Management Evaluation
WOMEN, INFANTS & CHILDREN

1. The WIC Program shall provide and follow administrative Fair Hearing procedures for individuals.

Reference: 7 CFR 246.9, 7 CFR 246.25, Policy 1.04, 2.18, 2.20.
ME: Administration

1.1 The WIC Program provides and implements a hearing procedure through which any individual may appeal a local agency action that results in the individual's denial of participation or disqualification from the WIC Program. (7 CFR 246.9, 7 CFR 246.25, Policy 1.04, 2.18, 2.20)

This indicator may be met by:

a. The WIC Program makes available the Fair Hearing rules of procedure upon request. (7 CFR 246.9(h), Policy 1.04)

b. The WIC Program ensures that all Fair Hearing requests (verbal or in writing) by applicants or clients are honored within stated timeframes. Fair Hearings are carried out as specified in WIC Policy and documentation related to the Fair Hearing is recorded in the MI-WIC System and maintained at the WIC Program for three years and 150 days after the close of the fiscal period. (7 CFR 246.9(k), 246.25, Policy 1.04)

Documentation Required:

- The most recent copy of the State issued Fair Hearing Flyer and Rules of Local Agency Fair Hearing.
- Fair Hearing records, if applicable.

Evaluation Questions:

- Observe that the Fair Hearing Flyer and the Rules of Local Agency Fair Hearing (Policy 1.04, Exhibit A, B) are available upon request. (a)
- Ask Coordinator if any Fair Hearings have been held in the past 3 years; if so, verify that the documentation is on file and that it conforms to the policy requirements. (b)

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- If no Fair Hearings have been held, ask staff what are the actions to be taken if an applicant or client asks for a Fair Hearing. (b)

- Ask Coordinator to state how they handle a request for Fair Hearing from staff/client. (b)

1.2 The WIC Program informs each individual in writing of the right to a Fair Hearing, and of the method by which a hearing may be requested. (7 CFR 246.9, Policy 1.04, 2.18, 2.20)

This indicator may be met by:

a. The WIC Program informs each individual at the time of initial enrollment/certification, and recertification, in writing, of their right to a Fair Hearing by giving them a copy of the "WIC Client Agreement" to review and a copy provided at initial enrollment/certification. (7 CFR 246.9(c), Policy 1.04, 2.18)

b. A copy of the right to a Fair Hearing flyer is provided to each individual who requests a Fair Hearing or more information about Fair Hearings. (Policy 1.04, 2.18, 2.20)

Documentation Required:

- WIC Ineligibility Report

Evaluation Questions:

- Observe certification procedures/review records to ensure the client/authorized person signs the WIC Client Agreement form and is given a copy at initial certification and offered a copy at subsequent certifications. (a)

- Ask/Observe that the most recent copy of the State issued Fair Hearing Flyer is provided to applicants and clients who request a Fair Hearing or more information about a Fair Hearing. (b)

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2. The WIC Program shall not discriminate against any person on the basis of race, color, national origin, sex, age or disability; and compiles data, maintains records and submits reports as required to permit effective enforcement of the non-discrimination laws and confidentiality.

Reference: (7 CFR 246.7(b)(10), 246.8, 246.19(b)(2), 246.21(b), 246.26(d), Policy 1.03, 1.09, 9.02, FNS Instructions 800-1. ME: Civil Rights)

2.1 The WIC Program ensures that no person, on the basis of race, color, national origin, sex, age or disability, is excluded from participation, denied benefits, or subjected to discrimination under the Program. (7 CFR 246.6, 246.7, 246.8, 246.19(b)(2), Policy 1.09, 9.02)

This indicator may be met by:

a. The WIC Program displays the USDA non-discrimination poster, "…And Justice for All" in a prominent place in each clinic site. (7 CFR 246.8(a)(1), Policy 1.09)

b. The WIC Program includes the current USDA non-discrimination statement on all materials: developed by WIC, and used for WIC clients, applicants and the general public, and includes mention of WIC. (7 CFR 246.8(a)(1), Policy 1.09)

c. The WIC Program collects and reports to MDHHS WIC Division racial and ethnic participation data as required by Title VI of the Civil Rights Act of 1964. (7 CFR 246.8(a)(3), Policy 1.09)

d. The WIC Program forwards all complaints of discrimination to the USDA, Office of the Assistant Secretary for Civil Rights. (7 CFR 246.8(b), Policy 1.09)

e. The WIC Program takes reasonable steps to provide program information in appropriate languages to applicants and clients who need service or information in a language other than English. (7 CFR 246.7(j), 246.8(c), Policy 1.09)

f. The WIC Program clinic areas, waiting areas and restrooms are handicapped accessible and barrier-free. (7 CFR 246.6(b)(10) and Nutrition Services Standards)

Documentation Required:

- Samples of materials developed by local WIC agency and used for WIC clients, applicants and the general public which include mention of WIC.

Evaluation Questions:

- Observe that the "…And Justice for All" poster is displayed in a prominent location in the clinic. (a)

- Review to ensure that the current USDA non-discrimination statement (see below) appears on each of the following local agency produced materials that mention the WIC Program. (b)

  *In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

  Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

  To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

  Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
  Fax: (202) 690-7442; or
  Email: program.intake@usda.gov.

  USDA is an equal opportunity provider, employer, and lender.
  *Updated 4/26

a. Application forms
b. Outreach flyers/brochures/letters/posters/websites
c. WIC newsletters

- Observe that the current non-discrimination statement “USDA is an equal opportunity provider, employer, and lender.” appears in WIC advertising on newspaper, radio, TV, website, and public service announcements. (b)

- Observe certification procedures to ensure that race/ethnicity is self-reported and recorded according to policy. (c)

- Ask to see any records for civil rights complaints/investigations for the past 3 years. (c)

- Ask staff what procedures are to be followed if an applicant or client wants to file a discrimination complaint. (d)

- Ask staff to whom does the agency forward all complaints of discrimination. (d)

- Ask staff in agencies serving non-English speaking clients, if interpreters or reasonable accommodations are made to provide program information and services in appropriate languages to applicants and clients. (e)

- Observe/ask staff how clients with physical handicaps are accommodated. (f)

- Observe that the clinic, waiting areas and restrooms are barrier-free (handicapped accessible). (f)

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2.2 The WIC Program complies with the Civil Rights Web-based Training Module. (7 CFR 246.8, Policy 1.09)

