

# WINNIE Training Scenarios

August 2024

The following scenarios were created by St. Paul-Ramsey to help prepare for WINNIE.

## Scenario 1: Certify New SBF/MBF Mom & Baby – Day 1

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| **#** | **Task** | **Notes** |
| 1 | Prescreen partially breastfeeding mom and baby  | HHID:Mom DOB:Infant DOB: |
| 2 | Begin cert for BF mom (some or mostly) |  |
| 2A | Add a second telephone and comment |  |
| 2B | Add Race/Ethnicity  |  |
| 2B-1 | * Select a Tribe
 |  |
| 2C | Add Proof of Identity and Residency |  |
| 2D | Complete Income  |  |
| 2D-1 | * Add a non-standard traditional income.
 |  |
| 2D-2 | * $29/hour. On maternity leave for 12 weeks and paid 60% of usual income. (Ensure HH size appropriate so income is not over.)
 | Annual Income: |
| 2E | Complete Height/Weight  |  |
| 2E-1 | * Add high weight
 |  |
| 2F | Complete Bloodwork  |  |
| 2F-1 | * Add low hemoglobin
 |  |
| 2G | Complete Health Information | BF Amount: |
| 2G-1 | * Link Baby
 |  |
| 2G-2 | * Toggle on a condition or enter information to generate at least one risk factor
 |  |
| 2H | Complete Nutrition Assessment (optional) |  |
| 2I | Risk Factors |  |
| 2I-1 | * Ensure expected RFs from 2E, 2F, and 2G-2 assign.
 |  |
| 2I-2 | * Add a dietary risk factor
 |  |
| 2J | Complete Nutrition Education (optional) |  |
| 2K | Complete Referrals (optional) |  |
| 2L | Complete Food Prescription |  |
| 2M | Start a DRAFT SOAP note.  |  |
| 2M-1 | * Do not complete the Plan portion.
 |  |
| 2N | Complete Manage eWIC Account |  |
| 2N-1 | * Add at least one Alternate Rep
 |  |
| 2N-2 | * Set Primary Cardholder
 |  |
| 2N-3 | * Assign a Card (optional)

[Obtaining WIC Card Numbers in the Training Database](https://www.health.state.mn.us/docs/people/wic/localagency/infosystem/wd/cardstestdb.pdf) | Card #: |
| 2N-4 | * Collect signature for card (only if card issued)
 | Is SWIPe on? Is sig pad plugged directly into computer? |
| 2O | Complete the certification for mom |  |
| 2P | Capture electronic signatures | Is SWIPe on? Is sig pad plugged directly into computer? |
| 3 | Begin cert for BF infant (some or mostly) |  |
| 3A | Add Race/Ethnicity |  |
| 3A-1 | * Select a Tribe
 |  |
| 3B | Add Proof of Identity |  |
| 3B-1 | * Proof is PENDING
 |  |
| 3C | Add a Priority Alert |  |
| 3D | Resume certification |  |
| 3E | Complete Income |  |
| 3F | Complete Length/Weight |  |
| 3G | Complete Health Information |  |
| 3H | Complete Nutrition Assessment (optional) |  |
| 3I | Complete Risk Factors |  |
| 3I-1 | * Assign a dietary risk factor
 |  |
| 3J | Complete Referrals (optional) |  |
| 3K | Complete Food Prescription |  |
| 3L | Complete a SOAP Note (optional) |  |
| 3M | Issue Benefits |  |
| 3M-1 | * Complete the certification for infant
 |  |
| 3M-2 | * Capture electronic signatures
 | System should auto-complete signatures for staff and baby |
| 3M-3 | * Direct ship 4 cans of contract formula (on hand at clinic)
* Issue mom’s benefits
 |  |
| 4 | Schedule a short appt for next day (or next open date) |  |
| 5 | Add the Plan portion of mom’s SOAP note. |  |

## Scenario 1: Pending Proof of Identity – Day 2

|  |  |  |
| --- | --- | --- |
| **#** | **Task** | **Notes** |
| 1 | Complete Proof of Identity for infant |  |
| 2 | Issue 2 more months of benefits to mom and infant |  |
| 3 | Toggle appointment as Kept if appt on date other than today  |  |

## Scenario 1: Adjust Benefits for Mom – Day 2

|  |  |  |
| --- | --- | --- |
| **#** | **Task** | **Notes** |
| 1 | Change mom’s benefits to a different kind of milk than originally issued (to practice – remember, we only adjust if redemption has occurred) |  |
| 2 | Use Update Future Months button  |  |
| 3 | Verify Food Prescription  |  |
| 3A | * Create new food prescription if appropriate
 |  |

