

# Remote TWIST Training Workbook

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## Welcome!

- Training is from 8:00 a.m. to 5:00 p.m. with an hour for lunch.

## Agenda

### Day 1

Activity 1	Intro to WIC <ul style="list-style-type: none"><li>○ Welcome and introductions</li><li>○ Overview of WIC</li></ul>
Activity 2	Getting Started <ul style="list-style-type: none"><li>○ Log into Citrix, FamilyNet and TWIST</li></ul>
Activity 3	Applicant prescreening (self) <ul style="list-style-type: none"><li>○ Client search and client demographics</li><li>○ Income eligibility</li></ul>
Activity 4	New enrollment of a pregnant woman (self) <ul style="list-style-type: none"><li>○ Enrollment screen</li><li>○ Rights and Responsibilities and Signature Forms</li><li>○ Woman certification screens</li><li>○ Food package assignment</li><li>○ FSS - Schedule nutrition ed and issue benefits</li><li>○ Issuing eWIC cards on the Family Cardholder Screen</li></ul>

### Day 2

Activity 5	Appointment scheduling – Family Appointment Record and Daily Clinic Schedule <ul style="list-style-type: none"><li>○ Appointment types</li><li>○ Making individual and group NE appointments</li><li>○ Rescheduling or canceling appointments</li><li>○ Appointment requests</li><li>○ Printing appointment notices</li><li>○ Documenting appointment attendance</li></ul>
Activity 6	New enrollment of a child (Jorge Salem) <ul style="list-style-type: none"><li>○ Immunization status</li><li>○ Child certification screens</li><li>○ Modifying food packages</li></ul>
Activity 7	Mid-certification health assessment (Christina and Christopher Cheyenne) <ul style="list-style-type: none"><li>○ Updating client records mid-certification</li><li>○ Infant fresh fruit and vegetables</li></ul>

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Activity 8	Individual follow-up of a pregnant woman (Sophie Bates) <ul style="list-style-type: none"><li>○ Documentation of individual follow-up appointments</li></ul>
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## Day 3

Activity 9	Recertifying child (Levi Lexington) <ul style="list-style-type: none"><li>○ Transaction Types</li><li>○ Recertification</li><li>○ Special and Medical Documentation</li></ul> Modify after spent benefits (Levi Lexington) <ul style="list-style-type: none"><li>○ Modify spent benefits</li></ul> Formula exchange/formula return Formula Warehouse
Activity 10	Foster family and custody changes (Toby Texas and John Jackson)
Activity 11	Reactivate and reinstate (Karina Keizer and Negril Nehalem) <ul style="list-style-type: none"><li>○ What is the difference?</li></ul>
Activity 12	Recertifying a postpartum mother/enrolling her infant (Lexi Lexington) <ul style="list-style-type: none"><li>○ Options for postpartum moms</li><li>○ Recertifying mom</li><li>○ Breastfeeding tracking</li><li>○ Coordination of mom/baby appointments</li></ul>
Activity 13	Infant/mom category changes (Sondra Spokane) <ul style="list-style-type: none"><li>○ WBN/IBN</li><li>○ Change in breastfeeding level</li></ul>
Activity 14	Transfers and Terminations <ul style="list-style-type: none"><li>○ In state and out of state transfers</li><li>○ Benefit removal with terminations</li></ul>
Activity 15	What's Left <ul style="list-style-type: none"><li>○ What can happen over the phone</li><li>○ Unusual food packages</li><li>○ Entering a complaint</li><li>○ End of month issuance</li><li>○ WIC Shopper App</li><li>○ Where to get help</li></ul>

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## Activity 1 – Introduction to WIC

**WIC's Goal:**

**WIC Serves:**

**WIC Does:**

**To be on WIC:**

**Certification Includes:**

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## Activity 2 – Getting Started

Let's get logged into Citrix and the TWIST Practice Database.

### ↪ *Practice Information*

#### ↻ *Open Citrix and login*

Login	Your P number
Password	Your normal password

#### ↻ *Login to FamilyNet Practice*

Login	local#
Password	local#
Agency	Ford

#### ↻ *Finding your participant*

- ▶ Practice Database has a set of 14 participants with the same first and last name (e.g. Samantha Seaside).
- ▶ Each participant has a different letter for their middle initial (e.g. Samantha A Seaside).

Search by Agency	Ford
Participant name	Type in the first 3 letters of the first and last name of the participant
Middle initial	Type in your assigned middle initial

Note: You can use the Practice Database after this training. Ask your training supervisor for your agency login and password, then look for your agency name in the middle name field (e.g. Samantha Baker-A Seaside).

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## Activity 3 – Applicant Prescreening

A pregnant woman calls your clinic to find out if she is eligible. You prescreen her to check her eligibility.



### ➡ Practice Information

#### ➡ Client Search and Client Demographics

##### *(Searching for a Participant Already in the Database)*

- From the “Applicant Prescreening” screen, search for **your own name**.
- Enter her information on the “Client Primary” screen.

Name	<b>Use your own name</b>
Date of Birth	<b>Use your own birthday</b>
Address/Phone Confidential	No
Home Address	14444 SW Terrace Drive Grants Pass, OR 97526
Contact by mail?	Yes
Contact you by phone?	Yes
Phone	(541) 773-9902 (cell)
Phone Options	Both voice and text
WIC ANSWR	Both voice and text
Race/Ethnicity	White/Not Hispanic
Language	English (spoken and written)
Alternate Format	No
Medicaid # and SSN	not collected in WIC

- Review the [Income Guidelines Job Aid](#) (p.3)
- On the “Applicant Prescreening – Income Eligibility” screen, using yourself as the participant, enter the following information.

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Calculating Income for	Family
Proof of ID	Not Available, on phone
Proof of Residency	Not Available, on phone
No. in Family	3
Unborn counted	1
New Income Date	Defaults to today
SNAP, OHP, TANF	No
Income Provider	Self
Income	\$1000/mo wages from Safeway
Proof of Income	Not Available, on phone

- › On the “Applicant Prescreening – WIC Intake” screen, enter the following information.

Other Family Members on WIC?	No
WIC Clinic	Master
WIC Category	Woman, pregnant
EDD	7 months from today
Are you a migrant?	No
Contact type	phone

- › Generate WIC ID and Save

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## ✓ Skill Check Information

Now you can practice prescreening a participant on your own using the scenario below. **Make up any additional information needed.**

**Mary** [ *middle initial* ] **Malheur** has called your office to find out if she is eligible for WIC.

- Prescreen her for eligibility.
- Her address and cell number are:  
14320 NW Computer Court  
Beaverton, OR 97006  
(503) 779-9977
- She is Hispanic and writes and speaks English.
- She lives alone and currently works at a day care center and reports she earns \$550 per month. She will be applying for OHP tomorrow.
- She is pregnant and her EDD is 6 months from today. She will attend the Master clinic.
- She has not been on WIC before and has no family members on WIC.

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## Activity 4 – New Enrollment of a Pregnant Woman

The pregnant woman you prescreened earlier is here for her new enrollment appointment.

### ➡ Practice Information

#### ➡ WIC Enrollment

- On the “Enrollment” screen, search for and enroll the same participant you prescreened earlier.

Name	<b>Your own name</b>
DOB	<b>Your own birthday</b>

- Review the [Rights and Responsibilities form](#) (p.7)
- Review the [Participant Signature form](#) (p.5)
- On the “Enrollment – WIC Intake” screen, using yourself as the participant, verify and/or enter the following information.