This indicator may be met by:

a. The WIC Program trains new staff during orientation using the Michigan WIC Civil Rights Web-based Training Module and retakes the Michigan WIC Civil Rights Training Module once a year, maintaining records of the tests in MI-WIC Staff Training. (7 CFR 246.8(a), Policy 1.09)

Documentation Required:

- Review test results file documented in MI-WIC (or training log) to verify completion of the Michigan WIC Web-based Civil Rights Training Module for new staff and annual test results for existing staff. (Admin/User Setup/Staff Information/training)

Evaluation Question:

- Verify that the agency has annual Michigan WIC Web-based Civil Rights Training documented (with test score and date) in each staff member's MI-WIC User Training record or on file. (a)

2.3 The WIC Program restricts the use or disclosure of information obtained from program applicants and clients, and parents or caregivers of infant and child clients. (7 CFR 246.21(b), 246.26(d), FNS Instruction 800-1, Policy 1.03, 1.06, 9.02)

This indicator may be met by:

a. The WIC Program keeps the names and addresses of clients and other members of the public confidential, except to the extent necessary to carry out the purposes of conducting an investigation, hearing or judicial proceeding, or for referral and outreach to other public health and welfare programs, where authorized in the WIC Client Agreement. (7 CFR 246.21(b), 246.26(d), FNS Instruction 800-1, Policy 1.03, 1.06, 9.02)

b. The WIC Program provides privacy for applicants and clients while providing program services. (7 CFR 246.26(d), FNS Instruction 800-1, Policy 1.03, 9.02)

Documentation Required:

- Signed Michigan WIC Employee Confidentiality And Compliance Agreement Signature Form (Exhibit 9.02A)

Evaluation Questions:

- Observe and ask staff how the local agency keeps the names and addresses of clients confidential. (a)

- Ask staff when is it appropriate to share and or release the name and address of a WIC client to a non-WIC official. (a)

- Review signed annual **Michigan WIC Employee Confidentiality and Compliance Agreement Signature Form** Policy 9.02A. (a)

- Observe that client records are maintained and stored to protect confidentiality. (a)

- Observe that the facilities afford privacy for income intake, medical history and counseling. (b)

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3. The WIC Program shall have staff that is competent and qualified to perform the necessary services for applicants and clients.

Reference: (7 CFR 246.2, 246.7(e), 246.10(b)(2)(iii), 246.11(c)(8)(ii), Policy 1.07, 5.06 9.03. ME: Administration, Record Review, Staff Qualifications and Roles)

3.1 The WIC Program has adequate, trained, qualified staff to provide required certification, breastfeeding and nutrition services to adult clients, parents or caregivers of infant and child clients and applicants. (7 CFR 246.2, 246.7(e), 246.10(b)(2)(iii), Policy 1.07, 9.03)

This indicator may be met by:

a) The WIC Program has one or more Competent Professional Authorities (CPA) who meet the required qualifications to carry out duties as specified in WIC Policy. (7 CFR 246.2, 246.7(e), 246.10(b)(2)(iii), Policy 1.07)

b) The WIC Program ensures that a Nutrition Educator, Nutrition Counselor (Registered Dietitian, RD/N), Non-Nutrition Health Professional, or a Nutrition Education Assistant, who meets the qualifications in WIC Policy, provides nutrition education. (Policy 1.07)

c) The WIC Program has a WIC Coordinator who meets the required qualifications and carries out the duties as specified in WIC Policy. (Policy 1.07)

d) The WIC Program has a WIC Breastfeeding Coordinator who meets the required qualifications and carries out the duties as specified in WIC Policy. (Policy 1.07)

e) The WIC Program has designated a Nutrition Education Coordinator who meets the required qualifications and carries out the duties as specified in WIC Policy. (Policy 1.07)

f) The WIC Program has appointed a Lactation Consultant who meets the required qualifications and carries out the duties as specified in WIC Policy. By 10/1/17, the expert must be an International Board-Certified Lactation Consultant (IBCLC) or the agency has a MDHHS/WIC Division approved Plan for these services. (Policy 1.07)

g) The WIC Program has adequate staffing at each clinic to determine WIC eligibility and to issue benefits while maintaining separation of duties. (Policy 1.07, 9.03)

h) The WIC Program has adequate staffing to offer RD counseling services in a timely manner (i.e., appointment openings within 30 days) at all clinic sites. (Policy 5.06)

i) The WIC Program ensures staff attend and document required trainings within timeframes. (Policy 1.07,1.07A)

j) The WIC Program may have a Breastfeeding Peer Counselor Manager (other than the BF Coordinator) who meets the required qualifications and carries out the duties as specified in WIC Policy. (Policy 1.07)

Documentation Required:

- Diplomas and/or transcripts for all non-registered staff performing CPA roles.
- Copies of current licenses or registrations for CPA or RD's - i.e., Registered Nurse (RN), Registered Dietitian/Nutritionist (RD/RDN), Dietetic Technician, Registered (DTR).
- Nutrition Education staff Resume/Curriculum Vitae (CV).
- Resume/Curriculum Vitae (CV), diploma, and job description for staff performing WIC Coordinator duties.
- Resume/Curriculum Vitae (CV), job description for staff performing WIC Breastfeeding Coordinator duties.
- IBCLC Certification documentation for staff appointed to Agency Lactation Consultant position.
- WIC Roles Report
- Agency Organization Chart
- Staff orientation
- Training documentation (1.07A or equivalent)
- Clinic schedules

Evaluation Questions:

- Review CPA resume/CV/licenses to verify credentials and qualifications as described in Policy 1.07(a).

- The WIC staff functioning as a Competent Professional Authority (CPA) shall possess one of the following credentials:
  - Physician
  - Registered Dietitian/Nutritionist (RD/RDN)
  - Nutritionist (bachelor's or master's degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics or Public Health Nutrition)
  - Physician's Assistant (certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority)
  - Registered Nurse
  - Dietetic Technician Registered (emphasis in community/clinical nutrition)

- Home Economist (Bachelor's degree with emphasis in nutrition)

- Review resume to determine that the staff who provide Nutrition Education meet the criteria outlined in Policy 1.07-Nutrition Staffing Roles Exhibit. (b)

- Observe that CPA, RD and Nutrition Education staff perform appropriate duties for their credentials and that other staff do not perform tasks designated to CPAs/RDs. (a, b)

- Observe and review Registered Dietitian(s) resume(s)/CV and current registration card to determine that the agency provides nutritional counseling with qualified professional staff. (b)

- Review WIC Roles Report-Confirm that staff have appropriate credentials for roles assigned. (a, b, c)

- Review clinic schedules to ensure that all clinics have NCRD appointments available within 30 days. (h)

- Review credential requirements and credentials presented for each of the following staff who were appointed to their positions after the implementation date for Policy 1.07 on March 25, 2014.

