date	06/11/2010
Name	BRAD PITT	Certification End Date	06/01/2011
Gender	Male	Age	0 Years 0 Months 17 Days
Birth Date	06/01/2010	Status	Infant Fully Formula
EDC		Priority	1

Height & Weight

Date of Measures 06/11/2010
 Height 1 ft. 6 in.
 Weight 6 lbs. 5 oz.
 BMI 13.70
 Gestational Age
 PPW 0 LB 0 KG

Bloodwork

Date of Measures 06/11/2010
 Hemoglobin 12.70 gm/dL
 Hematocrit 10.80 %
 Lead Count 11.60 µg/dL

Additional Information

Breastfeeding No Ever Breastfed Yes How Long (Weeks) 0 Days 0
 Age in Weeks Formula or Other Food Given

Risk Assessment

Risk Code	Priority	Referral
2066 - 151b - Growth Problems (Large for gestational age) (birth weight >= 9lbs/4,000 gm	1	Medical Nutrition Therapy
1020 - 211 - Elevated Blood Lead (>= 10 ug/dl) within the past 12 months	1	

Food Package

Not Applicable


Issuance Information

Last Issuance
 Next Issuance
 Agency KY DIVISION OF LOCAL HEALTH
 Clinic LOCAL HEALTH TEST SITE
 Frankfort, KY, 40601
 Phone # (502) 695-1999

Signature: _____
 Janet Johnson

Date: 06/18/2010

The VOC displays Patient Information, Certification Date, Height & Weight, Blood Work, and Additional Information (Breastfeeding, Risk Assessment, and Food Package, if applicable).

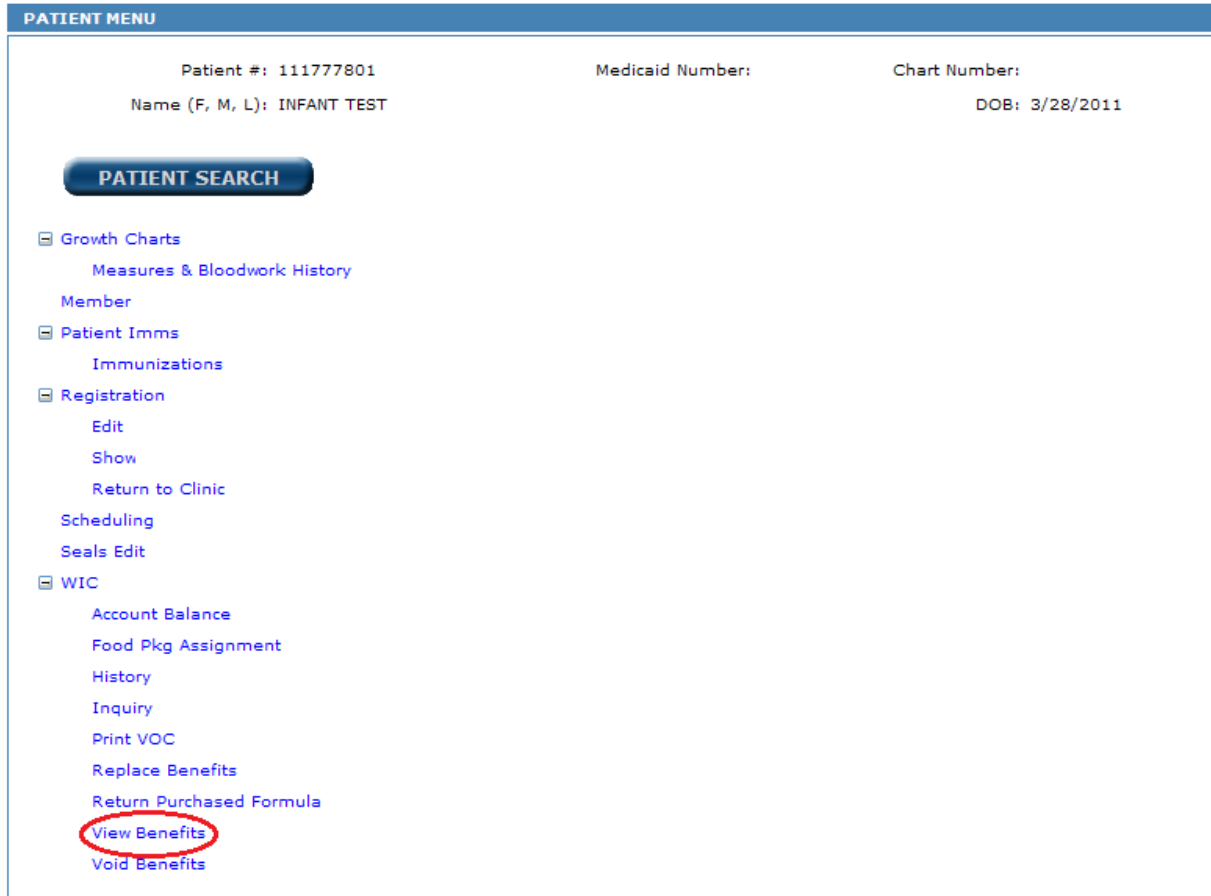
 Click the printer icon to print the VOC.

***Note: If the patient does not have a current certification, the message "No Active Certification" will appear after clicking "Print VOC".*

6.12 VIEW BENEFITS

 **Patient Menu screen**

To access the View Benefits screen from the Patient Menu screen, click [View Benefits](#).



PATIENT MENU

Patient #: 111777801 Medicaid Number: Chart Number:
Name (F, M, L): INFANT TEST DOB: 3/28/2011

PATIENT SEARCH

- [-] Growth Charts
 - Measures & Bloodwork History
 - Member
- [-] Patient Imms
 - Immunizations
- [-] Registration
 - Edit
 - Show
 - Return to Clinic
 - Scheduling
 - Seals Edit
- [-] WIC
 - Account Balance
 - Food Pkg Assignment
 - History
 - Inquiry
 - Print VOC
 - Replace Benefits
 - Return Purchased Formula
 - View Benefits**
 - Void Benefits

PATIENT

PATIENT MENU
MEMBER
RTC

Clinic	Household #	Number	Name	Birth Date	Patient Age	PEF #
500500	23	543434353	CHILD TEST	05/07/2011	2 Years & 0 Months	22486991
EBT Account #	Status	Priority	Action Date	Action	Recertification/Terminate Due	
50023	Child	3A	05/07/2013		11/08/2013	

AVAILABLE BENEFITS

MONTH 1 - FROM 5/25/2013 TO 6/24/2013

Bank Account #8888888		EBT #4484853	
Quantity Available	Subcategory		
36.00	Breakfast Cereal - hot and cold 10 oz or Larger		
1.00	Cheese in 8 or 16 oz Packages		
1.00	Eggs - in Dozen Cartons		
1.00	16 oz Dry or 4 Cans Bean/Pea or 18oz Peanut Butter		
32.00	Bread 12,16,24 oz / Rice 14,16 oz / Tortilla 16 oz		
6.00	Fruit and Vegetables - Cash Value Benefit		
3.25	Reduced Fat 2%, Low Fat 1%, or Skim Milk		
2.00	64 oz Juice		

MONTH 2 - FROM 6/25/2013 TO 7/24/2013

Bank Account #8888888		EBT #4484854	
Quantity Available	Subcategory		
36.00	Breakfast Cereal - hot and cold 10 oz or Larger		
1.00	Cheese in 8 or 16 oz Packages		
1.00	Eggs - in Dozen Cartons		
1.00	16 oz Dry or 4 Cans Bean/Pea or 18oz Peanut Butter		
32.00	Bread 12,16,24 oz / Rice 14,16 oz / Tortilla 16 oz		
6.00	Fruit and Vegetables - Cash Value Benefit		
3.25	Reduced Fat 2%, Low Fat 1%, or Skim Milk		
2.00	64 oz Juice		

RETURN

The general patient information will be displayed at the top portion of the screen. The available benefits for the patient will be shown.

6.13 VOID BENEFITS

➔ Patient Menu screen

To access the **Void Benefits** screen from the Patient Menu screen, click [Void Benefits](#).

The screenshot shows the 'PATIENT MENU' interface. At the top, patient information is displayed: Patient #: 111777801, Medicaid Number: (blank), Chart Number: (blank), Name (F, M, L): INFANT TEST, and DOB: 3/28/2011. Below this is a 'PATIENT SEARCH' button. A list of menu items follows, including Growth Charts, Patient Imms, Registration, Scheduling, Seals Edit, and WIC. Under the WIC section, 'Void Benefits' is highlighted with a red circle.

The **Void Issuances** screen will be displayed.

- ◆ The Void Issuances screen contains Patient Details, the remaining balance of benefits, and Void Reason.
- ◆ Select the next to the month for which benefits are being voided.

VOID ISSUANCES	
MONTH 1 - FROM 7/2/2009 TO 8/1/2009	
<input checked="" type="checkbox"/>	Void Entire Issuance
Check #774	
Quantity Available	Subcategory
36.00	Cereal (Adult) - all authorized hot and cold
3.00	Cheese - all authorized
2.00	Eggs - all authorized
1.00	All authorized dry legumes (bean & peas) or peanut
8.00	Fruit and Vegetables - Cash Value Voucher
24.00	Whole fluid milk
4.00	Juice - All categories - 12 oz frozen or 48 oz liq

- ◆ Use the drop-down menu to select a Void Reason (Lost or Stolen, Damaged or Destroyed, Other or Food Pkg Change).

VOID REASON

Void Reason *

Lost Or Stolen

Damaged Or Destroyed

Other

Food Pkg Change

- ◆ Click .
- ◆ To cancel without voiding benefits, click .

7 VOC SEARCH

VOC Search is used to search for a WIC eligible patient who is transferring to your clinic.

- ◆ To access the VOC Transfer, click the VOC Search link on the CDP Portal screen. The VOC Search screen will be displayed.



****Note: If VOC Search does not appear on the list of links on the CDP Portal, contact your supervisor to request access.*

PORTAL LOGOUT

VOC SEARCH

Patient # SEARCH CLEAR CANCEL

OR

Name (Last, First) / Birth Date

- Enter the Patient # or the patient’s First and Last Name and Birth Date, then click **SEARCH**. Entering the Name may return multiple results. When the results are displayed, click the green arrow corresponding with the patient to be transferred.

VOC SEARCH

Patient #

SEARCH **CLEAR** **CANCEL**

OR

Name (Last, First) / Birth Date

WIC PATIENTS

Page 1 of 1 Size: 10 **GO**

Clinic	Patient #	Name	Status	Certification Begin Date	Certification End Date	WIC Active?	Terminate Reason
<input checked="" type="checkbox"/> BARREN CO HEALTH CENTER	301998877	LISA MOVING	Pregnant	1/14/2011	9/12/2011	ACTIVE	

All members of the household with valid certifications will be displayed and available to transfer.

SELECT VOC PATIENTS

Household

Status Active County BARREN Household # 3716

Name Moving EBT Account # 0053716

Address 400 Transfer Road City/State/Zip Versailles,KY 40383 Phone #

WIC PATIENTS

TRANSFER VOC **CANCEL**

All	Patient #	Name	Birth Date	Certification Begin Date	Certification End Date	Status	Food Package	Next Issuance Due	WIC Active?	Terminate Reason
<input checked="" type="checkbox"/>	301998877	LISA MOVING	9/09/1990	1/14/2011	9/12/2011	Pregnant	P2	4/14/2011	ACTIVE	

- Check the box next to the patients to transfer, then click **TRANSFER VOC**.

SELECT VOC PATIENTS

Household

Status Active **County** BARREN **Household #** 3716
Name Moving **EBT Account #** 0053716
Address 400 Transfer Road **City/State/Zip** Versailles,KY 40383 **Phone #**

WIC PATIENTS

TRANSFER VOC
CANCEL

<input type="checkbox"/> All	Patient #	Name	Birth Date	Certification Begin Date	Certification End Date	Status	Food Package	Next Issuance Due	WIC Active?	Terminate Reason
<input checked="" type="checkbox"/>	301998877	LISA MOVING	9/09/1990	1/14/2011	9/12/2011	Pregnant	P2	4/14/2011	ACTIVE	

*****Note:** If all of the patients in the household are being transferred, check the box for All, then click Transfer VOC.

SELECT VOC PATIENTS

Household

Status Active **County** BARREN **Household #** 3716
Name Moving **EBT Account #** 0053716
Address 400 Transfer Road **City/State/Zip** Versailles,KY 40383 **Phone #**

WIC PATIENTS

TRANSFER VOC
CANCEL

<input checked="" type="checkbox"/> All	Patient #	Name	Birth Date	Certification Begin Date	Certification End Date	Status	Food Package	Next Issuance Due	WIC Active?	Terminate Reason
<input checked="" type="checkbox"/>	301998877	LISA MOVING	9/09/1990	1/14/2011	9/12/2011	Pregnant			ACTIVE	

*Refer to WIC Procedures Section, 1.5 [WIC VOC](#)

7.1 VOC TRANSFER-PATIENT DEMOGRAPHICS ONLY

VOC TRANSFER

PATIENT

Number	Medicaid Number	Name	Birth Date	Current Patient Age
301998877	301998877	LISA L MOVING	09/09/1990	20 years & 4 months
Chart #	Status	Priority	Certification Date	Next Action Due
	Pregnant	1	01/14/2011	09/12/2011
Action	Next Issuance	Risk	Food Package	
		201a	P2	

TRANSFER

Transfer WIC Data

County

Number

Household # OR EBT Card #

Household Data

Name

Address


Phone #

Patient Data

Patient #

Last Name First Name

From the VOC Transfer screen, a user can search for an existing household or create a new household to transfer patients to.

- ◆ To transfer patient demographics only (not WIC certification information), use the drop-down menu to select “No” for Transfer WIC Data.
- ◆ If the patient is being transferred to an existing household, verify the county listed or use the drop-down menu to select the County. If the patient is being transferred to a new household, click Create New Household. This will display the Transfer Household Add screen.
- ◆ Use any of the search filters to find the household. Entering the Household number will return a direct hit.
- ◆ Click .

A list of results that match the search criteria will be displayed.

