

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

Active Record Review Instructions-2020

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/ 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, Children	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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- Ineligible/Short Cert:** From WIC Ineligible and Expiring Short Cert reports, choose 5 records each that have been processed in the last year.
- Role Report/Credentials/Training:** Review Role reports to ensure all staff assigned meets required credentials and training. Review 20% of randomly selected staff (minimum of 5) if training requirements are met. Review 2 staff for certificates/documentation.
- 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 Report choose 10 high risk clients from a variety of WIC categories 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).
- Certification Timeframes:** Review next available appointments for High Priority (10 d) and all others (20 d), NCRD (30 d), and ISD Referrals
- Compliance:** Review Client Compliance Log for past 12 months to determine if agency is adequately monitoring compliance and within timeframe.
- 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 12 records in each category, different pump models, and issued by different staff) for signed Releases and returned Receipts.

		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 required 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 offered (NE received, refused or missed appts, wichealth.org or NE Mall in NE Method)?															
6.1a	Did the clinic offer the required number of contacts?															
6.2d	NE Method documented? Cert/Recert, C and I Eval															
6.2c	NE content documented?															
6.2b	Previous NE reviewed at recert/evals? F/U Date/initials/eval															
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 to PC/IBCLC documented and within timeframes? 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	
	Ineligibles Documentation (MI-WIC Policy 2.20)					Total errors	<p><i>The Reviewer should randomly select 5 ineligible 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	If 2 or more, cite Action Plan needed

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	
	Short Certs Documentation (MI-WIC Policy 2.17, 2.20)					Total errors	<p><i>The Reviewer should randomly select 5 short cert 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	If 2 or more, cite Action Plan needed

Comments:

Role Reports and Training--Review Roles and verify staff credentials and training 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*			*	
f	Breastfdg PC Manager				
	Lactation Consultant-IBCLC**				
e	Nutrition Ed. Coordinator				
*Position credentials effective 2/25/14, MI-WIC Policy 1.07. Does not apply to staff in position prior to this date. **IBCLC requirement as of 10/1/17					
a	Do all CPA staff meet credential/degree requirements?				
b	Do all RD staff meet credential requirements?				
i	Are all staff trainings documented on a log equivalent to 1.07A?				
i	Have staff completed required trainings within required timeframes? Total # WIC staff _____ (Review 20% of staff--min. 5 staff) # Staff completed all trainings _____ ÷ Total # staff reviewed _____ = _____ X 100 _____ (cite ≤85%) Note: Including ongoing nutrition and breastfeeding edu 4X/year				
i	Review 2 staff certificates/documents. Are records complete and reflect training log?				

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		
Total Citations									
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	
Total Citations									
Food Package/Formula Approval Record Review						Yes	If no, cite, need Action Plan		
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)									

Comments/Notes:

Select five (5) high risk clients from the High Risk Report who have recent individual care plans (ICP) in their 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/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:							
	Assessment- Client concerns/nutrition issues documented. May also include subjective/ objective data, key info, readiness for change, etc.							
	Intervention – -Identified behavior change/goal(s) determined by client & RD - NE documented: Date, Topic, Method, Behavior Change/goal -Notes may include desired outcomes, additional goals, handouts provided, etc.							
	Plan/next steps (Monitoring/Evaluation) -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)							
	Follow-up Documentation for Individual Care Plan							
6.6e	6 Document in Care Plan Follow-up tab at next visit.							
	Closure of Individual Care Plan							
6.6b	7 R.D. signature (electronic initials) and rationale on CP Follow-up tab (5.06)							
	Total Errors							

High Risk Record Review (MI-WIC Policy 5.06)

Client ID	Non-WIC RD*	RD Declined*	NCRD Scheduled*	Current CP*	HR Services offered? No=Last 4 columns* are ALL No		Notes:
					Y	N	
PG					Y	N	
PG					Y	N	
BE					Y	N	
BP					Y	N	
NPP					Y	N	
NPP					Y	N	
IBE/P					Y	N	
IFF					Y	N	
C					Y	N	
C					Y	N	
TOTAL							6.6a Y N
MPR 6.6a	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
		Months				
	# clients listed on WIC/WIC dual participation report					
	# of clients unresolved after 45 days					% unresolved
MPR 5.5a	Does the agency resolve Dual enrollment in a timely manner? (Cite if 20% or more unresolved)	Yes				Cite if No

		Certification Timeframes		Yes	If No, Action Plan Required
5.2a	Are appointments available for new clients within the required time frames?				
	Pregnant, Breastfeeding Woman, Infant, Homeless, Migrant (High Priority-10 days)				
	Today's Date:	Next Appt:			
	Child, Non-Lactating Woman, Transfer (MI-WIC Policy 3.04) (All others-20 days)				
	Today's Date:	Next Appt:			
3.1h	Does the agency have NCRD appointments available within 30 days at each site? (MI-WIC Policy 5.06)				
5.2a	Are ISD (Integrated Service Delivery) Referrals contacted or attempted within 2 business days? (review clinic/scheduler/Incoming Referral Work Queue for New Referrals)				
5.2a	Are clients on the ISD Referral Work Queue scheduled within the required timeframes for category?				

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
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

Breast pump Monitoring Reports			
Overdue Breast pump Report: 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)		
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 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) Review up to 12 pumps or 20% of the total category.							
Multiusuer Pump							
	Client Number	Pump Name	Release		Return Receipt		
1			Y	N	Y	N	
2			Y	N	Y	N	
3			Y	N	Y	N	
4			Y	N	Y	N	
5			Y	N	Y	N	
6			Y	N	Y	N	
7			Y	N	Y	N	
8			Y	N	Y	N	
9			Y	N	Y	N	
10			Y	N	Y	N	
11			Y	N	Y	N	
12			Y	N	Y	N	
Total							
Single User Pump				Were 20% or more pumps returned without Receipt?		Total # Multiusuer pumps reviewed	
	Client Number	Pump Name	Release				
1			Y	N	Y		N
2			Y	N			
3			Y	N	Y		N
4			Y	N			
5			Y	N	Y	N	
6			Y	N			
7			Y	N	Y	N	
8			Y	N			
9			Y	N	Y	N	
10			Y	N			
11			Y	N	Y	N	
12			Y	N			
Total					MPR 9.1a Cite if Yes		
						Total # Pumps reviewed	

Reviewed By: _____

Date: _____

Consultant: _____

Date: _____