

Agency/Clinic ID: _____ Reviewer Name: _____ Date: _____

Active Record Review Instructions-2014

Overview of Record Review Procedure

The purpose of the record review is to determine whether the agency is following State WIC policy for documentation and recordkeeping and helps to identify issues regarding the quality of required documentation.

Active Records:

Active Records/Nutrition Education: Active records are those of clients currently eligible for WIC benefits. At each agency visited, the reviewer is to randomly select the active WIC records indicated. Choose records of clients who are completing the current period of certification for review. Use **Clients by Cert End Date Report** to randomly select client records of the most recent completed certification period of at least 5 months in length.

Single Certifier Audit: Review Single Certifier Audits performed by Local Agency. Use Single Certifier Report (admin/reports/role reports/Single User Certification Report) to determine if agency is monitoring 20% of single certified records.

Dual Participation: From WIC and WIC/CSFP Dual Partic. Report (previous 12, 8, 4, 2 months), review prompt resolution and follow up (within 45 days).

Ineligible/Short Cert: From Ineligible and Short Certification Ending reports choose 5 records each that have been processed in the last fiscal year.

Roles Report/Credentials: From Roles report, verify credentials for all staff performing restricted roles.

Breastpump Monitoring-Review Overdue Breastpump report (select up to 10 records) and Client List by Pump Model Issued Report (15 records of different pumps, issued by different staff):

Compliance: Client Compliance Log for past year to determine if agency is adequately monitoring compliance.

Role Reports: Review Role reports to ensure staff assigned meets required credentials.

EBT Card: Security, Inventory and Issuance documentation review select different dates, staff, as stated.

Non-Contract: From Non-Contract Formula listing, choose the records from each formula category, I (child over 1), II, III) - suggest choosing different food packages if possible. Use Soy Beverage Ad-hoc report to review soy-beverage child documentation. Verify that Class III clients are offered High Risk services.

High Risk: From High Risk and High Risk Care Plan Closed or Not Needed Report choose 2 high risk clients from each PBNIC (10 total) to determine if high risk clients are being offered RD services. Note any pattern of refusal of High Risk Services.

Also select 5 records from different categories that have Individual Care Plans to review for Care Plan documentation.

Reviewing of Records

Using the appropriate form, enter the agency name, clinic name, reviewer name and date. Next enter the client's ID number from each record in the appropriate space, being sure to put the client in the appropriate WIC status column. Then conduct the review of the record entering +, o OR N/A code for each item in the column under the client's ID number. When all records have been reviewed, total each row and column on each record.

For PRINT documents- Please verify that agency is able to print from PRINT DOCs "PRINT" feature, **if not, provide Instructions.**

Problems and Citations

- Indicate the total number of errors and omissions for the active, inactive and ineligible and high risk records. Cite if 2 or more errors per item line, unless noted. Note any review items which had a substantial number of errors and/or omissions. Additional files may need to be reviewed if problems are noted.

Nutrition Education Documentation:

- If there is more than one entry for a date, just count as one contact. For the same date, if client refused one contact, but accepted another, count as receiving nutrition education. If a discrepancy is identified, additional records may need to be reviewed.

Nutrition Education Contacts:

Pregnant, Non-lactating and Breastfeeding women, children and infants must be offered nutrition education at a quarterly rate, based on their certification period. See chart below for number of NE contacts required for length of certification period. Missed appointments "count" as NE offered. [WIC Fed Regs, 7 CFR Part 246, Section 246.11, (e), (2), (3)], MI-WIC Policy 5.02)