Other Family on WIC?	No
Clinic	Master
WIC Category	Pregnant
Migrant?	No
Homeless?	No
Auto Scheduler, OK?	Yes
Voter Registration Offered?	Yes
Marital Status	Single
Education	High School Diploma
EDD	7 months from today
Referrals from WIC	OHP
Medical Provider	Kathie Scott, CNM, (541) 839-9930





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- › Review [What Proofs to Bring](#) (p.9)
- › Review [No Proof form](#) (p.11)
- › On the “Enrollment – Income Eligibility” screen, verify and/or enter the following information.

Proof of ID	Driver’s License
Proof of Residency	Utility Bill
Income Provider	Self
Income	\$1242/month from Safeway
Proof of Income	Pay stub

- › On the “Enrollment – WIC Notes” screen, enter a note and check the “Reminder” box.
- › Fastpath to “Certification, Woman”
- › Review Complete Assessment Job aid (p.21)

## ➤ ***Anthropometric and Biochemical for Women***

- › On the Medical Data screen, enter the following information.

Collection Date	Today
Weight	154 pounds
Height	60 inches
Pre Pregnancy Weight	150 pounds
Hemoglobin	11 (taken today)

- › Save and view the graph.

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## ➤ **Health History**

- › On the “Health History – Questionnaire” screen, enter the following information.

CPA Reviewed?	Yes - check box
Tell me about ....	[Open ended conversation starter]
First pregnancy?	Yes
When start going to a doctor?	2 <sup>nd</sup> month
Medical problems?	No
Medications?	No
Smoke now?	No
Anyone smoke inside the home?	No
Drink now?	No
Used drugs?	No
Anyone physically hurt you?	No
How you will feed your baby?	Breastfeed.

- › Review the [Risk Criteria Assignment job aid](#) (p.13)

## ➤ **Risk Criteria and Risk Level**

- › On the “Health History - Risk Factors” screen, enter the following information.
  - Assign the risk “Lack of or Inadequate Prenatal Care.” Then remove the risk “Lack of or Inadequate Prenatal Care.”

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## ➤ **Diet Assessment**

- ▶ On the “Diet Assessment – Questionnaire” screen, enter the following information.
- ▶ Answer “all” questions from today’s visit.

What changes have you made to your eating habits?	[Open ended conversation starter]
What have you heard about...?	Drink more milk
On a typical day...?	Not much of an appetite
Run low on food?	No
Feel about weight changes?	None
Discomforts with eating during this pregnancy?	Nausea, vomiting
Avoiding foods?	Onions
Special diet?	No
Eating non-food items?	No
Eating raw or undercooked meat?	No
Unpasteurized dairy or juice?	No
Vitamins or supplements?	No

## ➤ **Nutrition Education Risks / Interventions**

- ▶ On the “NE Plan - Risks/Interventions” screen, view an intervention for the participant.
- ▶ Add any risk to the participant’s record.

## ➤ **Nutrition Education Provided**

- ▶ On the “NE Plan - NE Provided” screen, record that today you provided education on “Prenatal Nutrition.” You also provided a handout on “Eating Well During Pregnancy.”

## ➤ **Next steps**

- ▶ Review the [Next Steps Statuses job aid](#) (p. 23)

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- On the “NE Plan – Next steps” screen, record that today the participant set two steps they plan to take: 1) Have a bedtime snack every night and 2) to drink milk at every meal.

## ➤ **Referrals**

- Review the [Referral Statuses job aid](#) (p.25)
- On the “NE Plan – Referrals” screen, record that today you completed a referral for the participant to Emergency Food Services.

## ➤ **Progress Notes**

- Type a sensitive progress note and save.

## ➤ **Standard Food Packages**

- Review the [Standard Food Packages job aid](#) (p.35)
- Review the [Food Package and Template Codes job aid](#) (p.27)
- Review the [Food Package Assignment Screen Codes job aid](#) (p.41)
- On the “Food Package Assignment” screen, if needed, select a different food package and forecast it for her entire certification period.
- Save

## ➤ **Family Summary Screen –Scheduling NE and Issuing Benefits**

- Review the [Family Summary Screen Codes job aid](#) (p.43)
- Click the Find Appointment button and schedule for a Prenatal Group NE class in 3 months.
- Click the Create Request button and add the appropriate appointment requests for the remainder of the certification period.
- Issue 3 months of benefits.
- View Benefits List.
- Review the [Helping Families Use the Benefits List job aid](#) (p.51)

## **Watch a demonstration of Family Cardholder Screen**

### ➤ **Add First Cardholder**

- Fastpath to the Family Cardholder Screen
- Complete the following information for the First Cardholder:

Cardholder Name	Your name
Date of Birth	Your date of birth
Relationship	Mom
eWIC card number	<i>Swipe practice card and save</i>

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- Review the [Compare First and Second Cardholders job aid](#) (p.49)

## ➔ **Add Second Cardholder**

- Complete the following information for the Second Cardholder:

Cardholder Name	Carder, Jimmy
Date of Birth	07/07/1977
Relationship	Father of baby
eWIC card number	<i>Swipe practice card and save</i>

- Select copy address from first cardholder

## ➔ **Change Address**

- Fastpath to the “Client Demographics” screen to change the address. Use the following information:

Home Address	1234 N. Oak St. Cannon Beach, OR 97110
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## ➔ **Removing Second Cardholder**

- Click on the “Remove Second Cardholder” button.
- Save and view “Card History.”

## ➔ **Second Cardholder**

- Add a Second Cardholder. Use the following information:

Name	Tidewater, Teddy
Relationship	Grandpa
Address	1212 East Main Newport, OR 97365
DOB	05071957
Card number	<i>Swipe practice card and save</i>

## ➔ **Second Cardholder Becomes First Cardholder**

- Click on Change to First Cardholder

## ➔ **Deactivating and Replacing Cards**

### **Deactivate and Replace**

- Click on First Card Actions button, then Deactivate and Replace Card.
- Reason- “Lost or Unavailable”. Enter a new practice card number.

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## **Deactivate Only**

- › Click on First Card Actions button, then Deactivate (Status) Card.
- › Reason- “Stolen”.
- › Click on First Card Actions again- only option is to replace the card.

## ➞ **Shopper Education**

- › Review the **WIC Food List**  
<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/foods.aspx>
- › Review the videos on the **Shopping with your eWIC card** webpage  
<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/shopping.aspx>
- › Review the handout [Using Your Oregon eWIC Card](#)
- › Review the [Common WIC Foods](#) handout (p.53)
- › Review the [I Couldn't Buy it With eWIC](#) handout (p.55)
- › Review the [Troubleshooting Shopper Issues](#) job aid (p.57)

## ➞ **Encourage use of WICShopper App**

- › Review the [WICShopper App](#) flyer
- › If possible, download app to your phone for demo purposes
- › Register card #**6102870000115055** and review benefits
- › Find Scan function
- › Find Calculator function for fruits and vegetables



## ✓ **Skill Check Information**

Now you can practice enrolling a pregnant woman on your own using the scenario below. Make up any information needed.

The same **Mary [ middle initial ] Malheur** you prescreened earlier has come into your clinic for her enrollment appointment. Enter information for her enrollment.

