



	TOPIC	Question	Response	NEW
C-11	Clinic Flow	How long do we have to keep and use the paper charts? We can't really believe they are going to go away.	The minimum time for keeping the paper charts (family folders) after the MIS goes live is until you've certified everyone in your caseload using the new system. Once a family is certified in the MIS, the chart/folder can be readied for archiving. State office will manage the long-term archiving necessary to comply with FNS requirements.	NEW
C-10	Clinic Flow	What data or information do you have from other states who have implemented this MIS system around issues or length of time it took for them to become proficient in using the system? That is, how long did it take to get back to normal/normal schedule?	Staff at the clinic we visited in Colorado reported that they spaced their schedule out for the first two weeks, and then were able to go back to the normal schedule.	
C-9	Clinic Flow	We also have a question around the TIMELINE. In the April power point slides a timeline was shown on implementation. We want to have more specifics on each stage and how it impacts the DO? What does each phase mean to the district offices or where does the DO fit into each phase? It sounds as if we will have a more specific timeline in a few months. I think, that it what I heard, but in that timeline where does the DO fit in.	As soon as the contracts are signed with our MIS and EBT implementation contractors, the first order of business is to write a work plan, with timeline. We will also develop a Clinic Enablement Plan, showing the stages of preparing DOs and outlying clinic sites. Once these documents are set up, along with the activities involved, the picture for impact on DOs and how the DO fits into each phase will be clearer and more specific. It may seem vague now, but once our contractors are on board, things will move pretty quickly. Thanks for being patient. 😊	
C-8	Clinic Flow	What can we be doing now to get ready?	In clinic, work on completing the whole certification, including writing your notes, before a participant leaves the room. In the new system, the notes need to be done before we can issue an EBT card – and we want people to leave clinic with their card! Practice recording information in the chart while you are talking with a participant. Start with just one simple visit, and work up to a full clinic session with no charts to finish up at the end of the day.	
C-7	Clinic Flow	How will baby enrollment work? Typically this is done over the phone, in 2 parts: enrollment and certification. 1) Clerical staff collect the demographic, birth and measurement info, get an ID #, schedule an	Good question! And we don't know all the answers yet. Many things in our work process will change with the new system, and we will bring together an expert group of district office staff to work with our contractors on the best way to manage the way work flows from one staff person to another. But as for the baby enrollment – In the new system, it's possible to split the information up, maybe not in exactly the same way that we do today. The demographics, ID number, birth measurements can all be	



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		<p>appointment, and “enroll” the baby</p> <p>2) A certifier completes the infant feeding assessment, assigns the WIC eligibility codes, assigns/changes the food benefit and makes referrals- “certification”. Often there is no certifier immediately available and we have to call the family back to complete the certification.</p> <p>Will the new system look at the process as 2 separate “pieces”? Or will a certifier need to do both parts?</p>	<p>collected by one person and saved – which puts the infant in “pending” status – not enrolled, because enrollment requires certification/nutrition risk, which a certifier will handle. So yes, a new baby call can be done in sections, by different staff. And with this system – it’s paperless! Once we have the MIS ready for staff to “test drive,” we’ll be able to figure out how to set up the work flows.</p>	
C-6	Clinic Flow	Won't our appointments take longer?	<p>Appointments may take longer for a few weeks while everyone gets used to the system. As people develop confidence, their appointment schedules can go back to normal. If people need more training, we'll make sure they get it. The point is to help staff be able to provide better service using the new MIS.</p> <p>One of the MPSC states, during implementation, scheduled every other appointment slot for the first few weeks, until the staff was comfortable with the system and their skills. If an appointment took longer, it wasn't a problem. The extra time before the next appointment could be used to do a "practice run" of what would need to be done for the next family.</p>	
C-5	Clinic Flow	How do we maintain a relationship with the WIC participant when there's a computer between us, and I'm going through a list of questions?	<p>It's the person behind the computer who makes it mechanical or makes it human. We can make it human. MPSC WIC staff described their training that focused on how to be comfortable and remain fully engaged with the participant while conducting the interview and nutrition education. Think of all the times you interact with someone where there's a computer between you: at a store, checking into a hotel or airline, or at a doctor's office. It can be friendly and interactive and we'll strive to do that.</p> <p>Our "clinic enablement plan" includes WIC staff redesigning work-spaces to be comfortable with the lay out, and not create barriers.</p> <p>Consider the upside: instead of going over a pamphlet with the participant, you can watch a video together, visit the CDC or other useful website together to research a question, use a PowerPoint presentation, in color with animations as part of nutrition education. This is actually more like the WIC participant's "normal life" than a paper-based interview would be.</p>	



