

Agency/Clinic ID: \_\_\_\_\_ Reviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Active Record Review Instructions-2016

### 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.

**Pg 2. 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. 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.

#### Reviewing of Records

On form, enter the agency name, clinic name, reviewer name and date. Next enter the client's ID number 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 each item. 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:

All clients 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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**3. 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.

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

**4. 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).

**4. Compliance:** Client Compliance Log for past 24 months to determine if agency is adequately monitoring compliance.

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

**6. Roles Report/Credentials:** Review Role reports to ensure staff assigned meets required credentials.

**7. 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. Verify that Class III clients are offered High Risk services.

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

**9. HR Ind Care Plan:** Select 5 records from different categories that have Individual Care Plans to review for Care Plan documentation.

		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 <b>required</b> for cert period? (# noted for full certification period) (Policy 5.02)	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 <b>offered</b> (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?															
6.2d	NE Plan documented? Cert/Recert, C and I Eval															
6.2d Placeholder	NE Plan printed? ( <b>OBSERVATION only 2016</b> )?															
6.2c	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/home visit program for I/PG, if available)															
6.5d	Breastfeeding referral/assistance, PG, BE/BP? (Breastfeeding screens, NE or referral)															
6.5d	BF follow-up documented (BF Contact or BF Aids and Notes)? PG, BE/IBE, BP/IBP															
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/or breastfeeding status (dyad)? C-1 Notes/C-2-4 & Pg Risk Code															
7.2b	Appropriate formula amt. issued for current BF?															
	Notes:															

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 ( <b>Exhibit 9.03A</b> draft)						
(Admin/reports/role reports/Single User Certification Report)						
Review period	# of records Single Certified	# of Records Reviewed	# of Errors Found	Comments		
Oct						
Nov						
Dec						
Jan						
Feb						
Mar						
Apr						
May						
June						
July						
Aug						
Sept						
<b>MPR 10.1b</b>	Is the agency performing routine audits of 20% of records certified by one staff member, as required?	Yes		Cite if No		
		NA	YES			
<b>Dual Participation Report</b>		12	8	4	2	
WIC/WIC		Months			Tot. Records	
	# clients listed on WIC/WIC dual participation report					
	# of clients unresolved after 45 days					% unresolved
<b>WIC/CSFP (Check 2X/yr)</b>		Months			Tot. Records	
	# of clients listed on WIC/CSFP Dual Enrollment report					
	# of clients unresolved after 45 days					% unresolved
<b>MPR 5.5a</b>	Does the agency resolve Dual Enrollment in a timely manner?	Yes		Cite if No		

Breastpump Monitoring Reports			
<b>Overdue Breastpump Report:</b> Select current list-review up to 10 records or 50% of listings. (MI-WIC Policy 4.04, 4.05) (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)		
<b>MPR 9.1a</b>	Is the agency monitoring past due pumps? (cite if more than 20% with no follow-up)		Y
			Cite if No

<b>Client List by Pump Model Issued Report: (select 1 year back from today's date)</b> (MI-WIC Policy 4.05, 4.06, 4.07) (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			Enjoye/Enriche	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	
<b>Select 3 pumps per report (up to 15 records). Review records to determine if releases were signed, returned receipts printed and required pump education completed. Select different issuers if possible.</b>									Personal Double	Y N	Y N	Y N	
									Purely Yours	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 MI-WIC Policy 9.01			
<b>Client Compliance Log:</b> Review Agency Client Compliance Log/Investigations for past 24 months: (Client/Reports/Participation/Client Compliance Log).			
Review all complaints		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
Examine 4 records for completion		Did the agency complete the investigation and document resolution as required?	
		Y	N
<b>MPR 10.1 a</b>	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	

Comments:

**Ineligible/Short Certs Documentation Record Review**

**Client's Identification Number**

**OBSERVATION & Record Review -2016 (if no communication)**

**Review Ineligible Report from last 2 years**

<p><b>Ineligibles Documentation (MI-WIC Policy 2.20)</b></p>						<p><b>Total errors</b></p> <p><i>The Reviewer should randomly select 5 <b>ineligible</b> records for review</i></p> <p><i>Review client record: Client/Miscellaneous/Communications determine if document printed if not on report reviewed</i></p> <p><i>*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></p>	
	*Written Notice of Ineligibility given						
	Reason stated						
	Valid reason for ineligibility based on record?						
<p><b>(5.4c) Did agency provide required notifications for valid reasons?</b></p>						<p>YES</p>	<p><b>If 2 or more, cite Action Plan needed</b></p>