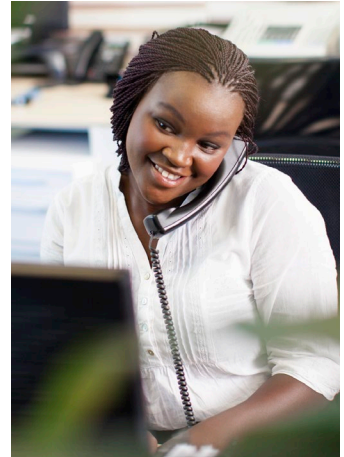
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## Activity 5 - Appointment Scheduling: Family Appointment Record and Daily Clinic Schedule

### ↪ *Family Appointment Record Practice Information*

Using **yourself** as the participant recently enrolled, make the following appointment changes on the **Family Appointment Record**. Use your assigned staff person.

- Review [Appointment Types job aid](#) (p.45)
- Review [How to Make an Appointment job aid](#) (p.62)



#### ➞ ***Schedule Appointment Now***

- On the “Family Appointment Record” screen (FAR), schedule a high-risk follow-up appointment for yourself next month.

#### ➞ ***Reschedule an Appointment***

- On the FAR, reschedule the follow-up appointment.

#### ➞ ***Canceling an Appointment***

- On the FAR, cancel the follow-up appointment.
- Review the “Cancel/Reschedule History” information for your participant.

#### ➞ ***Appointment Requests***

- Create a follow up appointment for two months from now.
- Modify the request to the next month.
- Delete the appointment request.

#### ➞ ***Scheduling a Participant into a Nutrition Education Group Appointment***

- On the FAR, schedule yourself for a prenatal class for next month.

#### ➞ ***Scheduling a Participant into an Online Nutrition Education Group***

- On the FAR, schedule yourself for an online course.

#### ➞ ***Appointment Notice***

- On the FAR screen, view the appointment notice for the prenatal class.

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## ➡ **Document Appointment Attendance**

- Make an appointment for today for yourself.
- On the FAR, mark the attendance for this month's appointments.

## ↪ **Daily Clinic Schedule Practice Information**

This practice will cover a variety of appointment functions using the "Daily Clinic Schedule" screen. Use your assigned staff.

## ➡ **Daily Clinic Schedule (View a Staff Member's Schedule)**

- Use the certifier name provided by your instructor for this practice.
- View today's schedule.

## ➡ **Daily Clinic Schedule (View the Clinic Appointment pop-up)**

- View the "Master" clinic in the "Ford" agency.

## ➡ **Access a Nutrition Education Class**

- View a Nutrition Education Class.

**Use yourself for the following practice activities.**

## ➡ **Schedule Appointment Now**

- Use the "Master" clinic in the "Ford" agency.
- Schedule a follow-up appointment this month.
- Schedule an individual education appointment.

## ➡ **Reschedule an Appointment**

- Using the "**Reschedule**" button, reschedule the follow-up appointment to a different time this month.

## ➡ **Canceling an Appointment**

- Cancel the individual education appointment.

## ➡ **Documenting Appointment Attendance**

- Document that you have attended your appointment.

## ➡ **Handling Walk-Ins**

- Schedule a walk-in appointment today.

## ➡ **Use the Output (Report) to see the Daily Clinic Schedule.**

- A mom calls your office to tell you she has missed a NE appointment and needs to reschedule.



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## Activity 6 – New Enrollment of a Child

### Introduction

A migrant family arrives at your clinic with a child who needs to be enrolled. They would like to be enrolled today so that they can go buy more milk. You have time on your schedule to see them this morning. You will need to begin the enrollment before you can document the walk-in appointment. During the appointment, you find that the family cannot attend nutrition education appointments because they are unsure what their work schedule will be and your agency does not have alternative appointment hours.



### ↪ Practice Activities Information

#### ➡ Client Search and Client Demographics

- From the “Enrollment” screen, search for the child. Enter his “Client Primary” information on the client demographic screen.

Name	<b>Jorge [ middle initial ] Salem</b>
Date of Birth	15 months ago
Home Address	13300 N. Emily Ct., Apt. 3 The Dalles, OR 97058
Contact by Mail?	Yes
Contact by Phone?	No
Phone, phone options, ANSWR	None
Email	None
Guardian	Maria de la Cruz Salem (mother)
Race/Ethnicity	White/Hispanic
Language	Spanish (spoken and written)
Medicaid/SSN	Not collected by WIC

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## ➤ **WIC Enrollment**

- On the “Enrollment – WIC Intake” screen, using Jorge Salem as the participant, enter the following information.

Other Family on WIC?	No
Clinic	Master
Category	Child, 13-23 months
Migrant?	Yes
Homeless?	No
Auto Scheduler, OK?	Yes
Referrals	Refer to OHP

- Review the [Using the Immunization Status Function job aid](#) (p.63)
- On the “Enrollment – Income Eligibility” screen enter the following information.

Calculate Income for:	Family
Proof of ID	Birth Certificate
Proof of Residency	Utility Bill
No. in Family	4
Unborn Counted	0
New Income Date	Today
SNAP	No
OHP	No
TANF	No
Income	Dad and Mom each earn \$250 a week picking fruit.
Proof of Income	Pay stubs

## ➤ **Anthropometric/Biochemical for an Infant/Child**

- On the “Medical Data” screen, use the following information.

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Current Weight	19 pounds 5 ounces
Current Length	29 ½ inches
Birth Weight	5 pounds 6 ounces
Birth Length	18 inches
Hemoglobin	12.0
Head Circumference	17½ inches
“Gestation Age Adjust” button	Premature - Yes Weeks Gestation - 37 weeks

- Review the [Growth Charts job aid](#) (p.65)
- View the graphs.

## ➤ **Complete the assessment - ABCDE**

- On the “Health History – Questionnaire” screen, use the following information to determine which questions to answer and what your responses should be.
  - Even though he was tiny at birth he has been really healthy.
  - Jorge is up-to-date on his immunizations according to the shot record mom has with her. Click “immunizations Status” button to verify.
  - Mom says no one smokes in the house and no one has been violent.
  - Jorge is not on any medications.
- On the “Diet Assessment – Questionnaire” screen, use the following information to determine which questions to answer and what your responses should be.
  - Mom breastfed for 6 months but supplemented with formula starting at one month.
  - He doesn’t eat very much but he does feed himself. Mom can’t really tell when he is full or hungry.
  - He is using a cup for water, juice, sweet tea, and Koolaid, but uses a bottle of milk when he goes to bed.
  - Mom is not sure if her water is fluoridated or not.
  - Jorge puts lots of things in his mouth, and sometimes chews on the newspaper.
  - The family is living in a small space and only has a little refrigerator.
  - Jorge loves yogurt!

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- His brother is very allergic to peanuts, so they never have nuts in the house.

## ➤ **NE Plan**

- On the “NE Plan – Risks/Interventions” screen:
  - add any risk to the participant’s record, and
  - view the risk level.
- On the “NE Plan – NE Provided” screen record that today you provided education on “portion size” and reviewed “feeding relationship” information.
- On the “NE Plan – Next steps” screen record that today the participant’s mom identified 2 steps to take: 1) Offer three meals and two snacks, at about the same time each day and 2) Allow child to decide when to stop eating at meals and snacks.
- On the “NE Plan – Referrals” screen, note that during intake a referral was completed for the participant to the Oregon Health Plan.