TRANSFER

Transfer WIC Data

County **SEARCH** **CLEAR** **CREATE NEW HOUSEHOLD** **CANCEL**

Number

Household # OR EBT Card #

Household Data

Name

Address

Phone #


Patient Data

Patient #

Last Name First Name

HOUSEHOLD

Page 1 of 1 Size: 10 **GO**

Household #	Name	Address	City/State/Zip	Phone #	Status
 523	SMITH	910 STOVALL ROAD	Scottsville, KY 42164	(270) 606-1906	Active

- ◆ Click the green arrow next to the household to transfer the patient to that household.

TRANSFER

Transfer WIC Data

County **SEARCH** **CLEAR** **CREATE NEW HOUSEHOLD** **CANCEL**

Number

Household # **OR** EBT Card #

Household Data

Name

Address

Phone #

Patient Data

Patient #

Last Name First Name

HOUSEHOLD

Page 1 of 1 Size: 10 **GO**

Household #	Name	Address	City/State/Zip	Phone #	Status
523	SMITH	910 STOVALL ROAD	Scottsville, KY 42164	(270) 606-1906	Active

The Household Member screen will be displayed with the new patient listed as a member.

Annual Income Number in Household Visit Date

Household Members

SAVE & THIRD PARTY **SAVE & INCOME/PROOFS** **SAVE & ISSUANCE** **SAVE & CHANGE BENEFIT FORM** **SAVE & REINSTATE/TERM**


ADD **SAVE** **DELETE** **TRANSFER** **REGISTRATION** **LABELS** **PATIENT MENU** **RTC**

Member	Patient #	Last Name	First Name	MI	Birth Date	Gender	Responsible Party	Emergency Name	Medical Home	Next
Child	402616594	SMITH	ALEXANDER	T	05/16/2003	Male				
Primary Member	400357020	SMITH	BRANDY	N	07/20/1984	Female				
Cardholder Member	301998877	MOVING	LISA	L	09/09/1990	Female				

*Refer to WIC Procedures Section, 1.5 [WIC VOC](#)

7.2 VOC TRANSFER-WIC DATA

VOC TRANSFER				
PATIENT				
Number	Medicaid Number	Name	Birth Date	Current Patient Age
301998877	301998877	LISA L MOVING	09/09/1990	20 years & 4 months
Chart #	Status	Priority	Certification Date	Next Action Due
	Pregnant	1	01/14/2011	09/12/2011
Action	Next Issuance	Risk	Food Package	
		201a	P2	
TRANSFER				
Transfer WIC Data	<input type="text" value="No"/>			
County	<input type="text" value="Local Health"/>	SEARCH	CLEAR	CREATE NEW HOUSEHOLD
Number				
Household #	<input type="text"/>	OR	EBT Card #	<input type="text"/>
Household Data				
Name	<input type="text"/>			
Address	<input type="text"/>			
Phone #	<input type="text"/>			
Patient Data				
Patient #	<input type="text"/>			
Last Name	<input type="text"/>	First Name	<input type="text"/>	

- ◆ To transfer WIC Data, use the drop-down menu to select “Yes” for Transfer WIC Data. This will transfer WIC data including eWIC benefits, WIC certification history, food package, and growth chart history.
- ◆ If the patient is being transferred to an existing household, use the drop-down menu to select the County. If the patient is being transferred to a new household, click Create New Household. This will display the Transfer Household Add screen.
- ◆ Use any of the search filters to find the household. Entering the Household number will return a direct hit.
- ◆ Click  .

A list of results that match the search criteria will be displayed.

TRANSFER

Transfer WIC Data

County **SEARCH** **CLEAR** **CREATE NEW HOUSEHOLD** **CANCEL**

Number

Household # **OR** EBT Card #

Household Data

Name

Address

Phone #


Patient Data

Patient #

Last Name First Name

HOUSEHOLD

Page 1 of 1 Size: 10 **GO**

Household #	Name	Address	City/State/Zip	Phone #	Status
 523	SMITH	910 STOVALL ROAD	Scottsville, KY 42164	(270) 606-1906	Active

◆ Click the green arrow next to the household to transfer the patient to that household.

TRANSFER

Transfer WIC Data

County **SEARCH** **CLEAR** **CREATE NEW HOUSEHOLD** **CANCEL**

Number

Household # **OR** EBT Card #

Household Data

Name

Address

Phone #


Patient Data

Patient #

Last Name First Name

HOUSEHOLD

Page 1 of 1 Size: 10 **GO**

Household #	Name	Address	City/State/Zip	Phone #	Status
 523	SMITH	910 STOVALL ROAD	Scottsville, KY 42164	(270) 606-1906	Active

A window will pop up asking to complete the VOC Transfer. Click Yes.

The screenshot shows a software interface with two main sections: TRANSFER and HOUSEHOLD. A pop-up dialog titled "VOC TRANSFER VERIFICATION" is centered over the interface, asking "Complete the VOC Transfer?" with "YES" and "NO" buttons.

TRANSFER Section:

- Transfer WIC Data: Yes (dropdown)
- County: Allen (dropdown)
- Buttons: SEARCH, CLEAR, CREATE NEW HOUSEHOLD, CANCEL
- Number: Household # 523 OR EBT Card # (input field)
- Household Data: Name, Address, Phone # (input fields)
- Patient Data: Patient #, Last Name (input fields)

HOUSEHOLD Section:

- Navigation: Page 1 of 1, Size: 10, GO
- Table:

Household #	Name	Address	City/State/Zip	Phone #	Status
523	SMITH	910 STOVALL ROAD	Scottsville, KY 42164	(270) 606-1906	Active

If the transferring patient has benefits, the Household Edit screen will be displayed for entering issuance information.

TRANSFER HOUSEHOLD EDIT

County ALLEN

Household 523

Name * SMITH

Address * 910 STOVALL ROAD

City,State ZIP * Scottsville,KY 42164 *ex: Glasgow,KY 42141*

Phone Number (270) 606-1906

Last Benefit Form

EBT Card # ---

Record Status Active

Issuance Info

Print Benefit FIs

Clinic * 002002 - ALLEN CO HEALTH DEPT

Bank Account

Identification *

FI Number Check Previous FI

- If the Household has an eWIC card, click Save. If the Household does not have an eWIC card, click Save & EBT Card Issuance.
- After clicking Save, the patient will be transferred. If the patient has eWIC benefits, a new WIC Benefits list will be displayed with the patient's new Household Number.

WIC BENEFITS LIST Household No. 523

WIC Benefits List for SMITH Household Members

Household Member: **LISA L MOVING** Birth Date: 09/09/1990

Quantity	Unit	Food Item Description	Receipt Description
Benefits For: 01/14/2011 - 02/13/2011 Issued on 01/14/2011			
1.00	pound	Cheese in 8 or 16 oz Packages	Cheese
1.00	dozen	Eggs - in Dozen Cartons	Eggs
36.00	Ounce	Breakfast Cereal - hot and cold 10 oz or Larger	Breakfast Cereal
1.00	cont	Peanut Butter 18 oz	Peanut Butter
1.00	cont	Dry or Can Beans/Peas 16 oz (1 Bag = 4 Cans)	Beans/Peas/Canned Beans
16.00	Ounce	Bread 12,16,24 oz / Rice 14,16 oz / Tortilla 16 oz	Whole Grn Brd/Tort/Rice
10.00	\$\$\$	Fruit and Vegetables - Cash Value Benefit	Fruit and Vegetables-CVB
4.75	Gal	Reduced Fat 2%,Low Fat 1%, or Skim Milk	2%,1%, 1/2% or Skim Milk
3.00	cont	11.5 oz Conc/12.0 oz Frozen or 46/48 oz Juice	11.5/12.0/46/48 oz Juice
Benefits For: 02/14/2011 - 03/13/2011 Issued on 01/14/2011			
1.00	pound	Cheese in 8 or 16 oz Packages	Cheese
1.00	dozen	Eggs - in Dozen Cartons	Eggs

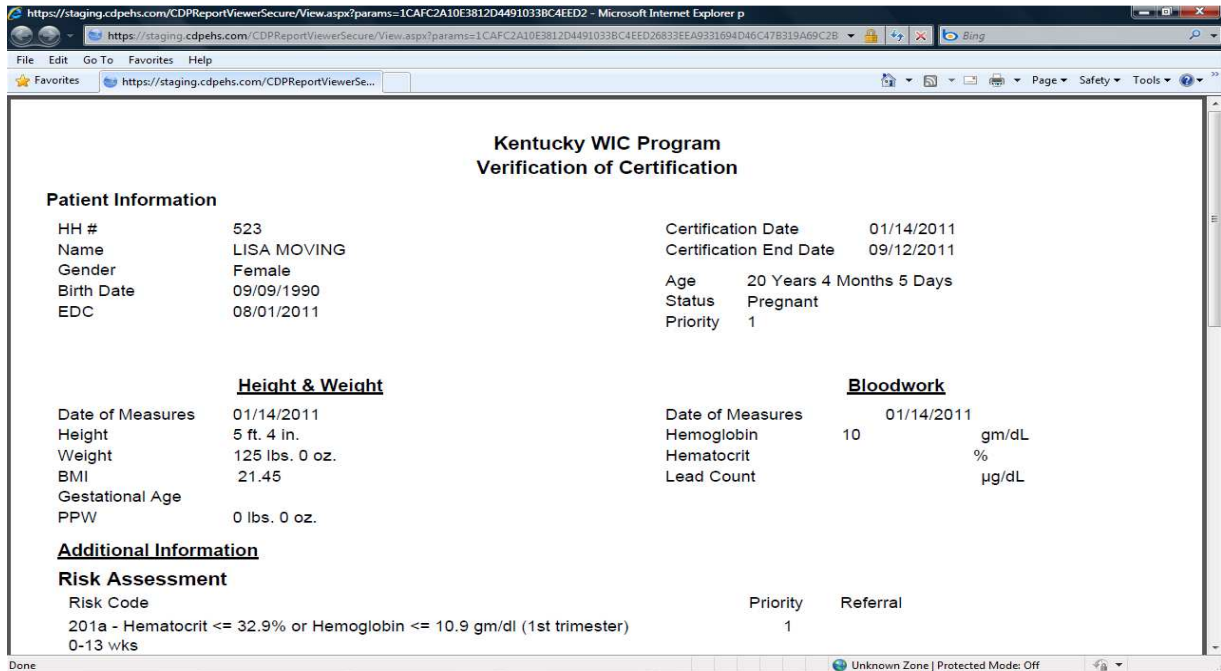
◆ A VOC label for the patient will be displayed.

LISA L MOVING
 ID: 301998877
 ST: Pregnant
 RISK : 201a
 FP: P2

ISSDAY: 14

D: 01/14/2011
 DIC: 01/14/2011
 PHY PR: YES
 CERT: 01/14/2011
 RX DX: 08/01/2011
 DUE:

◆ A VOC for the patient will be displayed.



If the patient's new household does not have an eWIC card, the Add Card/Cardholder screen will be displayed. For information on issuing an eWIC card, refer to section eWIC Card Issuance.

*Refer to WIC Procedures Section, 1.5 [WIC VOC](#)

8 PATIENT & IMMUNIZATION SEARCH

Another common method used for searching for patients in the Clinic Management System is through the Patient & Immunization Search screen. To access the Patient & Immunization Search screen through the CDP Portal, click [Patient Search](#) .



A screenshot of a menu with various options. The option 'Patient Search' is circled in red. The menu items are: [Food Inventory](#), [Food Inventory Search](#), [Food Inventory Summary](#), [Forms Order Search](#), [Growth Chart Percentiles](#), [Healthy Start](#), [Household](#), [HH Search](#), [HH Received](#), [HH Cancel Transfer](#), [Household \(old\)](#), [HH Search \(old\)](#), [HH Received \(old\)](#), [HH Cancel Transfer \(old\)](#), [Immunization](#), [Immunization Registry](#), [Insurance or Contract Search](#), [KY WIC Program Mgmt Evaluation](#), [PFF Assigned Actions](#), [Patient Search](#), [Perimeter](#), [RMS](#), [Scheduling](#), [Holiday](#), [Provider](#), [Provider Schedule Search](#), [Provider Availability](#), [Provider Schedules](#), [Schedule List](#), [Schedule List \(new\)](#), [Seals Search](#), [WIC Food Instrument](#), [FI Range Search](#), [Report Comments](#), [Encrypt/Decrypt Strings](#), and [Immunization Registry KYIR](#).

The Patient Search screen will be displayed.

The screenshot shows the 'Patient Search' interface. At the top, there are logos for 'CDP cms' and 'Kentucky Clinic Management Patient & Immunization Search', along with the 'Kentucky UNBRIDLED SPIRIT' logo. Below the logos are 'PORTAL' and 'LOGOUT' buttons. The main section is titled 'PATIENT SEARCH' and contains several search fields: 'County' (dropdown menu with 'Local Health' selected), 'Birth Date' (text input with a calendar icon), 'Patient #' (text input), 'Birth State' (dropdown menu), 'Chart #' (text input), and 'Birth Country' (dropdown menu). Below these fields are four expandable sections: 'Show Patient Search Criteria', 'Show Mother Search Criteria', 'Show Father Search Criteria', and 'Show Guardian Search Criteria'. At the bottom of the search area are five buttons: 'SEARCH', 'CLEAR', 'NEW REGISTRATION', 'NEW HOUSEHOLD', and 'NEW APPOINTMENT'. The 'NEW REGISTRATION', 'NEW HOUSEHOLD', and 'NEW APPOINTMENT' buttons are grayed out. Below the buttons is a 'Visit Date' field with a calendar icon, showing '06/29/2011'.

- ◆ To search for a patient on the **Patient Search screen**, select the County from the drop-down menu. A patient can be found by entering the Birth Date, Patient #, Birth State, Chart #, or Birth Country. Any combination of search fields can be used; however entering the Patient # will return a direct hit.

