

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

## Active Record Review Instructions-2019

### 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 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 in their current 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 client's ID number in the appropriate WIC status column. Then conduct the review of the record entering + (Met), 0 (Not Met) or N/A code for each item in the column under that client's ID number. When all records have been reviewed, total each row and column on each record.

**Acronyms:** (On left column of *other* Tools) O=Observation, I= Interview, S= System, D= Document

#### Problems and Citations

- Indicate the total number of errors and omissions (0) 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 Contacts:

All clients must be offered nutrition education at a quarterly rate, based on their length of certification. See chart below for number of NE contacts required for length of certification period. NE offered =Missed appointments, NE Plan is wichealth.org or NE Mall, refused, or NE received. [WIC Fed Regs. 7 CFR Part 246, Section 246.11, (e), (2), (3)], MI-WIC Policy 5.02)

# Required Nutrition Ed. Contacts: All Women, Infants, Childrn	0-12 month cert period-4 NE	7-9 Months-3 NE	4-6 months -2 NE	1-3 months -1 NE
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- Ineligible/Short Cert:** From WIC Ineligible and Expiring Short Cert reports, choose 5 records each that have been processed in the last year.
- Roles Report/Credentials:** Review Role reports to ensure staff assigned meets required credentials.
- Compliance:** Review Client Compliance Log for past 12 months to determine if agency is adequately monitoring compliance and within timeframe.
- Formula Approval:** From Formula Usage Report, 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.
- HR Ind Care Plan:** Select 5 records from different categories that have current Individual Care Plans to review for Care Plan documentation.
- High Risk Review:** 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. Review each record. Note any pattern of declining High Risk Services.
- WIC Dual Participation Report:** Review from previous 2, 4, 8, & 12 months ago. Review for prompt resolution and follow up (within 45 days).
- Breastpump Monitoring:** -Review Overdue Breastpump report (select up to 10 records) and review for monthly follow-up. Client List by Pump Model Issued Report (up to 15 records of different pumps, issued by different staff) for signed Releases and returned receipts.

+ = 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/Referrals/Breastfeeding/Fd Pkg	P	P	BE BP	IBE IBP	BE BP	IBE IBP	NPP	IFF	NPP	IFF	C1	C2	C3	C4	
	Record current length of client's certification period (mos.)															
5.3b	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> (NE received, refused or missed appts, wichealth.org 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															
6.2c	NE content documented on NE pop up screen?															
6.2b	Previous NE reviewed at recert/evals? Note/Follow-up Date															
6.2d	NE Plan printed?															
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 and cert complete different or records scanned?															
5.3d	Infant/Child offered/received Evaluations for current cert?															
7.2a	Food package assigned is 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:															

Ineligible/Short Certs Documentation Record Review		Client's Identification Number					Review Ineligible Report from last 12 months	
							Total errors	
Ineligibles Documentation (MI-WIC Policy 2.20)								<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?								
1.2a Did agency provide required notifications for valid reasons?							YES	<b>If 2 or more, cite Action Plan needed</b>

Short Certs Documentation (MI-WIC Policy 2.17, 2.20)		Client's Identification Number					Review Expiring Short Certs Report from at least last 6 months	
							Total errors	
Short Certs Documentation (MI-WIC Policy 2.17, 2.20)								<p><i>The Reviewer should randomly select 5 <b>short cert</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>#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)								
1.2a Did agency provide required notifications for valid short certification reasons?							YES	<b>If 2 or more, cite Action Plan needed</b>

Comments:

Role Reports-Review Roles and verify staff credentials for ALL agency staff. May document on Roles Report, if so, retain listing.					
MPR 3.1		Name	Credentials/ Degree	Are Credentials & Experience requirements Met?	
LA Staffing				Y	N
c	WIC Coordinator*			*	
d	Breastfeeding Coordinator*			*	
e	Breastfdg PC Manager				
f	Lactation Consultant-IBCLC**				
	Nutrition Ed. Coordinator				
	Nutrition Educator (non-CPA)				
*Position credentials effective 2/25/14, MI-WIC Policy 1.07. Does not apply to staff appointed to position prior to this date.					
**IBCLC requirement as of 10/1/17					
a	Do all <b>CPA</b> staff meet credential/degree requirements?				
b	Do all <b>RD</b> staff meet credential requirements?				
Comments:					

