

## NMSOL COVID-19 Disaster Mode Training Companion

The NM WIC Disaster Plans (Tier I and Tier II) for COVID-19 include directives for staff to complete services in an expedited manner to limit exposure during the epidemic.

This document is intended to guide staff through the expedited functionality within NMSOL under the Tier I Disaster Plan, with specific instruction callouts related to Tier II service differences.

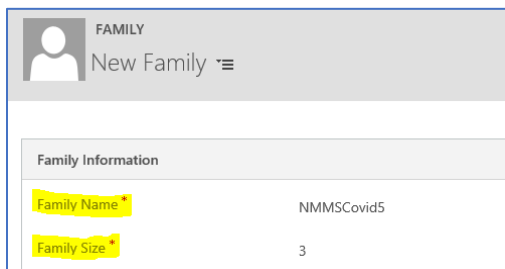
*Please follow the steps outlined in this document **in order**. These steps are organized to maximize efficiency (save time) and limit exposure for both staff and families.*

### FAMILY PAGE:

#### New Families/Recertifications/Adding New Certifications to Existing Families

***\*Tier II instruction for New Families:*** Staff will utilize the Checklist for Screening Applicants/Participants prior to entering data in NMSOL (via phone).

1. Create the new family page (if appropriate).
2. Enter/validate the Family Name.
3. Enter/validate the Family Size.



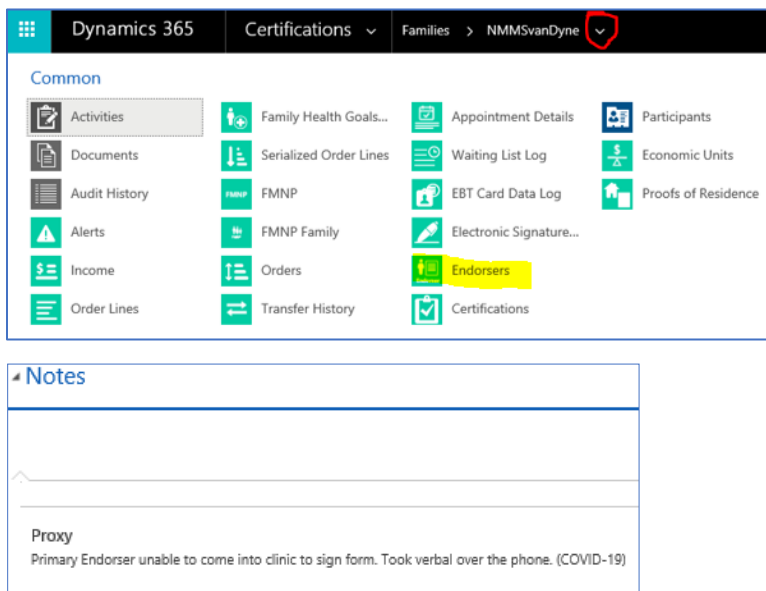
The screenshot shows a web form titled 'FAMILY New Family'. It has a 'Family Information' section with two fields: 'Family Name' and 'Family Size'. The 'Family Name' field contains the text 'NMMSCovid5' and the 'Family Size' field contains the number '3'. Both fields have a yellow highlight.

4. Navigate to Residence and Contact Information.
5. *It is not necessary complete/change the Proof of Residency Type or Is Proof Available fields.*

6. Complete/validate the Physical and Mailing Address sections. (If they are the same address, check the box next to 'Same as the Physical Address', and only enter the Physical Address details.)
7. Complete/validate the Primary Phone Owner and Primary Phone Number fields.
8. Answer Voter Registration Offered as appropriate.
9. Save.
10. Enter and save/validate the Endorser for the Family.

**\*Tier II instruction for Endorser/Proxy:** Staff will collect the ID from the Endorser/Proxy that is present for the appointment, utilizing the drive-through method outlined in the Tier II Disaster Plan. The Endorser record should match the ID that is presented at the time of service.

**Note:** If a proxy is being utilized, and it is not possible to obtain a completed proxy form, staff will create the Endorser record for the proxy, and then navigate to the Endorser record to enter a note regarding use of the proxy.