****Note: The grayed out buttons for New Registration, New Household, and New Appointment cannot be used until a search is performed for the patient.*

Example:

PATIENT SEARCH

County: Local Health Birth Date:

Patient #: 123456789 Birth State:

Chart #: Birth Country:

Show Patient Search Criteria

Show Mother Search Criteria

Show Father Search Criteria

Show Guardian Search Criteria

SEARCH CLEAR NEW REGISTRATION NEW HOUSEHOLD NEW APPOINTMENT




Visit Date: 06/29/2011

Page 1 of 1 Size: 10 GO

Patient #	Chart #	Full Name	Birth Date	Birth State
123456789		JOHN SMITH	8/1/1954	

Notice that the patient was found in the system.

From this screen, a user can:

- Go to the patient’s Registration screen by clicking the Registration icon  next to the Patient #. Refer to section 4.1.3, Registering A New Patient, for information on the Registration screen.
- Copy the patient’s registration information by clicking the Copy icon  .
- Go to the Patient Menu screen by clicking the Patient Menu icon  . Refer to Patient Menu Screen section for information on the Patient Menu screen.

*****Note:** The previously grayed out buttons for New Registration, New Household, and New Appointment are now available.

9 FOOD INSTRUMENT/CARD SEARCH


To access the Food Instrument application from the Portal screen, click the [FI / Card Range Search](#) link under WIC Card / Food Instrument.

The Food Instrument Ranges Search screen will be displayed.

9.1 FOOD INSTRUMENT RANGES SEARCH

The screenshot shows the 'FOOD INSTRUMENT RANGES' search interface. It includes a search form with 'Clinic *' and 'Bank Number' dropdown menus, 'SEARCH' and 'CLEAR' buttons, and a 'SEARCH RESULTS' section with action buttons like 'ISSUE', 'RECEIVE', 'STOP PAYMENT', and 'REJECT', along with pagination controls showing 'Page 1 of 0' and 'Size: 10'.

The Food Instrument Ranges Search screen has Clinic and Bank Number drop-down menus.

- ◆ To search for a clinic, left-click on the Clinic drop-down menu and select a Clinic. Left-click on the Bank Number drop-down menu and select the desired bank number (606370 Bank Number is for eWIC cards), then click .

A list of Search results will be displayed.

FOOD INSTRUMENT RANGES

Clinic * 500500 - LOCAL HEALTH TEST SITE

Bank Number 606370

SEARCH **CLEAR**

SEARCH RESULTS

ISSUE **RECEIVE** **STOP PAYMENT** **REJECT** Page 1 of 1 Size: 10 **GO**

	Bank Number	Beginning FI / Card #	Ending FI / Card #	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unused
	606370	1 4	499 0	3/19/2012	3/19/2012	499	0	0	499
	606370	857 9	857 9	3/19/2012	3/19/2012	1	0	0	1
	606370	858 7	858 7	3/19/2012	3/19/2012	1	0	0	1
	606370	30402 8	30492 9	3/20/2012	3/20/2012	91	0	0	91
	606370	124502 2	124510 5	3/20/2012	3/20/2012	9	0	0	9
	606370	139997 7	139997 7	3/19/2012	3/19/2012	1	0	0	1
	606370	139998 5	139998 5	3/19/2012	3/19/2012	1	0	0	1
	606370	900000623 6	900000623 6	3/19/2012	3/19/2012	1	0	0	1
	606370	900000810 9	900000910 7	2/16/2012	3/14/2012	101	0	0	101

9.2 FOOD INSTRUMENT ISSUE

When food instruments and cards are needed in a clinic, a new Food Instrument Range will need to be issued. The State WIC Office will issue cards and food instruments to a clinic. To issue, click the

ISSUE button. The Issue Food Instrument Range screen will be displayed.


ISSUE FOOD INSTRUMENT RANGE

Clinic * 500500 - LOCAL HEALTH TEST SITE ▼

Bank Number * 606370 ▼

Beginning FI / Card # * 606370

Ending FI / Card # * 606370

Issue Date * 05/29/2012 

SAVE **CANCEL**

- ◆ Select the Clinic that the cards or food instruments will be issued to, and verify the correct Bank Number is selected in the Bank Number drop-down menu. If cards are being issued, the Beginning FI/Card # and Ending FI/Card # fields will be auto-filled with the Bank Number, which is also the first six digits of the eWIC card numbers.
- ◆ If food instruments are being issued, enter the beginning food instrument number. If cards are being issued, enter the remaining digits of the first card being issued in the Beginning FI/Card # field. The field should then contain the complete eWIC card number.
- ◆ If food instruments are being issued, enter the beginning food instrument number. If cards are being issued, enter the remaining digits of the last card being issued in the Ending FI/Card # field. The field should then contain the complete eWIC card number.
- ◆ The Issue Date will be auto-filled with today's date. Verify that all information has been entered correctly, then click save.

A message will appear that the eWIC cards were issued successfully.

9.3 RECEIVE FOOD INSTRUMENT

After the State WIC Office has issued a range of eWIC cards to a clinic, the clinic will need to “receive” them in the system before issuing to participants. To receive the cards, click the [FI / Card Range Search](#) link under WIC Card / Food Instrument on the CDP Portal screen.

The Food Instrument Ranges Search screen will be displayed.

- ◆ To search for your clinic, left-click on the Clinic drop-down menu and select the Clinic. Left-click on the Bank Number drop-down menu and select the bank number to be received (606370 Bank Number is for eWIC cards), then click **SEARCH**.

A list of any eWIC cards that have been issued to the clinic will be displayed. Cards that have not been received will not have a date in Date Rec/Rej (Received/Rejected) and numbers will be zero.

	Bank Number	Beginning FI / Card #	Ending FI / Card #	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unused
<input type="checkbox"/>	606370	1500	1550	5/30/2012		0	0	0	0

To receive the range of eWIC cards, check the box next to the range, then click **RECEIVE**.

The Receive Food Instrument Range screen will be displayed. The information on the card range will be displayed, including: Clinic, Bank Number, Beginning FI/Card #, Ending FI/Card #, and received date.


RECEIVE FOOD INSTRUMENT RANGE

Clinic 500500 - LOCAL HEALTH TEST SITE

Bank Number 606370

**Beginning
FI / Card #** 1500

**Ending
FI / Card #** 1550

Received Date 

SAVE **CANCEL**

- ◆ Verify that the first and last cards in the box received from the State WIC office match the numbers in the Beginning FI/Card and Ending FI/Card # fields.

If all information is correct, click Save. The message “Cards Received” will be displayed.

9.3.1 FOOD INSTRUMENT BLOCK DETAIL

To access the Food Instrument Block Detail screen, click the Edit icon corresponding to an FI Range on the Food Instrument Range Search screen.

FOOD INSTRUMENT RANGES


Clinic *

Bank Number

SEARCH **CLEAR**

SEARCH RESULTS

ISSUE **RECEIVE** **STOP PAYMENT** **REJECT** Page 1 of 1 Size: 10 **GO**

	Bank Number	Beginning FI / Card #	Ending FI / Card #	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unused
	606370	1 4	499 0	3/19/2012	3/19/2012	499	0	0	499
	606370	857 9	857 9	3/19/2012	3/19/2012	1	0	0	1
	606370	858 7	858 7	3/19/2012	3/19/2012	1	0	0	1

The Food Instrument Block Detail screen will be displayed.



Kentucky **Clinic Management**
Food Instrument



PORTAL **LOGOUT**

FOOD INSTRUMENT BLOCK DETAIL

FOOD INSTRUMENT RANGE

Clinic 500500 - LOCAL HEALTH TEST SITE Bank Number 1246690
Beginning FI / Card # 500 Ending FI / Card # 599

Beginning FI / Card # **SEARCH** **CLEAR** **SEARCH FOR NEXT OPEN FI / CARD**

Void Reason Void Date

SAVE **CANCEL** **VOID**

Status / Action			Bank Number	FI / Card #	Chk	Patient #	HH #	First / Last Valid Date	Void Date / Reason	Last Updated
	<input type="checkbox"/>	Void Void	606370	900000000	7				03/28/2012 Stolen	2/02/2012
	<input type="checkbox"/>	Void Void	606370	900000001	5				03/28/2012 Not Available	2/02/2012
	<input type="checkbox"/>	Void Void	606370	900000002	3				03/28/2012 Damaged	2/02/2012
	<input type="checkbox"/>	Void Void	606370	900000003	1				03/28/2012 Stop Access	2/02/2012
	<input type="checkbox"/>	Void Void	606370	900000004	9				03/28/2012 Not Available	2/02/2012
	<input type="checkbox"/>	Open	606370	900000005	6				03/28/2012	2/02/2012
	<input type="checkbox"/>	Open	606370	900000006	4				03/28/2012	2/02/2012
	<input type="checkbox"/>	Open	606370	900000007	2				03/28/2012	2/02/2012

The FI Block Detail screen shows the Status/Action, Bank Number, FI /Card #, Check Number, Patient Number, Household Number, First/Last Valid Date, Void Date/ Reason, and Last Updated Date.

9.3.2 FARMERS MARKET NUTRITION PROGRAM

To view the Farmers Market Nutrition Program Block Detail screen, select the appropriate Bank Number from the Bank Number drop-down menu. The Bank Number for FMNP is 1246720.

- ◆ Each participant is allotted \$20 for FMNP.
- ◆ A warning message will appear if an individual has exceeded their FMNP benefits.

9.3.2.1 VOIDING FOOD INSTRUMENTS

To void food instruments from the Food Instrument Block Detail screen, select “Void” from the Status/Action drop-down menu.

FOOD INSTRUMENT RANGE

Clinic 500500 - LOCAL HEALTH TEST SITE Bank Number 1246720
 Beginning FI / Card # 1 Ending FI / Card # 100

Beginning FI / Card # **SEARCH** **CLEAR** **SEARCH FOR NEXT OPEN FI / CARD**

Void Reason **VOID** Void Date

SAVE **CANCEL** **VOID**

Status / Action	Bank Number	FI / Card #	Chk	Patient #	HH #	First / Last Valid Date	Void Date / Reason	Last Updated
<div style="border: 1px solid gray; padding: 2px;"> Issued Void <input type="text"/> </div>	Bank Number 1			111010124		05/01/2012 05/31/2012	<input type="text"/> <input type="text"/> <input type="text"/>	5/03/2012
<div style="border: 1px solid gray; padding: 2px;"> Issued Void <input type="text"/> </div>	Bank Number 2			111010124		06/01/2012 06/30/2012	<input type="text"/> <input type="text"/> <input type="text"/>	5/03/2012

- ◆ Click the calendar icon to select the Void Date
- ◆ Left-click once on the “Reason” drop-down menu and select a Void Reason from the list
- ◆ Click the Save button

Check for the successfully saved message at the bottom portion of the screen:



10 ORDER FORMS

To order forms, click the [Forms Order Search](#) link on the Portal screen. The Forms Order Search screen will be displayed.

The screenshot shows the 'FORMS ORDER SEARCH' interface. It features a blue header bar with the title. Below the header, there are two dropdown menus: 'District' and 'Clinic', separated by the word 'Or'. Underneath these are two text input fields labeled 'Form Number' and 'Description'. At the bottom of the search section are two buttons: 'SEARCH' and 'CLEAR'. Below the search section is a 'SEARCH RESULTS' bar, which includes navigation arrows, a page indicator 'Page 1 of 0', a size selector 'Size: 10', and a 'GO' button.

Use the drop-down menus to select a District or Clinic to search for. If the Form Number or Description is known, enter in the appropriate fields, then click search.

This screenshot shows the same 'FORMS ORDER SEARCH' interface as the previous one, but with the 'SEARCH' button highlighted with a red circle. Additionally, the 'District' dropdown menu is selected and highlighted with a red oval, showing the text '002 - ALLEN CO HEALTH DEPT'. The 'Form Number' and 'Description' fields are empty.

A list of search results will be displayed in a grid on the bottom portion of the screen.

SEARCH RESULTS		
Form Number	Description	
555	Form A	→
556	Form B	→
557	Form C	→

To select a form to order, click the green arrow corresponding to the Form Number. The Forms Order Edit screen will be displayed.

FORMS ORDER EDIT

All orders must be placed by the 15th and/or 30th of each month!

Form Number: 555 - David Form A	Quantity: * <input type="text"/>	<div style="background-color: #0056b3; color: white; padding: 2px; font-weight: bold; text-align: center;">ORDER RESTRICTIONS</div> <p style="text-align: center; margin: 5px 0;">Minimum: 1</p> <p style="text-align: center; margin: 5px 0;">Maximum: 1</p> <p style="text-align: center; margin: 5px 0;">Package Size: 1</p>
Email Address: * <input type="text" value="test.email@cdpehs.com"/>	Phone #: * <input type="text"/>	
District / Clinic: * <input type="text" value="ALLEN CO HEALTH DEPT"/>		
Address: * <input type="text" value="P O BOX 129"/>		
City, State, Zip: * <input type="text" value="Scottsville, KY 42164"/>	4-digit Sub Zip: <input type="text"/>	

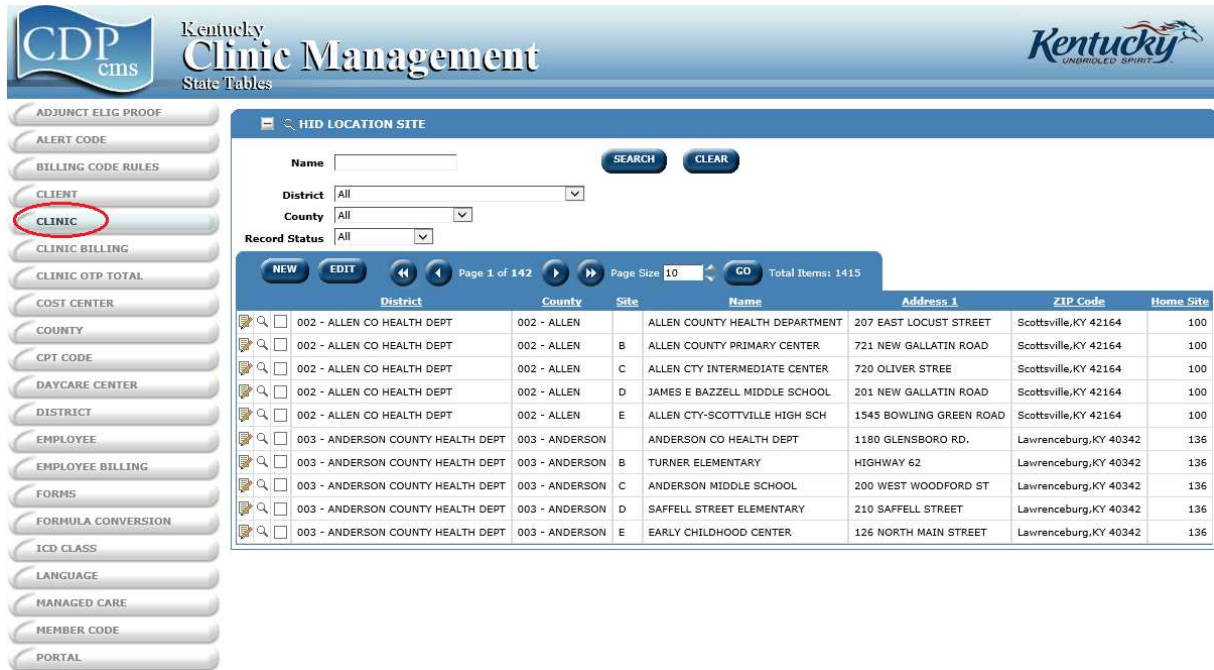
11 KY STATE TABLES

The Kentucky State Tables application is for **State use only**. Only state users will have the security membership to the KY State Tables application. To access the application, click the [Ky State Tables](#) link from the Portal screen.