## ➤ **Progress Notes**

- On the “Progress Notes” screen, enter the following information.
- Subjective – “In area for 2 months. Living in migrant camp. Brother allergic to nuts.”

## ➤ **Food Package Assignment**

- On the “Food Package Assignment” screen, select a food package with yogurt and without peanut butter that is appropriate for the child, then save.

## ➤ **Family Summary Screen - Offering Second Nutrition Education**

- On the “Family Summary Screen” determine the appropriate appointment request and put it in.
- Issue 3 months of benefits.

## ➤ **Client Processes – Outputs – Documents – VOC Card**

- Issue a Transfer (VOC) card to this migrant family.

**NOTE:** For an actual participant, you would also issue an eWIC card and provide shopper education to this family.

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## ✓ Skill Check Information

Now you can practice handling a walk-in participant and enrolling a child on your own using the scenario below.

### › Skill Check Scenario:

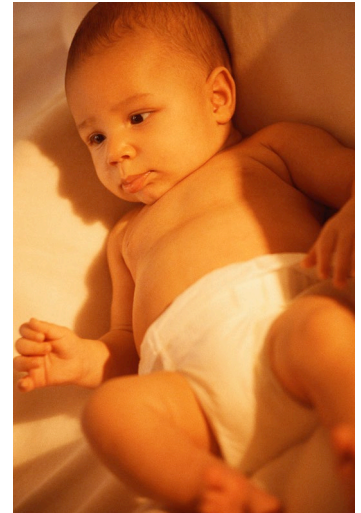
- › NOTE: You may make up any information that is not included.
- › **Joshua [ middle initial ] Sisters** is here today with his mom, Sissy Sisters, asking to be enrolled on WIC.
- › Give Joshua a birth date about 15 months ago.
- › His mom has brought with her:
  - Joshua's OHP card;
  - a letter showing their income from TANF (\$401/month),
  - a copy of his birth certificate, and
  - a phone bill showing their address and phone number:  
232 North Diane Court,  
Portland, OR 97232  
(503) 938-0920.
- › They just moved to town – she just left her husband who was physically abusive to her and Joshua.
- › Joshua has not been on WIC before.
- › You may make up his current medical, health, and diet information and select the appropriate second nutrition education to offer.
- › You may issue benefits and provide the appropriate participant education.

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## Activity 7: Mid-certification Health Assessment

### Introduction

A fully breastfeeding mom and her infant are here for their mid-certification health assessments. During the appointment, you collect the infant's length and weight measurements and complete the health and diet assessments to determine age appropriate nutrition education and dietary recommendations, then document any referrals made. You also provide support and encouragement for continued breastfeeding.



### Practice Activities Information

- Review the [1-year Certs and Mid-Cert Health Assessment job aid](#) (p.77)

### Family Summary Screen

- Use Christopher [ middle initial ] Cheyenne.
- Select Christopher and Fast Path to Certification, Infant/Child.
- Enter his information on the "Medical Data" screen.

Weight	17 lbs., 8 oz.
Length	27 inches

- View graphs.
- On the "Health History" screen, add a new Questionnaire.
- Answer the questionnaire given the following information:
  - Christopher has been healthy and safe, and mom is pleased with his growth.
  - His immunizations are up to date.

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- On the “Diet Assessment” screen, add a new Questionnaire.
- Answer the questionnaire given the following information:
  - Christopher is showing signs of developmental readiness for solid foods.
  - Mom is still fully breastfeeding and has just begun to introduce infant cereal mixed with breastmilk.
  - Mom is interested in making her own baby foods.
  - She has a plan for the introduction of finger foods.
- On the “NE Plan - NE Provided” tab, document the education provided by selecting “Infant FVB Ed”.
- On the “NE Plan - Next Steps” tab, add a new next step for offering age appropriate texture of foods.
- Check his immunization status and document a referral to his health care provider on the “NE Plan – Referrals” tab.
- On the “Food Package Assignment” screen, change Module B so Christopher will receive fresh fruits and vegetables when he is 9 months old.
- Review the 3 Steps to Assigning an Infant Fresh Fruits and Veggies at 9 Months job aid (p.79)
- Review the [It's Time to Eat! Food for Your Baby handout](#) (p.81)
- Forecast the food package for the rest of his certification period.
- Save.
- Return to the “Family Summary Screen”

## ➤ **Family Summary Screen**

- Select Christina and Fast Path to “Certification, Woman”.
- On the “Medical Data” screen enter the following information.

Weight	194 pounds
Hemoglobin	14.1

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- On the “Health History” screen, add a new Questionnaire.
- Answer the questionnaire given the following information:
  - Mom has no concerns with her energy levels and doesn’t smoke.
  - Mom is having problems with lactose intolerance.
  
- On the “Diet Assessment” screen, add a new Questionnaire.
- Answer the questionnaire given the following information:
  - Mom says her appetite is good except she has not been drinking milk.
  - Food security is not an issue for the family.
  - Mom is still taking her prenatal vitamin and will continue as long as she is breastfeeding.
  
- On the “NE Plan – NE Provided” tab, document the nutrition education you provided for her mid-cert health assessment.
- On the “Food Package Assignment” screen, assign lactose-reduced milk with cheese and yogurt and forecast for the rest of her certification.
  
- Return to the “Family Summary Screen”
  - Schedule the appropriate NE
  - Issue benefits.



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## Activity 8: Individual Follow-Up of a Pregnant Woman

### Introduction

A pregnant woman comes in for a follow-up appointment. At the appointment, she will have a weight check due to high weight gain. While at the appointment, she reports that she has been diagnosed with Gestational Diabetes and is having twins.



### Practice Activities Information

#### Individual Follow Up

- Use **Sophie [ middle initial ] Bates** as the participant.
- On the “Medical Data” screen, enter the following information.

Today’s Weight	240 pounds
Twins or more	Check the box

- On the “Health History – Risk Factors” screen, enter the following information.

New Risks	She now has gestational diabetes.
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- On the “Nutrition Education” screens, enter the following information.

Risks/Interventions	Check Risk Level – Should be “High”
NE Provided	Counseling on appropriate diet for diabetes.
NE Next steps	Follow diabetic diet plan.
Referrals	None
Progress Notes	She is trying not to eat candy and soda because of the diabetes.

# CPA TWIST Training Workbook

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	Refer to RD, Document new diagnosis of gestational diabetes and twin pregnancy.
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## ➤ **Food Package Assignment**

- › On the “Food Package Assignment” screen, update the quantity of milk and cheese on her food package to the increased amounts for twins.
- › Forecast the appropriate food package for future months.
- › Save.

## ➤ **Family Summary Screen**

- › Consider how to coordinate the family’s appointments. Schedule a follow up with the RD and any other necessary appointments.
- › Go to the Family Summary Screen and issue the updated benefits.

## ✓ **Skill Check Information**

Now you can practice a complete individual follow up appointment for a child participant on your own using the scenario below.

### › **Skill Check Scenario:**

- A child, **Darla [ middle initial ] Dayton**, has come in for an individual follow up appointment.
- She has cerebral palsy and was hospitalized last month for leg surgery.
- You may make up any information needed to complete the follow up.
- Darla’s mother would like to change her to goat’s milk.
- Make any necessary appointments and issue the updated benefits.

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## Activity 9: Recertifying a Child, Changing Food Packages, Formula Exchange and Formula Warehouse

### Introduction

A four-year-old child is returning for recertification. He is here one month early. The child was recently in an accident and the resulting jaw surgery has made it very difficult to eat. Mom is blending his food for him to drink with a straw. She has a completed medical documentation form from the doctor for 3 bottles per day of Pediasure for this month and the next two months to supplement the WIC food package.



