

I-WIC CPA TRAINING OUTLINE AND SCENARIOS REVISED 1/12/2026

Community Health Training Center

I-WIC CPA Training: Outline and Practice Scenarios

OUTLINE

Day 1 – Tuesday

Welcome/GoToMeeting Overview

Welcome to WIC

Introduction to Risk Factors and Food Packages

System Overview

Searching for and Opening Records

Appointment Scheduling and Precertification

Scenario 1: Certifying a New Pregnant Woman

Questions/Practice Time

Day 2 – Wednesday

Scenario 2: Certifying a Breastfeeding Mom and Baby

Questions/Practice Time

Scenario 3: 30-Day Recertification

Questions/NO Practice

Scenario 4: Mid-Cert Appointment

Questions/NO Practice

Scenario 5: Independent Practice Child Recertification

Practice Time

Day 3 – Thursday

Cert Action Activity – From Scenario #3 (30 Day Cert)

Questions/NO Practice

Scenario 6: Breastfeeding Status Change

Questions/Practice Time

Scenario 7: Food Package Change

Questions/NO Practice

Scenario 8: Transfers

Questions/NO Practice

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To receive a certificate, the following scenarios must be completed.

1. Day 1, **Scenario #1**, Certify a new pregnant woman using your assigned participant.
2. Day 2, **Scenario #2**, Certify new breastfeeding mom and baby using your assigned participant.
3. Day 2, **Scenario #5**, Recertify a child using your assigned participant.
4. Day 3, **Scenario #6**, Complete a breastfeeding status change for the breastfeeding mom and baby from Scenario #2.

PRACTICE SCENARIOS

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Scenario 1: Certifying a New Pregnant Woman

A new pregnant woman is here today for a certification appointment. Support staff has completed their activities and now the HH is ready for the CPA to continue with the certification process.

CPA Activities

Refer to CPA/CPAA L2 Certification Flow Sheet

Program Note: Before beginning the certification Refer to WIC Program Explanation WPE); The Relationship (WPE 1*). This information must be communicated to all applicants/participants.

Refer to the I-WIC Assessment Guide: Pregnant Woman. The guide will assist you in using a participant centered (PC) approach during the assessment. It gives suggested questions to help you gather more information.

Locating and Opening the Record

1. Under the **Scheduling Tasks** jellybean, select the **Onsite List**.
2. Choose your assigned **PG Woman** from the list and click on the **Select** button.
3. Record will open to the **Household Summary** screen.

Field	Value
Participant Name	Select woman

Cert Action – Woman

1. Access the **Cert Action** screen from the Guided Script.
2. Click the **Add** button to add the new certification.
3. A popup message will display asking if the woman is pregnant or not. Click **OK** as the woman is pregnant.
4. A row is added to the grid with the **Category** and **Cert Start** columns populated.
5. Above the grid, enter the **Expected Delivery Date**:
6. The **Cert End** date populates based upon the **Expected Delivery Date** plus 6 weeks.
7. Check **Present for Cert**.
8. Click **Save**.
9. Click **Next** to move to the Lab screen.

Field	Value
Expected Delivery Date	6 months from today's date
Present for Cert	Check

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Lab – Woman

Reference Addendum: Anthropometric Guidance.

1. Click the **Add** button under the **Anthropometric Data** grid.
2. Enter the **Weight** and **Height**.
3. Enter **Number of Prenatal visits**
4. Enter **Month Prenatal Care began**.
5. Enter **Pre-pregnancy Weight**.
6. **Multifetal Gestation** auto fills to **No**.
7. Click **Save**. (At home, Click the Prenatal chart button and review prenatal weight gain grid and recommendations).
8. Click **Next** to move to the **Screenings** tab.

All participants must be asked if they have had a blood lead test. If they have been tested (verbal statement is allowed), staff should include the results.

9. Under the **Lead** grid, click **Add**. Enter Lead value if provided. Under **Lead Test in Last 12 Months**, click the drop down and select **No**. Move to the **Action** column and select **No Action Needed**.
10. Click **Add** under the **Hemoglobin/Hematocrit** grid.
11. Enter **HGB** value and click **Save**.
12. Click **Next** to save the screen and move forward to the **Breastfeeding** screen.

Field	Value
Weight	150 lbs. and 4 oz
Height	66 and 2/8
# Prenatal Visits	1
Month Prenatal Care Began	Current date minus 30 days
Pre-pregnancy Weight	133
Multifetal Gestation	Auto selected no (change as appropriate)
Lead Test in Last 12 Months	No
Action	No Action Needed
HGB	10.5

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Breastfeeding – Woman

References:

NPS - Documenting in WIC MIS; and NPS - Breastfeeding

1. **BF Information Tab** does not apply to pregnant women.
2. **Click Next** to move to the BF Questions tab. For a pregnant woman, you must complete all four questions on this tab. **Select none** for the last question. (This question/risk applies only if pregnant and breastfeeding).

BF Information

Hx * How are you thinking about feeding your baby?

I want to nurse my baby from the breast
 I want to pump and nurse from the breast
 I want to pump only
 I want to provide both formula and breast milk
 I don't want to breastfeed
 Other _____

Hx * Have you ever breastfed/pumped? Yes No

Hx * Tell me about your breastfeeding experience or what you have heard about breastfeeding?

Basic information

Hx * Are you experiencing any of the following?

Cracked, bleeding or severely sore nipples
 Flat or inverted nipples
 Mastitis
 No milk at 4 days postpartum
 Recurrent plugged ducts

Severe breast engorgement
 Tandem nursing
 40 years of age or older
 Other _____
 None

Save **Cancel** **Next**

3. Click **Next** to move to the **BF Support and Notes Tab**: Document Breastfeeding Contacts, Referrals, & Notes, as appropriate:

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The Contact History section may be used to document successful or attempted contacts and topics discussed at subsequent visits. Since this is a new Certification, you will not add anything here.

The Breastfeeding Referral section is used to document and follow up on referrals. If applicable choose the referral type PN for pregnant woman, PP for breastfeeding woman or No Referral Made, and indicate the reason the participant was not referred.

4. Click **Add** (today's date defaults to today's date). Select PC from the **Referred To** drop down. Select **Education** from the **Reason Referred** drop down. At **Referral Type**, choose **PN** for pregnant.

Breastfeeding Referral

* Date Referred	* Referred To	Reason Referred	Reason Not Referred	Referral Type	Follow-up Date
08/23/2021	PC	Education		PN	

Add **Remove** **History**

The Breastfeeding Notes section does not need to be repeated in other “Notes” sections. For Pregnant women you may include information on feelings, knowledge and/or experiences with breastfeeding, level of intent and support to breastfeeding, and prenatal education provided. Follow up on breastfeeding intent, support and progress at subsequent visits or telephone calls.

5. Click **Add** and the Notes Zoom pop up appears. Type your note and click **OK** to close.

Breastfeeding Notes

* Date	* Staff	* Note	Baby Name
08/23/2021	MONICA.M...	Note	

Add **Remove** **Link Baby**

6. Click **Next** to save the tab and move forward to the **BF Pumps & Aids** tab.
7. Click **Next** to move forward to the **Health** Screen.

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Health – Woman

Complete the **Pregnancy Information** screen, page 1, as shown below:

Pregnancy Information	Health Information
<p>Hx * 1. Do you have any questions or concerns about your pregnancy? Check all that apply.</p> <p><input type="checkbox"/> Appetite <input type="checkbox"/> Infant feeding choices <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Breastfeeding <input type="checkbox"/> Weight gain</p> <p><input type="checkbox"/> Depression <input checked="" type="checkbox"/> No concerns</p>	
<p>Hx * 2. Have you had any other pregnancies that resulted in a live birth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Hx * What is the DOB of your last child? _____</p>	
<p>Hx * 3. Did you have any medical issues with your past pregnancies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Hx * If yes, please select:</p> <p><input type="checkbox"/> Baby born 5lbs 8oz or less <input type="checkbox"/> Baby born 9lbs or more <input type="checkbox"/> Baby born with a nutrition related birth defect <input type="checkbox"/> Caesarean or 'C' section <input type="checkbox"/> Early term delivery >37 to <39 weeks <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> 2 or more Miscarriages (less than 20 weeks) <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Pregnancy loss (20 weeks or more) <input type="checkbox"/> Preterm delivery >32 but <37 weeks <input type="checkbox"/> Stillborn or death before 1 month of age <input type="checkbox"/> Twins, triplets or more</p>	

1 **2** **3**

Save **Cancel** **Next**

Click **Next** to move forward to page 2.