# Required Nutrition Ed. Contacts: BF women, Infants, Child	10-12 month cert period-4 NE	7-9 Months-3 NE	4-6 months -2 NE	1-3 months -1 NE
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+ = Yes 0 = No/Error NA=Not Applicable Federal Regulations references begin with "246". WIC policies contain Arabic numerals, such as "(2.03)".		Client ID														Total Errors
MPR	Nutrition Education	P	P	BE BP	IBE IBP	BE BP	IBE IBP	NPP	IFF	NPP	IFF	C1	C2	C3	C4	
	Record the length of client's certification period															
5.3a	30 day extension applied? Note if routine															
	Number of contacts required for cert period? (# noted for full certification period)	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4
	Number of contacts offered (documentation of appts., NE received, refused or missed, wichealth or NE Mall in NE Plan)?															
6.1a	Did the clinic offer the required number of contacts?															
6.2c	NE Plan documented? Cert/Recert, C and I Eval															
6.2c	NE Plan printed?															
6.2b	NE content documented on NE pop up screen?															
5.1a	Client without insurance referred to Medicaid?															
5.1b	Other referrals documented, if applicable? (MIHP/Healthy Start, NFP for I/PG, BE/BP, if available)															
6.5e	Breastfeeding referral/assistance, PG, BE/BP? (Breastfeeding screens, NE or referral)															
8.1a	Food pkg issued does not exceed 3 complete months.															
10.1b	Are staff ID on income tab, cert complete and benefit issuance different or records scanned.															
5.3d	Infant/Child offered/received Evaluations for current cert?															
7.2a	Is the assigned food package appropriate for the client category and breastfeeding status (dyad)?															
7.2b	Appropriate formula amt. issued for current BF?															
6.5e	BF follow-up documented (BF Contact and BF Aids and Notes)? PG, BE/IBE, BP/IBP, child if breastfed)															
	Total errors per record															

Single Certifier Record Review:				
Does agency ever enroll using a single certifier? NO YES				
If yes, must audit 20% of records. Verify that 20% of clients certified by single certifier were reviewed by Coordinator				
(Admin/reports/role reports/Single User Certification Report)				
Review period	# of records Single Certified	# of Records Reviewed	# of Errors	Comments
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
Apr				
May				
June				
July				
Aug				
Sept				
MPR 10.1b	Is the agency performing routine audits of 20% of records certified by one staff member, as required?	Yes		Cite if No
		NA	YES	

Dual Participation Report					12	8	4	2	
WIC/WIC		Months				Tot. Records			
	# clients listed on WIC/WIC dual participation report								
	# of clients unresolved after 45 days								% unresolved
WIC/CSFP		Months				Tot. Records			
	# of clients listed on WIC/CSFP Dual Enrollment report								
	# of clients unresolved after 45 days								% unresolved
MPR 5.5a	Does the agency resolve Dual Enrollment in a timely manner?	Yes				Cite if No			

Breastpump Monitoring Reports

Overdue Breastpump Report: Select current list-review up to 10 records or 50% of listings. (Clinic/Reports/Breastpump/Overdue Breastpump Report)		# of Pumps	b/a=% of pumps monitored
a	Number of pumps due?		
b	Follow-up documented? (monthly follow-ups)		
MPR 9.1a	Is the agency monitoring past due pumps? (cite if more than 20% with no follow-up)	Y	Cite if No

Client List by Pump Model Issued Report: (select 1year back from today's date)
 Select 3 pumps per report (up to 15 records). Review records to determine if Releases were signed and required pump education completed. Select different issuers if possible.
 (Clinic/Reports/Breastpump/Client List by Pump Model Issued)

Multiuser Pump	1		2		3		Total N		Single User Pump	1	2	3	Total N Release	
	Rel	Ret	Rel	Ret	Rel	Ret	Rel	Ret		Rel	Rel	Rel		
Lactina	Y N	Y N	Y N	Y N	Y N	Y N			Ameda 1	Y N	Y N	Y N		
Elite	Y N	Y N	Y N	Y N	Y N	Y N			Harmony	Y N	Y N	Y N		
Nuture III	Y N	Y N	Y N	Y N	Y N	Y N			Isis	Y N	Y N	Y N		
Pedal	Y N	Y N	Y N	Y N	Y N	Y N			Purely Yours	Y N	Y N	Y N		
									Enjoye/ Enriche	Y N	Y N	Y N		
MPR: 9.1a	Were 2 or more pumps issued without releases?						N	Y	Comments:					
Cite if yes	Were 2 or more pumps returned without receipt?						N	Y						

Compliance Report Review

Client Compliance Log: Review Agency Client Compliance Log for past 12 months:
 (Client/Reports/Participation/Client Compliance Log)

