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

Active Record Review Instructions-2021

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 <u>least 5 months</u> 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 Y (Met), N (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

3. Ineligible/Short Cert: From WIC Ineligible and Expiring Short Cert reports, choose 5 records each that have been processed in the last year.

4. 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.

5. 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.

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

7. 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.

7. WIC Dual Participation Report: Review from previous 2, 4, 8, & 12 months ago. Review for prompt resolution and follow up (within 45 days).

8. Certification Timeframes: Review next available appointments for High Priority (10 d) and all others (20 d), NCRD (30 d), and ISD Referrals.

8. Compliance: Review Client Compliance Log for past 12 months to determine if agency is adequately monitoring compliance and within timeframe.

9. Breast pump Monitoring: Review Overdue Breast pump report (select up to 10 records) and review for monthly follow-up. Client List by Pump Model Issued Report (up to12 records in each category, different pump models, and issued by different staff) for signed Releases and returned Receipts.

MPR	+ = Yes 0 = No/Error NA=Not Applicable Federal Regulations references begin with "246". WIC policies contain Arabic numerals, such as "(2.03)". Nutrition Education/Referrals/Breastfeeding/Fd Pkg	Client ID														Total Errors
		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	
	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 provided?															
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	PG client referred to PC services contacted during the prenatal period? (MI-WIC Policy 4.02)															
6.5d	Client contacted by PC or BF staff within 1-2 business days after notification of a baby's birth? (MI-WIC policy 4.02)															
6.5d	Client referred for BF assistance receive follow-up within 1-2 business days? (MI-WIC Policy 4.02)															
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**	*The Reviewer should randomly select 5 **ineligible** records for review* *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.*	
*Written Notice of Ineligibility given							
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**

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	*The Reviewer should randomly select 5 **short cert** records for review.* *Review client record: Client/Miscellaneous/Communications determine if document printed if not on report reviewed.* *#Short cert at current certification-issuance of written notice of short cert is required*	
#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)							
4.2d Did agency provide required notifications for valid short certification reasons?						YES	**If 2 or more, cite Action Plan needed**

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 LA Staffing	Name	Credentials/ Degree	Are Credentials & Experience requirements Met?	
			Y	N
c	WIC Coordinator*			*	
d	Breastfeeding Coordinator*			*	
f	Breastfdg PC Manager				
e	Lactation Consultant-IBCLC**				
	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 Cite if 2 or more per column	**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# #1	#2	#3	#4	#5	Total # of No's	Action Plan Needed
6.6c	1 CPA documents in Problem List tab							
6.6b	2 Individual care plan (ICP) in record or RD documents "Care Plan Not Needed" and rationale in Assessment							
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.							
	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	4 Care Plan frozen? (Within 48 hours after creation)							
	Follow-up Documentation for Individual Care Plan							
6.6e	5 CPA documents relevant follow up info in Follow-up tab at next visit							
	Closure of Individual Care Plan							
6.6b	6 RD closes ICP and documents rationale when goals are met or no longer applicable							
	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=None are checked* Y	N	Notes:
PG							
PG							
BE							
BP							
NPP							
NPP							
IBE/P							
IFF							
C							
C							
TOTAL							
MPR 6.6a **Y N**	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	
WIC/WIC		Months				Tot. Records
	# 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 MIWIC Policy 3.01	**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 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)		
		Y	Cite if No
MPR 9.1a	Is the agency monitoring past due pumps? (cite if more than 20% with no follow-up)		

Client List by Pump Model Issued Report: (select 1 year back from today's date)
(MI-WIC Policy 4.02, 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.

Multiuser Pump		Contact 2 days		Release		Return Receipt		
	Client Number	Pump Name	Y	N	Y	N	Y	N
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
	Subtotal							

Total with No Receipt/ Total # Multiuser pumps reviewed X 100 =

_____ %

(Cite if 20% or more pumps returned without **Receipt.**)

Single User Pump		Contact 2 days		Release		
	Client Number	Pump Name	Y	N	Y	N
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
6.5d Client Contact in 2 bus.days? Y N Total						

Are pumps returned with a **Receipt**?

Y   N

_____

Are pumps issued with a **Release**?

Y   N

MPR **9.1a**
Cite if No

_____
Total with No Release/ Total # Pumps reviewed x 100=

_____%
(Cite if 20% or more pumps issued without **Release.)**

Reviewed By: _____   Date: _____

Consultant: _____   Date: _____