### Release 7.8 Webcast

### Presented by:

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> Data and System Management Section Dr. Kobra Eghtedary, Director

Michigan WIC Program Michigan Department of Health & Human Services



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### Daily Schedule Changes Current Daily Schedule features in MI-WIC do not easily accommodate clinics with a large number of Scheduled Staff columns Enhancements to facilitate easier navigation of Daily Schedule include: Time column added to the far right-hand side of screen Smaller default column sizes Auto-Scroll based on current time of day Day of Week listed next to date

				Tuesday,	January 2, 2018	<b>*</b>		
Time	RECERT	RECERT CONFERENCE ROOM	NEW ADDS	NEW BABIES	OVERBOOK	WALK IN	www.wichealth.org	wcc
11:00 AM								
11:15 AM								
1:30 AM								
1:45 AM								
12:00 PM								
12:15 PM								
12:30 PM								
12:45 PM								
01:00 PM	IEVAL RE	IEVAL RECERT W	CERT	PCERT R	CERT EDU IEV	CERT		
01:15 PM								
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Clinic: 333301 Ingham County HD Co										
				Tuesday, Ja	anuary 2,	2018 🔽				
RECERT	RECERT CONFERENCE ROOM	NEW ADDS	NEW BABIES	OVERBOOK	WALK IN	www.wichealth.org	wcc appointments	Time	^	
	ĺ				[			11:00 AM		
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/AL RE	IEVAL RECERT W	CERT	PCERT R	CERT EDU IEV	CERT			01:00 PM		
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							wcc	02:00 PM		
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	Client ID	C	lient Name	Attended			
	300873024	Tina Test				Total Duration	n: 30
	Date	Day	Start Time	End Time		Staff	Торіс
	01/02/2018	Tue	10:15 AM	11:00 AM	NEW ADDS		
	01/02/2018	Tue	1:00 PM	3:30 PM	NEW ADDS		
po	ointment No	te		~			









Family Infor	nation	Incom	e Information	A	dditional In	formation
This is the Income fo	Family     Foster Child	9343641		Numbe	Fa r of Expect	amily Size: 2
		'		Humber	of Expeet	Total: 3
Source*	Interval*	Amount*	Verification*	Annual*	Date*	User ID*
Child support	Monthly	\$1,000.00	W-2 form	\$12,000.00	1/2/2018	RESSLERK
Gross Wages	Monthly	\$2,000.00	W-2 form	\$24,000.00	12/20/2017	RESSLERK
Year-to-Date Calcul	ations	Show in		pplicant ap Total	Monthly	e income eligible
Year-to-Date Calcul Ye Estimat	ations Last Pay Date ar-to-Date Income	2: 1/2/2018 2:		Total	Monthly Income: Allowed:	\$ 3,000.00 \$ 3,149.00
Year-to-Date Calcul Ye Estimat	ations Last Pay Date ar-to-Date Income ed Annual Income	e: 1/2/2018 e:	Calculate	Total Max Monthly Io of Workir	Monthly Income: / Income Allowed: Ig Hours ar Week:	\$ 3,000.00 \$ 3,149.00
Year-to-Date Calcul Ye Estimat	ations Last Pay Date ear-to-Date Income red Annual Income s to Date: 1	e: 1/2/2018 e:	Calculate	Total Aax Monthly Io of Workir	Monthly Income Income Allowed: Ig Hoars F Week:	\$ 3,000.00 \$ 3,149.00