  WIC Coordinator: At a minimum all WIC Coordinators hired after March 25, 2014, must have a four-year degree. It is strongly recommended that the degree be in a health-related profession such as dietetics, nutrition, or nursing and the individual has a minimum of one year of job-related experience. (c)
  It is recommended that the Coordinator has coursework, training and/or experience in:
  - Business or management background, to include personnel management,
  - Program planning and evaluation, budgeting,
  - Computer word processing and spreadsheet development/ maintenance,
  - Community/public health, outreach, and program coordination.

  Breastfeeding Coordinator: The BF Coordinator must meet the following qualifications:
  - Be a CPA with a minimum of one year of experience in breastfeeding counseling.
  - Possess an advanced lactation management certification (e.g., IBCLC, CLS, or LCE) or obtain lactation management certification within one year. (d)

Lactation Consultant: On staff or under contract. Must possess:

- IBCLC-International Board Certified Lactation Consultant current certification. (f)

Breastfeeding Peer Counselor Manager: The BF PC Manager must meet the following qualifications:

- Demonstrated experience in program management
- Demonstrated expertise in breastfeeding management and promotion.
- Minimum one year breastfeeding counseling experience.
- Possess an advanced lactation management certification (e.g., LCE, CLS, CLC) or obtain certification within one year.

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4. The WIC Program shall certify each applicant seeking to use WIC benefits, as eligible or ineligible for the program.

Reference: 7 CFR 246.2, 246.7, Policy 2.01, 2.02, 2.03, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.10, 2.11, 2.12, 2.13, 2.14, 2.15, 2.16, 2.18, 2.19, 2.20. ME: Client Eligibility/Certification, Civil Rights/Client Interview

4.1 The WIC Program performs the certification procedure at no cost to the applicant/client. (7 CFR 246.7(m), Policy 2.01)

This indicator may be met by:

a. The WIC Program does not charge applicants or clients for services. (7 CFR 246.7(m), Policy 2.01)

b. Clients offered lead testing or immunizations that require payment are informed that they do not have to accept these services to receive WIC benefits. (7 CFR 246.7(m), Policy 2.01)

Documentation Required:

- None

Evaluation Questions:

- Ask clients if the agency has ever charged for WIC services. (a)
- Observe that there are no costs to applicants for services. (a)
- Observe that clients offered lead testing, immunizations or other services that require payment are informed they do not have to accept these services to receive WIC benefits. (b)

4.2 The WIC Program verifies identity, residency, presence and income eligibility of WIC applicants. (7 CFR 246.7(d)(2), 246.7(i)(4)(5), 246.7(k), 246.7(l)(2), Policy 2.01, 2.02, 2.03, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.10, 2.11, 2.12, 2.17, 2.18, 2.19)

This indicator may be met by:

a. The WIC Program verifies the identity, residency, presence, proof of pregnancy and income of applicants and clients at the time of each certification (annual income verification for migrant farm workers and their families) and verifies identity at the initial certification according to policy. (7 CFR 246.7(d), Policy 2.01, 2.02, 2.03, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.10, 2.11, 2.12, 2.17, 2.18, 2.19)

b. The WIC Program ensures that applicants/clients are interviewed to determine their family size at each certification. (7 CFR 246.7(d)(2)(j), Policy 2.08)

c. The WIC Program ensures that foster children are a family of one and always income eligible. (7 CFR 246.7(d)(2)(iv)(c)(2), Policy 2.11)

d. The WIC Program ensures that the applicant has 2 of the 3 required proofs and is "short certified" for 30 days or for 60 days if no proof of pregnancy only. If no proof exists, completes the WIC “No Proof of Income, Identity or Residency Attestation form,” or “No Income” popup questions, when applicable. (7 CFR 246.7(d)(2), Policy 2.02, 2.03, 2.04, 2.07, 2.10, 2.17)

e. The WIC Program determines income for migrant farm workers once every 12 months. A self-declaration of income must be used where proof of income cannot be provided. In-kind benefits are not included as income. (7 CFR 246.7(d)(2)(ix), Policy 2.12)

f. The WIC Program accepts a WIC Verification of Certification (VOC), signed WIC EBT Card, or one of the acceptable proofs of identity to receive benefits, once the applicant is enrolled. (7 CFR 246.7(k), 246.7(l)(2), Policy 2.03, 2.19)

Documentation Required:

- MI-WIC Ineligible Client Report
- MI-WIC Expiring Short Certs Report

Evaluation Questions:

- Observe certification process to determine if identity (client, initial certification only, Authorized Person ID must be verified (ID check or recognition) at each visit), residency, presence, proof of pregnancy and income verification was correctly completed. (a)

- Observe that current Medicaid Eligibility is verified by use of MI-WIC, MI-Health Plan Benefits website, CHAMPS, MCIR or other confirmation. Observe that current SNAP/Food Stamps or FIP Eligibility are verified using the phone/online system (verifying current month deposits). (a)

- Observe income determination and verification process to ensure that the family’s total annual income is no greater than the current WIC Income Guidelines issued by the State, or the client is verified adjunctively eligible. (a)

- Observe that identity is verified and documented for all new enrollees and new authorized persons. (a)

- Observe clients being interviewed during certification to determine their family size. (b and c)

- Observe or ask to determine if foster children are always assigned a family size of one. (c)

- Review records (Expiring Short Certs Report) to verify that clients who have no proof of residency, pregnancy, identity (initial certification only) or income at certification are provided with a short certification/notice or have signed the no proof of residency or identity declaration form. (d)

- If there are no “short cert” or ineligible client listings with “no proof of income, identity, pregnancy or residency”, ask staff when and how does the “no proof of residency, pregnancy, identity or income” process get used? (d)

- Observe/ask that clients who declare no income (and are not adjunctively eligible) are followed up using the “no income” pop up screen. (d)