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C-4	Clinic Flow	How will the wichealth.org site tie in with EBT for the 3 month “in-between i.e. nutrition recall” visits?	We’re not sure yet. Both Utah & Colorado use wichealth.org, so we can learn how they are using it for nutrition recalls.	
C-3	Clinic Flow	Will we need more clerical staff to deal with a three-month certification versus the current six months?	Families will continue to be certified for six months; the change is that benefits are issued for three months at a time. This requires a nutrition “check in” at three months. By reductions in paperwork during the certification period (e.g. by eliminating the PODs), this ought not to create a need for more staff, but will be a better use of staff time, which is freed up by the new MIS and EBT systems.	
C-2	Clinic Flow	Will clerks be able to use the income calculation screens for callers (not necessarily already in the system)?	No, The income calculator is not available for use unless you have entered previous participant mandatory fields, like mother’s name and education, etc. FNS has a web-based pre-screening tool at the link below that could be helpful – applicants can use it on their own, or staff can enter information based on a phone conversation. This is available now at http://wic.fns.usda.gov/wps/pages/start.jsf	
C-1	Clinic Flow	Will there be new recommendations on how far out to plan clinics? One year instead of 6 months?	There are no current recommendations. We will add this to the clinic enablement plan.	
E-7	EBT	Cards won’t have imprinted names. What if people sell their cards and PINs?	Federal rules have established that if the shopper has the card and PIN, no other identification would be requested, so name on the card doesn’t matter. With the migration from home delivery to retail, whether EBT or paper voucher, Vermont WIC has to implement a strong investigation and compliance program. We will be issuing administrative rules to deal with fraud and abuse, and hiring contractors to conduct investigations as needed. With the good redemption data from EBT, we can also “spot check” for anomalies in purchasing/redemption.	
E-6	EBT	If a client does not use any juice, can that money that they would normally have on the card to buy juice, be available to buy fresh fruits and vegetables instead?	No, the juice benefit is a separate category from the fruit & vegetables cash benefit. If a food package has 4 quarts of juice, there will be many juice choices, but the juice cannot be “traded” for more cash for fruits and vegetables.	
E-5	EBT	Can shoppers use store or manufacturer coupons with the EBT card?	Yes, if the store allows other shoppers to use them, then so must the WIC participants. This goes for “buy one get one free” and other promotions, also. (This is a federal requirement.) In the “buy one get one free” scenario, the free item does not debit the participant’s benefit account.	



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E-4	EBT	We have a lot of immigrants in our WIC population. How will the new food package work for them? What about the stores where they shop?	We believe the new system will allow more and better choices within the federal food package guidelines. (When you see the presentation on EBT, you'll understand more about how this is the case). Even small "ethnic" stores should be able to participate if they carry a full market basket of products and are willing to meet WIC minimum stocking requirements; the state will provide the electronic equipment they need to accept the WIC card.	
E-3	EBT	Will they have brand choices or have to buy basic brands?	Our intention is to allow both national and store brand choices for most food items.	
E-2	EBT	How will the veggie/fruit purchases work?	The fruit and veggie benefit will still be a "dollar value" per month. (This is a federal WIC rule for F&V). They will be rung up and coded the way they are when you shop - using the PLU code numbers on the little stickers, or the UPC codes printed on packaging. They will be rung up along with the rest of the products; then at the end the WIC EBT system will "check" for which purchases are eligible, and charge them against the dollar value of the benefit loaded for that family.	
E-1	EBT	We need outlying stores across the border	We will be certifying plenty of additional border stores. We are currently doing an online survey of WIC participants to find out where and how often they shop This will help us to identifying shopping habits and we can build the store network to best serve our participants' current patterns.	
F-3	Food List	Who is developing the Approved Products List (APL) and what is involved?	Nutritionists Jackie Charnley and Carol Frary are coordinating the work. They collected APLs from surrounding states to try to align as much as possible, given overlap of chain stores, and shopping habits of some participants. They have conducted a survey of WIC participants – both in person interviews and an online Survey Monkey survey. They have visited stores to conduct an assessment of what products are widely available. There are decisions to make, generally around the more “exotic” products, such as: will goat’s milk be on the APL, and if so in what forms? (e.g. powdered, shelf-stable, etc). Most noticeable change for participants will be in the Whole Grain category, as many more bread and cereal choices will be possible. Most states update their APL every October, and with EBT providing real-time data on what exactly is purchased, we’ll be able to make adjustments based on preferences (e.g. eliminating products that are rarely purchased).	



