

Readiness Coordinator Network  
 FAQs – April 29, 2013, #1



#	TOPIC	Question	Response	
1	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>	
2	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 layout, 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>	
3	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.	
4	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.	
5	Clinic Flow	Will clerks be able to use the income calculation screens for	<p>No, The income calculator is not available for use unless you have entered previous participant mandatory fields, like mother's name and education, etc.</p> <p>FNS has a web-based pre-screening tool at the link below that could be helpful – applicants can use it on their</p>	

# Readiness Coordinator Network

## FAQs – April 29, 2013, #1

#	TOPIC	Question	Response	
		callers (not necessarily already in the system)?	own, or staff can enter information based on a phone conversation. This is available now at <a href="http://wic.fns.usda.gov/wps/pages/start.jsf">http://wic.fns.usda.gov/wps/pages/start.jsf</a>	
6	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.	
7	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.	
8	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.	
9	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.	
10	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.	
11	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.	

# Readiness Coordinator Network

## FAQs – April 29, 2013, #1

#	TOPIC	Question	Response	
12	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.	
13	Staff	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.	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.  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.	
14	Staff	Will we have time to learn how to use the new system?	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.	
15	Staff	What if there are staff members who aren't computer savvy, who aren't used to using computers?	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.  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.	
16	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.	

# Readiness Coordinator Network

## FAQs – April 29, 2013, #1

#	TOPIC	Question	Response	
17	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 hangups. 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....	
18	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.	
19	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.	
20	Tech	Will there be WiFi? 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.	
21	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.	

# Readiness Coordinator Network

## FAQs – April 29, 2013, #1

#	TOPIC	Question	Response	
22	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.	
23	Tech	Our biggest concern is faith in the computer system. The network is slow, and we're concerned about reliability.	Our implementation includes a "clinic enablement plan," that assesses each location to make sure the system will work optimally there. Network reliability is a key component of implementation, and one that the State IT folks are committed to maintaining for us.	