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Health – Woman

Complete the **Pregnancy Information**, screen, page 2, as shown below:

Pregnancy Information	Health Information
<p>Hx * 4. Do you regularly take any of the following medications?</p> <p>Hx * If yes, please select:</p> <ul style="list-style-type: none"><input type="checkbox"/> Antigout<input type="checkbox"/> Blood Formation/Coagulation<input type="checkbox"/> Cardiac/Blood Pressure/Lipid<input type="checkbox"/> Digestive Enzymes<input type="checkbox"/> Diuretic	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <ul style="list-style-type: none"><input type="checkbox"/> Hormones: Growth, Steroid, Other<input type="checkbox"/> Insulin/Antidiabetic<input type="checkbox"/> Thyroid/Antithyroid<input type="checkbox"/> Other <input type="text"/>
<p>Hx * 5. Do you or your health care provider have any special concerns about your pregnancy?</p> <p>Hx * If yes, please select:</p> <ul style="list-style-type: none"><input type="checkbox"/> Currently breastfeeding<input checked="" type="checkbox"/> Excessive weight gain<input type="checkbox"/> Fetal Growth Restriction<input type="checkbox"/> Gestational Diabetes<input type="checkbox"/> Hyperemesis gravidarum	<ul style="list-style-type: none"><input type="checkbox"/> Preeclampsia<input type="checkbox"/> Twins, triplets or more<input type="checkbox"/> Weight loss while pregnant

1 **2** **3**

Save **Cancel** **Next**

Click **Next** to move forward to page 3.

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Health – Woman

Complete the **Pregnancy Information** screen, page 3, as shown below:

Pregnancy Information	Health Information
<p>Hx * 6. Do you use any nicotine or tobacco products including, cigarettes, pipes, cigars, e-cigarettes, vape, hookahs, chewing tobacco, or tobacco replacement therapies (gums, patches).</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Hx * 7. Are you ever in an enclosed area while someone is using tobacco products?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Hx * 8. Drink alcohol?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Hx * 9. Use marijuana in any form?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Hx * 10. Misuse prescription medication?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Hx * 11. Use other illegal substances?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

1 2 3

Save **Cancel** **Next**

Click **Next** to move forward to the **Health Information** tab.

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Health – Woman

Complete the **Health Information** tab, as follows:

Pregnancy Information		Health Information	
1. Do you have any health or medical issues? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="button" value="Details"/>			
2. Do you have any food related allergies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please select:			
<input type="checkbox"/> Milk (Lactose Intolerant) <input type="checkbox"/> Egg <input type="checkbox"/> Soy <input type="checkbox"/> Fish <input type="checkbox"/> Tree nuts		<input type="checkbox"/> Milk (Allergy) <input checked="" type="checkbox"/> Peanut <input type="checkbox"/> Wheat <input type="checkbox"/> Shellfish <input type="checkbox"/> Other <input type="text"/>	
3. Do you have access to dental care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4. Do you have any dental problems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, please select:			
<input type="checkbox"/> Gingivitis <input type="checkbox"/> Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections) <input type="checkbox"/> Periodontal Disease <input type="checkbox"/> Tooth Decay			
5. Do you take any of the following?			
Prenatal Vitamins <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes) #/week <input type="text" value="7"/> Excessive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vitamins/Minerals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes) #/week <input type="text"/> Excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Herbs, Supplements or Remedies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6. Are you regularly eating any non-food items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, please select:			
<input type="checkbox"/> Ashes <input type="checkbox"/> Clay <input type="checkbox"/> Large amounts of ice		<input type="checkbox"/> Baby powder <input type="checkbox"/> Cornstarch <input type="checkbox"/> Other <input type="text"/>	
<input type="checkbox"/> Baking soda <input type="checkbox"/> Dirt			
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Next"/>			

Click **Next** to move forward to Nutrition tab.

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Nutrition – Woman

Complete the **Nutrition**, page 1, as follows:

 * 1. How do you feel about your appetite?

 * 2. What milk do you drink most often?

<input type="checkbox"/> Fat-free/skim cow's or lactose free	<input checked="" type="checkbox"/> Low-fat/1% cow's or lactose free
<input type="checkbox"/> Reduced fat/2% cow's or lactose free	<input type="checkbox"/> Whole cow's or lactose free
<input type="checkbox"/> Formula	<input type="checkbox"/> Goat/sheep's milk
<input type="checkbox"/> Homemade mixtures/non-dairy creamer	<input type="checkbox"/> Nut milks
<input type="checkbox"/> Rice beverages	<input type="checkbox"/> Soy beverages (fortified)
<input type="checkbox"/> Soy beverage (unfortified)	<input type="checkbox"/> Canned evaporated or sweetened condensed milk
<input type="checkbox"/> Other <input type="text" value=""/>	<input type="checkbox"/> None

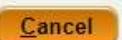
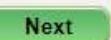
 * 3. Do you regularly drink any of the following?

<input type="checkbox"/> Beer, wine or drinks with alcohol	<input checked="" type="checkbox"/> Coffee or tea	<input type="checkbox"/> Diet soda
<input checked="" type="checkbox"/> 100% fruit juice	<input type="checkbox"/> Soda, fruit/sports drinks or sweetened tea	<input checked="" type="checkbox"/> Water
<input type="checkbox"/> Other <input type="text" value=""/>		

 * 4. Do you eat these foods every day?

 * Fruit Yes No
 * Vegetables Yes No
 * Whole grains Yes No

Click **Next** to move forward to page 2.

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Nutrition – Woman

Complete the **Nutrition** screen, page 2, as follows:

 * 5. Do you eat raw, undercooked or unpasteurized foods?

<input type="checkbox"/> Deli meats/hot dogs not steaming	<input type="checkbox"/> Fish high in mercury
<input type="checkbox"/> Fish/shellfish raw/undercooked/smoked	<input type="checkbox"/> Juice unpasteurized
<input type="checkbox"/> Meat/poultry/eggs raw/undercooked	<input type="checkbox"/> Milk unpasteurized
<input type="checkbox"/> Soft cheese	<input type="checkbox"/> Sprouts raw
<input type="checkbox"/> Tofu raw/undercooked	<input checked="" type="checkbox"/> No

 * 6. Are you having any problems with eating?

<input type="checkbox"/> Can't find the food I like	<input type="checkbox"/> Constipation	<input type="checkbox"/> Don't feel like eating
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Mouth pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> No time to eat	<input type="checkbox"/> Vomiting	<input checked="" type="checkbox"/> None of the above

 * 7. Do you follow a special diet?

<input type="checkbox"/> Diabetic	<input type="checkbox"/> High calorie	<input type="checkbox"/> High protein/low carb	<input type="checkbox"/> Kosher
<input type="checkbox"/> Lacto-ovo	<input type="checkbox"/> Lactose free/restricted	<input type="checkbox"/> Low calorie	<input type="checkbox"/> Low cholesterol
<input type="checkbox"/> Low fat	<input type="checkbox"/> Low salt/sodium	<input type="checkbox"/> Macrobiotic	<input type="checkbox"/> PKU
<input type="checkbox"/> Post-bariatric surgery	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Weight loss
<input checked="" type="checkbox"/> None of the above	<input type="checkbox"/> Other	<input type="text"/>	

 * 8. How much physical activity do you include in your day?

<input type="checkbox"/> None	<input checked="" type="checkbox"/> 15 minutes	<input type="checkbox"/> 30 minutes	<input type="checkbox"/> 1 hour	<input type="checkbox"/> More than 1 hour
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1 2 3

Save

Cancel

Next

Click **Next** to move forward to page 3.

