



# Health Assessment: Category I

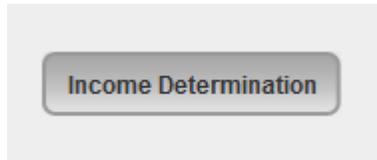
## Existing Certification

1. Enter Family number

Participant Or Family #

## Income

1. Click on the Income Determination button (Family page)



- Click on the Income Determination button (Family page)
- Select the Household size from the dropdown (labeled A)
- Select the Source from the dropdown (labeled B)
  - See examples of Proof of income in the Appendix #1
- Select the Proof of Income from the dropdown (labeled C)
  - See examples of Proof of income in the Appendix #2
- Select the Method (labeled D)
  - See examples of Method in the Appendix #3
- Enter the income amount (labeled E)

\* Household Size is a required field.

**Please enter income.**

Household Size: \*  **A**

	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>1</b>	Source <input type="text"/>	<input type="text"/>	Method <input type="text"/>	\$ <input type="text"/>
	Notes (optional) <input type="text"/>			
<b>2</b>	Source <input type="text"/>	<input type="text"/>	Method <input type="text"/>	\$ <input type="text"/>
	Notes (optional) <input type="text"/>			
<b>3</b>	Source <input type="text"/>	<input type="text"/>	Method <input type="text"/>	\$ <input type="text"/>
	Notes (optional) <input type="text"/>			

2. Click the Save button

- Once the income has been saved a message will display

**Income information saved.**

#### View/Edit Income Information

Date: 7/6/2015

Household Size: 4

1	Employment	Check Stubs	Weekly	\$750.00
Notes:				
<b>TOTAL GROSS WEEKLY INCOME: \$750.00</b>				

## Income (Adjunctively Eligible)

- Click on the Income Determination button (Family page)

Income Determination

- Click on the Income Determination button (Family page)
- Select the Household size from the dropdown (labeled A)
- Adjunctive Eligible will automatically display (labeled B)
- Verbal Report will automatically display (labeled C)
- Select the Method (labeled D)
  - See examples of Method in the Appendix #3
- Enter the income amount (labeled E)

\* Household Size is a required field.

**Adjunctively eligible. Need verbal income.**

Household Size: \* Please Select... A

1	<span style="border: 1px solid black; padding: 2px;">Adjunctive Eligible</span> <span style="color: red; font-weight: bold;">B</span>	<span style="border: 1px solid black; padding: 2px;">Verbal Report</span> <span style="color: red; font-weight: bold;">C</span>	<span style="border: 1px solid black; padding: 2px;">Method</span> <span style="color: red; font-weight: bold;">D</span>	\$ <span style="border: 1px solid black; padding: 2px;"> </span> <span style="color: red; font-weight: bold;">E</span>
Notes (optional)				
Reset				

- Once the income has been saved a message will display

**Income information saved.**

#### View/Edit Income Information

Date: 7/2/2015

Household Size: 2

1	Adjunctive Eligible	Verbal Report	Bi-weekly	\$1,200.00
Notes:				
<b>TOTAL GROSS BI-WEEKLY INCOME: \$1,200.00</b>				

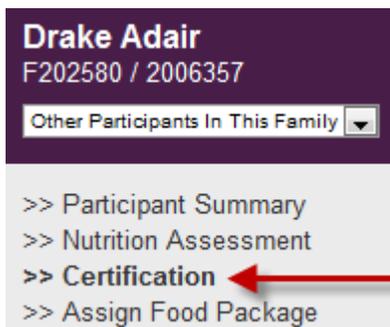
- Click on the Edit button to edit the income information



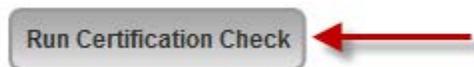
- Click on the Family number to return to the Participant Information page



- Click on Certification link



- Click on Run Certification Check (this checks to make sure that all of the participant's information has been entered)



#### 7. Eligibility View:

- Category (Participant page > Edit Participant)
- Income (Family page > Income determination)
- Residency (Participant page > Edit Participant)
- Physical Presence (Participant page > Edit Participant)

#### Eligibility

<b>Category:</b>	Infant DOB: 6/4/2012 Age: 0 y 1 m Proof: Social Security card
<b>Income:</b>	Household Size: 6 Bi-weekly Amount: \$1000.00 Proof: Other (Document In Notes)
<b>Residency:</b>	365 Fir Lane Boise, ID 83716 Proof: Drivers License or Passport
<b>Physical Presence:</b>	Y

## 8. Health Assessment

- Anthropometrics (Nutrition Assessment > Health Assessment > Anthropometrics tab)
- Immunization (Nutrition Assessment > Health Assessment > Immunization tab)
- Feeding History (Nutrition Assessment > Health Assessment > Feeding tab)

### Health Assessment

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Anthropometrics:      Weight: 11 lbs  
                                  Height: 22 in

Immunization:        Yes

Feeding History:     Ever Breastfed? Yes  
                                  Still Breastfeeding

                                 Ever taken formula? No

## 9. Assessment Interview

- Assessment Interview (Nutrition Assessment > Assessment Interview)

### Assessment Interview

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Health / Medical:      **Incomplete**

Lifestyle:                **Incomplete**

Nutrition / Health:    **Incomplete**

Nutrition / Health Cont: **Incomplete**

UPDATE 

By clicking this button you will leave this page.