	Family Informat	tion	Incom	e Information	A	dditional In	formation
Thi	is is the Income for:	Family	343641		Number	Fa	amily Size: 2
		Poster Child			Number	of Expect	Total: 3
	Source*	Interval*	Amount*	Verification*	Annual*	Date*	User ID*
Þ	Child support	Weekly	\$100.00	W-2 form	\$5,200.00	1/2/2018	RESSLERK
	Gross Wages	Monthly	\$2,000.00	W-2 form	\$24,000.00	12/20/2017	RESSLERK
	Remove		SHOW IN	THIS A	pplicant ap	pears to be	e income eligible
Ye	ar-to-Date Calculatio	ns			Total	Annually -	
Ye	ar-to-Date Calculatio	ons Last Pay Date:	1/2/2018	<u> </u>	Total /	Annually Income:	\$ 29,200.00
Ye	ar-to-Date Calculatio Year-	ons Last Pay Date: to-Date Income:	1/2/2018	<u> </u>	Total / ax Annually	Annually Income: Income Allowed:	\$ 29,200.00 \$ 37,777.00
Ye	ar-to-Date Calculatio Year- Estimated	ons Last Pay Date: to-Date Income: Annual Income:	1/2/2018		Total / ax Annually o of Workin	Annually Income: Income Allowed:	\$ 29,200.00 \$ 37,777.00
Ye	ar-to-Date Calculatic Year- Estimated	ons Last Pay Date: to-Date Income: Annual Income:	1/2/2018	× Mi N Calculate	Total / ax Annually o of Workin pe	Annually Income: Allowed: Ing Hours or Week:	\$ 29,200.00 \$ 37,777.00
Ye	ar-to-Date Calculatic Year- Estimated nber of Pay Weeks to	ons Last Pay Date: to-Date Income: Annual Income: Date: 1	1/2/2018	T Ma	Total / ax Annually o of Workin po	Annually Income Income Allowed: Ig <del>Hours</del> er Week:	\$ 29,200.00 \$ 37,777.00
Ye	ear-to-Date Calculatic Year- Estimated nber of Pay Weeks to	ons Last Pay Date: to-Date Income: Annual Income: D Date: 1	1/2/2018	The second secon	Total / ax Annually o of Workin pi	Annually Income Income Allowed: g <del>Hours</del> er Week:	\$ 29,200.00 \$ 37,777.00



### Nutritional Risk Code Revisions and Additions

Kevin Sarb



### Nutritional Risk

USDA classifies medical and food consumption risks that may have nutritional implications into the following categories:

- Anthropometric 100 Series
- Biochemical 200 Series
- Clinical 300 Series
- Nutrition 400 Series
- Other 500-900 Series





310 Histo	ory of Prete	rm or Early Tern	n Delivery	(Pregnant)
History c • 310.01 <sup>+</sup> • 310.02	of preterm and/c Preterm: Delivery Early Term: Deliv	or early term delivery is v of an infant born < 37 v ery of an infant born ≥ 3	defined as fo veeks. 7 and < 39 wee	llows: eks.
	Category	Pregnancy		
	Pregnant Women	Any history of preterm or ea	arly term delivery	
*High Risk				











### 411 Inappropriate Nutrition Practices for Infants

411.09 Routinely using inappropriate sanitation in the feeding, preparation, handling, and/or storage of expressed human milk or formula

Added:

• Donor human milk acquired directly from individuals or the Internet



### **425 Inappropriate Nutrition Practices for Children** 425.05 Feeding foods to a child that could be contaminated with harmful microorganisms. Deleted: • Raw tofu



### Benefit Screen Changes

Kevin Sarb

### Benefits Inquiry Screen

The Expired column will be removed from the grid

		Start Date		End D	ate		
¥	10/2/2017		11/1/2017				
	Package Siz	e Food Item	Issu	Redeemed	Expired	Void	Remain
	GAL	Skim, 1/2% or 1% Milk	4	0	0	0	4
	HGL	Skim, 1/2%, 1% or Buttermilk	1	0	0	0	1
	LB	CHEESE (\$8.00 MAX PER LB.)	1	0	0	0	1
	DOZ	EGGS	1	0	0	0	1
	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	0	0	0	3
	oz	CEREAL	36	o	0	0	36
	JAR	16-18ozPnut8tr,lb Dry,15-16ozCnBean	2	0	0	0	2
	LB	WHOLE GRAINS	1	0	0	0	1
	\$\$\$	FRUETS AND VEGETABLES	11	0	0	0	11
	oz	Low Fat or Non Fat Yogurt	32	0	0	0	32