### Practice Activities Information

### Recertification

#### Client Search and Demographics

- On the “Enrollment – WIC Intake” screen, search for and return with the participant, **Levi [ middle initial ] Lexington**.
- Fastpath to the “Client Primary” screen, update his address to:

Home Address	523 NE Forest Dr. Portland, OR 97232
Phone	(503) 222-1995 (text)
WIC ANSWR	Voice and text
Email	Lexington@gmail.com

#### Starting a Recertification of a Child

- Return with your participant to the “WIC Intake” screen.
- Shorten the cert end date to the end of this month and save.
- At the “Go to FPA” pop-up, select “No.”
- Change the “Transaction Type” to recertification.
- Check the “Check If No Changes” box.

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- ▶ On the “Income Eligibility” screen, verify and/or enter the following information.

Proof of ID	Birth Certificate
Proof of Residency	Utility Bill
No. in Family	4
Participates in	SNAP-Yes, OHP-Yes, TANF-No
Income Provider	Leroy Lexington - father
Proof of Income	Pay stub
Income amount	\$445 every week

- ▶ On the “Medical Data” screen, enter the following information.

Date of collection	Today
Weight	35 pounds 6 ounces
Height	40 inches
Hematocrit/hemoglobin	Lab values from hospital 2 weeks ago – 12.9
Head Circumference	not available

- ▶ View the graphs.
- ▶ On the “Health History – Questionnaire” screen, use the following information to determine which questions to answer and what your responses should be.
  - Mom reports that Levi was recently in an accident and the resulting jaw surgery has made it very difficult to eat.
  - Mom says their house is a safe, smoke-free environment.
- ▶ On the “Diet Assessment – Questionnaire” screen, use the following information to determine which questions to answer and what your responses should be.
  - Mom reports that because Levi’s surgery has made it very difficult to eat she is blending his food for him to drink with a straw.

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- The doctor has her giving Levi a bottle of Pediasure 3 times a day for the next two months in order to make sure he is getting enough calories.
- Levi gets a fluoride supplement daily.
- ▶ On the “NE Plan – NE Provided” screen, select “Increase calories/protein” to document that today you provided education about ways to help keep Levi’s calories and nutrients adequate.
- ▶ On the “NE Plan – Next steps” screen, Update the current step status to “Achieved.” Record that today Levi’s mother set a new next step: “Work with RD on blended diet”.
- ▶ On the “Progress Notes” screen, enter the following information.
  - Subjective – “Mother states Levi was recently in an accident and the resulting jaw surgery has made it very difficult to eat. Mom is blending his food for him to drink with a straw. She is supplementing with 3 bottles per day of Pediasure for the next two months.”
  - Plan – “Refer to RD for nutrition counseling about blended diet.”

## ➤ **Food Package Assignment**

- ▶ Review the [Medical Formulas job aid](#) (p.89)
- ▶ On the “Food Package Assignment” screen:
  - Use the Medical Documentation Form to assign a food package.
  - Dr. Salmon has requested 3 bottles per day of Pediasure for 3 months along with the full provision of foods.

Special	Mark the Special checkbox
Module A	Keep the standard milk module
Module B	Keep the standard food module
Module C	Select 96 bottles of Pediasure for this month and the next 2 months. For the remaining months select “ZN.”

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## Women, Infants and Children (WIC) Medical Documentation Form

- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.

Local WIC Clinic: <b>Taurus</b>
Phone #:
Fax #:
Contact Name:

### A. Patient information

Patient's name (Last, First, MI): <b>Lexington, Levi</b>	DOB: <b>4 yrs old</b>
Parent/Caregiver's name (Last, First, MI): <b>Lexington, Lexi</b>	Phone number:
<input type="checkbox"/> I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.	

### B. Alternative 19 calorie/ounce infant formulas

1 Provide: <input type="checkbox"/> Similac Sensitive <input type="checkbox"/> Similac Total Comfort <input type="checkbox"/> Similac for Spit-Up
2 Reason: Formula intolerance as evidenced by:
3 Length of issuance: _____ month(s). Formula will be issued up to 12 months of age unless otherwise indicated.
4 Prescribed amount: <input type="checkbox"/> WIC clinic staff to decide amount <input type="checkbox"/> provide maximum allowed

### C. Medical formula

1 Name of formula: <b>Pediasure</b>	<input type="checkbox"/> some or all of the formula is to be provided via tube feeding (Refer to Medicaid)
2 Medical diagnosis or qualifying condition: <b>Jaw surgery makes chewing impossible</b>	
3 Length of issuance: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> until 12 months of age <input checked="" type="checkbox"/> other: <b>2</b> (not to exceed 12 months)	
4 Prescribed amount: <input checked="" type="checkbox"/> 3 containers _____ per day <b>OR</b> <input type="checkbox"/> maximum allowable	

### D. WIC supplemental foods

All WIC foods will be provided unless indicated below: **OR** ☐ request WIC Nutritionist to determine foods

Infants, 7-12 months	Children older than 12 months and women:
<b>Omit:</b> <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant jarred fruits/vegetables	<b>Omit:</b> <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Other: _____ <b>Include:</b> <input type="checkbox"/> Infant cereal in place of breakfast cereal <input type="checkbox"/> Jarred infant fruits/vegs in place of fresh produce <input type="checkbox"/> Whole milk in place of lower fat for <b>wor</b> <i>Ramon Salmon, MD</i> months with qualifying medical diagnosis (must be receiving formula--no exceptions) <b>Additional instructions:</b>

### E. Health care provider information

Signature of health care provider: <b>Ramon Salmon, MD</b>					
Provider's name (please print): <b>Ramon Salmon</b> <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> ND					
Medical office/clinic: <b>Pediatric Clinic</b>					
Phone #: <b>503-555-1234</b>		Fax #:		Date:	
WIC USE ONLY	Date form received	Exp. date:	RDN review (signature & review date):	Formula Warehouse order?	WIC ID:

<http://www.healthoregon.org/wic>

For questions regarding this form contact Oregon WIC State Office: 971-673-0040

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- Complete the Med Doc Screen
- Review the [Medical Documentation Form](#) (p.87)

Start date	Today
End date	One month from the end of this month
Providers Name	Ramon Salmon
Supplemental foods	Issue full provision

## ➤ **Family Summary Screen**

- Schedule to see the High Risk RD next month.
- Issue benefits.
- Click the Benefits List button and review.

## ➤ **Take a break while we shop for *WIC benefits***

We will purchase 12 bottles (two six packs) of PediaSure and some other foods.

## **Modifying Food Package after Spent Benefits:**

Now Levi and his mom come back to the clinic and want to change his food package. They want Levi to change to goat milk.

- Review the [Modifying Food Packages job aid](#) (p.67)

## ➤ **Family Summary Screen**

- Find your **Lexington family**.
- Click on the Benefits List and review balance.

## ➤ **Food Package Assignment Screen – Infant/Child**

- Select Levi and fastpath to the Certification, Infant/Child screen, then select the Food Package Assignment screen.
- Click on the Modify button.
- Reduce the cow's milk to the amount already spent which is the lowest number you can select.
- Insert a row, search for lowfat goat milk and click "OK".
- On the FPA, go to next month's row and select a template for lowfat goat milk.
- Forecast module A and save.