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Nutrition – Woman

Complete the **Nutrition** screen, page 3, as follows:

9. Are you sometimes hungry because there is not enough money to buy food? Yes No

10. Do you have access to a refrigerator and stove/hot plate? Yes No

1 2 3

Save Cancel Next

Click **Next** to move forward to the **Nutrition Risk** screen.

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Nutrition Risk – Woman

KEYPOINT: Risks are assigned when accessing the screen.

1. The **Detailed Description** column shows the USDA Risk# and the [brackets] displays the Priority.
2. The  column identifies risk factors that have been established as high risk. When high risk, the heart in the menu bar at the top is will be **RED**. **If you are a CPA Asst and encounter participants with complex nutrition risks, they must be referred to the Nutrition Coordinator or designated CPA.**

The Reason Button will display why the system assigned the risk to the participant.

The Risk Help button will display IL WIC Nutrition Risk Criteria for additional guidance. This document provides a complete list of the Risks with detailed definitions.

3. You can add a note if appropriate by double clicking in the **Note** column.
4. Click **Next** to save the screen and to move forward to the **Nutrition Education** screen.

Field	Value

Nutrition Education – Woman

PROGRAM NOTE: Nutrition Ed/Counseling Notes are used to document nutrition education and counseling provided at the initial certification as well as subsequent visits.

This documentation must be completed as part of the certification/recertification process. Documentation includes the method, topic, and notes section.

Nutrition Ed/Counseling notes are also required to document secondary education (N/ED appointment), as well as mid-cert and follow up visits.

Refer to NPS Documentation for further guidance.

1. Click **Add** to enter **Nutrition Education**.
2. Click in the **Method** box and select **Primary Individual**.
3. Move to the **Topic** field and select the desired topic.

Field	Value
Method	Primary Individual
Topic	Weight Gain During Pregnancy

PROGRAM NOTE: Select the best “Topic” based on the category specific education topics. At least one topic must be documented. If multiple topics are discussed, CPA should:

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add the main topic discussed and document additional topics reviewed in the “Note” section of the main topic (one row noting all topics discussed).

The “Note” section is used to document specifics of the nutrition education/counseling provided. This note will also be visible on the Notes screen. Refer to NPS Documentation

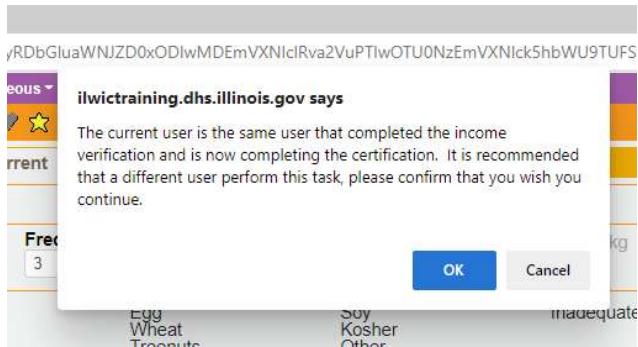
4. Double-click in the **Note** field enter a **Note** as appropriate.
5. Click **Next** to save the screen and to move forward to the **Food Prescription** screen.

Note Optional for Training

Program Note: Before assigning food benefits Refer to WIC Program Explanation (WPE); Food Benefits (WPE2*).

Food Prescription – Woman

1. Mark the **Certification Complete** checkbox.
2. A popup will appear (see below)



3. You will only see this for training purposes as you will have separation of duties at your agency. Click **OK** to dismiss the popup.
4. The system will automatically insert your name in the **Completed By** field.
5. Click the **Save** button.
6. The **Frequency** dropdown defaults to 3 and may be adjusted if applicable.

KEYPOINT: The flags box across the top of the screen shows Peanut in red to indicate that our participant has been flagged with a peanut allergy. This was identified on the participant's Health screen.

The system will not remove any foods from the food package.

Field	Value

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this must be done manually by the CPA. It's important to tailor the food package to meet the participants' needs and preferences.

*Refer to Desktop Reference: "Healthy Options at WIC". This will help you to talk about the health benefits and food options available in the food packages.

Refer to Addendum Illinois WIC Food Package Tables for further guidance.

7. Click the **Add** button. A popup displays the standard food items and quantities for a pregnant woman. Foods to be tailored are based on an individual's nutritional assessment.

- a. Notice that the milk defaults to 1%/skim (fat-Free). It's important to select the appropriate milk from the dropdown list. We will stay with the 1% milk.

For this scenario add cheese and yogurt.

- b. There are two "Cheese or Tofu" rows, one for substituting cheese and one for substituting tofu. The row for adding cheese is pre-filled in the Food Item Selected column, with the selection "cheese – all authorized". Moving over to the **Quantity** column in that row, enter the number 1, which will add 1lb of cheese to the package.
- c. Move to the **Quantity** column in the Yogurt row, and enter the number 1, which will add 1 quart of yogurt to the package. Tab, enter, or click out of the row to update the Group Max Tally. Notice that the group Max remaining is now over by 1 gallon of milk. Notice the Group Max Tally Remaining field is in the red.

The group max tally allows you to correctly calculate how much to add or remove to stay within the maximum. The maximum allowed must be provided without over issuing.

- d. Adjust the milk quantity as appropriate to zero out Group Max Tally Remaining field. (Since it shows **-1**, we must subtract the milk quantity by 1. Click in the **Quantity** column in the milk row and change it to 4.5.

Tailoring or reducing food packages to less than the maximum monthly allowance is only appropriate when medically necessary or nutritionally warranted (i.e., food allergy, tailoring formula amounts for breastfeeding infants, vegan diets, tube feeding) or requested by medical provider and/or the participant.

8. Remove peanut butter (peanut allergy).

Food
Prescription

Std PG Package

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- a. Click the dropdown in the Group Max Tally to change the group to Beans/Peanut Butter.
- b. Click in the column that shows Peanut Butter and select the white line at top to remove the peanut butter. Notice Group Max Tally remaining shows 1 but this time it's green.
- c. The Beans row shows the prescription max is 2. To get the full value of the pkg were going to change quantity in the beans row to 2. Now notice the group max tally shows 0 remaining.
9. Click Assign on the popup.
10. A row will be added to the grid with the description of the Food Prescription, the Effective date (today's date) and the End Date and Notes field.
11. Add a note by double clicking in the Notes Field: enter "Removed Peanut Butter". Refer to NPS Documentation p.6 What to Document for the Notes Field.
12. Click the Next button to save the screen and to move forward to the Issue Benefits screen.

Notes Field
Removed peanut butter

Issue Benefits

1. The Issue column will be checked.
2. Click the Preview button to make sure the food package items, quantities, and dates are as expected.
3. Click the Issue Benefits button. Note EBT Transaction Completed Successfully appears in the bottom left corner. The BLT and BVT date columns have now been populated.
4. Review the Shopping List with participant.
5. Click Next to move to the Schedule Appointment screen.

Field	Value

Program Note: Review their certification period, that they will receive education at least every 3 months and benefits will be issued until their cert period ends. Give them a choice of the secondary education options provided at your agency and schedule the appointment. Refer to Addendum: WIC Program Explanation (WPE); Certification Period (WPE 3*).

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Schedule Appointment

1. Click in the **New Appt** field to access the drop down and select desired appointment type for the participant.
2. The duration time (**DUR**) defaults to the standard time based on the selected appointment type. You can adjust as appropriate.
3. Adjust the **Start Date** and the **End Date** to be on or before the listed **BVT** date.
4. Adjust the **Start Time** and **End Time** as appropriate.
5. **Check for Uncheck Days** as appropriate.
6. Select a **Topic** if searching for a group education class.
7. Click the **Search** button once all parameters are set. **Select** the row for the **Desired Appointment**.
8. In the **Appointment Note** indicate the preferred type of (N/ED).
9. You can add a **Notification Note** as appropriate.
10. Verify the **Time**. It defaults to the start time of the selected row.
11. Click the **Create Appt** button.
12. Click **Next** to Print Documents.