- Observe and review records to verify that clients who are migrants have income verification performed every 12 months (according to VOC). (e)
- Observe and review records to verify that self-declaration of income is allowed when adjunctively eligible, migrant, homeless or works for cash, and that in-kind benefits and the value of Food Stamp/SNAP (Supplemental Nutrition Assistance Program) benefits are <u>not</u> included as income. (a, e)

- Observe that a VOC document or other identification is required to certify, obtain WIC benefits, recertify or transfer. (f)

- Observe or ask staff if the agency allows visual personal recognition by WIC staff at issuance of benefits or recertification once initial proof of identity has been obtained. (f)

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4.3 The WIC Program uses the USDA/MDHHS WIC Nutrition Risk Criteria as a basis for certification. (7 CFR 246.7(e)(1), 246.7(e)(2), 246.7(g), Policy 2.13, 2.15, 2.16, 2.24, 6.04)

This indicator may be met by:

a. Health and Diet Assessment: The WIC Program screens health and diet information at each certification and recertification, including manual risk assignment. Infants, children, and breastfeeding clients shall be screened during mid-certification health evaluations. (7 CFR 246.7(e)(1), 246.7(g)(1)(iv), Policy 2.13,2.24)

b. Anthropometric Assessment: The WIC Program requires or obtains a height or length, head circumference and weight measurement documented in the applicant's file at the time of certification, recertification and mid-certification health evaluation in accordance with the Anthropometric Measurement Procedures Manual. (7 CFR 246.7(e)(1), 246.7(g)(1)(iv), Policy 2.15)

c. Hematological Assessment: The WIC Program requires or obtains a hematological test as a screening tool to assess for low serum iron levels, as a part of the assessment for nutrition risk. The WIC Program requires asking if a child has had a blood lead screening test and referral if the child has not been tested. Hematological testing shall be performed according to the standard procedures established in the WIC Laboratory Manual. (7 CFR 246.7(e)(1), 246.7(g)(1)(iv), Policy 2.16, 6.04)

Documentation Required:

- Active Client Records.
- Required Laboratory Logs.
- Local Agency Policy for addressing the collection and documentation of pending hematological data.
- Scanned Medical Documentation for Special Formula/ Food Request forms (SFFR).
- CLIA Certificate of Waiver (or higher) for lab.

Evaluation Questions:

- Observe certification procedures to verify that:

  a. The client MI-WIC screens, Health and Diet Questions form (if used), and Medical Conditions and Illnesses list are reviewed with the client by the CPA to identify/validate risks. (a)

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b. If client is issued a special formula, the Qualifying Condition is documented (either as a risk on the Nutrition and Health Summary screen or as a Note in the client record). (a)

c. Non-applicable risks are *not* removed from the Nutrition and Health Summary screen. CPAs may document why the risk is not applicable in the Client Note. (a)

d. Anthropometric measurements are performed according to WIC Procedures. (b)

e. Anthropometric measurements utilized during the certification are obtained not more than 60 days prior to the certification (and for women, obtained during pregnancy or the postpartum period, depending on client status). (b)

f. The Hematological assessment is performed according to WIC procedures/policy. (c)

g. Observe staff asking if a child has had a blood lead screening test and provide a referral if the child has not been tested. (c)

h. Blood work logs and records are maintained as required. (c)

i. A CLIA Certificate of Waiver has been obtained for the WIC lab. (c)

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4.4 The WIC Program determines the categorical eligibility for pregnant women (PG), non-lactating postpartum women (NPP), breastfeeding women (BE and BP), infants (IBE, IBP, IFF), or children (C1, C2, C3, C4) (7 CFR 246.7(l)(2), Policy 2.01, 2.03, 2.10)

This indicator may be met by:

a. The WIC Program determines the categorical eligibility at each certification or category change through interviews, birth record, proof of pregnancy, or assessment of pregnancy/breastfeeding status. (7 CFR 246.7(l)(2), Policy 2.01, 2.03, 2.10)

Evaluation Questions:

- Observe/ask staff how the breastfeeding category is determined. (a)
- Observe or review client records to verify that the agency:
  a. Obtains proof of pregnancy, has verification of pregnancy/visible proof, or documents needed for proof to determine categorical eligibility. (a)
  b. Women who claim to be pregnant but have no verification or visible proof of pregnancy are enrolled without proof for 60 days using the "short-cert" process. (a)
  c. Obtains physical proof of identity, including date of birth (i.e., birth or immunization record, Medicaid card), to certify new applicants. (a)

4.5 The WIC Program issues a completed Verification of Certification (VOC) to each family enrolled at each certification. (7 CFR 246.7(k), Policy 2.19)

This indicator may be met by:

a. The WIC Program issues a current VOC to the client or proxy at each certification or recertification, which includes the following: name of WIC staff and signature. (7 CFR 246.7(k)(4), Policy 2.19)

Documentation Required:

- Completed VOC documents.

Evaluation Questions:

- Observe that a current VOC is issued, at each certification and recertification or upon transfer, and the VOC is explained to each new client. (a)
- Observe that the current mandatory information is contained on the VOC. The VOC should include the **printed name and signature of an agency official** in addition to the elements provided by MI-WIC. (a)

5. The WIC Program shall provide program services and benefits to applicants, adult clients, parents or caregivers of infant and child clients, and whenever possible, to child clients in an efficient and effective manner.

Reference: (7 CFR 246.3(f), 246.4, 246.7, 246.12(p), National Voter Registration Act of 1993, Public Law 101-147, Policy 1.10, 2.17, 2.18, 2.19, 2.20, 2.21, 3.01, 3.02, 3.03, 3.04, 6.01, 6.02, 6.05, 8.03, ME: Client Eligibility/Certification, Outreach and Referrals)

5.1 Program Referral and Access. The WIC Program provides applicants, clients, and parents or caregivers of infant and child clients (or proxies) with information on other health related, substance abuse treatment and public assistance programs, and when appropriate, shall refer applicants and clients to such programs. (7 CFR 246.7(b)(2), P.L.101-147, Policy 6.02, 6.05)

This indicator may be met by:

a. The WIC Program provides information and referrals regarding Medicaid to potentially eligible clients. (7 CFR 246.7(b)(2), Policy 6.02)

b. The WIC Program advises and refers each client, parent or caregiver of the types of health and community services that may benefit the client, including Maternal Infant Health Program (MIHP)/Healthy Start/Nurse Family Partnership, or similar program referrals for all pregnant women and infants. (7 CFR 246.7(b)(2), Policy 6.02, 6.05)

c. The WIC Program makes available a list of local resources for drug and other harmful substance use counseling, prevention and treatment, where they are located, how they may be obtained, and why they may be useful at the first WIC visit and thereafter as appropriate. (Public Law 101-147, Policy 6.02)

Documentation Required:

- Contact information is available in clinic regarding Healthy Kids/Medicaid/Healthy Michigan Plan enrollment.
- Written information is available in clinic regarding local substance abuse counseling, prevention, treatment and referral programs.