### Benefits History Screen On the Benefits History screen, client information will be added so one can tell to which client the food package belongs Farily: 9739150 - apple test Clinic: 979701 Test Clinic 1 Start Date End Date 12/2/2017 1/1/2018 Client Benefit Issue Number Re-Issue Reason 301152140 - Jane Doe 97011029504009 Food Item Q... Tran... Transaction By Transaction Date Pkg... GAL Skim, 1/2% or 1% Milk 4 Issue MADANUM1234 10/2/2017 3:54:00 PM 1 Issue MADANUM1234 10/2/2017 3:54:00 PM HGL Skim, 1/2%, 1% or Buttermilk LB CHEESE (\$8.00 MAX PER LB.) 1 Issue MADANUM1234 10/2/2017 3:54:00 PM 1 Issue MADANUM1234 10/2/2017 3:54:00 PM DOZ EGGS CAN JUICE 48 OZ OR 11.5-12 OZ CONC 3 Issue MADANUM1234 10/2/2017 3:54:00 PM OZ CEREAL 36 Issue MADANUM1234 10/2/2017 3:54:00 PM JAR 16-18ozPnutBtr,lb Dry,15-16ozCnBean 2 Issue MADANUM1234 10/2/2017 3:54:00 PM LB WHOLE GRAINS 1 Issue MADANUM1234 10/2/2017 3:54:00 PM \$\$\$ FRUITS AND VEGETABLES 11 Issue MADANUM1234 10/2/2017 3:54:00 PM OZ Low Fat or Non Fat Yogurt 32 Issue MADANUM1234 10/2/2017 3:54:00 PM



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									^	
	• 9,	/28/2017		10/27	7/2017	1		-		
	-	204452440	Lane Doe	101	121028056006	Bernat Iss	sue Numbe	er		
		Pka Size	Food Item	Issued	Redeemad	Voided	Remain	Void All	Void Part	
		LB	CHEESE (\$8.00 MAX PER LB.)	2	0	0	2			
		Tpoz	EGGS	2	0	0	2			
		OZ	CEREAL	72	0	0	72			
		JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	2	0	0	2			
		QT	or EQV Lact Free Skim, 1/2%, 1% Milk	24	4	0	20			
		LB	WHOLE GRAINS	4	0	0	4			
		\$\$\$	FRUITS AND VEGETABLES	16	4.08	0	11.92			
		oz	Low Fat or Non Fat Yogurt	64	0	0	64			
		BTL	64 OZ JUICE	4	0	0	4			
	-	301152141 -	Apple Doe	4	0021028956083					
		Pkg Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Part.	
		LB	CHEESE (\$8.00 MAX PER LB.)	2	0	0	2			
		DOZ	EGGS	2	0	0	2			
		OZ	CEREAL	72	0	0	72			
		JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	2	0	0	2			
		QT	or EQV Lact Free Skim, 1/2%, 1% Milk	24	4	0	20		~	

SSU • The I <u>date</u> • Bene	e E ssue <u>in th</u> fits v	Ser Ber <u>Ie so</u> will	nefits so elected be issue	S cre <u>m</u> ed	Screer en will sho <u>onth and</u> based on	ך ow t <u>yea</u> the	the <u>ao</u> r food	ctive pacl	e <b>fooc</b> kage i	l pa	<b>ackag</b> he gr	<u>e</u> id	as of the Ben	<u>efits</u>	<u>start</u>		
						Act jones, tes Cat: C ID: 3 DOB: 1	ave Record st 1 (female) ( 00 873 140 /10/2017	Far	mily: (93436 nic: (97970	01 - 110 1 Test C	19_LifeCycle Clinic 1	1109	LifeCycle	-	Issue Monti January →	ls:	sue Year 2018 ❤
						Age: 1 Cert: 0	yrs, 0 mos 1/05/18 - 01/04	/19	Client ID 300873113	Clic iff early	ent Name /, term	Cat.	Food Package IFF ENFAMIL INFANT POWD (0-3	BLT Date	BVT Date	Month 3	s Issue
						Status: C	ertified		300872913	1109_1	FF, Infantf	IFF		12/8/2017	12/8/2017	3	
									300873136	world,	kevin	IFF	IFF ENFAMIL INFANT POWD (6-11			3	
						Sched	uling Tasks		300873140	Jones, I	Adultaci	C1	IBE MAX (6-11 MOS)	2/8/2018	2/8/2018	1	2
Active Record	r					-	and Preset		300872795	1109 8	ADUIDIG	NPP	NPP MAX (LOWFAT MILK)	12/8/2017	2/8/2018	3	10
jones, test	Family:	934360	)1 - 1109_LifeCycl	a 1109	LifeCycle	Guid	And Script		300872915	1109_F	G, Pregna	PG	in the second	12/8/2017	2/8/2018	3	
Cat: C1 (female) () ID: 300 873 140 DOB: 1/10/2017	Clinic:	979701	I Test Clinic 1			C		February	un issu ✓ 20	e rear							
Age: 1 yrs, 0 mos	C	lient ID	Client Name	Cat	Food Package		BLT Date	BVT Date	e Months	Issue							
Cert: 01/05/18 - 01/04/19 Status: Certified	300	873113	Iff early, term	IFF	IFF ENFAMIL INFANT POW	/D (0-3	12/8/2017	12/8/2012	3	E3							
Status, Certified	300	873136	world, kevin	IFF	C1 MAX (WHOLE MILK)		12/0/2017	12/0/2017	3								
	▶ 300	873140	jones, test	C1	C1 MAX (WHOLE MILK)	-	2/8/2018	2/8/2018	1								
Scheduling Tasks	300	872795	Test5, AdultPG	PG	PG/BP MAX (LOWFAT MIL	K/INF C			3								
Guided Script	300	872914	1109_NPP, NonL	NPP	NPP MAX (LOWFAT MILK)		12/8/2017	2/8/2018	3								
Client Care	300	872915	1109_PG, Pregna	PG	PG/BP MAX (LOWFAT MILE	K)	12/8/2017	2/8/2018	3								