Field	Value
New Appt	N/ED
DUR	Adjust as needed.
Start Date	On or before BVT
End Date	On or before BVT
Appointment Note	Preferred type of (N/ED) your choice

Print Documents: Select the appropriate document, click the **Preview** button to display and print. You **must** print the **Family Shopping List** (You do not have to print for this training).

Refer to Addendum: WIC Program Explanation (WPE); Foods Benefits (WPE 4*).

Notes Screen: Complete as appropriate.

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Scenario 2: Certifying a New Woman and Baby as Breastfeeding

A new breastfeeding mom and baby are here for a certification appointment. Support staff has completed their activities and now the HH is ready for the CPA to continue with the certification process.

CPA Activities

Refer to CPA/CPAA L2 Certification Flow Sheet

Program Note: Before beginning the certification Refer to WIC Program Explanation (WPE); The Relationship (WPE 1*). This information must be communicated to all applicants/participants.

Refer to Assessment Guide for Breastfeeding Woman – will assist in using a participant centered (PC) approach as you move through the assessment.

Locating and Opening the Record

1. Go to the **Onsite List** screen.
2. Choose your assigned **Infant** from the list and click on the **Select** button.
3. Record will open to the **Household Summary** screen.

Field	Value
Participant Name	Select infant

Cert Action – Infant

1. Access the **Cert Action** screen from the Guided Script.
2. Click the **Add** button to add the new certification row.
3. A **BF Status** popup is displayed. Complete as follows:
 - a. **Is the baby currently breastfeeding or given pumped Breast milk? – YES.**
 - b. **Is the baby currently receiving any supplemental formula? – NO.**
 - c. System will assign **IBE** as the **New Category**.
 - d. Click **Ok** to save the data and close the popup.
4. A row is added to the grid with the **Category**, **Cert Start**, **Cert End**, and **Cert Reason** columns populated.
5. Check **Present for Cert**.
6. Click **Save** to save the screen.
7. Move to the **Toggle box** at the top of the screen to select **mom's record (BE)**.

Field	Value
Is the baby currently breastfeeding or being given pumped breast milk?	Yes
BF Status popup – Is the baby currently receiving any supplemental formula?	No
Present for Cert	Check

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Cert Action – Woman

1. Click the **Add** button to add the new certification.
2. A popup message will display asking if the woman is pregnant or not. Click **Cancel** as the woman is not pregnant.
3. A **BF Status** popup is displayed. Complete as follows:
 - a. **Are you currently breastfeeding? – Yes**
 - b. **Are you giving baby any supplemental formula – No.**
 - c. System will assign **BE** as the New Category.
 - d. Click **OK** to save the data and close the popup.
4. A row is added to the grid with the **Category** and **Cert Start** columns populated.
5. Above the grid, enter the **Expected Delivery Date** and **Actual Delivery Date**.
6. The **Cert End** date populates based upon the **Actual Delivery Date** plus 12 months minus 1 day.
7. Check **Present for Cert**.
8. Click **Save**. *Popup appears EDD is = to ADD. This is because we entered the same date for both.* **Cancel** to close popup.
9. Click **Next** to move to the Lab Screen.

Field	Value
Are you currently breastfeeding or pumping?	Yes
Are you currently giving your baby any supplemental formula?	No
EDD and ADD	Same as infant birthday
Present for Cert	✓

Lab – Woman

1. Click the **Add** button under the **Anthropometric Data** grid.
2. Enter the **Weight** and **Height**.
3. Enter **Pre-pregnancy Weight**.
4. Enter **Weight at Delivery** – system will calculate **Weight** gained during pregnancy. If you enter Weight gained during pregnancy, system will auto calculate **Weight at Delivery**.
5. Click **Save**.
6. Click the **Next** Button to move to the **Screenings** tab.
7. Under the **Lead** grid, click **Add**. Enter Lead value if provided. Under **Lead Test in Last 12 Months**, click the drop down and select **No**. Move to the **Action** column and select **No Action Needed**.

Field	Value
Weight	150 lbs. and 4 oz
Height	66 and 2/8
Pre-pregnancy Weight	133
Weight at Delivery	155
Lead Test in Last 12 Months	No
Action	No Action Needed

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- Click **Add** under the **Bloodwork** grid: Date of Bloodwork defaults to today's date. Enter **HGB**.
- Stay on this screen to complete Lab information on the infant. **Toggle** to the Infant Record (IBE).

Lab – Infant

- Click **Add** under the **Anthropometric** grid.
- Enter **Weight** and **Height**.
- Enter **Birth Weight**.
- Enter **Birth Length**.
- Enter **Completed Weeks of Gestation**.
- Click **Save** to have the system calculate percentiles in the **Anthro** grid.
- Click **Next** to move to the **Screenings** tab.
- Click **Add** under the Immunization grid to add a row with today's date. For **Immunization Status**, Select "**Current**".
- Under the **Action** column, select "**No Action Needed**".
- Click **Next** to move forward to the **Growth Chart** tab.
- Select the radio buttons to view the different growth charts.
- Click **Next** to move forward to the **Breastfeeding** screen.

HGB	10.5
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Field	Value
Weight	8 lbs. 2 oz
Height	20 in 1/8
Birth Weight	7 lbs. 4 oz
Birth Length	19 in 0 1/8
Completed Weeks of Gestation	40
Immunization Status	Current
Action	No Action Needed

Breastfeeding – Infant

- On the **BF Information** tab, the **Verified** checkbox is marked and has today's date to verify that the breastfeeding information is correct.
- Click **Next** to move to the **BF Questions** tab.
- Complete the questions.
- Click **Next** to save the screen and move forward to the **BF Support & Notes** screen. You do not need to add anything to the baby's record on this screen.
- Click **Next** to move forward to the **Health** screen.

Field	Value
Verified	Checked
Do you have any existing conditions?	No
Does your breastfeeding baby have?	None
How many times....?	8

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Health – Infant

1. Complete the **Health** screen, page 1, for the infant as follows:

Hx * 1. Do you have any questions or concerns about your baby's:

Appetite Breastfeeding Formula Intake
 Health Weight Gain/Growth No Concerns
 Other

Hx * 2. How do you feel about your baby's growth? Too slow Just right Too fast

Hx * 3. Parent present with $BMI \geq 30$?

Hx * Mother Yes No Not present
Hx * Father Yes No Not present

Hx * 4. Does your baby have any health or medical issues? Yes No

Hx * 5. Does your baby regularly take any of the following medications? Yes No

Hx * If yes, please select:

Antigout Hormones: Growth, Steroid, Other
 Blood Formation/Coagulation Insulin/Antidiabetic
 Cardiac/Blood Pressure/Lipid Thyroid/Antithyroid
 Digestive Enzymes Other
 Diuretic

Hx * 6. Does your baby have any food related allergies? Yes No

Hx * If yes, please select:

Milk (Lactose Intolerant) Egg Soy Fish Tree nuts
 Milk (Allergy) Peanut Wheat Shellfish Other

1 **2**

Save **Cancel** **Next**

2. Click **Next** to move forward to page 2.

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Health – Infant

3. Complete the **Health** screen, page 2, for the infant as follows:

Hx * 7. Does your baby take any of the following?

Hx * Vitamins/Minerals Yes No #/Wk
Hx Excessive/Inadequate Excessive Inadequate

Hx * Herbs, Supplements or Remedies Yes No

Hx * 8. Does your baby have access to dental care? Yes No N/A

Hx * 9. Does your baby have any dental problems? Yes No N/A

Hx * If yes, please select:

Gingivitis
 Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)
 Periodontal Disease
 Tooth Decay

Hx * 10. Is your baby ever in an enclosed area while someone is using tobacco products? Yes No

1 2

4. Click **Next** to move forward to the **Nutrition** screen.

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Nutrition – Infant

1. Complete the **Nutrition** screen, page 1, for the infant as follows:

 * 1. In addition to breast milk and/or formula, do you routinely give your baby any other beverages?