**Compliance Report Review MI-WIC Policy 9.01**

**Client Compliance Log:** Review Agency Client Compliance Log/Investigations for past 12 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:

### 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 *All Class I (excluding infants), II & 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</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)									
4.3 a- Were all known qualifying conditions (QC) included in the risk assessment at the last cert, recert, IEVAL or CEVAL, or any appointment when appropriate (e.g., a change in medical condition that requires a Class III formula)? (WIC Policy 2.13, 7.03)									
6.6 a- Are all Class III records designated as high risk? (MIWIC Policy 5.06)									

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 or High Risk Client Care Plan Closed/Not Needed Report)

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/reason for RD or Notes for RD							
6.6b	2 Individual care plan (ICP) in record or RD documents that no care plan is needed							
6.6b	3 ICP includes:							
	<b>Assessment-</b> Client concerns/nutrition issues documented. May also include subjective/ objective data, key info, readiness for change, etc.							
	<b>Intervention –</b> -Identified behavior change/goal(s) determined by client & RD - NE documented (NE pop-up screen): Date, Topic, Method, Behavior Change/goal -Notes may include desired outcomes, additional goals, handouts provided, etc.							
	<b>Plan/next steps (Monitoring/Evaluation)</b> -Next appt type -Indicator to monitor client's progress toward goal -Follow-up info related to care plan to support continuity of care							
6.6b	5 Care Plan frozen? (Within 48 hours after creation)							
	<b>Follow-up Documentation for Individual Care Plan</b>							
6.6e	6 Document in Care Plan Follow-up tab at next visit.							
	<b>Closure of Individual Care Plan</b>							
6.6b	7 R.D. signature (electronic initials) and rationale on CP Follow-up tab (5.06)							
	<b>Total Errors</b>							

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

Client ID	NE Plan Appropriate?	Non-WIC RD*	RD Declined*	NCRD Scheduled*	Current CP*	HR Services offered? No=Last 4 columns* are ALL No		Notes:
						Y	N	
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 RD Declined for High Risk Services							

Comments:

Dual Participation Report		2	4	8	12	Tot. Records
		WIC/WIC				
	# clients listed on WIC/WIC dual participation report					
	# of clients unresolved after 45 days					% unresolved
<b>MPR 5.5a</b>	Does the agency resolve Dual enrollment in a timely manner? (Cite if 20% or more unresolved)	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

**Client List by Pump Model Issued Report: (select 1 year back from today's date)** (MI-WIC Policy 4.05, 4.06, 4.07) (Clinic/Reports/Breastpump/Client List by Pump Model Issued)

Multiuser Pump				
Endeare	Release		Return Receipt	
1	Y	N	Y	N
2	Y	N	Y	N
3	Y	N	Y	N
Elite				
1	Y	N	Y	N
2	Y	N	Y	N
3	Y	N	Y	N
Lactina				
1	Y	N	Y	N
2	Y	N	Y	N
3	Y	N	Y	N
Symphony				
1	Y	N	Y	N
2	Y	N	Y	N
3	Y	N	Y	N
Total				
Single User Pump				
Enjoye/Enriche				
1	Y	N	Were 20% or more pumps returned without <b>Receipt</b> ?	Y      N
2	Y	N		
3	Y	N		
Harmony				
1	Y	N	Were 20% or more pumps issued without <b>Release</b> ?	Y      N
2	Y	N		
3	Y	N		
Personal Double				
1	Y	N	MPR 9.1a Cite if Yes	
2	Y	N		
3	Y	N		
Purely Yours				
1	Y	N		
2	Y	N		
3	Y	N		
Total				

Total # Multiuser pumps reviewed	_____
Total # Pumps reviewed	_____

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

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

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

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