MEMBERSHIPS	PORTAL NEWS
<p>Groups</p> <ul style="list-style-type: none"> CDP Administrators DMS Audit DMS Edit DMS Export DMS Import DMS Scan DMS Upload DMS User KYCMS_BFPeer_Super KYCMS_C500_Household KYCMS_C500_Registration KYCMS_IMMREG_Admin KYCMS_S800_Household KYCMS_VOC KYEBT_User KYFIN Vendor Security KYFIN_CDP_Financial KYWIC Authority Kentucky WIC EBT Ky State support tables Payroll Admin <p>Systems</p> <ul style="list-style-type: none"> CDP Global Kentucky State Kentucky State WIC Kentucky Clinic Management Household KY WIC VOC KY Financial Vendor Security Ky Financial Kentucky WIC EBT <p>Applications</p> <ul style="list-style-type: none"> CDP Security <ul style="list-style-type: none"> Portal News Access Logs Users Groups Locations Systems Objects Question Group Question CDP Report Viewer CPT Charge Search Handwritten FI Product Rebate Redemption Ky State Tables User Security EBT Update 	<p>No news found.</p>

The KY State Tables application is divided into many sections. Once the application has been successfully accessed, a menu of buttons will be displayed down the left side of the screen. These buttons can be used to navigate to various areas of the application.

11.1 CLINIC

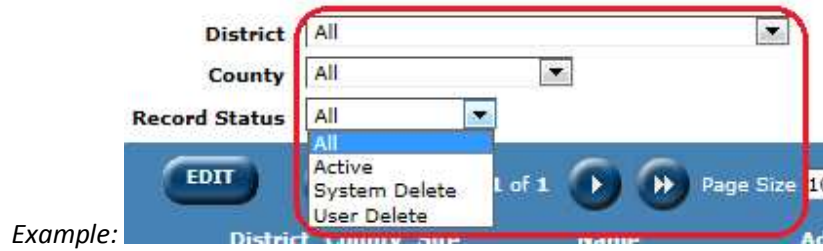


The Clinic Search screen displays a list of clinics, or sites. The top portion of the screen contains search filters for searching for a specific clinic. To search for a clinic, use any combination of the search filters. Users do not have to use every search filter, however using at least one should narrow the results.

- ◆ Enter the Clinic Name in the Name text field.

Example: Name

- ◆ Select the District, County, and/or Record Status from the drop-down menus.





Example:

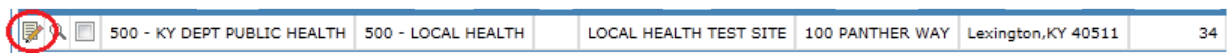
◆ Click .

The clinic(s) that match the search will be displayed in the result grid on the bottom portion of the screen.



11.1.1 EDIT CLINIC RECORD

To edit a clinic record, either check the box next to the clinic to be edited and click , or click the edit icon  next to the clinic.



EDIT CLINIC

Clinic Information

District 500 County 500 Site Name <input type="text" value="LOCAL HEALTH TEST SITE"/>	Record Status <input type="text" value="Active"/>
	Date Deleted
	Setup Date 5/13/1987
	Update Date 3/18/2012

Physical Address

Address 1 <input type="text" value="100 PANTHER WAY"/>	4 Digit Extension <input type="text"/>
Address 2 <input type="text"/>	
ZIP Code <input type="text" value="40511 (Lexington, KY)"/>	

Billing Address

Address 1 <input type="text" value="951 Industrial Road"/>	4 Digit Extension <input type="text"/>
Address 2 <input type="text"/>	
ZIP Code <input type="text" value="40601 (Frankfort, KY)"/>	

Contact Address

Address 1 <input type="text" value="62 John Roberts Drive"/>	4 Digit Extension <input type="text"/>
Address 2 <input type="text"/>	
ZIP Code <input type="text" value="40601 (Frankfort, KY)"/>	

General

Receipt Address Type <input type="text"/>	Phone Number <input type="text" value="(502) 695-1999"/>	Fax Number <input type="text"/>	Home Site <input type="text" value="34"/>	School Site? <input type="text" value="No"/>	Keying Site <input type="text" value="Yes"/>
Email <input type="text"/>	Website <input type="text"/>	Time Zone Difference <input type="text" value="1"/>	Labels Per Patient <input type="text" value="1"/>	Labels Across <input type="text" value="1"/>	Registration Form <input type="text" value="4 Lab"/>
Assign Pef? <input type="text" value="Yes"/>	Voter Print Form <input type="text" value="2"/>	Chart Sequence? <input type="text" value="Yes"/>	Autodialer? <input type="text" value="No"/>	Audit Trail? <input type="text" value="No"/>	Chart 3 x 5 Pull? <input type="text" value="No"/>
Appointment By Provider? <input type="text" value="Yes"/>	Cervical Screen Flag? <input type="text" value="Yes"/>	Run Noshow Report? <input type="text" value="No"/>	Run Reminder Report? <input type="text" value="No"/>	Run Cancel Report? <input type="text" value="No"/>	Print Download Flag? <input type="text" value="No"/>
Physician Screen? <input type="text" value="Yes"/>	Area Type Flag? <input type="text" value="No"/>	Last Chart Number <input type="text"/>	Last Vaccine Number <input type="text"/>	Last RX Number <input type="text"/>	Cash Password <input type="text" value="GLORY"/>
Verification Percentage <input type="text" value="77%"/>	Appt Password <input type="text" value="NOWAY"/>	EBT? <input type="text" value="No"/>	TOI Name <input type="text" value="20500000"/>	EMR? <input type="text" value="No"/>	Default Appt. Slots <input type="text" value="4"/>
Immunization Reg. Pilot? <input type="text" value="No"/>	Overbook Limit <input type="text" value="2"/>				

WIC Information


Name <input type="text" value="CDP TEST HLS 500500 REC"/>	4 Digit Extension <input type="text"/>	
Address 1 <input type="text" value="951 INDUSTRIAL RD"/>		
Address 2 <input type="text" value="1 W HARRIS AVE"/>		
ZIP Code <input type="text" value="40511 (Lexington, KY)"/>		
Phone Number <input type="text" value="(502) 695-1777"/>	Fax Number <input type="text"/>	
Email <input type="text"/>		
Website <input type="text"/>		
Non-Activity Site? <input type="text" value="No"/>	On Demand? <input type="text" value="No"/>	Assign Number? <input type="text" value="No"/>
Dual Participation? <input type="text" value="Yes"/>	Store Fi Number? <input type="text" value="No"/>	Label Profile <input type="text"/>
Scheduled Appointment? <input type="text" value="Yes"/>	Access? <input type="text" value="No"/>	
FMNP Allocation <input type="text" value=".00"/>	Total Amount FMNP Issued <input type="text" value="\$0.00"/>	Remaining FMNP Amount <input type="text" value="\$0.00"/>

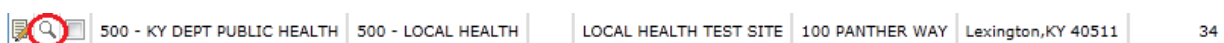
The Edit Clinic screen is divided into six different sections: Clinic Information, Physical Address, Billing Address, Contact Address, General, and WIC Information. All fields with text boxes can be edited by clicking in the text field and typing the correct information. Any fields with drop-down menus can be edited by left-clicking on the drop down menu and making a selection from the list. Any number fields can be edited by typing a number in the field, or using the arrows to increase or decrease the number.

- ◆ The **Clinic Information** section displays the District, County, Site, Record Status, Date Deleted, Setup Date, and Update Date. To delete a clinic record, use the drop-down menu for Record Status and select User Delete.
- ◆ The **Physical Address** section displays the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- ◆ The **Billing Address** section displays the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- ◆ The **Contact Address** section displays the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- ◆ The **General** section contains the: Receipt Address Type, Phone Number, Fax Number, Email, Website, Home Site Number, School Site, Keying Site, Time Zone Difference, Labels Per Patient, Labels Across, Assign PEF, Voter Print Form, Registration Form, Chart Sequence, Autodialer, Audit Trail, Appointment By Provider, Cervical Screen Flag, Chart 3 x 5 Pull, Run No-Show Report, Run Reminder Report, Run Cancel Report, Physician Screen, Area Type Flag, Print Download Flag, Last Chart Number, Last Vaccine Number, Last RX Number, Verification Percentage, Appt Password, Cash Password, EBT, TOI Name, EMR, Immunization Reg. Pilot, Overbook Limit, Default Appt. Slots.
- ◆ The **WIC Information** section displays the Name, Address 1, Address 2, Zip Code, 4 Digit Extension of the Zip Code, Phone Number, Fax Number, Email, Website, Non-Activity Site, On Demand, Assign Number, Dual Participation, Store FI Number, Label Profile, Scheduled Appointment, Access, FMNP Allocation, Total Amount FMNP Issued, and Remaining FMNP Amount.

11.1.2 SHOW CLINIC RECORD

The Show Clinic screen can be used to view specific clinic information. The fields displayed on the Show Clinic screen cannot be edited.

- ◆ To access the Show Clinic screen, click the show icon  corresponding to the desired clinic.



  **SHOW CLINIC**

Clinic Information

Clinic 500 500
Name LOCAL HEALTH TEST SITE

Record Status Active
Delete Date
Setup Date 5/13/1987
Update Date 3/18/2012

Physical Address

Address 1 100 PANTHER WAY
Address 2
ZIP Code Lexington, KY 40511 -

Billing Address

Address1 951 Industrial Road
Address 2
ZIP Code Frankfort, KY 40601 - 0012

Contact Address

Address 1 62 John Roberts Drive
Address 2
ZIP Code Frankfort, KY 40601 - 1234

General

Receipt Address Type	<input type="text"/>	Phone Number	<input type="text" value="(502) 695-1999"/>	Fax Number	<input type="text"/>	Email	<input type="text"/>	Website	<input type="text"/>
Home Site	<input type="text" value="34"/>	School Site?	<input type="text" value="No"/>	Keying Site	<input type="text" value="Yes"/>	Time Zone Difference	<input type="text" value="1"/>	Labels Per Patient	<input type="text" value="1"/>
Assign Pef?	<input type="text" value="Yes"/>	Voter Print Form	<input type="text" value="2"/>	Registration Form	<input type="text" value="4 Lab"/>	Chart Sequence?	<input type="text" value="Yes"/>	Autodialer?	<input type="text" value="No"/>
Appointment By Provider?	<input type="text" value="Yes"/>	Cervical Screen Flag?	<input type="text" value="Yes"/>	Audit Trail?	<input type="text" value="No"/>	Run Noshow Report?	<input type="text" value="No"/>	Run Reminder Report?	<input type="text" value="No"/>
Physician Screen?	<input type="text" value="Yes"/>	Area Type Flag?	<input type="text" value="No"/>	Print Download Flag?	<input type="text" value="No"/>	Last Chart Number	<input type="text"/>	Last Vaccine Number	<input type="text"/>
Verification Percentage	<input type="text" value="0%"/>	Appt Password	<input type="text" value="NOWAY"/>	Cash Password	<input type="text" value="GLORY"/>	EBT?	<input type="text" value="Yes"/>	TOI Name	<input type="text" value="20500000"/>
Immunization Reg. Pilot?	<input type="text" value="No"/>	Overbook Limit	<input type="text" value="1"/>	EMR?	<input type="text" value="None"/>	Default Appt. Slots	<input type="text" value="4"/>		

WIC Information

Name	<input type="text" value="CDP TEST HLS 500500 REC"/>			4 Digit Extension	<input type="text"/>
Address 1	<input type="text" value="951 INDUSTRIAL RD"/>				
Address 2	<input type="text" value="1 W HARRIS AVE"/>				
ZIP Code	<input type="text" value="40511 (Lexington, KY)"/>				
Phone Number	<input type="text" value="(502) 695-1777"/>	Fax Number	<input type="text"/>		
Email	<input type="text"/>				
Website	<input type="text"/>				
Non-Activity Site?	<input type="text" value="No"/>	On Demand?	<input type="text" value="No"/>	Assign Number?	<input type="text" value="No"/>
Dual Participation?	<input type="text" value="Yes"/>	Store Fi Number?	<input type="text" value="No"/>	Label Profile	<input type="text"/>
Scheduled Appointment?	<input type="text" value="Yes"/>	Access?	<input type="text" value="No"/>		
FMNP Allocation	<input type="text" value=".00"/>	Total Amount FMNP Issued	<input type="text" value="\$0.00"/>	Remaining FMNP Amount	<input type="text" value="\$0.00"/>

The fields displayed on the Show Clinic screen are the same fields as contained on the Add Clinic, and Edit Clinic screens. The screen is divided into six sections: Clinic Information, Physical Address, Billing Address, Contact Address, General and WIC Information.