<input type="checkbox"/> Low iron formula	<input type="checkbox"/> Water
<input type="checkbox"/> 100% Fruit juice	<input type="checkbox"/> Sugar sweetened drinks
<input type="checkbox"/> Cow's milk	<input type="checkbox"/> Goat/sheep's milk
<input type="checkbox"/> Substitute milk (rice, soy, nut)	<input type="checkbox"/> Homemade mixtures/non-dairy creamer
<input type="checkbox"/> Canned evaporated or sweetened condensed milk	<input type="checkbox"/> Other <input type="text"/>
<input checked="" type="checkbox"/> None of the above	

 * 2. How do you prepare and handle breast milk or formula? Sanitary Unsanitary N/A

 * 3. How do you mix the formula? Diluted correctly Diluted incorrectly N/A

 * 4. How do you store the formula or breast milk? Stored correctly Stored incorrectly N/A

 * 5. Does your baby:

<input type="checkbox"/> Fall asleep/go to bed with a bottle
<input type="checkbox"/> Use a bottle that is propped when feeding
<input type="checkbox"/> Carry around and drink from a covered or training cup
<input type="checkbox"/> Use a bottle without restriction (e.g., walking around) or as a pacifier
<input type="checkbox"/> Use a bottle that has other foods (cereal, sweeteners or other solids) added to it
<input type="checkbox"/> Routinely use a bottle to drink liquids other than breast milk, formula, or water (such as fruit juice, soda, sweetened tea, etc.)
<input checked="" type="checkbox"/> None of the above

1 2 3

[Save](#) [Cancel](#) [Next](#)

2. Click **Next** button to move forward to page 2.

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Nutrition – Infant

3. Complete the **Nutrition** screen, page 2, for the infant as follows:

Hx * 6. What does your baby use to eat or drink?

Breast Bottle Cup
 Cup with lid Spoon fed Spoon/fork
 Fingers Tube fed

Hx * 7. Does your baby follow a special diet?

Diabetic High calorie High protein/low carb Kosher
 Lacto-ovo Lactose free/restricted Low calorie Low cholesterol
 Low fat Low salt/sodium Macrobiotic PKU
 Vegan Vegetarian Weight loss None of the above
 Other

Hx * 8. At what age did your baby start any foods or beverages other than breast milk or formula?

Before 6 months 6 months or older Unknown N/A

Hx * 9. Does your baby eat these foods every day?

Hx * Fruit Yes No N/A
Hx * Vegetables Yes No N/A
Hx * Whole grains Yes No N/A

1 2 3

Save **Cancel** **Next**

4. Click **Next** to move forward to page 3.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition – Infant

5. Complete the **Nutrition** screen, page 3, for the infant as follows:

 * 10. Does your baby eat raw, undercooked or unpasteurized foods?

Honey Milk unpasteurized Deli meats/hot dogs not steaming
 Soft cheese Juice unpasteurized Meat/poultry/eggs raw/undercooked
 Sprouts raw Fish high in mercury Fish/shellfish raw/undercooked/smoked
 Donor human milk acquired directly from individuals or the Internet
 No N/A

 * 11. How often do you sit together and have a meal as a family?

All of the time Most of the time Sometimes Rarely Never

 * 12. Are there any other feeding concerns, such as the Parent/Caretaker:

Does not allow baby to self-feed
 Ignores hunger cues
 Feeds foods of inappropriate consistency, size or shape
 Feeds foods of inappropriate texture based on developmental stage
 Follows a rigid feeding schedule
 None of the above

 * 13. Do you have access to a refrigerator and stove/hot plate? Yes No

 * 14. Is your baby sometimes hungry because there is not enough money to buy food or formula?

Yes No

 * 15. Was mom on WIC during the pregnancy? Yes No, would have been eligible No

1 2 3

Save

Cancel

Next

6. Click **Next** to move forward to the **Nutrition Risk** screen.

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Nutrition Risk – Infant

1. Notice that risks are assigned when accessing the screen.
2. In the **Notes field**, document why mom would have been eligible for WIC. (Cardiac/blood pressure/lipid medication) Refer to NPS Documentation p.4 What to Document
3. Click **Next** to save the screen and to move forward to the **Nutrition Education** screen.

Field	Value
Notes Field	Cardiac/blood pressure/lipid medication

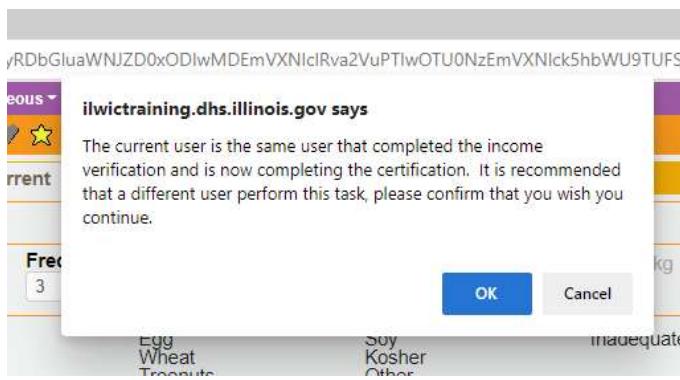
Nutrition Education – Infant

1. Click **Add** to document **Nutrition Education**.
2. Click in the **Method** box to select the **Method** from the dropdown list and click the **Tab** to move to the topic field.
3. Select the desired **Topic** from the dropdown.
4. Double-click in the **Note** field to display the **Note Zoom** popup and enter a note. This note will also be visible on the **Notes** screen. Click **OK**.
5. Click **Next** to save the screen and to move forward to the **Food Prescription** screen.

Field	Value
Method	Primary - Individual
Topic	Growth Spurts
Note Optional for training	

Food Prescription – Infant

1. Mark the **Certification Complete** checkbox. A pop up will appear...



2. Click **OK** to dismiss the pop-up.
3. Click the **Save** button. The system will automatically insert your name in the **Completed By** field.

Field	Value
Food Prescription	Std IBE Package

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4. Adjust the **Frequency** dropdown if other than 3 months of benefits are to be issued.
5. Click the **Add** button. A popup with the **Standard Food Prescription** for a fully breastfed infant in the 0-5 month age bracket will display.
6. Click **Assign** on the popup to create the **Food Prescription**.
7. Click the **Save** button. A message will display that the food prescription does not span the entire certification period. Click **OK** to continue with the save process and to dismiss the message.

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Referrals – Infant

1. Click on the **Referrals** link in Guided Script to navigate to the infant's referral screen if you need to add a referral.

This is not a required step in the certification process.

2. Click the **Add** button to enter a referral to a program that the applicant might be eligible for or to document a program that the applicant is already participating in.
3. The system defaults the **Referral Date** to today's date.
4. Click in the **Type Box** and Select the **Type of HH**.
5. Click the **Referred To** and select **Diaper Bank**.
6. Mark the **Referred** checkbox.
7. If an additional referral is being made, click the **Add** button and complete the row.
8. Click the **Save** button.

To generate a referral letter, you must select a specific community resource for the referral you are making.

9. Select the **Referral row**.
10. Click the **Community Resources** button.
 - a. **Community Resources** popup appears.
 - b. Select **Referring Agency** for the **Community Resource**.
 - c. Click **Save** and then **Close**.

Field	Value
Type	HH
Referral Category	Diaper Bank
Community Resource	Referring Agency

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11. Toggle to mom's record (BE), then navigate to the **Breastfeeding** screen.

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Breastfeeding – Woman

1. On the **BF Information** tab, make sure the **Verified checkbox** at the bottom of the screen is marked and has today's date to verify that the breastfeeding information is correct.