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### Equipment Inventory, Race and Ethnicity, Security Enhancements

Bagya Kodur, MS WIC Report Specialist Kodurb@Michigan.gov



# Equipment Inventory Allows Local Agencies / clinics to update their WIC program related equipment inventory as needed Local Agencies / Clinics can update information as and when they update their equipment At the time of annual review, the coordinator will be able to review the data for each clinic to mark the survey as complete

User Setup	Deimen Hannet						
Agency/Clinic Setup	Delenses House			System E	quipment Inform	nation	
Demographics Caseload Assignment	Primary Usage-	Equipment Type*	Equipment Brand/ Model*	Equipment Serial Number*	Inventory Tag	Purchased with WIC Funds*	Date
Caseload Assignment	WIC Exclusive	Printer	66	567890765655		Yes	12
	WIC and Shared Pr	Computer - Desktop	111	44444444		Yes	12
Resource Management	WIC and Shared Pr	Computer - Desktop	333	000000		Yes	12
by Referral Category	WIC Exclusive	Computer - Desktop	1111	1111	11	Yes	12
Outreach/NSP	WIC Exclusive	Computer - Desktop	4444	44444		No	12
Management	WIC and Shared Pr	EBT Balance Enquiry	5555	333333		Yes	12
LA Equipment Inventory	WIC and Shared Pr	Computer - Desktop	errerer	22222222		Yes	12
	WIC Exclusive	Computer - Laptop	A123455	10x23ER123456	INVEN0191	Yes	8
Breast Pumps	WIC Exclusive	Computer - Desktop	tttt	333333333333333		No	12
Time Study	WIC Exclusive	Computer - Desktop		1111111111		Ne	12
Project FRESH EBT	<						>
L	ast Reviewed By: KC	DDAMANCHILIR1234	Last Reviewed D	ate: 12/27/2017	Review	Save	ancel

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### Equipment Inventory

- Required fields:
  - Primary Usage: WIC exclusive/shared
  - Equipment: computer, tablet, signature pad, POS, EBT card scanner, printer
  - Equipment Model
  - Serial #
  - Purchased with WIC funds: Yes/No
  - Date Purchased
  - Equipment Status: Active/Not in use/ Disposed/Damaged/Other







Reports • WIC Equip Parameters • Review • Select A	ment Inventory Revie :: Complete for the currer gency/Clinic	ew nt year (Yes /No/All)		
	WIC Eq	uipment Inventory Review		
	Clinic 010000 Dist	trict Health Department No. 2	<ul><li>✓</li><li>✓</li></ul>	
	Generated Date:01/18/2018	Michigan WIC Program WIC Equipment Inventory Re	Page 1 of 1 view	
Г	LOCAL AGENCY	CLINIC	REVIEW COMPLETED	
	010000 District Health Department No. 2	010101 Alcona County Office	Yes	
	010000 District Health Department No. 2	010110 ACS Test Build 1	No	
	010000 District Health Department No. 2	010111 ACS Test Build 2	No	
	010000 District Health Department No. 2	010212 ACS Test Build 3	No	
	010000 District Health Department No. 2	010213 ACS October test	No	