Evaluation Questions:

- Observe/review that information on Medicaid/Healthy Kids/Healthy Michigan Plan is available in the clinic. (a)

- Observe/review that a woman, infant or child with no health insurance is referred to Healthy Kids (Medicaid) or Healthy Michigan Plan for enrollment. (a)

- Observe/review that the local agency advises and refers each client, parent or caretaker of the types of health and community services available, including Maternal Infant Health Program/Healthy Start/Nurse Family Partnership or similar programs for all pregnant women and infants, where they are located, how they may be obtained, and why they may be useful at certifications and infant and child evaluations. (b)

- Observe that a list of local resources for drug and other harmful substance abuse counseling, prevention and treatment is provided at initial visit and readily available to WIC clients. (c)

5.2 Processing Standards. The WIC Program serves applicants and clients, within the required timeframes and in an efficient and effective manner. (7 CFR 246.3(f), 246.7(f), 246.7(k), 3.01, 3.02, 3.04)

This indicator may be met by:

a. The WIC Program certifies applicants (including providing benefits) within the following time frames: Within 10 calendar days of the initial contact by applicants who are pregnant and breastfeeding women, infants, migrant farm workers and homeless individuals. All other applicants are certified as eligible or ineligible or placed on a waiting list within 20 days of the initial request for benefit. (7 CFR 246.7(f)(2), Policy 3.01)

b. The WIC Program provides transferring clients, who are currently eligible, a priority enrollment appointment within 20 calendar days of contacting the agency or as soon as possible so as not to disrupt benefits. (7 CFR 246.7(k), Policy 3.01, 3.04)

c. The WIC Program notifies MDHHS WIC if the agency is currently not serving all client categories. (Policy 3.01, 3.02)

Documentation Required:

- MI-WIC “Clients Scheduled Outside 10/20 day Limit” report
- MI-WIC “Priority Enrollment by Category” report
- MI-WIC “Waiting List Report” (if applicable)

Evaluation Questions:

- Verify availability of high priority appointments within 10 days of contacting the agency by utilizing MI-WIC to see when the next Cert/PCert appointments are available. Review for 10-day appointment date window availability for Pregnant and Breastfeeding women and infants, homeless or migrant applicants to verify these applicants are scheduled for certification appointments within 10 days of contacting the agency. Review MI-WIC “Clients Scheduled Outside 10/20 day Limit” report. (a)

- Observe/verify that children and non-lactating women applicants are scheduled for an appointment within 20 days of contacting the agency, or placed on a waiting list, if a waiting list is in effect for the agency. Review MI-WIC “Clients Scheduled Outside 10/20 day Limit” and “Waiting list” reports. (a)

- Observe that newly certified clients (who are not currently hospitalized) are provided with benefits immediately upon determination of eligibility. (a)

- Observe or ask staff if currently eligible transfer applicants with verification of certification are scheduled within 20 days, or without lapse in benefits and without rescreening. (b)

- Ask staff or verify that all client categories are offered appointments, or if not, that MDHHS/WIC has been notified and a waiting list has been implemented. (c)

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5.3 Certification Periods. The WIC Program certifies based upon the required certification periods for each pregnant, breastfeeding, non-breastfeeding, infant, and child category. (7 CFR 246.7(g), Policy 2.17, 2.24, 3.04)

This indicator may be met by:

a. The WIC Program certifies eligible clients for the certification periods allowed in WIC Policy. (7 CFR 246.7(g)(i), Policy 2.17)

b. The WIC program allows 30-day certification extensions or certification period adjustments according to WIC Policy. (7 CFR 246.7(g), Policy 2.17)

c. The WIC Program certifies transfer clients for the certification periods specified on the Verification of Certification or other certification evidence provided or equivalent to the Michigan WIC Program period for that status, whichever is longer. (7 CFR 246.7(g)(ii), Policy 2.17, 3.04)

d. The WIC Program schedules and performs mid-certification health evaluations for infants, children, and breastfeeding clients who are enrolled for certification periods lasting longer than six months. (Policy 2.24)

Documentation Required:

- Record review

Evaluation Questions:

- Observe certification/review client records to verify that the certification period is assigned as allowed for each client. (a)

- Observe certification/review client records to verify that the agency is allowing 30-day certification extensions or certification period adjustments per WIC Policy. (b)

- Observe/review client records to verify that transfer client's certification periods are based on the VOC or certification evidence provided or MDHHS/WIC allowed period. (c)

- Observe evaluation/review client records to verify that the agency is scheduling/performing infant, child, and breastfeeding client mid-certification health evaluations as required. (d)
- Verify that benefits are issued to clients who do not complete mi-certification health evaluations? (d)

5.4 Notification of Client Rights and Responsibilities. The WIC Program informs and provides applicants, adult clients, and parents or caregivers of infant and child clients with required rights and responsibilities information. (7 CFR 246.7(i)(8), 246.7(j), National Voter Registration Act of 1993, Policy 1.10, 2.18, 2.19, 2.20, 2.21, 3.03, 8.03, 8.06)

This indicator may be met by:

a. At the time of initial entry, out-of-state transfer or Authorized Person change, the WIC Client Agreement is read by or read to the WIC applicant, client or Authorized Person, in a language that is understandable to that client. The client then signs the Agreement and is given a signed copy. At recertification, the client reviews and signs the WIC Client Agreement and is provided with a copy upon request. (7 CFR 246.7(i)(8), 246.7(j), Policy 2.18)

b. At each certification, every program applicant, client or caregiver is informed of the illegality of dual participation and benefit misuse, the importance of keeping WIC appointments, and the right to a proxy through review of the WIC Client Agreement. (7 CFR 246.7(j)(1-4), Policy 2.18, 3.03, 8.03, 8.06)

c. The WIC Program provides notices of ineligibility, mid-certification termination, short certification and expiration/termination of certification to applicants and clients as required. (7 CFR 246.7(j), Policy 2.19, 2.20, 2.21)

d. At each certification, recertification or with change of address, the client is offered an opportunity to register to vote, and the local agency sends the completed registration forms to county or township officials (forms may be sent as a batch) and declination forms are retained for 24 months. (National Voter Registration Act of 1993, Policy 1.10)

Documentation Required:

- Voter Registration Declination forms, completed Voter Registration forms (NSP-0938-B)(Rev 8/24), Affidavit of Voter not in possession of Picture Identification Form (ID Affidavit).