2. Click **Next** to move to the **BF Questions** tab.
3. Complete the ... **How many times....** question.
4. Complete the ... **Are you experiencing...?** question.
5. Click **Next** to save the tab and move forward to the **BF Support and Notes** tab.
6. In the **Breastfeeding Referral** grid, click **Add**. A new line will appear in the grid.
 - a. From the **Referred to** drop down, select **WIC BF Support Group**.
 - b. From the **Reason Referred** drop down, Select **Support**.
 - c. At **Referral Type**, choose **PP** for breastfeeding.
7. In the **Breastfeeding Notes** grid, click the **Add** button and enter a note in the popup, then click the **OK** button to close the note.
8. **Select the row** just added, click the **Link Baby** button, then select the baby from the dropdown to copy the note to the baby's record. Click **OK**.
9. Click **Next** to save the tab and move forward to the **BF Pumps & Aids** tab.
10. Click **Next** again to move to the **Health** screen.

Field	Value
How many times	8
Are you experiencing.... ?	None
Referred to	WIC BF Support Group
Reason Referred	Support
Referral Type	PP
Link Baby	Baby

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Health – Woman

1. Complete the **Pregnancy Information** screen, page 1, as shown below:

Pregnancy Information	Health Information
<p>Hx * 1. How have you been feeling since your pregnancy ended?</p> <p><input checked="" type="checkbox"/> Good <input type="checkbox"/> Great <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Sad/Depressed <input type="checkbox"/> Other <input type="text"/></p>	
<p>Hx * 2. Before this most recent pregnancy, did you have any other pregnancies that resulted in a live birth?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Hx * What is the DOB of the child prior to this baby? <input type="text"/></p>	
<p>Hx * 3. Did you have any medical issues with your most recent pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Hx * If yes, please select:</p> <p><input type="checkbox"/> Baby born 5lbs 8oz or less <input type="checkbox"/> Baby born 9lbs or more <input type="checkbox"/> Baby born at less than 37 weeks <input type="checkbox"/> Baby born at \geq37 weeks to $<$39 weeks <input type="checkbox"/> Baby born with a nutrition related birth defect <input type="checkbox"/> Caesarean or 'C' section <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Miscarriages (less than 20 weeks) <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Pregnancy loss (20 weeks or more) <input type="checkbox"/> Stillbirth or death before 1 month of age <input type="checkbox"/> Twins, triplets or more</p>	

2. Click **Next** to move forward to page 2.

I-WIC CPA Training: Outline and Practice Scenarios

Health – Woman

3. Complete the **Pregnancy Information**, screen, page 2, as shown below:

Pregnancy Information	Health Information
<p>Hx * 4. Do you use any nicotine or tobacco products including, cigarettes, pipes, cigars, e-cigarettes, vape, hookahs, chewing tobacco, or tobacco replacement therapies (gums, patches).</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Hx * 5. Are you ever in an enclosed area while someone is using tobacco products?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Hx * 6. Drink alcohol?</p> <p>Hx <input type="checkbox"/> >8 drinks per week <input type="checkbox"/> >4 drink per day <input type="checkbox"/> >4 drinks in 2 hours</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Hx * 7. Use marijuana in any form?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Hx * 8. Misuse prescription medication?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Hx * 9. Use other illegal substances?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

1 2

Save **Cancel** **Next**

4. Click **Next** to move forward to the **Health Information** tab.

I-WIC CPA Training: Outline and Practice Scenarios

Health – Woman

5. Complete the **Health Information** tab, page 1, as follows:

Pregnancy Information

Health Information

1. Do you have any health or medical issues? Yes No

2. Do you regularly take any medications? Yes No

If yes, please select:

<input type="checkbox"/> Antigout	<input type="checkbox"/> Hormones: Growth, Steroid, Other
<input type="checkbox"/> Blood Formation/Coagulation	<input type="checkbox"/> Insulin/Antidiabetic
<input checked="" type="checkbox"/> Cardiac/Blood Pressure/Lipid	<input type="checkbox"/> Thyroid/Antithyroid
<input type="checkbox"/> Digestive Enzymes	<input type="checkbox"/> Other <input type="text" value=""/>
<input type="checkbox"/> Diuretic	

3. Do you have any food related allergies? Yes No

If yes, please select:

<input type="checkbox"/> Milk (Lactose Intolerant)	<input type="checkbox"/> Egg	<input type="checkbox"/> Soy	<input type="checkbox"/> Fish	<input type="checkbox"/> Tree nuts
<input type="checkbox"/> Milk (Allergy)	<input type="checkbox"/> Peanut	<input type="checkbox"/> Wheat	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Other <input type="text" value=""/>

4. Do you have access to dental care? Yes No

5. Do you have any dental problems? Yes No

If yes, please select:

<input type="checkbox"/> Gingivitis
<input type="checkbox"/> Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)
<input type="checkbox"/> Periodontal Disease
<input type="checkbox"/> Tooth Decay

1 **2**

Save **Cancel** **Next**

6. Click **Next** to move forward to page 2.

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Health – Woman

7. Complete the **Health Information**, page 2, as follows:

Pregnancy Information

Health Information

6. Do you take any of the following?

Hx * Vitamins/Minerals Yes No (If yes) #/week **Hx** * Excessive? Yes No

Hx * Herbs, Supplements or Remedies Yes No

7. Are you regularly eating any non-food items? Yes No

Hx * If yes, please select:

<input type="checkbox"/> Ashes	<input type="checkbox"/> Clay	<input type="checkbox"/> Large amounts of ice
<input type="checkbox"/> Baby powder	<input type="checkbox"/> Cornstarch	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Baking soda	<input type="checkbox"/> Dirt	

1 **2**

Save **Cancel** **Next**

8. Click **Next** move forward to the **Nutrition** screen.

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Nutrition – Woman

1. Complete the **Nutrition** screen, page 1, as follows:

1. How do you feel about your appetite?

2. What milk do you drink most often?

<input type="checkbox"/> Fat-free/skim cow's or lactose free	<input checked="" type="checkbox"/> Low-fat/1% cow's or lactose free
<input type="checkbox"/> Reduced fat/2% cow's or lactose free	<input type="checkbox"/> Whole cow's or lactose free
<input type="checkbox"/> Formula	<input type="checkbox"/> Goat/sheep's milk
<input type="checkbox"/> Homemade mixtures/non-dairy creamer	<input type="checkbox"/> Nut milks
<input type="checkbox"/> Rice beverages	<input type="checkbox"/> Soy beverages (fortified)
<input type="checkbox"/> Soy beverage (unfortified)	<input type="checkbox"/> Canned evaporated or sweetened condensed milk
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> None

3. Do you regularly drink any of the following?

<input type="checkbox"/> Beer, wine or drinks with alcohol	<input type="checkbox"/> Coffee or tea	<input type="checkbox"/> Diet soda
<input checked="" type="checkbox"/> 100% fruit juice	<input type="checkbox"/> Soda, fruit/sports drinks or sweetened tea	<input checked="" type="checkbox"/> Water
<input type="checkbox"/> Other <input type="text"/>		

4. Do you eat these foods every day?

Fruit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vegetables	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Whole grains	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1 **2** **3**

Save **Cancel** **Next**

2. Click **Next** to move forward to page 2.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition – Woman

3. Complete the **Nutrition** screen, page 2, as follows:

 * 5. Do you eat raw, undercooked or unpasteurized foods?

<input checked="" type="checkbox"/> Deli meats/hot dogs not steaming	<input type="checkbox"/> Fish high in mercury
<input type="checkbox"/> Fish/shellfish raw/undercooked/smoked	<input type="checkbox"/> Juice unpasteurized
<input type="checkbox"/> Meat/poultry/eggs raw/undercooked	<input type="checkbox"/> Milk unpasteurized
<input type="checkbox"/> Soft cheese	<input type="checkbox"/> Sprouts raw
<input type="checkbox"/> Tofu raw/undercooked	<input type="checkbox"/> No

 * 6. Are you having any problems with eating?

<input type="checkbox"/> Can't find the food I like	<input type="checkbox"/> Constipation	<input type="checkbox"/> Don't feel like eating
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Mouth pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> No time to eat	<input type="checkbox"/> Vomiting	<input checked="" type="checkbox"/> None of the above

 * 7. Do you follow a special diet?