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## Formula Exchange:

They also have a new Medical Documentation form. His medical formula has changed and he will now get 81 bottles per month of Boost Kids Essentials 1.0. His mom brought 6 bottles of Pediasure to the clinic to exchange.

- › Review the [Replacement of Unavailable/Stolen Formula form](#) (p.95)

### ➤ **Food Package Assignment Screen**

- › Click on the Formula Replacement /Formula Exchange (FR and FX) button and exchange 6 cans of the formula purchased, click “OK”.
- › Click on the Modify button.
- › Reduce the PediaSure to the amount spent and not exchanged (6 bottles).
- › Insert a row for the new formula, Boost Kid Essentials 1.0 and select the correct amount. Click “OK”.
- › On the FPA, go to next month’s row and select a template for Boost Kid Essentials 1.0, adjust the amount to 81 bottles.
- › Update the Med Doc with the new formula information.
- › Save.
- › Go back out the blue door to the Family Summary Screen.
- › Issue the benefits.

## Formula Warehouse:

Levi’s mom has asked to have the Formula Warehouse mail her the formula.

### ➤ **Family Summary Screen**

- › Select Levi and click on Formula Warehouse button.
- › On the first month select “Other” on address field, add:

Other Address	4444 N. Maple Ave. Oceanside, OR 97999
Other Phone	503-555-5555
Note	Please do not leave package on doorstep.

- › For the remaining months, select Home address and phone.
- › Save then review the Benefits list.



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## ↪ **Skill Check Information**

- Now you can practice recertifying a child on your own using the scenario below.
- **Skill Check Scenario:**
  - NOTE: You may make up any information that is not included.
  - A 4-year-old child, **Sasha** [ *middle initial* ] **Seaside** is here for her recertification appointment.
  - Her mother has brought in:
    - Sasha's birth certificate
    - Sasha's OHP card
    - a utility bill showing their address
  - Sasha is drinking a special formula, Neocate Junior, because she has been diagnosed with severe food allergies. The doctor wants her to continue on the formula for another 6 months and Sasha's mother has a new completed med doc form from the doctor. The doctor says she can have the supplemental foods with the exception of milk and cheese.
  - Assign the appropriate food and formula modules and complete the medical documentation screen.
  - You may make up any other current medical, health and diet information.
  - You may select the appropriate nutrition education and appointment scheduling for her.
  - Issue benefits.
  - Send a Formula Warehouse order for her.

# CPA TWIST Training Workbook

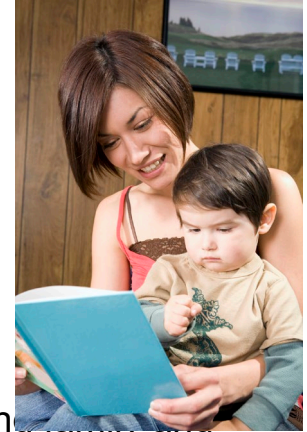
## Activity 10 - Foster Families and Custody Changes

When custody changes or a foster child moves, WIC needs to make sure the WIC ID number, eWIC account and cards, benefits, and appointments are correctly updated so the child still appropriately receives WIC services.

### ➔ Practice Information

#### ➤ Giving a Participant a New WIC ID Number

- Use **Toby [ middle initial ] Texas** for this practice.
- On the “WIC Intake” screen, take Toby out of his existing family and give him a new WIC ID number.
- On the “Income Eligibility” screen, he will be considered his “own family” as a foster child.



Calculate income for	Client (Participant)
Household size	1
Income	\$400/month
Proof of income	Foster parent documents

- His new client demographic information is as follows.

Address/Phone Confidential	Yes
Home Address	2000 NE Walker Road Portland, OR 97232
Phone	(503) 389-0009
Guardian	<b>Shirley [ middle initial ] Jones</b> (foster mother)

- Check appointments, eWIC card issuance, and reissue benefits.

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## ➤ **Returning to a Previous WIC ID Number**

- › Now **Toby Texas** is moving back to his old family's home. He was previously on WIC with this family.
- › Move Toby back to his old family.
- › Update his Client Demographic information.

Address/Phone Confidential	Yes
Home Address	485 E. Burnside Dr. Portland, OR 97232
Phone	(503) 348-2345
Guardian	<b>Tammy [ middle initial ] Texas</b> (mother)

- › Check appointments, eWIC card issuance, and reissue benefits.

## ➤ **Adding a Child to an Existing Family**

- › **John [ middle initial ] Jackson** has been living with a foster mother named **Jill Jeffreys**.
- › He has just moved to a new family. The new foster mother, **Naomi [ middle initial ] Newberg**, has another foster child, **Frannie [ middle initial ] Foster** on WIC.
- › Move John Jackson into Naomi Newberg's family.
- › Select the correct new address.
- › Check appointments and eWIC card issuance.
- › Issue benefits and review the Benefits List.

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## Activity 11 - Reinstate or Reactivate

Participants who were terminated from WIC call the clinic wanting to receive WIC services again.

### ↪ Practice Information

- Review the [Choosing the Correct Transaction Type for Children job aid](#) (p.99)



### 🔄 Reinstate a Participant – Negril Nehalem

Practice reinstating a participant using the scenario below.

- Negril** [ *middle initial* ] **Nehalem** comes into your clinic for an enrollment appointment.
- When you search for him, you discover that he was previously enrolled on WIC and his address and phone number are the same.
- His original certification period ended more than 30 days ago.
- You will reinstate him.
- On the “Enrollment Income Eligibility” screen, enter the following:

Calculate Income for:	Family
Proof of ID	Birth Certificate
Proof of Residency	Utility Bill
No. in Family	4
Unborn Counted	0
New Income Date	Today
SNAP	Yes
OHP	Yes
TANF	No
Income	\$506 per month
Income Provider	Father
Proof of Income	Pay stub

- Save.

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- › Fastpath to Certification, Infant/Child, and enter his certification information:

Medical Data	33 pounds and 33 inches Hemoglobin: 10.6
Health History	He is feeding himself and doesn't have any health conditions. His immunizations are up to date. No one in the home smokes or is violent.
Diet Assessment	He is not breastfeeding. He can be a picky eater and loves to drink juice from this bottle.
Nutrition Education	Provided education on appropriate bottle use.
Food Package Assignment	Assign the appropriate food package.

- › Issue benefits and check the Benefits List.

## ➔ **Practice Information**

### ➡ **Reactivate a participant – Karina Keizer**

- › **Karina [ middle initial ] Keizer** comes to the clinic and says that she missed a nutrition education class and does not currently have any benefits.
- › From the “WIC Intake” screen, determine the reason she has been terminated and resolve any issues identified.
- › Reactivate her.
- › Save.

### ➡ **Saving the Food Package Assignment screen**

- › Fastpath to the Food Package Assignment screen, and if the participant has current food packages assigned, save the food packages.
- › Check appointments, eWIC card issuance, and reissue benefits.

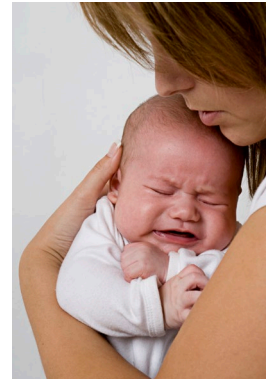
# CPA TWIST Training Workbook

## Activity 12 - Recertifying a Postpartum Woman and Enrolling an Infant

The Lexington family is in the clinic for appointments. You will be selecting the correct transaction for each family member.