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F-2	Food List	How will participants know which foods are eligible?	We will provide brochures to families, as other state WIC programs currently do, that display the eligible foods. This will also be accessible online. Some grocers will use shelf tags (though not likely in border chain stores where multiple state WIC programs have authorized the store). This will be an important focus for participant education.	NEW
F-1	Food List	We “tailor” food packages now. Will the participants “self tailor” now by their purchasing choices?	Not exactly. Some of the tailoring is in the system --- e.g. the choice of milk versus cheese. But once you choose cheese in the MIS for the food package, in the store participant has multiple choices of the type of cheese to fulfill that item, and can choose when and how much to purchase at a given time. The choice for the participant in the store is the quantity and the brand/version of the item.	NEW
P-1	Participants	We're concerned about transportation problems; how will people get to the WIC stores? People already have trouble getting in to pick up their medical formula.	Families are currently getting their non-WIC groceries somewhere, somehow, and the survey will help us to build a store network that meets their needs. Since the EBT card allows shopping anytime during the month at any time a store is open, families will have more opportunities to get their full WIC benefit. Difficulties in getting to a district office that may be many miles from home during weekday business hours is unlikely to be a predictor of problems getting to a grocery store.	
S-8	Staff	What will be the difference between what an HOS does and what a Nutritionist does? (Role changes)	No specific role changes for certifiers are planned as part of the MIS-EBT system implementation.	
S-7	Staff	Based on the current core programs will there be enough work for Clerical and Administrative staff in each District office to do? Can we be confident that our positions will not be cut?	<p>We can be confident that positions will not be cut because of the new WIC system & EBT. But there is never any guarantee that State positions will be where they are now, doing what they do now.</p> <ul style="list-style-type: none"> • Programs other than WIC may change. • If population or program participation levels change staffing levels may need to change (up or down). • State budgets affect how many state employees there are, where they are located and what their duties are, etc. <p>Those are all things that are beyond the control of a single program.</p>	