- Notice of Ineligibility, Short Certification letter, Nutrition Education Plan (Miscellaneous/Communications for provided documents to client or family)

Evaluation Questions:

- Observe/review that the agency asked the client/authorized person to read (or read to) and sign the WIC Client Agreement at each cert/recert and receive a copy at least at the initial enrollment. (a)

- Observe that during the initial certification visit, the applicant is notified about (b):

  a. Proxy availability and responsibilities.
  b. WIC-approved vendors.

- Observe/review that the applicant/client, if not eligible, is given a "Notice of Ineligibility" which explains the reason for ineligibility and right to a Fair Hearing. (c)

- Observe that the client is offered to register to vote or update their voter registration at every certification, recertification or when they report an address change. (d)

- Observe that voter registrations are handled according to policy, including verification of ID using acceptable photo identification or completion of Affidavit of Voter not in Possession of Picture Identification Form (ID Affidavit) for clients completing Voter Registrations and declination forms are retained for 24 months. (d)

5.5 Dual Enrollment. The WIC Program identifies and prevents dual enrollment. (7 CFR 246.7(l), Policy 3.03)

This indicator may be met by:

a. The WIC Program follows procedures to prevent dual enrollment during initial certification and routinely follows up/resolves possible or actual dual enrollees from the WIC Dual Enrollment screens. (7 CFR 246.7(l), Policy 3.03)

Documentation Required:

- Dual Enrollment Reports/resolution screens

Evaluation Questions:

- Observe/review records to verify that all clients receive notification of the illegality of WIC dual enrollment through the review of the “WIC Client Agreement” at each certification and recertification. NOTE: Verbal notice is NOT required by policy. (a)

- Review WIC Dual Enrollment Reports/screens/record reviews to verify documentation, follow-up/resolution and investigation pertaining to dual enrollment or Dual Participation. (a)

- Observe/ask staff how dual enrollment checks are acted on in MI-WIC prior to enrollment (pre-cert), certification or recertification. (a)

- Observe/ask when dual enrollees are designated as “investigate”. (a)

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5.6 Outreach. The WIC Program informs potentially eligible individuals in their service area about the availability of program benefits. (7 CFR 246.4 (a)(7), Policy 6.01)

This indicator may be met by:

a. The WIC Program publicly announces, at least annually, information about eligibility criteria for participation in their service area, location of local agency clinics, and phone numbers. (7 CFR 246.4(a)(7), Policy 6.01)

b. The WIC Program aims outreach toward high priority individuals, such as women in early pregnancy, homeless individuals and migrant farm workers and their families and eligible low-income women not on Medicaid. (7 CFR 246.4(a)(7), Policy 6.01)

c. The WIC Program disseminates program information to the general public including offices and organizations that deal with significant numbers of potentially eligible persons and collects information and updates community resources regularly. (7 CFR 246.4(a)(7), Policy 6.01)

Documentation Required:

- Outreach Plan MI-WIC/Activity Outreach Log and materials.

Evaluation Questions:

- Review Outreach Plan Activity Log/MI-WIC records and supporting materials to verify the agency:

  a. Announces publicly, at least annually, WIC eligibility criteria, locations, and phone numbers. (i.e., website, newspaper) (a)

  b. Has documented target outreach activities aimed at high risk individuals, such as pregnant women, homeless families and migrant farm workers and eligible low-income women not enrolled on Medicaid. (b)

  c. Coordinates outreach efforts with other programs, such as Lead, Breastfeeding Support, Maternal Infant Health Program (MIHP), Immunizations, Family Planning, Medicaid Outreach, and Department of Human Services. (c)

  d. Sends and collects WIC outreach/program information to referring agencies. (c)

6. The WIC Program shall make nutrition education available to adult clients, parents or caregivers of infants and child clients, and whenever possible to child clients.

Reference: (7 CFR 246.11, 246.12 and FNS Guidelines and Instructions, WIC Policy Memorandum 2008-1, USDA WIC Nutrition Services Standards (2013), Policy 2.13, 4.02, 5.01, 5.02, 5.03, 5.04, 5.05, 5.06, 5.07) ME: Certification, Record Review and Nutrition Education

6.1 The WIC Program makes nutrition education available to clients, parents or caregivers of infant and child clients, directly, or through arrangements made with other agencies. (7 CFR 246.11, Policy 5.02)

This indicator may be met by:

a. The WIC Program ensures that at least the required nutrition education (NE) contacts are made available during each certification period to all clients (through individual or group sessions). (7 CFR 246.11(e)(2), Policy 5.02)

Documentation Required:

- Record Review (NE screen, breastfeeding support screens, and past appointment records)

Evaluation Questions:

- Review nutrition education, breastfeeding support, NE Method/Plan and appointment documentation from client records to ensure that the nutrition education is offered and documented as required. NE Method/Plan represents offer of nutrition education if wichealth.org, self-directed education or education mall is planned. (a)

- Review process for scheduling and documenting NE offered. (a)

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6.2 The WIC Program ensures that client centered nutrition education bears a practical relationship to nutritional needs, household situations, clients' concerns, food preference, cultural and literacy needs. (7 CFR 246.11, P.L. 100-690, Policy 5.01, 5.03, 5.04, 5.05, Nutrition Services Standards, Standard 2)