		Number of Complaints	% of Complaints
a	Total complaints logged		
b	Complaints pending less than 4 months		b/a
c	Complaints completed		c/a
d	Complaints pending more than 4 months		d/a
e	Complaints with no investigation or follow-up		e/a
MPR 10.1 a	Does the agency record, investigate and complete compliance reports in a timely manner? (Cite if more than 20% of complaints logged were pending more than 4 months or had no investigation/follow-up)	Yes or N/A	Cite if No

Ineligible/Short Certs Documentation Record Review

	Client's Identification Number					Total errors	
Ineligibles Documentation (MI-WIC Policy 2.20)							<i>The Reviewer should randomly select 5 ineligible records for review (Ineligible Report from last 2 years).</i>
*Written Notice of Ineligibility given							<i>Review client record: Client/Miscellaneous/Communications determine if document printed if not on report reviewed *Ineligible at initial certification or recertification-issuance of written notice and Fair Hearing is required. Fair Hearing prints automatically with Ineligibility notice. Only the Ineligibility Notice is written to the Communications file.</i>
Reason stated							
Valid reason for ineligibility based on record?							
(5.4c) Did agency provide required notifications for valid reasons?						YES	If 2 or more, cite Action Plan needed

	Client's Identification Number					Total errors	
Short Certs Documentation (MI-WIC Policy 2.17, 2.20) 5.4c							<i>The Reviewer should randomly select 5 short cert records for review (Expiring Short Certs Report from at least last 6 months)</i>
#Written notice of Short Cert Given							<i>Review client record: Client/Miscellaneous/Communications determine if document printed if not on report reviewed</i>
Reason stated							<i>#Short cert at current certification-issuance of written notice of short cert is required</i>
Was the short cert for a valid reason? (i.e., unable to verify using available tools- if not, provide consultation)							
(5.4c) Did agency provide required notifications for valid short certification reasons?						YES	If 2 or more, cite Action Plan needed

Comments:

MPR	EBT Card Security, Inventory and Issuance	Yes or N/A	If not, Action Plan needed
9.2b	Review 6 pages of EBT Card Issuance logs from various staff and for different time periods. Are logs completed, as required? (MI-WIC Policy 8.09 Michigan WIC Bridge Card Issuance)		
9.2b	Are Bridge Card signature forms completed & retained for new clients? (review signature forms that match with sampled issuance logs) (MI-WIC Policy 8.08 Michigan WIC Bridge Card Security)		
9.2b	Select 10 random new card issuances (from different issuers and dates), review signature forms and authorized person signatures as recorded in MI-WIC to verify card issuance to the authorized person. (MI-WIC Policy 8.08 Michigan WIC Bridge Card Security)		

Role Reports-Review Roles and verify staff credentials for ALL agency staff (cite if staff do not meet requirements). May document on Roles Report, if so, retain listing.

MPR 3.1		Number of Staff w/ Role	Number who Meet Credentials	Number whose Credentials do Not Meet requirements
a	CPA staff			
b	RD staff			
b	Nutrition Education staff:			
	Nutrition Educator			
	Non-Nut. Health Pro			
	Nut. Ed. Assistant			
	BF Peer (WIC or MSUE)			
c	WIC Coordinator*			*
d	Breastfeeding Coordinator*			
e	Nutrition Ed. Coordinator			
f	Lactation Consultant/Educator			

*Position credentials do not apply if individual staff person was appointed to position prior to implementation date of MI-WIC Policy 1.07, 3/25/14. Any staff appointed to position after this date must meet required credentials.

Note: Document staff names, credential and roles in "Additional Information" on ME report for those staff who does not meet credential requirements. Indicate staff who do not meet requirements below:

Name	Role	Current Credential	Not Met

Formula Approval Record Review

7.3 a- Review at least 8-client records total (including some of each group designated below) and verify that the agency is following WIC Policy for formula approval and documentation. (Use the Soy Beverage Ad Hoc Report and **Formula Usage Report** to identify children on Class I formulas or clients receiving Class II or Class III formulas for review)-See MI-WIC Policy 7.02 for formula classifications.