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S-6	Staff	<p>What part of the training for the new MIS system will Clerical be involved in? Will we have the knowledge base to help certifiers?</p> <p>Who will decide which Clerical person does which jobs? Will there be cross training?</p>	<p>WIC and the Office of Local Health will work together to look at how the MIS-EBT system affects the work of all staff disciplines, and to make changes in major job duties if necessary.</p> <p>Decisions about which staff person does which specific task at the local level will be a local decision, as it is now.</p> <p>All clinic personnel will be fully trained for the tasks for which they are responsible, as well as any tasks for which cross-training needs are identified.</p>	
S-5	Staff	<p>What about our drivers? We love our drivers!</p>	<p>One of the reasons pushing us to implement EBT ahead of the other states in our region is that we've been notified several drivers want to retire in the next few years, and the trucks they drive aren't easy to replace, either. We are keeping our drivers fully informed about the project, so they can make their own plans for 2016, when EBT is rolled out statewide. And we will plan a celebration to recognize their years of service to Vermont's WIC families.</p>	
S-4	Staff	<p>What will the front office/administrative staff do instead of the data entry they are doing now? There's suspicion this will lead to lay-offs.</p>	<p>We don't plan to reduce administrative staff because of the MIS. There may be opportunities for more outreach, work with retailers (many states have local grocer liaisons) and other activities. WIC and OLH will work together to redefine front office/admin tasks for WIC.</p> <p>Can you think of things you'd like that staff to do once they aren't doing data entry? What is not getting done? Everyone in the clinic probably has ideas for this! What do you wish you could have them do instead? That's what they'll do.</p>	
S-3	Staff	<p>Will we have time to learn how to use the new system?</p>	<p>There will be ample training opportunities provided at the District Office level. Also, we plan to work with the Transfer and Implementation and EBT contractors to provide effective training and practice before you must go-live.</p>	
S-2	Staff	<p>What if there are staff members who aren't computer savvy, who aren't used to using computers?</p>	<p>Now is the time to start becoming more comfortable with computers. The MPSC has many drop-down menus, & doesn't require much typing, so staff who can use email, an Outlook calendar and make on-line purchases shouldn't have too much trouble with the system.</p> <p>For those who would like to brush up on their skills now, the State offers training through the Summit & Vermont Online University. Also, the new payroll system will help staff become more comfortable with online work.</p>	



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S-1	Staff	Will the training and practice time be onsite using our own equipment?	We plan on a "train the trainer" model for training, so most of the staff will receive their training onsite, using the equipment you'll be using following roll-out.	
T-17	Tech	Will we need to preload the "old" information from paper files?	No, DII and the MIS contractor will do that. We've started identifying the information that will need to be converted to the new system. Some information, such as racial/ethnic codes, will need to be entered in the new system when participants are recertified, because our complicated coding structure can't easily be converted.	NEW
T-16	Tech	How much of a name has to be entered when searching, if someone is already in the system?	There is a wildcard function that allows you to type in a few letters with the wild card (for this system, the symbol "%") and get possible answers, in a sortable list. For example, if you type in <i>Mck%</i> for the Last Name, you'll get all last names that begin with "Mck" ---- We'll provide a brief Demo of this functionality.	NEW
T-15	Tech	Can we still get the information we get from the 106s, such as smoking, breastfeeding rates, etc?	The MIS has nearly 200 reports built in. The MIS Demo #4 shows you some of the most helpful reports accessible from system. The Demo is available on the RCN website: http://healthvermont.gov/wic/RCNResources.aspx#Resource_Presentations WIC staff may have different levels of permissions for reports. However, almost all of them will be accessible by District Offices without requesting reports from State Office.	NEW
T-14	Tech	Does the new system make automatic reminder calls?	The new system will connect with the state autodialer to make reminder calls. Different states use different methods for reminders, so it is not built into the system itself.	
T-13	Tech	How will new families, new babies, foster children, and address changes be done?	To the extent that we can develop a "Mini-Demo" of the MIS to demonstrate these, we will. Otherwise, these are the kinds of topics that will be thoroughly covered in training and practice sessions, and in written manuals that will describe, step-by-step, how to process these changes. One technique used in the Colorado manuals that we'll use in ours are tables showing "Before, this was how you did this. Now, here's how you do this." Basically, a cross-walk showing the changed process. WIC staff will be involved in development of these materials to make sure they address functions clearly.	