Dynamics 365 Certifications Families > NMMSvanDyne

Common

- Activities
- Documents
- Audit History
- Alerts
- Income
- Order Lines
- Family Health Goals...
- Serialized Order Lines
- FMNP
- FMNP Family
- Orders
- Transfer History
- Appointment Details
- Waiting List Log
- EBT Card Data Log
- Electronic Signature...
- Endorsers
- Certifications
- Participants
- Economic Units
- Proofs of Residence

Notes

Proxy  
Primary Endorser unable to come into clinic to sign form. Took verbal over the phone. (COVID-19)

11. Create all applicable new participants (do not open the participant pages).
12. Navigate to the Disaster section of the Family Page.
13. Change Is Disaster Mode? to Yes.
14. Select Disaster Type 'Epidemic' from the dropdown.
15. In the Disaster Type Details text box, enter 'COVID19'.

# COVID-19 Disaster Mode Training Companion

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Disaster	
Is Disaster Mode?	Yes
Disaster Type *	Epidemic
Disaster Type Details	COVID19

16. In the Action Tool Bar, click Disaster Self-Declaration.

	Dynamics 365	Certifications	Families	NMMSvanDyne		
SAVE	SAVE & CLOSE	NEW	DETERMINE ELIGIBILITY	EBT CARD	DISASTER SELF-DECLARA...	TRANSFER

17. Complete the signature form as follows:

Most questions will be answered 'No'. Question # 4 should be set to 'Yes' for all certifications during this situation (regardless if the family has current month benefits on the card).

There are two signature fields, the first is for the Endorser/Proxy, and the second is for clinic staff.

WIC Self-Declaration Form for Disaster Victims	
<b>Clinic Information:</b> Name: Santa Fe Southside WIC Office Address: 2538 Camino Entrada Suites 204-205 Santa Fe Santa Fe NM 87507 Phone No: 505-476-2602 N/A	
<b>Mark the statements that describe your situation:</b>	
<input type="checkbox"/>	My/my child's food benefits were received and lost in the disaster.
<input type="checkbox"/>	My/my child's food benefits were received and cashed and WIC food was lost in the disaster.
<input type="checkbox"/>	My/my child's food benefits were received and cashed and WIC food was left behind.
<input checked="" type="checkbox"/>	My/my child's food benefits had not been received for the current month.
<input type="checkbox"/>	I am/my child is a victim of disaster and has no acceptable proof of identification for myself/my child.
<input type="checkbox"/>	I am/my child is a victim of disaster and has no acceptable proof of residency for myself/my child.
<input type="checkbox"/>	I am/my child is a victim of disaster and homeless and unable to provide proof of income.
<b>Reason for disaster:</b> Disaster Type: Epidemic Disaster Type Details: COVID-19	
<b>Participant's Affected</b> 1. Testing NMRKProv	
By signing this form, I affirm that I/my child am not applying for services at any other WIC program during this crisis and am not staying in a shelter that is providing food/formula.	
	2020-03-12 06:57:35
Applicant/Participant/Parent or Guardian Signature	Date
	2020-03-12 06:57:35
WIC Official Signature	Title Date

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### *\*Tier II instruction for the Disaster Self-Declaration form:*

On the 1st signature line for the Endorser/Proxy, staff will write 'Verified ID' in place of the participant signature.

The 2nd required signature is for WIC staff. Staff will sign as normal.

**WIC Self-Declaration Form for Disaster Victims**

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**Clinic Information:**  
Name: Santa Fe Southside WIC Office  
Address: 2538 Camino Entrada Suites 204-205 Santa Fe  
Santa Fe NM 87507  
Phone No: 505-476-2602 N/A

**Mark the statements that describe your situation:**

☐ My/my child's food benefits were received and lost in the disaster.  
☐ My/my child's food benefits were received and cashed and WIC food was lost in the disaster.  
☐ My/my child's food benefits were received and cashed and WIC food was left behind.  
☒ My/my child's food benefits had not been received for the current month.  
☐ I am/my child is a victim of disaster and has no acceptable proof of identification for myself/my child.  
☐ I am/my child is a victim of disaster and has no acceptable proof of residency for myself/my child.  
☐ I am/my child is a victim of disaster and homeless and unable to provide proof of income.

**Reason for disaster:**  
Disaster Type: Epidemic  
Disaster Type Details: COVID-19

**Participant's Affected**  
1. RK NMRK TEST FFHH  
2. Test NMRK Disaster

By signing this form, I affirm that I/my child am not applying for services at any other WIC program during this crisis and am not staying in a shelter that is providing food/formula.