**Client's Identification Number**

**OBSERVATION & Record Review -2016 (if no communication)**

**Review Expiring Short Certs Report from at least last 6 months**

<p><b>Short Certs Documentation (MI-WIC Policy 2.17, 2.20)</b></p>						<p><b>Total errors</b></p> <p><i>The Reviewer should randomly select 5 <b>short cert</b> records for review. Review client record: Client/Miscellaneous/Communications determine if document printed if not on report reviewed</i></p> <p><i>#Short cert at current certification-issuance of written notice of short cert is required</i></p>	
	#Written notice of Short Cert Given						
	Reason stated						
	Was the short cert for a valid reason? (i.e., unable to verify using available tools- if no, provide consultation)						
<p><b>5.4c Did agency provide required notifications for valid short certification reasons?</b></p>						<p>YES</p>	<p><b>If 2 or more, cite Action Plan needed</b></p>

Comments:

**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, 2/25/14. 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

### Food Package/ 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/food package approval and documentation.  
Use the **Formula Usage Report** to identify clients on Class I, II or III formulas.

Formula/ type	Client ID#	Medical Doc. Scanned	Medical Doc. Complete	Qualifying Condition (QC) meets requirement	QC included in risk assessment if known at time of cert/eval*	Food Package 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		
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		
<b>Total Citations</b>									
Formula type	Client ID#	Medical Doc. Scanned	Medical Doc. Complete	Qualifying Condition (QC) meets requirement	QC included in risk assessment if known at time of cert/eval*	Food Package reflects Med. Doc. Rx.	Expire Date appropriate for Rx	High Risk/ NCRD?	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	
<b>Total Citations</b>									
<b>Food Package/Formula Approval Record Review (continued)</b>						<b>Yes</b>	<b>If no, cite, need Action Plan</b>		
Cite if 2 or more per column									
7.3 a-Does the agency accurately approve food packages/formula (Class I, II, III) 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 cert, recert, IEVAL or CEVAL, were all known qualifying conditions included in the risk assessment and are all Class III records designated as high risk? (WIC Policy 7.03)							(4.3d)		

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 active, may look for other records.

MPR	High Risk Individual Care Plan (ICP) (MI-WIC 5.06)	Client ID#					Total # of No's	Action Plan Needed
		#1	#2	#3	#4	#5		
6.6c	1 Problem list/purpose of session or (see Notes)							
6.6b	2 Individual care plan (ICP) in record or RD documents that no care plan is needed							
6.6b	3 ICP includes:							
	a. Subjective/Data review –summary of relevant data (growth, diet, meds, diagnosis, treatment, diet prescription, lab values)							
	b. Assessment- Major problem/topic(s) of client concerns, interests, actions. Document using Assessment Select checkboxes and/or Subjective/Assessment area of care plan.							
	c. Intervention Plan – Client Centered Counseling provided including the following: 1. Client's desired outcomes 2. One to three simple, attainable behavior changes 3. Practical interventions, including future nutrition education 4. Indicators to monitor and evaluate the client progress in follow-up							
	d. Intervention Plan for follow-up or that follow-up is not needed. (6.6 e)							
6.6 b	4 Plan saved by R.D. (R.D. electronic name and date). Care Plan frozen? If not, suggest they do shortly after ICP creation.							
6.6b	5 NE documented (NE pop-up screen): Date, Topic, Method, Provider, Initials, Stage (opt), Evaluation, Behavior Change, Notes (if applicable). Were Stage movement (opt), date achieved and other notes on previous NE follow up documented? 6.6b							
	<b>Follow-up Documentation for Individual Care Plan</b>							
6.6e	6 Documented in record, preferably in Care Plan Follow-up area.							
	<b>Closure of Individual Care Plan</b>							
6.6b	7 R.D. signature (electronic initials) and rationale if closing case (5.06)							
	<b>Total Errors</b>							

### High Risk Record Review (MI-WIC Policy 5.06)

Client ID	NE Plan Appropriate?	Non-WIC RD*	RD Refused*	NCRD Scheduled*	Current CP*	HR Services offered? No=Last 4 columns* are ALL No		Notes:
P						Y	N	
P						Y	N	
B						Y	N	
B						Y	N	
N						Y	N	
N						Y	N	
I						Y	N	
I						Y	N	
C						Y	N	
C						Y	N	
TOTAL								6.6a Y N
<b>MPR 6.6a</b>	Were high risk clients offered RD services? Cite if 2 or more records indicate NO for HR Services Offered in current cert ➤ Note any major pattern of routine refusal of High Risk Services or if the Topic and Method in the NE Plan do not correspond, ie. WICHealth.org Topic with Counseling Method.							

Comments:

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Consultant: \_\_\_\_\_

Date: \_\_\_\_\_