- ◆ The **Clinic Information** section displays the District, County, Site, Record Status, Date Deleted, Setup Date, and Update Date.
- ◆ The **Physical Address** section displays the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- ◆ The **Billing Address** section displays the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- ◆ The **Contact Address** section displays the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- ◆ The **General** section contains the: Receipt Address Type, Phone Number, Fax Number, Email, Website, Home Site Number, School Site, Keying Site, Time Zone Difference, Labels Per Patient, Labels Across, Assign PEF, Voter Print Form, Registration Form, Chart Sequence, Autodialer, Audit Trail, Appointment By Provider, Cervical Screen Flag, Chart 3 x 5 Pull, Run No-Show Report, Run Reminder Report, Run Cancel Report, Physician Screen, Area Type Flag, Print Download Flag, Last Chart Number, Last Vaccine Number, Last RX Number, Verification Percentage, Appt Password, Cash Password, EBT, TOI Name, EMR, Immunization Reg. Pilot, Overbook Limit, Default Appt. Slots.
- ◆ The **WIC Information** section displays the Address 1, Address 2, Zip Code, 4 Digit Extension of the Zip Code, Phone Number, Fax Number, Email, Website, Non-Activity Site, On Demand, Assign Number, Dual Participation, Store FI Number, Label Profile, Scheduled Appointment, Access, FMNP Allocation, Total Amount FMNP Issued, and Remaining FMNP Amount.

11.1.2.1.1 FMNP

For clinics that offer the Farmers Market Nutrition Program (FMNP), the state can set the FMNP Allocation field for the currency amount that clinic has been allotted to issue. The Clinic screen also displays a read-only field showing the currency amount of FMNP benefits that have been issued. To edit the FMNP Allocation, or view the Total Amount FMNP Issued and Remaining, click the Edit Icon next to a District.



In the WIC Information section, at the bottom portion of the screen, the FMNP information is displayed.

WIC Information

Name:

Address 1:

Address 2:

ZIP Code: 4 Digit Extension:

Phone Number: Fax Number:

Email:

Website:

Non-Activity Site? On Demand? Assign Number?

Dual Participation? Store Fi Number? Label Profile:


Scheduled Appointment? Access?

FMNP Allocation: Total Amount FMNP Issued: **\$0.00** Remaining FMNP Amount: **\$12,345.00**

Individuals are only allowed one issuance of FMNP benefits per year. The Season for FMNP starts June 1 and ends October 31.

11.1.3 ADD CLINIC

The Add Clinic screen is used to enter information about a specific clinic that is not currently in the system.

To add a clinic, click the  button.

HID LOCATION SITE

Name **SEARCH** **CLEAR**

District

County

Record Status

NEW **EDIT** Page 1 of 1 Page Size **GO** Total Items: 1

District	County	Site	Name	Address 1	ZIP Code	Home Site
500 - KY DEPT PUBLIC HEALTH	500 - LOCAL HEALTH		LOCAL HEALTH TEST SITE	100 PANTHER WAY	Lexington,KY 40511	34

ADD CLINIC

Clinic Information

District County Site

Name

Physical Address

Address 1

Address 2

ZIP Code 4 Digit Extension

Billing Address

Address 1

Address 2

ZIP Code 4 Digit Extension

Contact Address

Address 1

Address 2

ZIP Code 4 Digit Extension

General

Receipt Address Type

Phone Number Fax Number

Email

Website

Home Site School Site? Keying Site

Time Zone Difference Labels Per Patient Labels Across

Assign Pef? Voter Print Form Registration Form

Chart Sequence? Autodialer? Audit Trail?

Appointment By Provider? Cervical Screen Flag? Chart 3 x 5 Pull?

Run Noshow Report? Run Reminder Report? Run Cancel Report?

Physician Screen? Area Type Flag? Print Download Flag?

Last Chart Number Last Vaccine Number Last RX Number

Verification Percentage Appt Password Cash Password

EBT? TOI Name EMR?

Immunization Reg. Pilot? Overbook Limit Default Appt. Slots

WIC Information

Name

Address 1

Address 2

ZIP Code 4 Digit Extension

Phone Number Fax Number

Email

Website

Non-Activity Site? On Demand? Assign Number?

Dual Participation? Store FI? Label Profile


Scheduled Appointment? Access

FMNP Allocation

The fields used to enter information on the Add Clinic screen are the same fields as contained on the Show Clinic and Edit Clinic screens. The screen is divided into six sections: Clinic Information, Physical Address, Billing Address, Contact Address, General and WIC Information.

- ◆ The **Clinic Information** section contains the District, County, Site, and Name.
- ◆ The **Physical Address** section contains the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- ◆ The **Billing Address** section contains the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- ◆ The **Contact Address** section contains the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- ◆ The **General** section contains the: Receipt Address Type, Phone Number, Fax Number, Email, Website, Home Site Number, School Site, Keying Site, Time Zone Difference, Labels Per Patient, Labels Across, Assign PEF, Voter Print Form, Registration Form, Chart Sequence, Autodialer, Audit Trail, Appointment By Provider, Cervical Screen Flag, Chart 3 x 5 Pull, Run No-Show Report, Run Reminder Report, Run Cancel Report, Physician Screen, Area Type Flag, Print Download Flag, Last Chart Number, Last Vaccine Number, Last RX Number, Verification Percentage, Appt Password, Cash Password, EBT, TOI Name, EMR, Immunization Reg. Pilot, Overbook Limit, Default Appt. Slots.
- ◆ The **WIC Information** section contains the Address 1, Address 2, Zip Code, 4 Digit Extension of the Zip Code, Phone Number, Fax Number, Email, Website, Non-Activity Site, On Demand, Assign Number, Dual Participation, Store FI Number, Label Profile, Scheduled Appointment, Access, FMNP Allocation, Total Amount FMNP Issued, and Remaining FMNP Amount.

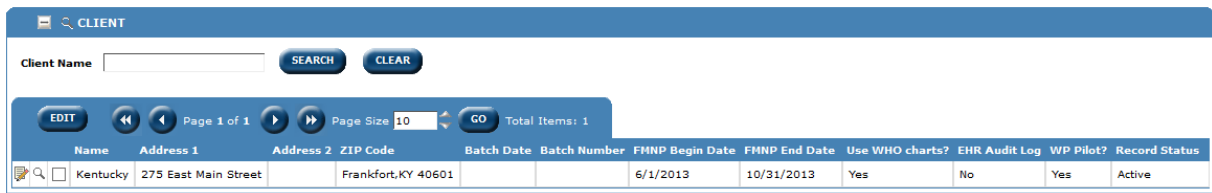
11.2 CLIENT

To access the Client application within State Tables, click the  button in the State Tables menu.

The Client application is used to manage settings for the state.

11.2.1 CLIENT SEARCH

The Client Search screen is used to search for clients in the CMS KY State Tables application.



To search for a client, type the Client Name in the search field and click



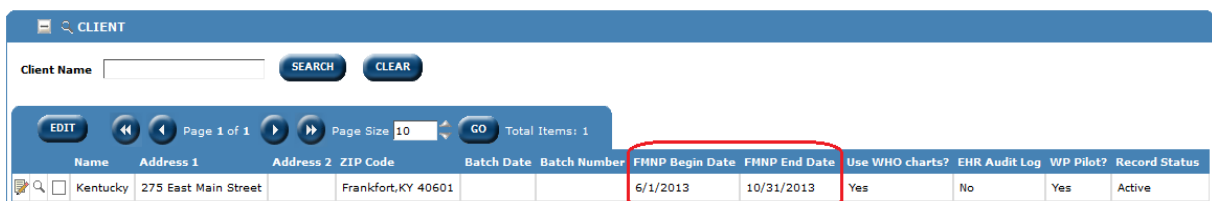
The search results will be displayed in the grid at the bottom portion of the screen. The fields shown in the search results are Name, Address1, Address 2, ZIP Code, Batch Date, Batch Number, FMNP Begin Date, FMNP End Date, Use WHO Charts?, EHR Audit Log, WP (web printing) Pilot?, and Record Status.



11.2.2 FMNP

The Client screen has an FMNP Begin and End Date. FMNP begins June 1 and ends October 31. The FMNP/Check Amount will be shown, as well as the FMNP Maximum Participant Amount.

If a clinic exceeds the maximum participant amount during issuance, a warning message will appear.



11.2.3 EDIT CLIENT

The Edit Client screen is used to edit information about a specific client.

☰
📄
EDIT CLIENT

Name	<input type="text" value="Kentucky"/>
Address 1	<input type="text" value="275 East Main Street"/>
Address 2	<input type="text"/>
ZIP Code	<input type="text" value="Frankfort, KY 40601"/> ▼ More
Coupon Amount	<input type="text"/>
Maximum Coupon	<input type="text"/>
Limit	<input type="text"/>
Class	<input type="text"/>
Package	<input type="text"/>
FMNP Begin Date	<input type="text" value="6/1/2013"/> 📅 12
FMNP End Date	<input type="text" value="10/31/2013"/> 📅 12
FMNP Check Amount	<input type="text" value="4.00"/>
FMNP Maximum Participant Amount	<input type="text" value="20.00"/>
Use WHO charts?	<input type="text" value="Yes"/> ▼
Record Status	<input type="text" value="Active"/> ▼
EHR Audit Log	<input type="text" value="No"/> ▼

✖
✎
EDIT CLIENT

Name

Address 1

Address 2

ZIP Code [More](#)

Use WHO charts? ▼

Web Printing Pilot Mode? ▼

Audit Log Enabled? ▼

WIC Months to Issue

Delete Mark ▼

Farmers' Market Nutrition Program

FMNP Begin Date 📅

FMNP End Date 📅

FMNP Check Amount

FMNP Maximum Participant Amount

Portal News

News Max Record Count

News Items Per Page

News Item Compact Size



The general fields on the Edit Client screen include: Name, Address, ZIP Code, Use WHO Charts (Y/N), Web Printing Pilot Mode (Y/N), Audit Log Enabled (Y/N), WIC Months to Issue (manually enter 1-3), and Delete Mark.

The Farmers' Market Nutrition Program (FMNP) fields include: FMNP Begin Date, FMNP End Date, FMNP Check Amount, and FMNP Maximum Participant Amount.

The Portal News fields include: News Max Record Count, News Items Per Page, and News Item Compact Size.

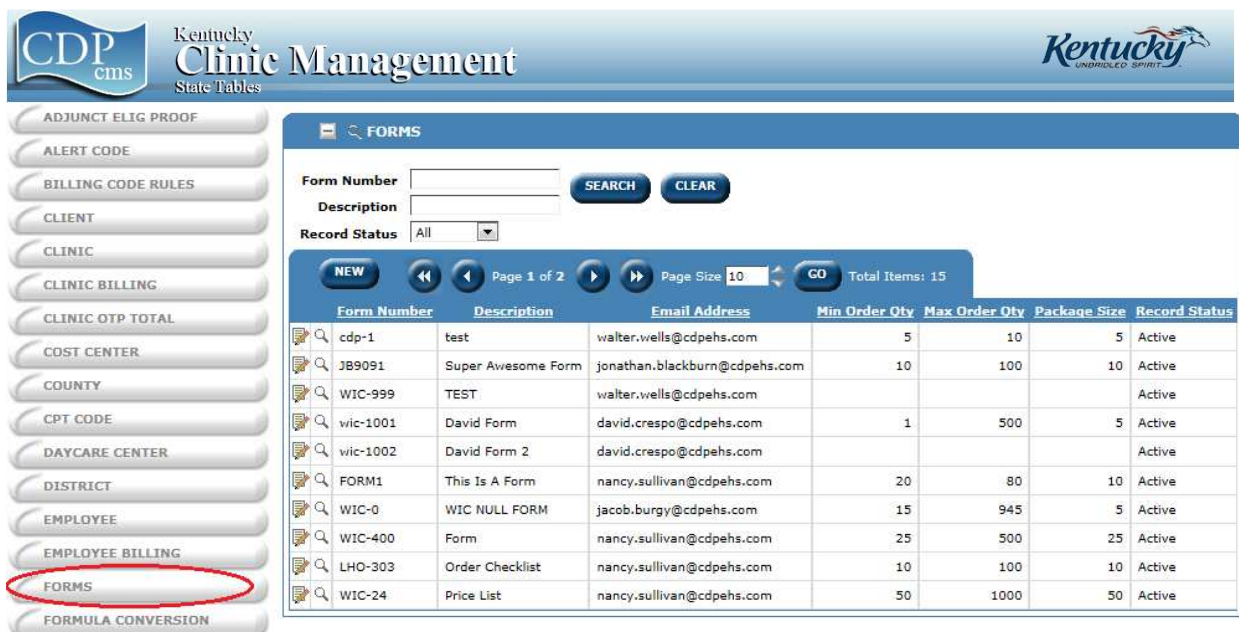
- ◆
 To change any of the fields on the Edit Client screen: type in the text fields, use the calendar icons, or select from the drop-down menus, then click Save. To cancel without saving changes, click Cancel.

11.3 FORMS

The Forms section of State Tables allows state users only to access the forms available to order.


To access the Forms section of State Tables, click the [Ky State Tables](#) link from the Portal screen, then

click the  button on the left side of the screen.



Form Number	Description	Email Address	Min Order Qty	Max Order Qty	Package Size	Record Status
cdp-1	test	walter.wells@cdpehs.com	5	10	5	Active
JB9091	Super Awesome Form	jonathan.blackburn@cdpehs.com	10	100	10	Active
WIC-999	TEST	walter.wells@cdpehs.com				Active
wic-1001	David Form	david.crespo@cdpehs.com	1	500	5	Active
wic-1002	David Form 2	david.crespo@cdpehs.com				Active
FORM1	This Is A Form	nancy.sullivan@cdpehs.com	20	80	10	Active
WIC-0	WIC NULL FORM	jacob.burgy@cdpehs.com	15	945	5	Active
WIC-400	Form	nancy.sullivan@cdpehs.com	25	500	25	Active
LHO-303	Order Checklist	nancy.sullivan@cdpehs.com	10	100	10	Active
WIC-24	Price List	nancy.sullivan@cdpehs.com	50	1000	50	Active

The Form Number Search screen will be displayed.