## 10. Risk Codes

- If there are No WISPr or Assessment Interview assigned risk codes see below:
  - Category C  $\leq$  1 yrs: Risk 428 or 501 will display alternating

**NOTE:** If Risk codes 428 or 501 are selected all other risk codes will be grayed out

### Risk Codes

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WISPr Assigned:      None

Assessment Interview Assigned:      None

Additional Risk Codes:  428: Failure to follow nutritional guidelines  
 134: Failure to Thrive  
 341: Nutrient Deficiency Diseases  
 342: Gastro-Intestinal Disorder  
 343: Diabetes Mellitus  
 344: Thyroid Disorders

11. Staff has ability to assign Additional Risk codes

**NOTE:** If Risk codes other than 428 or 501 are selected, risk codes 428 or 501 will be grayed out

**Risk Codes**

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WISPr Assigned: None

Assessment Interview Assigned: None

Additional Risk Codes:

- 428: Failure to follow nutritional guidelines
- 134: Failure to Thrive
- 341: Nutrient Deficiency Diseases
- 342: Gastro-Intestinal Disorder
- 343: Diabetes Mellitus
- 344: Thyroid Disorders

12. Mandatory Referrals

- Once all the Referrals have been selected and saved, they will disappear from the Left Navigation bar (example A)
- The referrals will display at the bottom of the Certification page (example B)

**A Mandatory Referrals**

The following referrals are Federally required. Please check that these referrals have been completed.

- Substance Abuse
- Medicaid
- TANF
- SNAP
- Immunizations

**SAVE**

**B Referrals**

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Medicaid/Chip  
SNAP  
Substance Abuse  
TANF/Cash Assistance

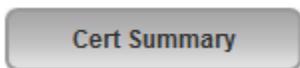
13. Click on Certify button



14. A success message will display if the participant has been certified

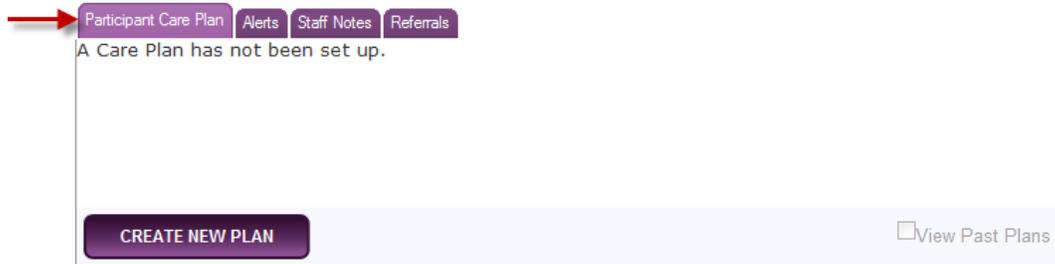


15. Click on Cert Summary to View the participants certification summary



# Participant Care Plan

1. Click on Participant Care Plan tab on the Participant summary page



2. Click on Create New Plan button



3. Participant Care Plan View:

<b>Subjective:</b>	
1/14/2015 Previous Goals: Continued good growth	
ht/wt: Mom and dad state that not much has changed with the boys since their last visit here. They have been doing better with drinking water, as they have been going outside to play and then are thirsty. Still picky with certain foods especially the veggies. No longer has OT but continues with PT every other week. Their goals have changed and they are focusing more on communication goals and getting up and down from booster	
<b>Objective:</b>	<b>Assessment:</b>
Age: 2 y 2 m	Certification Risks:
Bloodwork Date: 1/14/2015 Hemoglobin: 11.7	Risk 121: Short Stature At Risk of (Infants/Children) Risk 360: Other Medical Conditions
Anthropometrics Date: 3/31/2015 Height: 32 in Weight: 23 lbs BMI: 15.8	length: <3% weight: <3% BMI: 50% In the last 2.5 months Kendrick has gained 1/2# and grew 1.5". Good growth in stature, still
Immunization: Yes	
<b>Education Topics:</b>	<b>Referrals:</b>
- Healthy balanced eating (specific to category) - High iron foods – pica	Medical Doctor None
<b>Handouts:</b>	
1: No handout given today	
2:	
3:	
<b>Goals:</b>	
1: Communication goals	
2:	
<b>Counseling / Plan:</b>	
Discussed rate of growth in relation to the grid. Gave parents lots of praise for continuing to work on overcoming picky eaters and offering more water.	
Plan: FU ht/wt at clinic, mom to attend cooking class	

#### 4. Subjective

- Enter information in the Subjective field

**Subjective:**

#### 5. Objective

- Information for the Objective field is pre-populated from the Health Assessment
- Different Category views