<input type="checkbox"/> Diabetic	<input type="checkbox"/> High calorie	<input type="checkbox"/> High protein/low carb	<input type="checkbox"/> Kosher
<input type="checkbox"/> Lacto-ovo	<input type="checkbox"/> Lactose free/restricted	<input type="checkbox"/> Low calorie	<input type="checkbox"/> Low cholesterol
<input type="checkbox"/> Low fat	<input type="checkbox"/> Low salt/sodium	<input type="checkbox"/> Macrobiotic	<input type="checkbox"/> PKU
<input type="checkbox"/> Post-bariatric surgery	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Weight loss
<input checked="" type="checkbox"/> None of the above	<input type="checkbox"/> Other	<input type="text"/>	

 * 8. How much physical activity do you include in your day?

<input type="checkbox"/> None	<input type="checkbox"/> 15 minutes	<input checked="" type="checkbox"/> 30 minutes	<input type="checkbox"/> 1 hour	<input type="checkbox"/> More than 1 hour
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 Save

 Cancel

 Next

4. Click **Next** to move forward to page 3.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition – Woman

5. Complete the **Nutrition** screen, page 3, as follows:

 * 9. Are you sometimes hungry because there is not enough money to buy food? Yes No

 * 10. Do you have access to a refrigerator and stove/hot plate? Yes No

1 2 3

Save Cancel Next

6. Click **Next** to move forward to the **Nutrition Risk** screen.

I-WIC CPA Training: Outline and Practice Scenarios

Nutrition Risk – Woman

1. Risk Factors are generated.
2. After reviewing the screen, Click **Next** to move forward to the **Nutrition Education** screen.

Field	Value

Nutrition Education – Woman

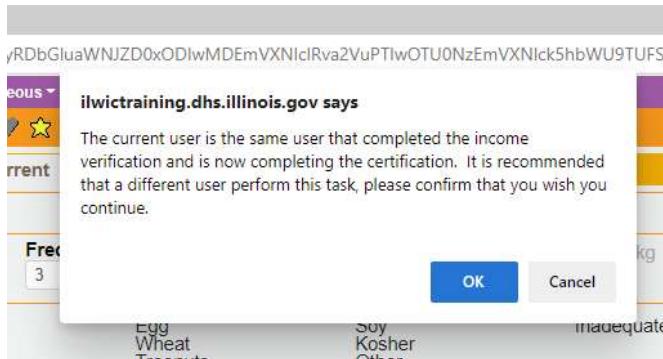
1. Click **Add** to enter a **Nutrition Education** topic.
2. Click in the **Method** box to select the **Method** from the dropdown list and click the **Tab** to move to the **Topic** field.
3. Select the desired **Topic** from the dropdown.
4. Double-click in the **Note** field and enter a **Note**. Click **OK**. This note will also be visible on the **Notes** screen.
5. Click **Next** to save the screen and to move forward to the **Food Prescription** screen.

Field	Value
Method	Primary – Individual
Topic	Healthy Eating Behaviors

Food Prescription – Woman

Program Note: Before assigning food benefits Refer to WIC Program Explanation (WPE); Food Benefits (WPE 2*).

1. Mark the **Certification Complete** checkbox. A pop-up will appear....



2. Click **OK** to dismiss the pop-up.
3. Click the **Save** button.

Field	Value

I-WIC CPA Training: Outline and Practice Scenarios

4. Adjust the **Frequency** dropdown if other than 3 months of benefits are to be issued.
5. Click the **Add** button. A popup with the standard food items and quantities for a fully breastfeeding woman will display. Review and adjust as needed.
6. Click **Assign** on the popup.
7. A row will be added to the grid with the description of the **Food Prescription**, the **Effective date** (today's date) and the **End Date** (same as the cert end date for the woman).
8. Click the **Next** button to save the screen and to move forward to the **Issue Benefits** screen.

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Issue Benefits

1. Make sure each household member to be issued benefits today has the **Issue column** checked.
2. Click the **Preview** button to make sure the food package items, quantities, and dates are as expected. Click the **Issue Benefits** button.
3. A pop-up appears as a reminder to complete the Care Plan, Click **OK** to dismiss the popup.
4. Note the display of **EBT Transaction Completed Successfully** appears in the bottom left corner and the **BLT** and **BVT** date columns have now been populated.

Field	Value

Referrals – Woman

1. Click on the **Referrals** link in **Guided Script** to navigate to the woman's referral screen if you need to add a referral.
2. Note that the **Referral** added from the infant's screen also **Appears** in the woman's record as it was a household level refer.
3. Click **Next** to save the screen and to move forward to the **Schedule Appt** screen.

Field	Value

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Schedule Appointment

Program Note: *Review with the participant their certification period, that they will receive education at least every 3 months and benefits will be issued until their cert period ends. Give them a choice of the different types of secondary education your agency provides and schedule the appointment.*

Refer to Addendum: WIC Program Explanation (WPE); Certification Period (WPE 3*).

1. Click in the **New Appt** field to access the drop down and select desired appointment type for both participants.
2. Click in the **Dur field**, the duration time defaults to the standard time based on the selected appointment type. You can adjust the appointment length by changing the **Dur** value.
3. Adjust the **Start Date** and **End Date** to be on or before the listed **BVT** date.
4. Adjust the **Start Time** and **End Time** as appropriate.
5. **Uncheck Days** if the household indicates certain days are not available.
6. Select a **Topic** in the dropdown **if** you are searching for a group education class.
7. Click the **Search** button once all parameters are set. From the search results grid, select the row of the **Desired Date, Block of Appointment Time, and Resource**.
8. In the **Appointment Note** indicate the preferred type of (N/ED). You can add a Notification Note as appropriate.
9. Verify the **Time**. It defaults to the start time of the selected row.
10. Click the **Create Appt** button.
11. Select **Appointment Button** at the bottom to view Future Appointments.

Field	Value
New Appt	N/ED
DUR	Adjust as needed
Start Date	On or before BVT
End Date	On or before BVT
Appointment Note	Preferred Type of N/ED

Print Documents

Select the appropriate document/handout to print (**Referral Notice**), then click the **Preview** button to display and print. You must print the **Family Shopping List** to give the household a detailed list of the authorized food items that they may purchase and includes the next appointment time and date.

Program Note: Refer to WIC Program Explanation (WPE); Food Benefits (WPE 4*).

Notes Screen: Complete as appropriate.

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Scenario 5: Independent Practice Child Recertification

A child is here today to be recertified on the WIC program. Support staff has completed their activities and now the HH is ready for the CPA to continue with the certification process.

CPA Staff Activities

Refer to CPA/CPAA L2 Certification Flow Sheet

Start by Locating and Opening the Record for your assigned participant (Onsite List) and complete the CPA Screens listed below. You will need to make up information for the required screens.

CPA Screens:

- Cert Action
- Lab
- Breastfeeding (if applicable)
- Health
- Nutrition
- Nutrition Risk
- Nutrition Education
- Food Prescription
- Issue Benefits
- Schedule Appointment
- Print Documents
- Notes

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Scenario 6: Breastfeeding Status Change

Complete a breastfeeding status change for the breastfeeding woman/infant scenario from yesterday.

CPA Staff Activities

Search and Mark Onsite

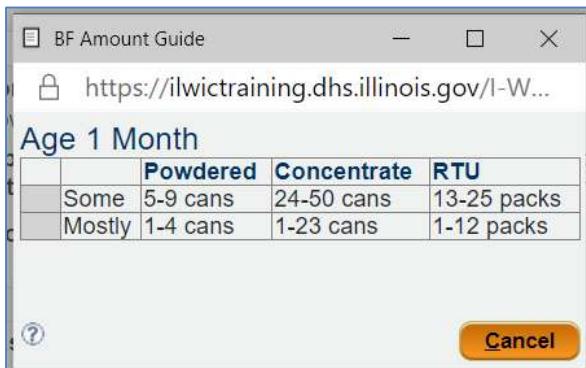
CPA Assistants are not required to complete this scenario!