This indicator may be met by:

a. The WIC Program includes assessment prior to nutrition education that explores the client's individual concerns, nutritional needs, socio-economic factors, food preferences, language/literacy needs, cultural values and learning readiness. (7 CFR 246.11(b)(1-2), 246.11(e)(6), Policy 5.01)

b. The WIC Program ensures that clients are given the opportunity to review previous nutrition education and ask questions, either immediately or at the next visit (especially for self-directed nutrition education such as, on site/education mall, wichealth.org, take-home modules) and qualified staff provide answers. (Policy 5.05)

c. The WIC Program provides and documents client centered nutrition education that assists the client to achieve a positive change in health habits, improve nutritional status and prevent nutrition-related problems through use of the WIC supplemental foods and other nutritious foods. (7 CFR 246.11(b)(2), Policy 5.01, 5.05)

d. At each cert/recert and evaluation appointment, the CPA and client together determine the next Planned NE Method to address the client's concerns, needs, and/or goals. The CPA documents the Planned NE Method and provides a copy of the Nutrition Education Plan to the client/family at each cert/recert and evaluation appointment. (Policy 5.01, 5.03, 5.04)

e. The WIC Program ensures that information is available to raise awareness about the dangers of using drugs and other harmful substances. (7 CFR 246.11(b)(1), Policy 5.03)

f. The WIC Program clinic areas, waiting areas and restrooms are clean, smoke-free, and child safe. (Nutrition Services Standards, Standard 2, 7 CFR 246.19(b)(2))

Documentation Required:

- Record Review

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Evaluation Questions:

- Observe that the CPA establishes rapport with the client (Welcome and Engagement).

- Observe that during the assessment, the CPA:
  - Asks questions in a caring/collaborative, compassionate manner.
  - Uses open-ended questions and motivational interviewing techniques to encourage dialog.
  - Identifies and explores client concerns. Notes questions and acknowledges that education will follow the completed assessment.
  - Manually assigns risks as applicable.
  - Summarizes the relevant assessment and concerns identified. (a)

- CEVAL: Observes that the client/CPA focus is on health, eating and activity changes since certification assessment and current client concerns. Use Medical Conditions list, if needed, to identify NEW medical conditions. The CPA then summarizes the conversation in the assessment note.

  NOTE: If follow-up occurs before next clinic recert/evaluation, do qualified staff ask open-ended questions, provide answers and support and offer referrals as appropriate, especially for clients who complete self-directed nutrition education (on site/education mall, wichealth.org, take-home modules). (b)

- Observe the CPA reviewing previous nutrition education provided i.e., what actions the client tried, plans, or questions the client has. Is there affirmation/support of client positive changes and progress? (b)

- Observe that the client education provided reflects the client's concerns and needs and highlights the relationship between nutrition, and good health. (c)

- For current education, observe that the CPA and client discuss topics and client behavior changes based on client concerns? (c)

- Look for the CPA suggestions for anticipatory education? (c)

- Observe that the client's nutrition education promotes positive change in food/health habits; improved nutritional status through use of WIC foods and other nutritious foods and prevention of nutrition/health related problems. Open-ended questions and motivational interviewing are used to encourage client dialogue. (c)

- Observe the CPA encourages the client to attend and participate in nutrition education activities. (c)

- Observe the CPA closes the interaction with the client on a positive note. (Express appreciation for their time and let them know you are looking forward to hearing how things go.) (c)

- Observe that the client and CPA determine the next Planned Nutrition Education Method for the client, based on client concerns. (d)

- Observe that the NE Plan is reviewed (onscreen or hard copy, 5.01E (sample)) with client. (d)

- Observe/review that the client received a copy of the NE Plan at each certification/recertification and infant/child evaluation. (d)

- Review client record for documentation that the Nutrition Education Plan was provided. (d)

- Verify that clients who complete wichealth.org modules have EBT benefits loaded without requiring clinic visits. (d)

- Observe that information is provided to each new enrollee/client that raises awareness about the dangers of using drugs or other harmful substances. (Welcome to WIC brochure, and/or NE Plan document). (e)

- Observe that the clinic and waiting areas are clean and smoke-free (e.g., restrooms supplied with soap, toilet paper, etc.). (f)

- Observe that the clinic and waiting areas are safe for children (e.g., covers on electrical outlets, no sharp edges, no open stairways, toys are clean and large enough to prevent choking accidents). (f)

- Observe that there are safe places to change diapers, with proper diaper disposal containers. (f)

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6.3 The WIC Program provides the WIC Program Explanation for each client at certification and recertification. (7 CFR 246.11(a)(b), WIC Policy Memorandum 2008-1, Policy 2.01, 5.03)

This indicator may be met by:

a. The WIC Program's Competent Professional Authority (CPA) provides and documents that the WIC Program Explanation has been given to each client at certification and recertification:

- The WIC Program Explanation is summarized on the printed Nutrition Education Plan: The purpose of the WIC program is to provide nutrition education and tips for a healthy diet, supplemental foods, referrals, and breastfeeding support.

Documentation Required: (MIWIC NE Screen requires.)

Evaluation Questions:

- Observe that the WIC Program Explanation is verbally provided and documented during certification/recertification (a summary of the Program Explanation is provided on the NE Plan). (a)

- Observe that the CPA and other WIC staff encourage, educate and support clients in their breastfeeding decisions. (a)

6.4 The WIC Program shall assure that nutrition education provided contains client centered, accurate and up-to-date nutrition information. (7 CFR 246.11, Policy 5.01)

This indicator may be met by:

a. The WIC Program maintains written group or self-directed lessons for each topic area used/offered for nutrition education. (Policy 5.01)

b. The WIC Program reviews common, frequently used nutrition education materials for appropriateness using Policy Exhibit 5.01B. (Policy 5.01)

Documentation Required:

- Group/Self-Directed Nutrition Education Modules/Lesson Plans- related Policy Exhibit 5.01D

- Nutrition Education Materials/reinforcements-related Policy Exhibit 5.01B evaluations.

Evaluation Questions:

- Review nutrition education lesson plans to verify that the agency maintains lesson plans for group or self-directed nutrition education. (a)

- Review modules to verify that nutrition education lessons:

  a) Have an evaluation component to assist the client in achieving a positive change in health behavior, resulting in improved health or nutritional status. (a)

  b) Lessons include all required components outlined in Policy Exhibit 5.01D). (a)

  c) Are appropriate for the racial ethnic diversity of populations served. (a)

- Review reinforcements/materials to verify that:

  a) Reinforcements/materials are evaluated for appropriateness using Policy Exhibit 5.01B. Review Exhibit 5.01B checklists for materials. (b)

  b) Reinforcements/materials are written in plain language and targeted at client reading levels of 4^{th}-8^{th} grade range, with some exceptions for acceptable WIC terms (breastfeeding, pregnancy, nutrition, education, supplemental, nutritionist, Registered Dietitian, formula, obesity, vitamins, minerals, vegetables) and for meeting individual client needs, if client demonstrates higher reading levels. (b)

  c) Reinforcements/materials are appropriate for the racial ethnic diversity of populations served. (b)