### ➔ Practice Information - Recertification of Mom

- ▶ Review [Postpartum Women and Infant Category Definitions job aid](#) (p.101)
- ▶ Review Category and Food Package Options for Postpartum Moms handout (p.103)



Lexi, is a fully breastfeeding postpartum mom who had her baby. She needs to be recertified as a postpartum woman and have her new baby enrolled.

### ➔ Recertification of Lexi, a Postpartum Woman

- ▶ From “WIC Intake,” search for and return with the mom, **Lexi [ middle initial ] Lexington**.
- ▶ On the “WIC Intake” screen, enter the following information.

Category	Woman, fully breastfeeding
ADD (Actual Delivery Date)	4 days ago
<b>Save</b>	(Must save before selecting transaction type.)
“Go to FPA” pop-up	Select “no”
Transaction Type	Recertification
Check the “No Changes” box	

- ▶ On the “Income Eligibility” screen, still using Lexi Lexington as the participant, verify income changes entered for Levi and enter the following information.

Proof of ID	WIC ID
Proof of Residency	Utility Bill

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- ▶ Save and exit.
- ▶ Fastpath to “Certification, Woman” and enter the following information.

Medical Data	Weight - 189 Total weight gain – 34 Hemoglobin – 9.2
Health History	She had a cesarean delivery. She is still taking her prenatal vitamins. She doesn't smoke or drink.
Diet Assessment	She is eating mostly snack foods since she is so busy.
Nutrition Education	She had questions about breastfeeding because her baby is still having problems latching. She also will be going back to work next week.
Food Package Assignment	Assign the appropriate food package.
Breastfeeding Tracking	Baby is having problems latching. She will be working 8 hours a day 3 days a week. She is issued a Lactina breast pump. Enter serial number for Lactina given by your TWIST trainer.

- ▶ Review the [Breast Pump Release Form](#) (p.105)
- ▶ Review the [Multi-User Breast Pump Loan Agreement](#) (p. 107)

## ➤ **Enroll the infant, Lonnie Lexington.**

- ▶ From the “Enrollment” screen, search for the infant. Enter her “Client Primary” information.

Name	<b>Lonnie [middle initial] Lexington</b>
Gender	female
DOB	4 days ago
Address/Phone Confidential	No
Home Address	Select “unknown” and choose correct address when cascades

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Contact by Mail?	Yes
Contact by Phone?	Yes
Phone	Select unknown and choose correct phone number when cascades
Email	Leave blank and select when cascades
Guardian	<b>Lexi [ middle initial ] Lexington</b> (mom)
Race/Ethnicity	Pacific Islander
Language	English
SSN	none

- › On the “Enrollment – Intake Eligibility” screen, using Lonnie Lexington as the participant, enter the following information.

Other Family on WIC?	Yes
Clinic	Master
Category	Infant, fully breastfed
Migrant?	No
Homeless?	No
Auto Scheduler, OK?	Yes

- › Use “Search for family members” button and select Lexi [middle initial] Lexington.
- › Select the correct address, phone, and email information when cascades.
- › On the “Enrollment – Income Eligibility” screen, using Lonnie Lexington as the participant, verify or enter the following information. Information from sibling and mother will cascade to this screen.

Calculate Income for:	Family
Proof of ID	Birth Certificate
Proof of Residency	Utility Bill



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<b>Verify</b>	
No. in Family	4
Unborn Counted	0
New Income Date	Today
SNAP	Yes
OHP	Yes
TANF	No
Income	\$445 per month
Income Provider	Father
Proof of Income	Pay stub

- Save.
- On the Certification screens, enter the following information.

Medical Data	7 pounds 8 ounces 19 inches Birth: 6 pounds 2 ounces 18 inches
Health History	Baby's health is good. She is worried she isn't getting enough milk.
Diet Assessment	She is only breastfeeding. She feeds about every 2 hours, but she is still having some problems with latch.
Nutrition Education	Discussed milk supply and pumping.
Food Package Assignment	Assign appropriate package.

- Go to the Family Summary Screen.
  - Set Issue Month for 1 month for return of Lactina.
  - Remove future month benefits for Levi to coordinate issuance.
  - Coordinate and schedule mom and baby's appointments.
  - Issue benefits.
  - View Benefits List to see the combined benefits.

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## Activity 13 – Infant Changing Category

### Introduction

A mom who was partially breastfeeding her 4-month-old infant calls the clinic because she needs more formula. You will change both the infant's and mom's categories and issue the infant additional formula.



### Practice Activities Information

- ▶ Review the [Standard Infant Formulas job aid](#) (p. 109)

➡ From the “Family Summary Screen” (FSS), search for and open **Sondra [ middle initial ] Spokane** record.

#### ➡ **Designation change from mostly breastfeeding to some breastfeeding (WB to WBN and IB to IBN)**

- ▶ Select the mother (**Sondra Spokane**) on the FSS and Fast Path to “Women Certification” then select “Food Package Assignment” screen, mark the WBN check box.
- ▶ Verify that mom has only a ZN food package past 6 months.
- ▶ Save and return to the FSS.
- ▶ Select the infant (**Sparky Spokane**) on the FSS and Fast Path to “Certification-Food Package Assignment” screen, mark the IBN check box.
- ▶ Increase his amount of formula for in Module A to a higher amount. (formula won't forecast from IB4-6 age to IB7-12 age).
- ▶ Save and return to the FSS.
- ▶ Issue benefits.

#### ➡ **Category Change – Breastfeeding to Non-Breastfeeding**

- ▶ Select the mother (**Sondra Spokane**) on the FSS and Fast Path to “Enrollment – WIC Intake” screen, change the category of the mother to “WN.”
- ▶ Save.

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- Select “yes” on the Go to FPA pop-up, then fastpath to “Certification, Woman” and tab to the “Food Package Assignment” screen.
- Save the new food package.
- Return to the FSS.
- Select the infant on the FSS and Fast Path to “Enrollment – WIC Intake” screen, change the category of the infant (**Sparky Spokane**) to “IN.”
- Save.
- Select “yes” on the Go to FPA pop-up, then fastpath to “Certification, Infant/Child” and tab to the “Food Package Assignment” screen.
- Save the new food package.
- Return to the FSS.
- Issue the updated benefits.

## ✓ Skill Check Information

- Now you can practice changing the infant’s category using the scenario below.
- **Skill Check Scenario:**
- A participant calls your clinic because she has stopped breastfeeding. She wants to know if she can get more formula for this month for her baby who is four (4) months old.
  - Mom - **Belinda** [ *middle initial* ] **Billings**
  - Baby - **Billy**[ *middle initial* ] **Billings**
  - Change the mom’s category to indicate that she is no longer breastfeeding, and update her food package.
  - Change the baby’s category to indicate that he is no longer breastfed, and update his food package.
  - Issue updated benefits.

# CPA TWIST Training Workbook

## Activity 14 - Transfers and Terminations

Everyone is moving today! Transfers coming into your clinic and transfers going out of your clinic!

### ➡ Practice Information

#### 🔄 Transferring a Participant from Outside Oregon

- Search for and transfer-in the following participant.
- On the “Client Primary” screen, enter the following information.