1. Search your assigned infant participant from yesterday and open the record.
2. Click the **Mark Onsite** button on the **Household Summary** screen.
3. Select **BFC** for both participants as the **Service**.
4. Click on **Close**.
5. **Move to Cert Action.**

Field	Value
Service	BFC

Cert Action – Infant and Woman

1. In the baby's record, **select the current certification** in the grid and click the **BF Status Change** button at the bottom of the screen. A pop-up box will appear.
 - a. **Is the baby currently breastfeeding...?**
 - b. **Is the baby currently receiving...?**
 - c. **Amount of breastfeeding?**
 - d. Click on the **BF Amount Guide**, a pop up will appear.



Field	Value
Is the baby currently breastfeeding...	Yes
Is the baby currently receiving...	Yes
Amount	Mostly

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- e. Click on the **“?” mark** at the bottom left corner of the pop-up, a **BF Amount Guide** appears outlining more specific details age of infant and allowed quantity of formula as partially breastfed.
- f. Click **Cancel** to close the popup.
- g. Complete the question... **How old?**
- h. System will assign **IBP** status as the new category.

New Category
IBP

Cert End Date
3/1/2021

Save Cancel Close

- i. Click **Close** to save the data and close the popup.
2. The system will display a **pop-up** “The linked record (mom) has been updated, future benefits voided, food packages removed, and categories changed.” Click **OK** to dismiss the pop-up.



KEYPOINT: The Frequency of Breastfeeding field above the grid is also populated with Mostly.

Present for Cert: Is Transfer:

Reason not Present

Over Income Frequency of Breastfeeding

No Mostly

3. Click **Save** to save the screen.
4. The system updates the **Category** in the toggle box and the **Active Record** box to **IBP**.
5. **Toggle** to the **woman's record** to verify that the woman's status has been correctly updated. (i.e., the system automatically ends the original certification as of yesterday and adds a new row to the grid with the **New Category**, **Cert Start** of today, **Cert End** same as before, and **Cert Reason of Category Change**).

How old...	Use age today
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Breastfeeding – Woman

1. Continuing with the BF woman, click on the **Breastfeeding** in Guided Script.
2. On the **BF Information** tab, page 1, make sure the **Verified** box is checked.

3. Click the **Next** button to move to the **BF Questions** tab.
4. Update the **How many times....** question if needed.
5. Update the **Are you experiencing...** question if needed.
6. Click **Next** to move to the **BF Support & Notes** tab. Complete note as appropriate and **link baby**.
7. Click **Next**.
8. The **BF Pumps & Aids** screen will appear. Check with your WIC Coordinator regarding the assignment of a breast pump.
9. **Toggle** to the infant.

Field	Value
Verified	Check
How many times	4
Are you experiencing...	None
BF Notes	As appropriate

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Breastfeeding - Infant

1. On the **BF Information** tab, make sure the **Verified** box is checked.
2. Click the **Next** button to move to the **BF Questions** tab.
3. Enter updated information as appropriate.
 - a. **If your baby, do you have existing mother/infant conditions that impact your...** question.
 - b. **Does your...** question.
 - c. **How many times...** question.
4. Click **Save** to save the screen.
5. Select **Food Prescription** from the Guided Script.

Field	Value
Verified	Check
If your baby....?	No
Does your....?	None of the above
How many times....?	4

Food Prescription - Infant

1. The system has automatically removed future packages.
2. Click the **Add** button. A popup with the **Standard Food Package** for a mostly breastfed infant in the 0-3 month age bracket will display.
 - a. Click in the **Formula Placeholder** row to see the list of available standard formulas and select the appropriate formula.
 - b. Click the **Assign** button to save and close the popup.
 - c. A row will be added to the grid with an **Effect Date** of today and an **End Date**.
3. Click the **Save** button. A message will display that the food package does not span the entire certification period.
4. Click **OK** to continue with the **Save** and to dismiss the message.

Field	Value
Food Prescription	Standard Infant Mostly BF
Formula Placeholder	Select Similac Advance Powder
Quantity	As appropriate

KEYPOINT: You should build far enough out to cover the expected issuance period.

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Food Prescription – Woman

1. **Toggle to the woman's record**. The system has automatically removed future packages.
2. Click the **Add** button. A popup with the standard food package for a mostly breastfeeding woman will display. Review and adjust as needed.
3. Click the **Assign** button. A row will be added to the grid with the description of the package, an **Effect Date** of today, and an **End Date** of the same as the certification end date.
4. Click **Save**.
5. Click the **Void Benefits** button at the bottom.

Field	Value
Add	Std Mostly BF package

Benefits Void

KEYPOINT: The Benefits Void screen allows the user to void current and future month's benefits for the household. Food packages for current month's benefits are allowed to be changed only when medically necessary, which includes formula and milk type changes.

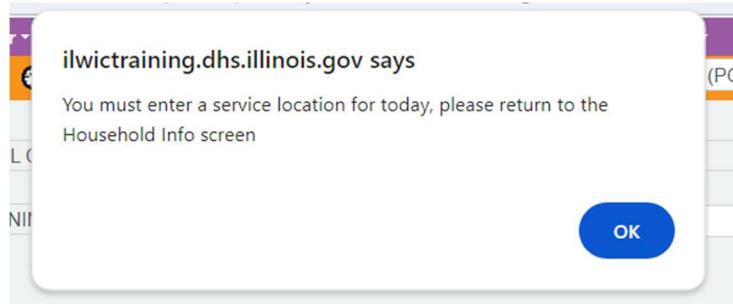
1. The **Benefits Void** screen defaults to the current month.
2. For this scenario Mom has not redeemed any benefits so we will void both Mom and Baby's current benefits.
3. Mark the **Select All** checkbox, then click **Save**.
4. As part of the **Breastfeeding Status Change** process, the system has automatically voided future benefits, so no further action is required.
5. From the **Benefits dropdown**, select **Issue Benefits**.

Field	Value

I-WIC CPA Training: Outline and Practice Scenarios

Issue Benefits

KEYPOINT: For appointments that do not require accessing the Household Info screen, a pop-up indicating a “Service Location must be completed” has been added to the Issue Benefits screen. Due to this, CPA staff have been granted update rights to the Household Info screen.



Click OK, then move to the **Household Information Screen**.

Household Information Tab

1. Select the **Service Location** button and then select **Add**. Select the appropriate service location. **Save** and then **Close**.
2. Return to the **Issue Benefits Screen**.

Issue Benefits

KEYPOINT: We will re-issue benefits for both mom and baby for the current month, plus two future months.

The Issue Month/Year defaults to the current month. Both Mom and Baby have a checkmark in the Issue column, as both current and future benefits were voided.

1. The Months column defaults to 3 for all. **Change the Months column to 1 for both mom and baby** and **uncheck the prorate box**.

Field Value

Field	Value

Field Value

Field	Value
Service Location	CPA and HH in same clinic

Field Value

Field	Value
Months	1
Prorate	Uncheck

I-WIC CPA Training: Outline and Practice Scenarios

2. Click the **Preview** button, to make sure the food package items, quantities, and dates are as expected.
3. Click **Issue Benefits**, then click **Close** when **EBT Transaction Completed Successfully** appears in the bottom left corner of the preview screen.
4. Note that the **BLT** and **BVT** date columns have now been populated and the **Issue** column is now unchecked.
5. Change the **Issue Month/Year** to the next month (future) and click **GO**. The **Issue** column for mom and baby should now be checked.
6. The **Months column** has changed to the number of months of benefits remaining (change as appropriate, if applicable).

Part. ID	Participant Name	Cat.	Food Package	BLT Date	BVT Date	Months	Issue
3009256...	OLIVER, MAXI...	IBP	Custom - INFANT, MOSTLY B...	5/6/2020	5/6/2020	2	<input checked="" type="checkbox"/>
3009256...	OLIVER, NANCY	BP	WOMAN, MOSTLY BF ONE IN...	5/6/2020	5/6/2020	2	<input checked="" type="checkbox"/>

7. Click the **Preview** button, to make sure the food package items, quantities, and dates are as expected.
8. Click **Issue Benefits**.
9. Print and review the **Family Shopping List**.

Issue Month/Year	Next Month