The search screen allows users to search for forms by number, description, or record status. The fields on the search screen are read-only. To edit any of the information in these fields, click the Edit icon  next to a form. The Edit Form screen will be displayed.

11.3.1 EDIT FORMS

The Edit Forms screen is used to edit information about orderable forms.

✖
📄
EDIT FORM

Form Number

Description

Email Address

Minimum Order Quantity

Maximum Order Quantity

Package Size

Record Status ▼

✖
📄
FORM PAYMENT INFORMATION

ADD
DELETE
⏪
⏩
Page 1 of 1
⏪
⏩
Page Size
GO
Total Items: 1

	Fund	Agency	Organization / Sub	Program	Activity	OBJ/S	Job / Project	Percent
<input type="checkbox"/>	SJRC	804	XYZ	LHO	098	0988	54321	100

SAVE
CANCEL

The fields that can be edited include: Form Number, Description, Email Address, Minimum Order Quantity, Maximum Order Quantity, Package Size, and Record Status.

The bottom portion of the screen is for editing, adding, or deleting Form Payment Information. Fields that can be edited in this panel include: Fund, Agency, Organization/Sub, Program, Activity, OBJ/S, Job/Project, and Percent.

- ◆ To add form payment information, click the ADD button and fill in the blank fields.
- ◆ To delete form payment information, check the box next to a Fund, and click the DELETE button.

✖
📄
FORM PAYMENT INFORMATION

ADD
DELETE
⏪
⏩
Page 1 of 1
⏪
⏩
Page Size
GO
Total Items: 1

	Fund	Agency	Organization / Sub	Program	Activity	OBJ/S	Job / Project	Percent
<input checked="" type="checkbox"/>	SJRC	804	XYZ	LHO	098	0988	54321	100

11.4 EMPLOYEE

11.4.1 EMPLOYEE SEARCH

The Employee Search screen is used to search for clinic employees in the system. To access the Employee Search screen from the KY State Tables application, click the Employee button in the menu along the left side of the screen.

[Skip navigation links](#)

The screenshot displays the 'EMPLOYEE' search interface. On the left is a vertical menu of system functions, with 'EMPLOYEE' circled in red. The main search area is titled 'EMPLOYEE' and includes the following fields and controls:

- District:** A dropdown menu currently set to 'All'.
- SEARCH:** A blue button to execute the search.
- CLEAR:** A blue button to reset the search criteria.
- First Name:** A text input field.
- Last Name:** A text input field.
- Employee Number:** A text input field.
- Record Status:** A dropdown menu currently set to 'All'.

At the bottom of the search area is a pagination bar with the following information:

- Navigation arrows (back, forward, first, last).
- Page 0 of 0
- Page Size 10
- GO button
- Total Items: 0

Below the pagination bar are column headers for the search results: Clinic, Number, First Name, Middle Initial, and Last Name.

Employees can be searched by: District, First Name, Last Name, Employee Number, and/or Record Status. Enter any known search criteria and click the Search button. A list of all results matching the search criteria will be displayed.

11.5 EMPLOYEE BILLING

11.5.1 EMPLOYEE BILLING SEARCH

The screenshot displays the 'EMPLOYEE BILLING' search interface. On the left is a vertical menu with various system functions; 'EMPLOYEE BILLING' is highlighted with a red oval. The main content area features a search form with an 'Employee ID Number' input field, a 'Clinic' dropdown menu, and 'SEARCH' and 'CLEAR' buttons. Below the search form is a table with the following data:

	Clinic	Employee ID Number	Medicaid Provider Number
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	20111	
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	20112	
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	20113	
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	20118	
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	20136	
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	20137	
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	20140	
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	20504	
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	20507	
	002002 - ALLEN COUNTY HEALTH DEPARTMENT	21101	

- ◆ Enter an Employee ID number and Clinic and click search.

A list of search results may be displayed if employees in the system match the search criteria. To view an employee, click the view icon (magnifying glass) corresponding to an employee. The Show Employee Billing screen will be displayed.

SHOW EMPLOYEE BILLING

Clinic 002002 - ALLEN COUNTY HEALTH DEPARTMENT

Employee ID Number 20111

Medicaid Provider Number

Medicare Provider Number

Railroad Medicare Provider Number

Medicare Upin Number

NPI(National Provider ID Number)

Anthem BC/BC Pin Number

Managed Care Provider Number 0

Setup Date 2/1/2010 **Update Date** 2/1/2010

OK

The Show Employee Billing screen displays the following information: Clinic, Employee ID Number, Medicaid Provider Number, Medicare Provider Number, Railroad Medicare Provider Number, Medicare Upin Number, NPI (National Provider ID Number), Anthem Blue Cross /Blue Cross PIN Number, Managed Care Provider Number, and Setup Date.

11.5.1.1 EDIT EMPLOYEE BILLING

To edit employee billing from the Employee Billing Search screen, click the edit icon next to an employee ID. The Edit Employee Billing screen will be displayed.



EDIT EMPLOYEE BILLING

Clinic **002002 - ALLEN COUNTY HEALTH DEPARTMENT**

Employee ID Number **29524**

Medicaid Provider Number

Medicare Provider Number

Railroad Medicare Provider Number

Medicare Upin Number

NPI(National Provider ID Number)

Anthem BC/BS Pin Number

Managed Care Provider Number

SAVE **CANCEL**

Edit any of the fields on the Edit Employee Billing screen, then click Save. To cancel without saving changes, click Cancel.

12 HELP

12.1 CONTACTS

12.1.1 PROGRAM CONTACTS

KY WIC Help Desk (877) 597-0367

Business Hours: 8 am to 5:30 pm

12.1.2 APPLICATION ASSISTANCE

KY WIC Help Desk (877) 597-0367

Business Hours: 8 am to 5:30 pm

Or

Local Health Operations Help Desk (502) 564-6663

12.1.2.1 PASSWORD ASSISTANCE

If you have forgotten or would like to change your password, refer to [Forgot My Password](#).

12.1.3 GENERAL HARDWARE AND SOFTWARE ASSISTANCE

Contact your IT Support provider for assistance with hardware or software.

Appendix A

WIC PROCEDURES

0.1 1.1 WIC BENEFITS

ISSUANCE

The table below is an Issue Date Reference. For each given situation, there is a suggestion for the Issue Date to use and an explanation of the Issue Day used.

"Issue Date" Reference		
Situation	*Issue Date	Issue Day
Issuance to a new Household (New to WIC, never issued benefits)	<ul style="list-style-type: none"> Same day the participant is certified. 	<ul style="list-style-type: none"> The system will automatically complete the issue day using information entered in the "Issue Date" field
Issuance to an existing Household	<ul style="list-style-type: none"> If issuance takes place before benefits begin or on the actual date benefits begin, use the date that benefits are to begin. <p>(Example: Participant comes to clinic on 2/13/12 and next issuance date is 2/16/12, enter 2/16/12 date in the "issue date" field)</p>	<ul style="list-style-type: none"> Already established based on prior issuance
Issuance to a participant after "next issuance due" date	<ul style="list-style-type: none"> Enter the actual date the participant is issued benefits. <p>(Example: Participant comes to clinic on 2/17/12 and the "next issuance" was due 2/14/12. Enter 2/17/12 in the "issue date" field.</p> <p>Note: In order to issue an appropriate quantity of food, the system will automatically adjust the amount of benefits issued.</p>	<ul style="list-style-type: none"> Already established based on prior issuance
Issuance to coordinate benefits with an existing HH member receiving benefits	<ul style="list-style-type: none"> Enter the actual date the participant is issued benefits. The system will issue an appropriate quantity of food benefits and coordinate the new member to the household's established issue date. <p>(Example: Mom's issue date is 4/10/12; baby is added 4/20/12. Enter 4/20/12 in the "issue date" field.)</p>	<ul style="list-style-type: none"> Already established based on HH member established prior to issuance

<p>Issuance when ALL members transferring to a new site</p>	<ul style="list-style-type: none"> • Determine the last time benefits were issued. • If issuance is due, and participant is in clinic before “next issuance”, enter the date benefits are to begin in the “issue date” field. (Example: Participant comes to clinic on 2/13/12 and next issuance date is 2/16/12, enter 2/16/12 date in the “issue date” field) • If the participant presents “after” the next benefit issuance is due, enter the actual date in the “issue date” field. (Example: Participant comes to clinic on 2/17/12 and the “next issuance” was due 2/14/12. Enter 2/17/12 in the “issue date” field.) 	<ul style="list-style-type: none"> • Issue Day already established (issue day is transferred along with the members transferred via VOC Search)
<p>Issuance when a member is transferring to an existing HH at another site</p>	<ul style="list-style-type: none"> • If the member does not have benefits and is due benefits before the established issue day, enter the current date as issue date. (Example: Member transfers on 4/15/12 without any benefits to a HH with issue day of 20. Enter 4/15/12 as the issuance date. A prorated package will be issued for 4/15 to 4/19) • If the member has benefits, determine when next benefits are due and enter “next issuance” date in the “issue date” field. (Example: Member transfers on 4/15/12 and “next issuance” due is 4/27/12. Enter 4/27/12 in the “issue date” field.) 	<ul style="list-style-type: none"> • Issue Day already established (Example: The transferring member’s issue day was 10 and transfers into a HH with an issue day of 20. The transferring member’s issue day becomes 20) <p style="text-align: right;">Rev. 5/2012</p>

*****Note:** Once the issue day has been established for a household, the issue day cannot be changed.

The screenshot displays the 'WIC BENEFITS ISSUANCE' section of the Kentucky Clinic Management System. At the top, there are logos for 'CDP cms', 'Kentucky Clinic Management Household', and 'Kentucky UNBRIDLED SPIRIT'. Below the logos are 'PORTAL' and 'LOGOUT' buttons. The main content area is divided into several sections:

- Household:** Displays member details for 'JONES' from 'LOCAL HEALTH' county, household # 40. It includes fields for EBT Account # (50040), Address (900 WEST FOURTH STREET, Versailles, KY 40383), and Phone # ((666) 777-6666). Action buttons include 'EBT CARD', 'EDIT', 'HH SEARCH', 'EBT ACCT', and 'MEMBER'.
- Issuance Info:** Contains a form for issuing benefits. Fields include 'Print Benefit FIs' (checkbox), 'EBT Card #', 'Clinic' (dropdown), 'Issue Date' (calendar icon), 'Issue Day' (input field with '14'), 'Bank Account' (dropdown), 'FI Number' (input field), and 'Check Previous FI' (checkbox). The 'Issue Date' and 'Check Previous FI' fields are circled in red.
- Member Reason For Visit:** Includes an 'EDIT' button and the message 'There are no records to display.'
- Household Members:** A table header with columns: All, Patient #, Name, Next Action Due, FMNP, Last FP, Next Issuance Due, Next FP, Months To Issue, and Cert Label Only?.

Two red boxes with arrows point to the 'Issue Date' and 'Check Previous FI' fields, containing the text 'Refer to "Issue Date"' and 'Refer to "Issue Day"' respectively.

REPLACEMENT

2/29/2012

HEALTH PROFESSIONAL REPLACING AND RETURNING eWIC BENEFITS

STEPS FOR HEALTH PROFESSIONAL DOING ISSUANCE

REPLACING BENEFITS WHEN FORMULA IS NOT RETURNED

1. Search for the patient.
2. Click Patient Menu icon for the patient.
3. On Patient Menu, click Replace Benefits.
4. On Replace Benefits:
 - a. In Void Benefits, check months to void.
 - b. In Void Reason, select reason from drop-down.
 - c. In Food Package, select new food package.
 - d. In Issuance Info, verify/select Clinic and select Identification.
 - e. Click Replace Benefits.
 - f. Windows appear with issuance label and benefits list; print each and close each window.

REPLACING BENEFITS WHEN FORMULA IS RETURNED

1. Enter number of cans of formula returned:
 - a. Search for the patient.
 - b. Click Patient Menu icon for the patient.
 - c. On Patient Menu, click Return Purchased Formula.
 - d. On Return Formula:
 - i. In Quantity Returned, enter number of cans returned.
 - ii. Click Return Benefits.
 - iii. Message displays that benefits were successfully returned.
 - iv. Click Back.
2. Void benefits, change food package and replace benefits:
 - a. On Patient Menu, click Replace Benefits.
 - b. On Replace Benefits:
 - i. In Void Benefits, check months to void.
 - ii. In Void Reason, select reason from drop-down.
 - iii. In Food Package, select new food package.
 - iv. In Issuance Info, verify/select Clinic and select Identification.
 - v. Click Replace Benefits.
 - vi. Windows appear with issuance label and benefits list; print each and close each window.

12/2012

REPLACING AND RETURNING eWIC BENEFITS

STEPS FOR SUPPORT STAFF

REPLACING BENEFITS WHEN FORMULA IS NOT RETURNED

1. Refer food package change to health professional to assign a new food package.
 - a. If benefits to be replaced are for months where an ICT was done, the ICT changed infant status to child status. If the food package change is for the infant food package, the child status assigned in the ICT must be changed to the appropriate infant status before a new infant food package can be assigned.
2. After food package is changed, void and replace benefits:
 - a. Search for the patient's household.
 - b. On Member screen, select patient and click Patient Menu.
 - c. On Patient Menu, click Replace Benefits.
 - d. On Replace Benefits:
 - i. In Void Benefits, check months to void.
 1. If replacing benefits for a month(s) for an infant with a current ICT:
 - a. If replacing the infant food package(s), check months for all infant and child packages to void. The system will replace the infant package(s) and do the ICT again to replace the child package(s) if appropriate. This ensures the appropriate child food package is issued.
 - b. If replacing the child food package(s), check only the month(s) for the child package.
 - ii. In Void Reason, select reason from drop-down.
 - iii. In Food Package, assigned food package shows.
 - iv. In Issuance Info, verify/select Clinic and select Identification.
 - v. Click Replace Benefits.
 - vi. Windows appear with issuance label and benefit list; print each and close each window.