## Scenario 1: Adjust Benefits for Baby – Day 2

|  |  |  |
| --- | --- | --- |
| **#** | **Task** | **Notes** |
| 1 | Change infant to new contract formula |  |
| 1A | * 4 cans direct shipped
* 1 can opened; 3 cans brought back to clinic
* Reissue all of new formula to the card
 |  |
| 2 | Use Update Future Months button  |  |
| 2A | * Adjust future months’ quantity as appropriate
 |  |
| 3 | Verify Food Prescription |  |
| 3A | * Create new food prescription(s) if appropriate for future age categories
 |  |

## Scenario 2: Certify NBF Mom & Baby - Day 1

|  |  |  |
| --- | --- | --- |
| **#** | **Task** | **Notes** |
| 1 | Find a pregnant woman with Cert End Date this month or next month | HHID: |
| 2 | Add the infant without opening mom’s folder |  |
| 2A | * Prescreen infant
 |  |
| 3 | Certify mom as non-breastfeeding  |  |
| 3A | Edit the address |  |
| 3B | Add Race/Ethnicity  |  |
| 3B-1 | * Add 2 races
 |  |
| 3C | Add Proof of Identity and Residency |  |
| 3D | Complete Income  |  |
| 3D-1 | * Add an adjunctive program.
 |  |
| 3E | Complete Height/Weight  |  |
| 3F | Complete Bloodwork  |  |
| 3G | Complete Health Information |  |
| 3G-1 | Link Baby |  |
| 3G-2 | Toggle on a condition or enter information to generate at least one risk factor | System-assigned RF(s): |
| 3H | Complete Nutrition Assessment (optional) |  |
| 3I | Risk Factors |  |
| 31-1 | * Ensure expected RFs from 3G-2 assign
 |  |
| 3I-2 | * Add a dietary risk factor
 |  |
| 3J | Complete Nutrition Education (optional) |  |
| 3K | Complete Referrals (optional) |  |
| 3L | Complete Food Prescription |  |
| 3L-1 | * Tailor food package – no cheese
 |  |
| 3M | Add a General Note with any subject |  |
| 3N | Resume the certification |  |
| 3O | Complete Manage eWIC Account |  |
| 3O-1 | * Change the Alternate Rep 1 (or add one)
 |  |
| 3O-2 | * Delete if an Alternate Rep 2
 |  |
| 3O-3 | * Set Primary Cardholder
 |  |
| 3O-4 | * Assign a Card (optional)

[Obtaining WIC Card Numbers in the Training Database](https://www.health.state.mn.us/docs/people/wic/localagency/infosystem/wd/cardstestdb.pdf) | Card #: |
| 3P | Collect signature for card (only if card issued) | Is SWIPe on? Is sig pad plugged directly into computer? |
| 3Q | Complete the certification for mom |  |
| 3R | Capture electronic signatures | Is SWIPe on? Is sig pad plugged directly into computer? |
| 4 | Begin cert for infant |  |
| 4A | Add Race/Ethnicity |  |
| 4B | Add Proof of Identity |  |
| 4C | Complete Income |  |
| 4D | Complete Length/Weight |  |
| 4E | Complete Health Information |  |
| 4F | Complete Nutrition Assessment (optional) |  |
| 4G | Complete Risk Factors |  |
| 4G-1 | * Assign a dietary risk factor
 |  |
| 4H | Complete Nutrition Education (optional) |  |
| 4I | Complete Referrals (optional) |  |
| 4J | Complete Food Prescription |  |
| 4K | Complete a SOAP Note (optional) |  |
| 4L | Issue Benefits |  |
| 4L-1 | * Complete infant’s certification
 |  |
| 4L-2 | * Capture electronic signatures
 | System should auto-complete signatures for staff and baby |
| 4L-3 | * Issue all formula to card
* Issue mom’s benefits
 |  |

## Scenario 2: Adjust Benefits for FPIII Infant – Day 2

|  |  |  |
| --- | --- | --- |
| **#** | **Task** | **Notes** |
| 1 | Change infant to FP III |  |
| 2 | Adjust benefits (to practice – remember, we only adjust if redemption has occurred)  |  |
| 2A | * Change formula to a medical formula
 |  |
| 2B | * Rx End Date in 3-4 months
 |  |
| 2C | * Direct Ship 3 cans for first month only
 |  |
| 3 | Void future benefits |  |
| 4 | Verify Food Prescription |  |
| 4A | * Create new food prescription(s) if appropriate
 |  |
| 5 | Reissue future benefits |  |

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