Objective:	Category I (0-12 mo)
Age:	0 y 2 m
Anthropometrics	Date: 7/23/2012
	Height: 22 in
	Weight: 11 lbs
	BMI: 16
Feeding:	Date: 7/23/2012
	Was Drake ever breastfed? Yes
	At what age did Drake first have formula? Not Started
	At what age did Drake stop breastfeeding? Not Stoppe
Immunization:	Yes

#### 6. Assessment

- Nutrition Risk Criteria assigned during the most recent certification will appear under the Assessment header

**Assessment:**

Risk 133: High Maternal Weight Gain  
 Risk 201: Low Hematocrit / Low Hemoglobin

#### 7. Referrals

- Referrals provided during the most recent certification will appear under the Referrals header
- Click on Add More to add more Referrals
- Click on Edit to edit Referrals

**Referrals:** [add more](#)

Breastfeeding Coordinator [edit](#)  
 Lactation Counselor [edit](#)  
 Registered Dietitian [edit](#)

**8. Topics**

- Click on Edit to add or delete a Topic

**Topics:** [edit](#)

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Budgeting/shopping for food  
Dental concern management  
Diabetes nutrition

**9. Handouts**

- Enter any handout(s) that were given to the participant

**Handouts:**

1:	Health bennifits of fruit
2:	Easy exercise <span style="float: right;">x</span>
3:	

**10. Goals**

- Enter participant’s goal(s).
- If participant is not ready to set a goal enter “No goal was set” or you may re-use a previous goal the participant is continuing to focus on

**Goals:**

1:	Plans to eat at least 2 servings of fruits for a daily snack
2:	Increase activitty to swimming 3 days/week during summer

**11. Counseling/Plan**

- Type information as needed

**Counseling / Plan:**

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Discussed easy vegetables to buy and prepare. Try making a menu for meals that includes vegetables



## 12. Optional

- Select a box next to the sections of the care plan to copy to other family members
  - S = Subjective O = Objective A = Assessment P = Plan
    - Note: If P is selected Topics, Goals and Referrals display, with the option for selection

Copy S O A P

**Optional**

Copy S O A P

Topics Goals Referrals Handouts

- If user selects the box next to All Participants in this family, selected sections of the Participant Care Plan will be copied to all family members that are ACT/APP/TEMP status
- OR
- User can select a participant from the dropdown to have selected sections of the Participant Care Plan to be copied

To: All Participants in this Family (ACT/APP/TEMP) ←

or Select Participant... ←

Select Participant...

Deidra Adair

Kinsey Adair

## 13. Select this box if the Participant Care Plan is High Risk

This is a HIGH RISK Care Plan

## 14. Save/Cancel buttons:

- Click on Save to save the entered information
- Click on Cancel to cancel the transaction

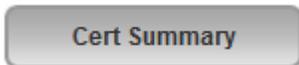
## 15. When the Participant Care Plan has been successfully saved the following Success message will display

**Care Plan Updated**

- After the Participant Care Plan has been saved the user will be directed back to the Participant Summary page.
  - The view will only show the newest plan. To view past Care Plans select the box next to View Past Plans and all plans will display in the grid

Participant Care Plan				
		Alerts	Staff Notes	Referrals
Date	Goals			
7/9/2012	wants to make sure she is getting at least 2 servings of fruits daily			
4/27/2012	Will cont trying to offer more veggies More activity over the summer			
<input type="button" value="CREATE NEW PLAN"/> <span style="float: right;"><input checked="" type="checkbox"/> View Past Plans</span>				

- Click on Cert Summary to View the participants certification summary



## Terminate Certification

- Click on Terminate Cert to Terminate the participants certification



- View of Terminate Certification modal

**Terminate Certification:**

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Effective Date:

Termination Reason:

- Please select a reason...
- Categorically Ineligible
- Client Receiving Benefits from CSFP
- Deceased
- Dual Participation in WIC
- Error
- Failure to Pick Up Checks
- Moved out of Service Area
- Not Serving Priority
- Program Misuse
- Requested Early Certification
- Voluntary Withdrawal
- Women Category Change



# Appendix A

## 1. Source of Income

- Child Support/Alimony
- Employment
- Self-Employment
- Foster Care
- Grant/Loan
- Social Security/Disability
- Adjunctive Eligible
- Unemployment Comp
- Verbal Report
- Other Cash Income
- Lump Sum

## 2. Proof of Income

- Check Stubs
- Child Support/Alimony Doc
- Disability Assistance (SSI)
- Foster Placement/ Award Letter
- Military LES
- Bank Account Statements
- Self-Employed Taxes/Receipts
- SNAP Eligibility Notice
- Student Award Letter
- TANF –Award Letter
- Unemployment Letter/Notice
- Verification of Certification
- Signed Statement
- W-2 Form or Income Tax Form
- Zero Income (No Proof Form)
- Verbal Report
- No Proof Form
- Forgot Documents

## 3. Method: Income Period

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly
- Quarterly
- Annual
- Hourly
- Daily
- Lump Sum