					_			
Reports	• WIC Equip Ability to c	ment Invento hoose Year, Loo	ory Detail	ls / / Clinic to v	iew details	s of past ye	ars inventory	
		State Local Agency Clinic Year	WIC Equipm	nent Inventory Details	× ×			
	Generated Date:01/1	8/2018 unty Office	Michig WIC Equip Clinic: 01010	an WIC Progra ment Inventory 91 Alcona Coun	n Details y Office	P	age l of l	
	Primary Usage	Equipment Type	Equipment Brand/Model	Equipment Serial	Purchased with	Date Purchased	Equipment	
	WIC Exclusive	Computer - Desktop	1111	1111	Yes	12/20/2017	Disposed	
	WIC Exclusive	Computer - Desktop	4444	44444	No	12/20/2017	Active	
	WIC Exclusive	EBT Balance Enquiry	66	567890765655	Yes	12/20/2017	Disposed	
	WIC Exclusive	EBT Balance Enquiry	5555	5555	No	12/20/2017	Not In Use	
	WIC and Shared Programs	Computer - Desktop	111	44444444	Yes	12/20/2017	Disposed	
	WIC and Shared Programs	Computer - Desktop	333	nnnnm	Yes	12/20/2017	Disposed	
	WIC and Shared Programs	EBT Balance Enquiry	5555	333333	Yes	12/20/2017	Active	6 *
	WIC Exclusive	Computer - Desktop	mmm	22222222	Yes	12/20/2017	Active	



test, arora	Client Information	Additional Information	
Cat: PG (female) () ID: 300 872 859 DOB: 5/15/1985	Is the Client Hispanic or Latino?*:	OYes <sup>®</sup> No	
Age: 32 yrs, 8 mos Cert: 09/21/17 - 04/20/18 Status: Certified Scheduling Tasks ** Guided Script ** Client Care ** Logoff **	Race: Select One or More*: If multifracial, please select all that apply from the list.	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Uther European North African Middle Eastern	
	Inform clients this is optional. They sha will assign a category based on percepi □Race/Ethnicity assigned based on staff	II be advised, however, that if they do not self identify an a tion. perception	gency employee

## Race Ethnicity Changes Information icon next to the each race will provide more details on that specific race If a staff makes a selection based on perception, it will now be captured Help document will be updated to reflect the new changes

### Racial Categories:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American"

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

## Race Ethnicity Changes References to 'Arabic' will be removed from the Predefined report screens Any references to 'Arabic' will be removed from the MI-WIC Production reports The 'Arabic' population will still be captured under Race → White → Middle Eastern



Slander
Ethnicity (Hispanic or Latino)

		Racial	Ethnic E	nrollment by N	faior Cat	JOIN			
		racial	For th	a Month of 01/	2018	-Bory			
monated Data: 01/30/2019			roru	le Month of 01/	2010				
merated Date: 01/30/2018									
TEST AGENCY 1									
Racial Category	Р	В	N	Women Total	I	С	WIC Total	Hispanic or Latino	
American Indian Or Alaskan Native	1	1	0	2	3	0	5	0	
96	6.25%	12.50%	0.00%	7.41%	17.65%	0.00%	8.33%	0.00%	
Asian	4	2	3	9	8	4	21	1	
%	25.00%	25.00%	100.00%	33.33%	47.06%	25.00%	35.00%	20.00%	
Black or African American	3	2	0	5	1	2	8	2	
%	18.75%	25.00%	0.00%	18.52%	5.88%	12.50%	13.33%	40.00%	
Native Hawaiian Or Other Pacific Islander	5	0	0	5	1	0	6	0	
%	31.25%	0.00%	0.00%	18.52%	5.88%	0.00%	10.00%	0.00%	
White	2	3	0	5	4	9	18	2	
%	12.50%	37.50%	0.00%	18.52%	23.53%	56.25%	30.00%	40.00%	
Other %	1 6.25%	0 0.00%	0 0.00%	1 3.70%	0 0.00%	1 6.25%	2 3.33%	0 0.00%	
Total	16	8	3	27	17	16	60	5	
10(a)	10	٥	,	21	17	10	00	,	