REPLACING BENEFITS WHEN FORMULA IS RETURNED

1. Enter quantity of formula returned:
 - a. Search for the patient's household.
 - b. On Member screen, select patient and click Patient Menu.
 - c. On Patient Menu, click Return Purchased Formula.

- d. On Return Formula:
 - i. In Quantity Returned, enter quantity of purchased formula returned.
 - ii. Click Return Benefits.
 - iii. Message returns that benefits were successfully returned.
 - iv. Click Back or Portal.
2. Refer food package change to health professional to assign a new food package.
 - a. If benefits to be replaced are for months where an ICT was done, the ICT changed infant status to child status. If the food package change is for the infant food package, the child status assigned in the ICT must be changed to the appropriate infant status before a new infant food package can be assigned.
3. After food package is changed, void and replace benefits:
 - a. Search for the patient's household.
 - b. On Member screen, select patient and click Patient Menu.
 - c. On Patient Menu, click Replace Benefits.
 - d. On Replace Benefits:
 - i. In Void Benefits, check months to void.
 1. If replacing benefits for a month(s) for an infant with a current ICT:
 - a. If replacing the infant food package(s), check months for all infant and child packages to void. The system will replace the infant package(s) and do the ICT again to replace the child package(s) if appropriate. This ensures the appropriate child food package is issued.
 - b. If replacing the child food package(s), check only the month(s) for the child package.
 - ii. In Void Reason, select reason from drop-down.
 - iii. In Food Package, assigned food package shows.
 - iv. In Issuance Info, verify/select Clinic and select Identification.
 - v. Click Replace Benefits.
 - vi. Windows appear with issuance label and benefit list; print each and close each window.

~~0.2-1.2~~ WIC CERTIFICATION

MEASURES AND WIC CERTIFICATION

A. Measures and Certification steps when health professional enters all data:

1. From Portal – click Patient Search
2. Enter patient ID number and click Search button
3. Click Patient Menu icon for selected patient
4. From Patient Menu – click Measures & Blood Work History link
5. From Measures & Blood Work History, click New Measures/Blood Work button
6. Enter measures and blood work (if age appropriate)
7. To print growth chart, click Save button (saves data & returns to Measures & Blood Work History screen)
8. Click Growth Chart button
9. Click a print button to print growth charts, then close print window (click X)
10. Click New Cert/Recert button
11. On Cert/Recert Status Selection screen, select status and click Calculate Risk button
12. Complete Risk, Comments, Plan (and Breastfeeding/TV questions if age appropriate) and click Save & Food Pkg Assign button
13. Select food package and click Save & WIC 75 button

B. Measures steps when Clinical Assistant enters measures and blood work:

1. From Portal – click Patient Search
2. Enter patient ID number and click Search button
3. Click Patient Menu icon for selected patient
4. From Patient Menu – click Measures & Blood Work History
5. From Measures & Blood Work History, click New Measures/Blood Work button
6. Enter measures and blood work (if age appropriate)

7. To print growth chart, click Save button (saves data & returns to Measures & Blood Work History screen)
8. Click Growth Chart button
9. Click a print button to print growth charts, then close print window (click X)
10. Click Portal button for next patient search

C. Certification steps when health professional enters only certification data:

1. From Portal – click Patient Search
2. Enter patient ID number and click Search button
3. Click Patient Menu icon for selected patient
4. From Patient Menu, click History under WIC
5. From History screen, click New Cert/Recert button
6. On Cert/Recert Status Selection screen, select status and click Calculate Risk button
7. Complete Risk, Comments, Plan (and Breastfeeding/TV questions if age appropriate) and click Save & Food Pkg Assign button
8. Select food package and click Save & WIC 75 button

State Risk Code	Federal Risk Code	Description
1010 1020	201 211	LOW HCT/HGB ELEVATED BLOOD LEAD
2040	142	PREMATURITY
2049	152a	HEAD CIRCUMFERENCE BELOW 5TH PERCENTILE
2050 2060	141 114	LOW BIRTHWEIGHT/VL BIRTHWEIGHT AT RISK FOR OVERWEIGHT
2061	111	OVERWEIGHT
2062	103	AT RISK FOR UNDERWEIGHT
2063	101	UNDERWEIGHT
2064	121	AT RISK FOR SHORT STATURE
2065	121	SHORT STATURE
2066	151	GROWTH PROBLEMS
2067	131	INAPPROPRIATE WEIGHT GAIN PATTERN
3010	371	SUBSTANCE USE
3011	904	SECONDHAND SMOKE
4010 4020	601 602	BF INFANT/BF WOMAN AT NUTRITIONAL RISK BREASTFEEDING COMPLICATIONS
4040 4070	601 701 703	BF INFANT/BF WOMAN WITH DIETARY CONCERNS INFANT OF WIC
4075 5011	301	MOTHER/MOTHER AT RISK INFANT OF A MOTHER W/COMPLICATIONS WHICH IMPAIR NUTRITION PREGNANCY INDUCED CONDITIONS
5012	311	DELIVERY OF PREMATURE
5012	312	DELIVERY OF LBW INFANT
5013	321	FETAL OR NEONATAL DEATH
5014	331	GENERAL OBSTETRICAL RISK
6010	341	NUTRIENT DEFICIENCY
6010	342	GI DISORDERS
6010	343	DIABETES
6010	344	THYROID DISORDERS
6010	345	HYPERTENSION
6010	346	RENAL
6010	347	CANCER
6010	348	CNS DISORDERS
6010 6010	349 350	GENETIC/CONGENITAL DISORDERS PULORIC STENOSIS
6010	351	INBORN ERRORS OF METABOLISM
6010	352	INFECTIOUS DISEASES
6010	353	FOOD ALLERGIES
6010	354	CELIAC DS
6010	355	LACTOSE INTOLERANCE
6010	356	HYPOGLYCEMIA
6010 6010	357 359 360	DRUG/NUTRIENT INTERACTIONS RECENT SURGERY, TRAUMA, BURNS JVARTHRITIS,
6010 6020	902	CARDIORESP DS, LUPUS, HEART DS, CF, ASTHMA IMPAIRED ABILITY TO PREPARE FOOD
6030	361 & 362	COMPLICATIONS WHICH IMPAIR NUTRITION
6040	381	DENTAL PROBLEMS
6050	382	OTHER HEALTH RISK
7010	401	PRESUMED DIETARY RISK
7012	411.1	FEEDING PRACTICES - INFANTS
7012	425.1	FEEDING PRACTICES - CHILDREN

7012	427.1	FEEDING PRACTICES - WOMEN
7012	428	FEEDING PRACTICES - INFANTS
7015	402	INAPPROPRIATE NUTRIENT INTAKE
7015	403	INAPPROPRIATE NUTRIENT INTAKE
7020	358a	EATING DISORDERS
7090	901	RECIPIENT OF ABUSE
7095	903a	FOSTER CARE
7098	801	HOMELESSNESS
7099	802	MIGRANCY
8030	501	REGRESSION PRIORITY III
9010	502	TRANSFER

0.3-1.3 WIC LABELS

OBTAINING WIC CERTIFICATION LABEL FOR FULLY BREASTFED INFANTS ASSIGNED BF1/F1 FOOD PACKAGE

Household Contains Fully Breastfeeding Infant (single infant or multiple infants) NOT Receiving Benefits (BF1/F1 package) – Printing Certification Label for Infant(s) Only

1. On Member screen, click Save & Issuance.
2. On WIC Benefits Issuance screen:
 - a. Click on the “Cert Label Only?” box for participant(s) with a BF1/F1 package.
 - b. Click Issue Benefits.
 - c. A window will appear with the certification label(s). To print label(s):
 - i. Click File or the print icon in the toolbar that appears in the window.
 - ii. Select or verify label printer is selected printer.
 - iii. Click Print/OK.
 - iv. Close window when printing is complete.
3. Place certification label in participant’s medical record(s).

Household Contains Fully Breastfeeding Infant (single infant or multiple infants) NOT Receiving Benefits (BF1/F1 Package) – Printing Certification Label for infant(s) and Issuing Benefits to Other Household Members

1. On Member screen, click Save & Issuance.
2. On WIC Benefits Issuance screen:
 - a. Verify/select clinic from the dropdown.
 - b. Enter issue date.
 - c. Select the type of identification presented from the drop down.
 - d. Select member(s) to receive issuance by checking the box next to Patient # or check the “All” box to select all Household Members.
 - e. Do not check or uncheck the box next to the Patient # of the participant(s) assigned the BF1/F1 package.
 - f. Check the “Cert Label Only?” box for participant(s) assigned the BF1/F1 package.
 - g. Select number of months to issue for participant(s) receiving benefits.
 - h. Click Issue Benefits.
 - i. Two (2) windows will appear: one with the benefits list and shopping list for the household member(s) receiving benefits and one with the certification label(s) and issuance label(s). To print:
 - i. Click File or the print icon in the toolbar that appears in the window.
 - ii. Select/verify label printer is selected printer.
 - iii. Click Print/OK.
 - i. Close each window when printing is complete.
3. Place certification and issuance labels in participant’s medical records.
4. Give benefits list and shopping list to participant(s).

Note: The BF1/F1 label can be reprinted through the CDP Report Viewer option.

0.4-1.4 WIC REGISTRATION

Rev. 9/2012

REGISTERING FOR WIC CERTIFICATION/RECERTIFICATION**PATIENT(S) WITH MEDICAID, FOOD STAMPS OR KTAP**

1. On CDP Portal, click HH Search.
2. On Household Search, enter search criteria for the household and click Search.
3. On Member screen, verify household address and phone number. If new address or phone number, click Edit at top of screen. On Household Edit screen, change address and/or phone number and click Save.
4. Enter/verify number in household.
5. Click Save & Third Party on Member screen.
6. On Third Party Liabilities screen, click box beside name(s) of patients being certified. If all household patients are receiving services, click the All box.
7. Select/verify Medicaid eligibility and enter/verify Medicaid number if applicable. Click in box for KTAP or Food Stamps if patient receives these.
8. Click Save & Income/ Proofs.
9. On Income/Proofs screen, click box beside name(s) of patients being certified. If all household patients are receiving certification, click the All box.
10. Complete initial contact date (if a new certification), proof for residence, proof for identity, adjunct eligibility and adjunct eligibility proof for each patient for certification/recertification.
11. Click Save & Member.
12. On Member screen, click box beside patient name and click Registration.
13. On Registration, ensure all required fields are completed. Make sure correct clinic is on Registration. Update/complete fields as needed.
14. Select WIC Cert/Recert as reason for visit.
15. If address and phone number was not verified on Member screen verify on Registration. Update household address and/or phone number if needed.
16. Enter number for labels needed.
17. Click Save & Member if another household member needs to be registered. If thru with household, click Save & Portal.
18. Window will appear with labels. Click print icon in toolbar that appears in window. Ensure printer is label printer. Click OK/Print. Do not close (X) window until labels are thru printing.

PATIENT(S) FOR INCOME SCREENING

1. On CDP Portal, click HH Search.
2. On Household Search, enter search criteria for the household and click Search.
3. On Member screen, verify household address and phone number. If new address or phone number, click Edit at top of screen. On Household Edit screen, change address and/or phone number and click Save.
4. Enter/verify number in household.
5. Click Save & Income/Proofs on Member screen.
6. On Income/Proofs, click box beside name(s) of patients being certified. If all household patients are receiving certification, click the All box.
7. Complete initial contact date (if a new certification), proof for residence, proof for identity, adjunct eligibility and adjunct eligibility proof for patient(s) for certification/recertification.
8. Click box for Assessing Income.
9. Enter/update household income information:
 - a. For Salaried Income/Wages:
 - i. To do a new entry for salaries/wages, click Add to open line for data to be entered. Click Add for each entry needed.
 - ii. Complete name (of person with wages), employer, pay period, income amount and proof.
 - b. For Other Income:
 - i. To do a new entry for other income, click Add to open line for data to be entered. Click Add for each entry needed.
 - ii. Complete name (of person with other income), income source, pay period, amount, and proof.
10. Click Save & Member.
11. For patient(s) over WIC income guidelines, a Notice of Ineligibility (WIC-54) will appear in a separate window to print. If over WIC income guidelines, Registration must be completed for documentation.
12. On Member screen, click box beside patient name and click Registration.
13. On Registration, ensure all required fields are completed. Make sure correct clinic is on Registration. Update/complete fields as needed.
14. Select WIC Cert/Recert as reason for visit.
15. If address and phone number was not verified on Member screen, verify on Registration. Update household address and/or phone number if needed.
16. In Income section, enter date income was assessed (today's date) in Income Assessed Date. (Income Assessed Date must be completed with date income was assessed to receive 4th registration label.)
17. Enter number for labels needed.
18. Click Save & Member if another household member needs to be registered. If thru with household, click Save & Portal.

19. Window will appear with labels. Click print icon in toolbar that appears in window. Ensure printer is label printer. Click OK/Print. Do not close (X) window until labels are thru printing.