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T-12	Tech	How will food changes be done?	There will be far fewer food order changes, because families will have many choices in each food category. They won't have to request a change from Cheerios to Kix – their food package will include authorization for an "eligible" cereal, and they can just choose which cereal they want each time they shop. That said, see answer T-13, which applies here, too.	
T-11	Tech	For families transferring out of state will our process and paperwork change?	For out of state transfers, the system will print a VOC document that contains all of the necessary information for an out of state transfer. The VOC still requires a staff signature. We'll create a mini-demo of this one.	
T-10	Tech	When we get a list from Medicaid for individuals who qualify for WIC benefits, will there be a link or an electronic list generated via the MIS/EBT system?	The MIS won't have a direct connection (interface) with Medicaid. It will still be necessary to check Medicaid eligibility the way it is done now. Having that interface is on a list for future enhancements, but it's probably a long ways off.	
T-9	Tech	Our biggest concern is our network is slow and we'll be so dependent on reliability.	<p>We are working very closely with DII to make sure the network can support this new system.</p> <p>DII considers "Today" the "baseline," and will add capacity to bring Today up to what is needed for the MPSC MIS. That means if "Today" is already too slow, it's important to contact Help Desk to report slow response, so we can all get the system working satisfactorily now. Then, the capacity added for the new MIS will be enough to support it.</p> <p>Our implementation includes a "clinic enablement plan," that assesses each location to make sure the system will work optimally there.</p>	
T-8	Tech	What will the backup system look like if the system goes down? What essential information will we need to complete a certification if the system crashes?	While outages do happen, the State's servers and networks are being made more secure and stable with the consolidation of state resources by DII. For example, the servers are no longer located in flood plains. In the case of a disaster outage, the WIC program's own Disaster Recovery plan would take effect. That process would most likely be a paper process, similar to what you use now.	



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T-7	Tech	Re: the contractor that will be helping develop the MIS system, will they have a specific contract that will specify the timing of when everything will need to be done to keep them on the timeline?	Yes, the company selected will be under a strict timeline set in the contract, with performance guarantees. WIC also has contracted for a Quality Assurance contractor, to make sure the work done by the MIS and EBT Contractors is complete and thorough. The most important key to keeping the project on time and on track is that WIC has assigned a full-time Project Manager, Nancy Rowell, PMP, who is supervising the project and the contractors. The Steering Committee meets every week and is attended by representatives from DII, VDH and AHS. In other words, there is a strong project management component directing the program and closely overseeing the MIS and EBT contractors.	
T-6	Tech	Why is it taking so long to install the new WIC Management Information System (MIS)?	Even though we are transferring and installing an existing system, rather than writing new software, this is a very complex and expensive project. That means there are many checkpoints and review processes that add time. For example, we finished writing the Requests for Proposals (RFP) for the contractors last fall, and it took from then until March for state agencies and FNS to review and approve the RFP. Once we select a winning bidder, it takes several months to get approval for the contract, before it can be signed. With the very public news of failed IT projects recently, there is a lot of scrutiny. Once the contractors are working, we may find that the work goes more quickly than we planned - we scheduled conservatively in case there are hang ups. The pilot will happen in 6/2015, which is only one year and a couple of months after the work has begun in earnest. A lot of time is spent on planning and procurement --- kind of like the "measure twice and cut once" adage....	
T-5	Tech	How will staff at field clinics have access to families' WIC records? Will info be downloaded when they return?	Field clinics will either have wireless connectivity or use the MIS "check out" function and data and files will be synchronized when the staff return to the DO. Clinic locations with wired or wireless connectivity would be ideal, but are not absolutely necessary.	
T-4	Tech	Is the system going to be internet based?	No, the system will be located on the State of Vermont's Security protected Network. Your access to the system will be provided after your normal login to the State/AHS Network.	
T-3	Tech	Will there be Wi-Fi? Or Hot Spots? (Will off site clinic locations need to be checked for reception?)	This is still to be determined, following site assessments by the contractor and an architecture plan designed by DII Each site will be assessed for connectivity, reliability and a plan developed for how to best serve the site. The MSPC MIS system has the option of checking out the clinic module onto a laptop, and not requiring connectivity, if that's the only viable (if temporary) solution. The information gathered at clinic would be sync'd back at the District Office to update the system.	



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T-2	Tech	There were quite a few mentions of things to print out for clients.....is a little printer in each cert room being considered? And a portable one of outlying clinics?	Outlying clinics will need laptop/s, a card writer, printer, and signature pad. We may need additional printers in the district clinic areas; this will be determined as part of clinic enablement planning.	
T-1	Tech	Will the choice of fraction or decimal in the measurement screen be statewide? Or local?	The choice of fraction, decimal, or metric, in entering measurements is a system user choice. All those options will be available at all times. This allows staff to choose based on the standard reading from the clinic equipment, or the form provided by a participant's physician. The idea is to avoid the need for converting measurements from one form to another, which introduces measurement error.	