			Michigan W	IC Program				Page 1	f1
		Pa	rticipation by	Category/Rac	e				
Generated Date: 01/30/2018			For the Mon	th of 12/2017					
TEST AGENCY 1									
Category	Amer. Indian or Alaskan Native	Asian	Black or African American	Native Hawaii or Other Pacific Isl.	White	Other	Total Clients	Hispanic or Latino	
IBE Infant BF Exclusively	0	0	0	0	1	0	1	0	
Total Infants	0	0	0	0	1	0	1	0	
C1 Child Age 1	0	0	0	0	1	0	1	0	
C2 Child Age 2	0	0	0	0	1	0	1	0	
C3 Child Age 3	0	0	0	0	1	0	1	0	
C4 Child Age 4	0	0	0	0	1	0	1	0	
Total Children	0	0	0	0	4	0	4	0	
BE Woman BF Exclusively	0	0	0	0	1	0	1	0	
NPP Non-Lactating Post-Partum	0	1	0	0	0	0	1	0	
PG Woman Pregnant	0	1	0	0	1	1	1	0	
Total Women	0	2	0	0	2	1	3	0	
LA Total:	0	2	0	0	7	1	8	0	

### Security Enhancements

- The following changes have been made to improve efficiency and make screens user friendly
- Changes have been made to:
  - User Access Request screen
  - Role / Monitor Review
  - User Supervisor screen
  - System generated Emails



	igan WIC 🛛 🔍 🔜									
Scheduli	ng Tasks	er Access Re	quests							
	Setup	User ID*	User Name	Request Status (Approved/Denied	Access Effective Date	Access Expiration Date	Termination Date	Phone #	Email 🔨	
Staff Inform	nation	Mcnamara, J	Jennifer Mcna	APPROVED	10/22/2015	1/1/2018				
User Agen	cies	Breaugh, Je	Jeanette Brea	APPROVED	10/22/2015	12/30/2100	12/22/2017			
State Leve	Roles	Leslie, Ann	Ann Leslie	APPROVED	10/22/2015	12/30/2100				
Create Tra	ining Clients	Selman, Lac	Lacey Selman	APPROVED	10/22/2015	12/30/2100	4/27/2016		lisa.robertson@3:	
Monitor/Re	view Roles	Brown, Suzy	Suzy Brown	APPROVED	10/22/2015	12/30/2100	4/27/2016			
		Oberdick, La	Laurel Oberdick	APPROVED	10/22/2015	12/30/2100	4/27/2016			
Agency/C	linic Setup	Kimmerer, J	Jaime Kimmer	APPROVED	10/22/2015	12/30/2100	4/27/2016			
Breast	Pumps	Diehl, Ginge	Ginger Diehl	APPROVED	10/22/2015	12/30/2100	4/27/2016			
Time	Study	Schnautz, M	Marsha Schna	APPROVED	10/22/2015	12/30/2100	4/27/2016			
	FDFOUL	Langley, Sh	Sharon Langley	APPROVED	10/22/2015	12/30/2100	4/27/2016			
Project	FRESH	Ostrander, A	Allison Ostran	APPROVED	10/22/2015	12/30/2100	4/27/2016			
Project FF	RESHEBT	Allison, Reb	Rebecca Allison	APPROVED	10/22/2015	12/30/2100	4/27/2016			
Data Ma	ntenance	Winn, Frede	Frederick Winn	APPROVED	10/22/2015	12/30/2100	4/27/2016			
	off	Wilmot, Jan	Jane Wilmot	APPROVED	10/22/2015	12/30/2100	4/27/2016		tony.jackson@3si	
		Kathy, Truss	Trussell Kathy	APPROVED	10/22/2015	12/30/2100			~	
		< Î		10000100	10/00/00/5	*******			>	
		Add								