Name	<b>Fahid [ middle initial ] Fox (male)</b>
DOB	3 years ago
Address	1700 N. Coyote Road Wolf Creek, Oregon 97497
Contact by Mail?	Yes
Contact by Phone?	Yes
Phone	(541) 393-9904 (cell, voice and text)
E-mail	MommaFox@email.com
Guardian's Name	<b>Freida [ middle initial ] Fox (mother)</b>
Race/Ethnicity	Asian (Not Hispanic)
Language	English (spoken and written)

- On the “WIC Intake” screen, using Fahid Fox as the participant, enter the following information.

Other Family Members on WIC?	No
Clinic	Master
Category	Child, 24 – 60 months
Migrant/Homeless?	No
Auto Scheduler, OK?	Yes

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Certification Start Date	3 months ago
Certification End Date	3 months from now

- Generate WIC ID.
- Save.
- On the “Transfer Information” screen, using Fahid Fox as the participant, enter the following information.

Date Last FI's Issued	First day of last month
Proof of ID	Birth Certificate
Proof of Residence	Mail
Anthro/Bio Info	Measurement Date – 3 months ago Weight – 30 pounds Height – 34 inches Hemoglobin – 13 g/dL
Nutrition Risk	502 – Transfer of Certification
Food Package Assignment	Standard child food package

- On the Family Summary Screen, schedule the participant for the appropriate appointments.
- Issue benefits.
- Fast path to the Family Cardholder Screen and issue a card.

Cardholder name	<b>Freida Fox</b>
Relationship	Mom
Date of Birth	01-01-1991
Card number	Issue a card

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## ➤ **Completing a Transfer-In Within Oregon**

- Search for and transfer-in the following participant.

Name	<b>Dorena</b> [ Baker - middle initial ] <b>Drain</b>
Old Agency	Baker
New Clinic	Master
New Address	399 West 4 <sup>th</sup> Avenue Silverton, OR 97381
New Phone	(541) 388-2230

- Review the Family Summary Screen, schedule appointments and issue benefits as needed.

## ➤ **Printing a VOC/Transfer Card**

- Search for **Serena** [ middle initial ] **Sandy** and find her WIC ID number.
- View the VOC card.

## ➤ **Terminations and Ineligibility**

- Review the [Termination Reasons and Benefit Issuance job aid](#) (p.113)

A mother tells you that her child is now in custody of her father in another state. The child needs to be terminated.

- From the “WIC Intake” screen, search for and return with **Veronica** [ middle initial ] **Vida**.
- Select the Termination transaction type and save.
- Select “yes” from the “Do you want to print a termination notice?” pop-up.
- Select “Issue Manually” and save.

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## ✓ Skill Check Information

Use the scenarios below to practice transferring and terminating participants.

### **Skill Check Scenario #1 – Transfer into Oregon from another state:**

- **Kimberly [ middle initial ] Birkenfeld** has a transfer card from another state and is now living in Oregon.
- Her transfer card indicated that her certification ends in two months and that she received benefits last month.
- Her height is 68”, weight is 120#, hematocrit is 33%. Her nutrition risk is underweight and low prenatal weight gain.
- Her EDD is 1 month from today.
- Her new address is:
  - 1700 W. Mountainview Ct. #333
  - Brookings, OR 97415
- She does not yet have a phone number.

### **Skill Check Scenario #2 – Transfer within Oregon:**

- **Desiree [ middle initial ] Dundee** has just moved to your town from Baker County WIC.
- Her new address is:
  - 4 NE Circus St.
  - Cottage Grove, OR 97424
- Her new phone is: (541) 392-0912.

### **Skill Check Scenario #3 – Printing a transfer card:**

- **Veronica [ middle initial ] Vida** is moving out of state.
- Print her VOC card.

### **Skill Check Scenario #4 - Termination:**

A pregnant woman, **Becky [ middle initial ] Noti**, calls to say that her income has changed and she no longer needs WIC. Take appropriate action.



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## Activity 15 – What’s Left?

### *What can you do over the phone?*

- Review the *What Can Happen Over the Phone* job aid (p.115)
- What information is considered “security data” when verifying the identity of someone on the phone?
- What are the 3 things you cannot do over the phone?



### *Unusual Food Packages*

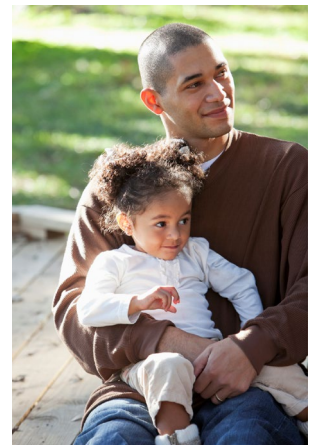
- Review the [Issuing Evaporated and Dry Milk job aid](#) (p.117)
- Review the [Assigning Food Packages for Fully Breastfed Twins job aid](#) (p.119)
- Review the [Assigning Food Packages to Women Who are Pregnant and Breastfeeding job aid](#) (p.123)

### *Entering a complaint*

A participant calls to tell you when he went to the store with his wife, the clerk was rude to them and made a comment about WIC participants. The clerk was an older white man with a mustache.

#### ➡ **Enter a complaint.**

- Access the “Complaint” screen through Operation Management ⇒ Compliance ⇒ Complaints
- On the “Complaint” screen, enter the following information.



Against	<b>Vendor</b>
Event Date	Yesterday
Complain Source	Client
WIC ID	<b>Search for Sophie [ middle initial ] Bates to obtain WIC ID number</b>



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Vendor Name	Albertsons Test
Issue	Rude behavior by checker

- In the “Complaint Description” field, enter information about the complaint.
- Complete the “Person Involved” fields: Title = checker; Role = offender; Description of person = physical description

## End of month issuance

Benefits issued in the last 5 days of the month have at least 5 days to be used, so the last date to use may be in the next month. This may result in overlapping benefits.

Look at the sample Benefits List and determine what would be important to point out to the cardholder.

WIC Benefits List		
Benefits Available as of 07/30/2015 10:26		
<b>WIC Family ID: 1122259</b>		
First Cardholder: No Cardholder		Second Cardholder:
<b>Benefits for:</b> 7/30/2015 through 8/4/2015		
<b>Family Member/s:</b> Test Client, Training - C2-5		
Quantity	Unit	Food Item Description
1	LB	Cheese
1	DOZ	Eggs - large
18	OZ	Cereal - hot / cold
1	CTR	Peanut butter / dry beans / peas / lentils
16	OZ	100% Whole wheat bread/corn tortillas/brown rice
8	\$\$\$	Fruit and vegetables - fresh / frozen
1.75	GAL	Fat free or 1% milk
1	CTR	64oz bottle / 16oz frozen juice
<b>Benefits for:</b> 8/1/2015 through 8/31/2015		
<b>Family Member/s:</b> Test Client, Training - C2-5		
Quantity	Unit	Food Item Description
1	LB	Cheese
1	DOZ	Eggs - large

# CPA TWIST Training Workbook

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## **Where to Get Help**

### **➡ App Support**

- Review the [Application Support job aid](#) (p.125)

### **➡ TWIST Training Manual**

<https://www.oregon.gov/OHA/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/twist.aspx>

- Review the [TWIST Troubleshooting job aid](#) (p.127)
- Review the [TWIST Process Summary job aid](#) (p.129)

### **➡ For Oregon WIC Staff webpage**

[https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/wic\\_staff.aspx](https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/wic_staff.aspx)