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REMINDERS FOR INCOME DOCUMENTATION FOR WIC CERTIFICATION

- Enter zero (0) in the income field when the participant reports zero household income (i.e. there is no income for the household).
- If an income screening has never been done on the household (for example, participants with Medicaid, KTAP, or Food Stamps), the annual income field will be blank. If income screening is not required, the field should be left blank. CMS will accept a blank income field. If an income screening has been done, the annual income field may contain the annual amount.
- Annual income fields should be blank when income is unknown or has never been assessed (CMS will accept a blank income field). Do not enter nines (99999) for unknown income in any income fields in CMS. Nines in the income field in CMS are considered as a dollar amount (i.e. \$99,999). Only enter nines if it is the income amount (i.e. \$999.99).
- Nines (99999) appearing in the annual income field on Registration may be from the transfer of income data from Bridge to CMS (99999 was entered in the Bridge system for unknown income). If household income has not been assessed or is not being assessed, nines should be deleted from the annual income field in CMS leaving the field blank (CMS will accept a blank income field); otherwise it will appear that the annual household income is \$99,999.
- When household income is assessed for a patient, the Income Assessed Date on Registration must be completed with the date income was assessed to receive the fourth registration label

WIC PROGRAM DOCUMENTATION FOR KCHIP III ELIGIBILITY

Persons eligible for KCHIP III are not adjunct income eligible for WIC. To identify if a patient is KCHIP III eligible, the Kentucky Health Net Eligibility Verification System will have a "P7" in Program Status. Patients with KCHIP III must be screened for household size and household income. Steps for documenting KCHIP III and income information:

1. On the Member screen, click Save & Third Party.
2. On Third Party Liabilities, select member by clicking box for patient name.
3. In Medicaid Eligible drop-down, select KCHIP 3.
4. Click Save & Income/Proofs.
5. On Income/Proofs, select member by clicking box for patient name.
6. Select proof from drop-downs for Residence and Identification.
7. Select None from Adjunct Eligibility drop-down.
8. Select Not Applicable from Adjunct Eligibility Proof drop-down.
9. Check Assessing Income box.
10. Update existing income info or click Add to add new income info for Salaried Income/Wages and/or Other Income.
11. Complete all required fields for income including proof.
12. Click Save & Member.
13. For patient(s) over WIC income guidelines, a Notice of Ineligibility (WIC-54) will appear in a separate window to print. If over WIC income guidelines, Registration must be completed for documentation.
14. On Member screen, select member by clicking box for patient name.
15. Click Registration.
16. On Registration, complete Income Assessed Date in addition to required fields. Make sure correct clinic is on Registration. Update/complete fields as needed.
17. Select labels.
18. Click Save & Portal or Save & Member.
19. Print labels for documentation.

1.5 WIC VOC

Rev. 10/2012

ADDING AN IN-STATE WIC TRANSFER/VOC USING VOC SEARCH

- User must have security for VOC Search to appear on Portal.
- Once the transfer is completed using VOC Search:
 - An email is automatically sent to the losing clinic to alert staff of the transfer(s).
 - WIC History is updated for the patient(s) transferred.*

VOC Search

1. On Portal, click VOC Search.
2. On VOC Search screen, enter Patient ID # or Name and Birth Date.
3. Click Search.
4. Match displays at bottom of screen in WIC Patients panel if patient has current WIC certification. If name shows in multiple clinics, it is in order by most recent clinic. (Panel displays Clinic, Patient #, Name, Status, Certification Begin Date, Certification End Date, WIC Active, and Terminate Reason (reason shows if terminated**)).
5. To transfer, click green arrow next to Clinic that patient is in.
6. Select VOC Patients screen returns. WIC Patients panel shows all household members who have current WIC eligibility and members' certification info.***
7. Click box next to Patient # to select patient(s) to transfer or click All to transfer all patients.
8. Click Transfer VOC.
9. On VOC Transfer screen, complete Transfer panel:
 - a. Transfer WIC Data: Select Yes to transfer WIC info. ("No" transfers patient demographics only).
 - b. Residence and Identification proof: Select proof for residence and identification from dropdown for each patient transferring.
 - c. County: Verify/select county to receive patient(s).
10. Create a new household or search for the existing household to transfer patient(s) into.

To Create New Household

1. Click Create New Household.
2. VOC Transfer Verification box appears. Click Yes in Complete the VOC Transfer?
3. Transfer Household Add screen returns.
4. Change household Name, Address, City/State/Zip, and Phone Number as needed.
5. Complete Issuance Info panel with Clinic and Identification. Make sure correct clinic is selected.

6. Add/update Responsible Party, Emergency Name, Primary Insurance Company, Supplemental Insurance Company, or Medical Home as needed.
7. Click Save. ****
8. Multiple windows appear with a VOC for patient(s) transferred, a WIC Benefit List (with benefits transferred if patient(s) has eWIC benefits), an issuance label (if patient(s) has eWIC benefits), and Add Card/Cardholder screen to issue an eWIC card (card may be issued now or close window and issue at check out).
9. Member screen displays the new household created with the transferred patient(s).
10. Enter Number in Household on the Member screen and click Save.
11. Register transferred patient(s). Select a member and click Registration.
12. On Registration, complete required and applicable fields. Make sure correct clinic is on Registration. Enter Reason for Visit of WIC VOC. Select needed labels and click Save & Member or Save & Portal. (Do not click Save & VOC).
13. Issue benefits as appropriate at checkout based on date due. Date due is shown on WIC Benefits Issuance screen in Next Issuance Due and date reflects any transferred benefits.

To Transfer to Existing Household

1. Enter household number, name, etc. for existing household to transfer patient(s) into.
2. Click Search.
3. Match from search displays at bottom of screen in Household panel.
4. To transfer, click green arrow next to Household # to transfer patient(s) into.
5. WIC Transfer Verification box appears. Click Yes in Complete the VOC Transfer?
6. Transfer Household Edit screen returns with household info. Edit household info as needed.
7. Complete Issuance Info panel with clinic and identification. Make sure correct clinic is selected.
8. Add/update Responsible Party, Emergency Name, Primary Insurance Company, Supplemental Insurance Company, or Medical Home as needed.
9. Click Save.
10. Multiple windows appear containing a VOC for patient(s) transferred, a WIC Benefit List (with benefits transferred if patient(s) has eWIC benefits), an issuance label (if patient(s) has eWIC benefits), and Add Card/Cardholder screen to issue an eWIC card if household does not have an eWIC card (card may be issued now or close window and issue at check out).
11. Member screen displays with transferred patient(s) added in existing household.
12. Update number in household and click Save.
13. Register transferred patient(s). Select member and click Registration.
14. On Registration, complete required and applicable fields. Make sure correct clinic is on Registration. Enter Reason for Visit of WIC VOC. Select needed labels and click Save & Member or Save & Portal. (Do not click Save & VOC).
15. Issue benefits as appropriate at checkout based on date due. Date due is shown on WIC Benefits Issuance screen in Next Issuance Due and date reflects any transferred benefits.

* Certification history from the previous clinic is transferred and shows in the WIC Certification History along with the VOC for the transfer.

**A participant who has WIC eligibility but has been terminated can be transferred. However, the participant's terminated status is transferred. Before any benefits can be issued to a terminated participant, the reason for termination must be reviewed and a reinstatement done if appropriate.

***Select VOC Patients includes the Next Issuance Due date. Use this date along with information gathered from the participant to determine when to complete the VOC or schedule the participant for service. If the participant is in clinic and benefits are due, complete the VOC process; if benefits are not due but a new eWIC card is needed to access benefits, complete the VOC (i.e., if a member(s) from a household is transferring but a member(s) still remains in the household, such as a child transferring while mom, or another child, receives WIC benefits and has the card, complete the VOC and issue a new card to access the transferred benefits); if benefits are not due and the entire household has transferred and has the eWIC card, cancel the VOC and schedule an appointment as needed to complete the VOC .

****Note: If address or phone number matches an existing household, a duplicate household warning will appear. To proceed, click Continue Save; to cancel, click Cancel.*

Rev. 10/2012

ADDING AN OUT-OF-STATE WIC PARTICIPANT

For an out-of-state-participant:

To be valid, the VOC must contain, at a minimum, the name of the participant and the beginning and ending dates of the certification period, and there must be eligibility remaining. If the VOC is determined to be invalid, the transferring site may be contacted for necessary information. If information cannot be obtained, the person must be screened as a new applicant in the receiving site.

Residence requirements must be met. Request to see proof of residence and identity of the individual being transferred. If proof cannot be provided, refer to the WIC and Nutrition Manual, Certification and Management Section, WIC Eligibility Requirements, "Applicant Unable To Provide Proof Of Residency At WIC Certification" and/or "Applicant Unable To Provide Proof Of Identity At WIC Certification."

1. On Portal, click HH Search.
2. Enter search criteria and click Search (transfer patient(s) may be added to an existing household or create a new household).
3. On Member screen, click Add to open line to enter patient info.
4. Complete required fields (Member, Patient #, Name, Birth Date, and Gender).

5. Complete/update Number in Household.
6. Click Save.
7. Check box for the patient.
8. Click Registration.
9. On Registration, complete all applicable and required fields. Enter Reason for Visit of WIC VOC.
10. Click Save & VOC.
11. On VOC, enter all required fields: Proof of Residence and Identification, Beginning and Ending Certification Date, and Status; once status is entered, the screen auto-fills VOC risk (risk code 502). Be sure to check beginning and ending certification dates and enter correctly.
12. Click Save & Food Package.
13. Window will appear containing a VOC label; print label for placement in the medical record.
14. On Food Package Assignment screen:
 - Option A: If food package information is provided by the previous clinic, consult with health professional for food package assignment **PRIOR** to selecting the food package, select the food package, click save and proceed to step #15); **or**
 - Option B: If food package information is not provided by the previous clinic, a health professional must assign a food package. Click Member, arrange for participant to see health professional, and proceed to step 15.
15. On Member screen, request labels:
 - a. Check box for the patient.
 - b. Click Labels.
 - c. Enter number in needed labels and click Create.
 - d. Labels appear in window to print; when labels have been printed, click Done.

- WIC VOC

**Kentucky WIC Program
Verification of Certification**

Patient Information

HH #	1147	Certification Date	10/15/2012
Name	ZOE ZANE	Certification End Date	04/15/2013
Gender	Female	Age	1 Years 3 Months 24 Days
Birth Date	06/21/2011	Status	Child
EDC		Priority	3A

Height & Weight

Date of Measures 10/15/2012
 Height 0 ft. 30 in.
 Weight 23 lbs. 0 oz.
 BMI 17.97
 Gestational Age
 PPW 0 lbs. 0 oz.

Bloodwork

Date of Measures 10/15/2012
 Hemoglobin 9 gm/dL
 Hematocrit %
 Lead Count µg/dL

Additional Information

Breastfeeding No Ever Breastfed No How Long
 Age in Weeks Formula or Other Food Given 0 Months 0 Weeks 0 Days
 Hours per day watching TV 1 Hour

Risk Assessment

Risk Code	Priority	Referral
142 - Prematurity (Birth at <= 37 weeks gestation) (up to age 2) (age adjusted)	3A	
141a - Low Birth weight <= 5 lb 8 oz/2500 grams (LBW) up to 2 years of age	3A	
201g - Hematocrit <= 32.8% or Hemoglobin <= 10.9 gm/dl (age 9.0 months to 1.9 yrs)	3A	Hematocrit <= 27% or hemoglobin <= 9gm/dL refer ME

Food Package

CB - child with cheese

Issuance Information

Last Issuance 10/28/2012 - 11/27/2012
 Next Issuance 11/28/2012
 Agency KY DEPT PUBLIC HEALTH
 Clinic LOCAL HEALTH TEST SITE
 Lexington, KY, 40511
 Phone # (502) 695-1999

Signature: _____
 Janet Johnson

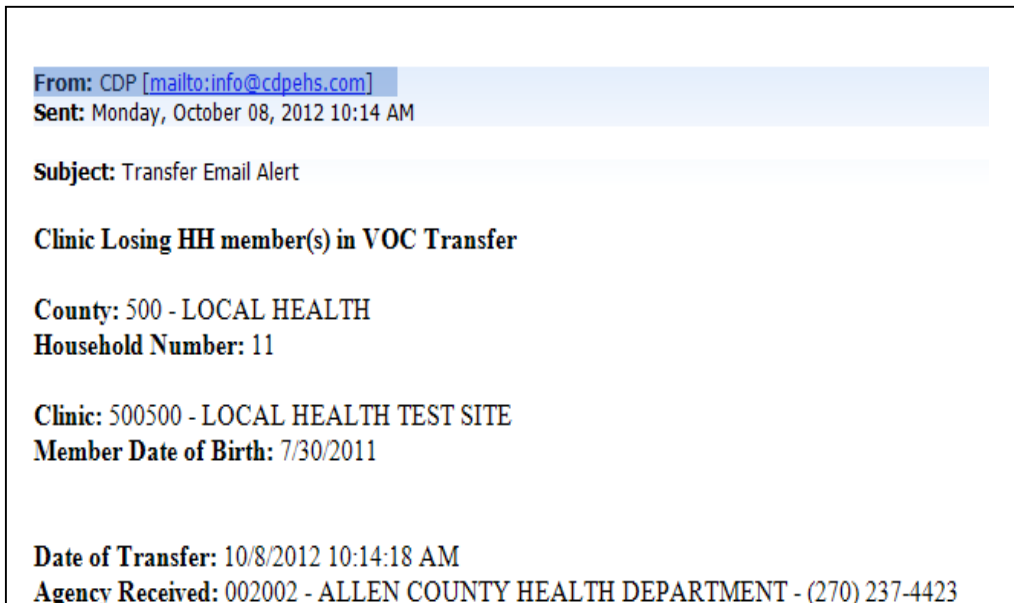
Date: 11/01/2012

- WIC VOC Transfer Email Alert

10/2012


WIC VOC TRANSFER EMAIL ALERT

An email is automatically sent from a transfer using VOC Search. The email is sent to the agency losing the participant(s) through VOC Search.



Appendix B

UPDATE SUMMARY

	
Kentucky CMS User Guide Update Summary for Version 2.2 May 19, 2014	
Section	Description of Update
Table of Contents	Updated
Labels	Updated Labels section with screenshots of labels
Measures and Blood Work Edit	Section added to the user guide, text and screen shots
Edit Client (state use only)	Updated Edit Client section to include FMNP, Portal News, and make the number of issuance months configurable, updated text and screen shots
Client Search (state use only)	Updated Client Search to include fields for Web Printing and WHO Charts, updated text and screen shots
New Measures/ Blood Work	A new feature has been added to the Measures screen to support non-invasive hemoglobin measures, updated text and screen shots
New Measures/ Blood work	Edits have been put in place to only allow one hemoglobin or hematocrit entry. Added note that an error message will be displayed if both measures are entered, updated text
Registering a New Patient	A new field has been added to the Registration screen to select an Alert Preference for the auto dialer, updated text and screen shots
Registering a New Patient	A checkbox has been added to the Registration screen, "Patient will not answer race (FP pats only)." This option is for family planning patients only, updated text and screen shots
Household Search/Patient Search	Added a search filter for cell phone # to the Household/Patient Search screen