	Use	r Access Requests							
Scheduling Tasks								$\sim$	
User Setup	me	Request Status (Approved/Denied)	Access Effective Date	Access Expiration Date	Termination Date	Phone #	Email	Agency Selected	Supe 🔨
Staff Information		renaing				(454) 145-3	snyam.kamisetty@	District Health	. Amrutna,
User Agencies	ak	Approved	3/31/2017	4/26/2018		(410) 946-1	ilakkiya.rajakumar	District Health	. Release, I
State Level Roles	ase	Approved	1/1/2017	1/1/2020		(334) 224-2		District Health	. Release, I
LA Roles	jak	Approved	4/6/2017	4/30/2018	4/6/2017	(410) 946-1	ilakkiya, rajakumar	District Health	. Rajakuma
Monitor/Review Roles	Test	Approved	12/21/2017	12/21/2018	12/21/2018	(443) 741-8	rama.kodamanchili	District Health	. Amrutha,
	ag	Approved	9/26/2017	12/31/2019		(517) 241-3	Spagnuoloa@michi	District Health	. Rajakuma
Agency/Clinic Setup		Approved	1/16/2016	1/16/2019		(443) 741-8	rama.kodamanchili	District Health	. Kodaman
Broast Dumps	rgt	APPROVED 🔄	10/22/2015	12/30/2100				District Health	. Test, Fix
Dieast Pullips	۱ <b>ا</b>	Approved	10/22/2015	12/30/2100				District Health	. Rajakuma
Time Study	es	Denied	10/22/2015	12/30/2100				District Health	. Rajakuma
Project FRESH		Pending				(454) 145-3	shyam.kamisetty@	District Health	. Amrutha,
Drojost EDESH EBT	Ila	APPROVED	10/1/2017	10/1/2020		(443) 888-2	ilakkiya.rajakumar	District Health	. Rajakuma
Hoject RESITED		Approved	10/7/2016	10/12/2017		(517) 241-0	mary.madanu@3sig	District Health	. Staff Test
Data Maintenance	uz	Approved	4/6/2017	6/15/2018		(443) 765-4	julio.delacruz@3sig	District Health	. Staff Test
Logoff 🕠	ning	Approved	9/22/2017	9/22/2018		(521) 241-3	miwictraining1@gm	District Health	. Test, Nan
	SS	Approved	4/30/2018	12/19/2017	12/19/2017	(353) 656-5	lisa.robertson@3sig	District Health	. Kodaman
									>
		Add							
							Histor	v Save	Cancel
							That	3000	Calicer
Version: 7.8.0.31					TESTF1234	010000	District Health Depa	rtment No. 2	miwics

### User Access Request When a LA Coordinator/ supervisor logs into this screen, all users (all statuses) within that LA will be displayed, irrespective of supervisor But, only the supervisor displayed in will be 'Supervisor ID' column will be able to make changes to the row At the State Level, Supervisors will be able to view and work with only staff members who have chosen them as Supervisors









Project FRESH EBT								
		Module	Role	Clinic	Effective Date	Expiration Date	Termination Drie	Max Days
Data Maintenance		ADMIN	LA-CPA	010101 Alcona County Office	1/17/2018	9/30/2018		365
Logoff		ADMIN	LA-BP Inventory Mainte	989801 Test Clinic 2	1/16/2018	9/30/2018		365
		CLINIC	LA-CPA	010101 Alcona County Office	9/15/2017	9/30/2018		365
		CLINIC	LA-Class III RD	010110 ACS Test Build 1	12/11/2017	9/30/2018		365
		CLINIC	LA-CPA	989801 Test Clinic 2	18/2018	9/30/2018		365
						History	Save	Cancel
Version: 7.8.0.32				KODURB	000000 \$	tate Agency		miwics
Jul 31 currei	<sup>st</sup> ,	the o year	expiration	will be Sept	30 <sup>th</sup> c	of the		



Role • Ad	e Review Reports min Module→ Reports	; → Role Review	Summary Report	
	Role Review Summary Report       State       Local Agency       Clinic       Staff       Staff Roles:       All roles       Only roles for current fiscal year	State Local Agency Clinic Staff Staff Roles: Review Status:	Role Review Summary Report	
• All	ows user to filter by Sta	ff Roles and Re	view status to run the re	port С ····· Madhhs















### Thank you for all you do for WIC! If there are further questions, please contact Kevin Sarb, RDN, MS, MBA Kristina Ressler, MPH Bagya Kodur, MS Consultant- Nutrition and Food WIC Requirement Coordinator WIC Report Specialist Management Ph: 517-335-5633 Ph: 517-241-2116 Ph: 517-241-4404 Email: ResslerK@Michigan.gov Email: KodurB@Michigan.gov Email: SarbK@Michigan.gov ILIC HOMEN MEDHHS