Formula type	Client ID#	Medical Doc. Scanned	Medical Doc. Complete	Qualifying condition meets requirement	Condition is included in risk assessment if known at time of cert/eval*	Food Package assigned reflects Med. Doc. Rx	Expire Date appropriate for Rx.	Notes:
Class I (C1-C4)		Y N	Y N	Y N	Y N	Y N	Y N	
Class I (C1-C4)		Y N	Y N	Y N	Y N	Y N	Y N	
Soy Bev. (C1-C4)		Y N	Y N	Y N	Y N	Y N	Y N	
Soy Bev. (C1-C4)		Y N	Y N	Y N	Y N	Y N	Y N	
Class II		Y N	Y N	Y N	Y N	Y N	Y N	
Class II		Y N	Y N	Y N	Y N	Y N	Y N	
Class II		Y N	Y N	Y N	Y N	Y N	Y N	
Class II		Y N	Y N	Y N	Y N	Y N	Y N	

Total Errors								
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Formula type	Client ID#	Medical Doc. Scanned	Medical Doc. Complete	Qualifying condition meets requirement	Condition is included in risk assessment if known at time of cert/eval*	Food Package assigned reflects Med. Doc. Rx.	Expire Date appropriate for Rx	Risk/NCRD? High	Notes:
Class III		Y N	Y N	Y N	Y N	Y N	Y N	Y N	
Class III		Y N	Y N	Y N	Y N	Y N	Y N	Y N	
Class III		Y N	Y N	Y N	Y N	Y N	Y N	Y N	
Class III		Y N	Y N	Y N	Y N	Y N	Y N	Y N	
Class III		Y N	Y N	Y N	Y N	Y N	Y N	Y N	
Class III		Y N	Y N	Y N	Y N	Y N	Y N	Y N	

Total Errors									
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Formula Approval Record Review (continued) Cite if 2 or more per column						Yes	If not, cite, need Action Plan	
7.3 a-Does the agency approve special formula food packages (Class I, II and soy beverage) for clients with special dietary needs? (MI-WIC Policy 7.03) (cite if 2 or more errors)							(7.3a)	
4.3 d-*At the last certification*, were all known qualifying conditions included in the risk assessment and are all Class III records designated as high risk? (WIC Policy 6.03)							(4.3d)	

High Risk Record Review (MI-WIC Policy 5.06)

Review 10 high risk client records (2/PBNIC) identified by the High Risk Report.

Note any pattern of routine refusal of High Risk Services.

Offered		RD declined	Were 6 or more high risk clients offered RD services?
RD scheduled	RD declined Non-WIC RD		
			YES NO

Select five (5) nutrition high risk clients who have recently completed a certification period and who have individual care plans (ICP) in their records. (High Risk Report/High Risk Client Care Plan Closed/Not Needed Report) If Care Plans not closed, may look for other records.

	Client ID#					Total # of No's	Action Plan Needed
	#1	#2	#3	#4	#5		
High Risk Individual Care Plan (ICP) (MI-WIC 5.06)							
1. 6.6 c-Problem list/purpose of session							
2. 6.6 b-Individual care plan (ICP) in record or RD documents that no care plan is needed							
3. ICP for each problem agreed upon includes:							
a. Data review –review pertinent data (growth, diet, meds, diagnosis, treatment, diet prescription, lab values, if pertinent)							
b. Assessments-identify Assessments/topic(s) that client is interested in receiving counseling on. Document through checklist or care plan.							
c. Plan details-document counseling provided including behavior changes desired							
e. NE pop-up: Date, Method, Topic, Provider, Initials, Stage (opt), Evaluation, Behavior Change, Notes (if applicable). Stage movement (opt), date achieved and other notes on previous NE follow up?							
f. Documents if care plan is not needed (RD)							
6.6 b Do the ICP's reviewed contain all of the required elements?							
4. 6.6 b Plan developed by R.D. (R.D. credentials and date)							
Follow-up Documentation for Individual Care Plan							
1. 6.6b-Documented in record							
2. 6.6b-Summary of services provided							
3. 6.6b-Plan for follow-up							
Closeout Individual Care Plan							
4. 6.6b-Provider signature staff credentials/date (electronic initials)							
5. 6.6b-R.D. signature closing case (electronic initials) (may not be applicable in certain circumstances)							
Total Errors							

Comments:

Reviewed By: _____ Date: _____

Consultant: _____ Date: _____