Verified ID 2020-03-14 18:38:25  
Applicant/Participant/Parent or Guardian Signature Date

[Signature] 2020-03-14 18:38:25  
WIC Official Signature Title Date

18. Create a new note in the Notes section on the Family Page and include the following information:

- Monthly household income (regardless of any adjunct eligibility).
- If there are any participants with adjunct eligibility, enter adjunct eligibility type (SNAP, Medicaid, etc.) and Program Enrollment Number (PEN).
- Acknowledge that physical and mailing address have been verified/updated.

**Income/Residency - COVID -19**  
Monthly Income = \$1500.00  
Adjunct = Medicaid - PEN 555222111 or N/A  
Residency= Updated Address

19. Complete the participant certification(s) according to Certification/Recertification instructions below.

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### PARTICIPANT PAGE:

#### Certifications/Recertifications

*\*Note: During the COVID-19 disaster period, Eligibility Interviewers may certify all participant categories regardless of priority or risk.*

1. In the Participant Type field, select Disaster.

The screenshot shows a dropdown menu titled 'Participant Category'. The menu is open, displaying two options: 'Pregnant' and 'Disaster'. The 'Disaster' option is highlighted with a yellow background. The text 'Participant Category' is visible at the top of the dropdown, and 'Participant Type' is visible at the bottom.

2. Continue with certification, completing all required fields for each category as follows:

#### *Child*

##### **Participant Page**

- Race/Ethnicity
- Risk Code\*
- Standard Food Package

#### *Pregnant*

##### **Participant Page**

- Voter Registration
- Pregnant Category
- Race/Ethnicity
- Gravida & Participant Prior Pregnancies
- Risk Code\*
- Standard Food Package

#### *Postpartum*

##### **Participant Page**

- Voter Registration
- Actual Delivery Date
- Race/Ethnicity
- Gravida & Participant Prior Pregnancies
- Risk Code\*
- Standard Food Package

### *Breastfeeding*

#### Participant Page

- Voter Registration
- Actual Delivery Date
- Race/Ethnicity
- Gravida & Participant Prior Pregnancies
- Risk Code\*
- Standard Food Package

### *Infant*

#### Participant Page

- Infant Breastfeeding Category
- Infant Ever Breastfed Breast Milk and Follow Up Questions
- Race/Ethnicity
- Risk Code\*
- Standard Food Package

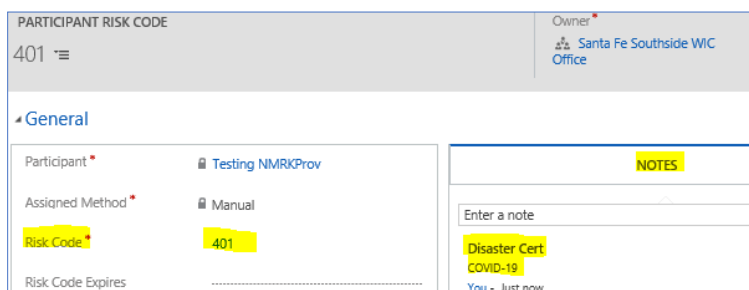
**\*Note:** Completing the required fields may auto-generate risk code(s). However, if no risk codes are auto-generated, the Certifying Authority should manually enter a risk code according to the Participant Profile as follows:

- **Pregnant:** RC 401: Failure to Meet Dietary Guidelines for Americans
- **Breastfeeding/Nursing:** RC 401: Failure to Meet Dietary Guidelines for Americans
- **Postpartum:** RC 401: Failure to Meet Dietary Guidelines for Americans
- **Child 12-23 Months:** RC 428: Dietary Risk Associated with Complementary Feeding Practices
- **Child 24-59 Months:** RC 401: Failure to Meet Dietary Guidelines for Americans
- **Infant:** RC 428: Dietary Risk Associated with Complementary Feeding Practices

When the risk code is manually assigned for disaster certifications, the Certifying Authority will document the following in the Notes section of the Participant Risk Code page:

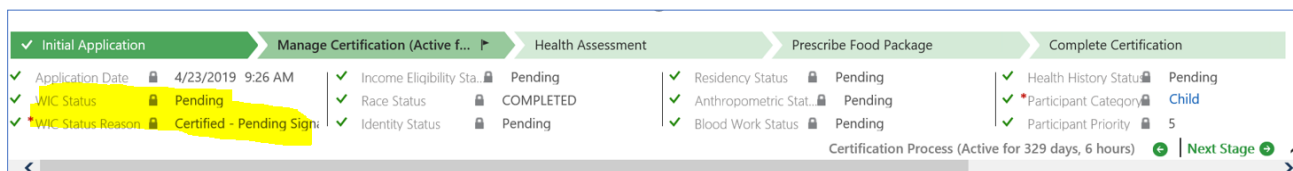
*Disaster Cert*

*COVID-19*



3. Click Certify after completing the required fields for each participant.

**Note:** The Certification Ribbon will show 'Pending' status for Income, Identity, Residency, Anthropometric, Blood work, and Health History. Staff should ensure that WIC Status is 'Pending' and WIC Status Reason is 'Certified Pending Signature' before returning the Family page for Rights and Responsibilities and benefits.



4. Return to the Family Page, verify the correct Endorser name is visible/selected, and sign the Rights and Responsibilities form.

***\*Tier II instruction for the Rights and Responsibilities form:*** In place of the Endorser/Proxy signature, staff will enter 'Verified ID' and scan a copy of the ID into the Family Page according to the Tier II Disaster Plan.

### ALL OTHER APPOINTMENT TYPES:

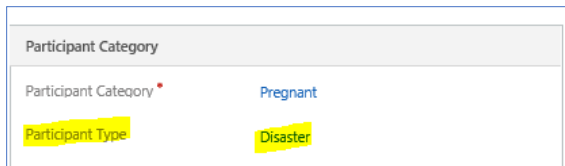
**DO NOT CHANGE THE DISASTER SECTION ON THE FAMILY PAGE**

**IF THERE ARE NO APPLICANTS/PARTICIPANTS BEING**

**CERTIFIED/RECERTIFIED DURING THE APPOINTMENT**

***\*Tier II instruction for all other appointment types:*** Staff will utilize the Checklist for Screening Applicants/Participants, as appropriate for the appointment type (via phone), prior to entering data in NMSOL.

1. In the Participant Type field, select Disaster.



Participant Category	
Participant Category *	Pregnant
Participant Type	Disaster

2. Continue with the appointment according to the Tier I or Tier II Disaster Plan that applies to the clinic.

### BENEFITS ISSUANCE (4 months):

***\*Tier II instruction for Benefits Issuance:*** Obtain the existing PIN number, or the desired PIN number from the Endorser/Proxy prior to providing service.

### No Benefits-in-Hand:

***\*Note:*** Always issue the maximum allowable benefits months (up to a maximum of **4 months**). The steps listed below will be used when the maximum of 4 months is being issued/written to the card and there are no benefits-in-hand (on the card).

1. Create the benefits issuances for 3 months as normal.
2. Write to card.
3. Create another benefits issuance (the system will default to 1).
4. Write to card again.
5. Review the Family Benefit Issuance section on the Family Page to validate **four (4)** months are written to the card.



## Benefits-in-Hand

**Note:** Staff will use standard functionality when modifying/issuing benefits for families that are not certifying or recertifying any participants. **Reminder:** Do not change anything on the Family Page Disaster section unless a certification or recertification is being performed. For all other participants, only change the Participant Type to Disaster.

## Modifying Benefits for Recertifications/Adding New Certifications to Existing

### Families:

**\*Note:** Always issue the maximum allowable benefits months (up to a maximum of **4 months**). The steps listed below will be used when benefits must be modified for the current month and issued for future months.

1. After certifying/recertifying all applicants/participants, and the R&R is signed, navigate to the Family Page Disaster section.
2. Change Is Disaster Mode? to No.

Disaster	
Is Disaster Mode?	No
Disaster Type	<input type="text"/>
Disaster Type Details	<input type="text"/>
Is Disaster Declaration Signed?	Yes

**Note:** The Is Disaster Declaration Signed? field will stay 'Yes'. This is expected and will not cause any problems.

3. **Save.**
4. Navigate to Family Benefit Issuance.
5. Modify the current month, and Issue future months using standard functionality.

**Note:** After Benefits Issuance, participant Status will show 'Active' and Status Reason will show 'Provisional'.

Full Name	Participant Category	Date of Birth ↑	Certification End Date	Gender	Is Foster Child	Status ↑	Status Reason
Jane NMMSCovidTraining1	Pregnant	8/13/1985	7/14/2020	Female	No	Active	Provisional