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6.5 The WIC Program promotes, protects, and supports breastfeeding. (7 CFR 246.11(c)(7), 246.11(c)(8), Policy 1.07, 4.01, 4.02)

This indicator may be met by:

a. The WIC Program creates a positive clinic environment, which endorses breastfeeding as the preferred method of infant feeding. (7 CFR 246.11(c)(8)(i), Policy 4.01)

b. The WIC Program incorporates task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with clients. (7 CFR 246.11(c)(8)(iii), Policy 1.07, 4.01)

c. N/A

d. The WIC Program provides breastfeeding education and support during the prenatal and post-partum periods for women, infants and children. (7 CFR 246.11(c)(8)(iv), Policy 1.07, 4.02)

Documentation Required

- Staff training log or meeting minutes
- Record Review

Evaluation Questions:

- Observe that the clinic has an environment which promotes and supports breastfeeding by:
  - Providing education and promotion materials that portray breastfeeding as the optimal method of infant feeding.
  - Providing materials and visual displays that reflect the culture, language, and racial/ethnic diversity of the community that the clinic serves.
  - Providing education and promotion materials that support WIC clients with a disability, behavioral health or social determinants of health needs.
  - Refraining from displaying posters, pictures, brochures, logos etc. featuring bottles or formula feeding.
  - Encouraging breastfeeding anywhere in the clinic, including the waiting room. (a)

- Ask how all new staff are trained on breastfeeding promotion and support, including breast pump issuance. Review new staff orientation checklists. (b)

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- Review/observe that clients are offered breastfeeding education and support within timeframes identified in Policy 4.02:

    - During the prenatal period
    - After the baby is born
    - During the postpartum period
    - Ensure all attempted and actual contacts are documented. (d)

- Review/observe that Breastfeeding Peers are providing education, support, and documentation of education/actions in client records. (d)

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6.6 The WIC Program makes nutrition counseling services available to clients, and parents or caregivers of infant and child clients identified at nutritional high risk or who receive Class III formulas. (7 CFR 246.12(e)5, USDA WIC Nutrition Services Standards (2013), Policy 1.07, 2.13, 5.01, 5.06)

This indicator may be met by:

a. The WIC Program identifies and offers high risk and Class III formula client's opportunity to meet with the Registered Dietitian (RD) for assessment and for development of an individualized care plan at each certification/evaluation. If the client refuses the opportunity to meet with the RD, this action must be documented in the client record at each offer. (Policy 2.13, 5.06)

b. The WIC Program ensures that a Registered Dietitian is accessible to see high-risk clients. At counseling session, the RD reviews the client nutrition assessment and either develops and implements an individual care plan (ICP) based on client concerns, or the RD may document that a care plan is not needed. (USDA WIC Nutrition Services Standards (2013), Policy 5.06)

c. The CPA documents relevant information to share with the RD for next counseling appointment in the Problem List. This can be done directly on the NE Screen which will auto-populate to the Problem List. (Policy 2.13, 5.06)

d. The WIC Program monitors nutrition high risk and Class III formula clients to ensure that clients receive appropriate nutrition care. (Policy 5.06)

e. Appropriate Care Plan Follow-up is documented on the MI-WIC Care Plan follow-up tab. The RD closes the Individual Care Plan when the Care Plan is no longer relevant. (Policy 5.06)

Documentation Required:

- High Risk Client Report/Records
- Class III Formula Report

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Evaluation Questions:

- Observe that scheduling for the RD visit (NCRD) is offered as a routine part of the WIC Program to encourage utilization of RD services. (a)
- Observe that High Risk clients are explained the benefits of counseling and encouraged to take advantage of this individualized service. (a)
- Review high risk/Class III client records to determine if services with the RD are scheduled/offered and documented. (a)
- Review clients' individual care plans for appropriate content and complete documentation. (b)
- Observe that high risk counseling provided meets client concerns and high risk guidelines or ask how the counseling provided meets high risk guidelines. (b)
- Observe that CPA's are documenting relevant information for high risk clients when referring to the RD or if a client has declined. Staff document this in the Textbox on the NE Screen which will auto populate to the Problem List tab. (c)
- Review agency's high risk monitoring activities, i.e., peer/supervisor observation, record reviews, client interviews. (d)
- Review high risk client records for documentation of Care Plan Follow up. (e)

7. The WIC Program shall make food packages available to clients that are prescribed or approved by the MDHHS WIC Division, which take into account the client's age and dietary needs.

Reference: (7 CFR 246.10, Policy 1.07, 7.01, 7.02, 7.03, 7.04, 8.04, 8.05, 8.06, ME: Client Eligibility/Certification, Record Review)

7.1 The WIC Program notifies clients about authorized foods and provides clients the authorized WIC Food Guide and current Inserts. (7 CFR 246.10, Policy 7.02, 8.06)

This indicator may be met by:

a. The WIC Program informs authorized persons, clients or proxies of the foods that may be purchased with WIC food benefits by providing a current WIC Food Guide and Inserts and explaining their use. (Policy 7.02, 8.06)

b. The WIC Program notifies clients of changes to the authorized Food Guide, as soon as possible, when a food has been removed from or added to the eligible food list (i.e., current Food Guide Insert(s)). (Policy 7.02, 8.06)

Documentation Required:

- Any state or local agency materials regarding authorized foods, if used.

Evaluation Questions:

- Observe that during the initial certification, the current WIC Food Guide/insert was explained and provided to clients. (a)

- Observe that the current WIC Food Guide/insert and Infant Formula Insert is provided as needed (Infant Formula insert issued only when family uses infant formula). (a)

- Ask/observe that the local agency notifies clients of changes in the WIC Food Guide/Inserts in a timely manner and provides materials as indicated. (b)

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7.2 The WIC Program's Competent Professional Authority (CPA) assigns food packages that are appropriate for clients, taking into consideration their age and dietary needs. (7 CFR 246.10(b)(2)(iii), 246.10(c), Policy 1.07, 7.01, 7.04)

This indicator may be met by:

a. The WIC CPA assigns a maximum food package unless the maximum is not appropriate for the client, taking into consideration the client's age, nutritional needs, the quantities, and types of supplemental foods prescribed, food preferences, household conditions, and to adjust for breastfeeding clients and breastfed infants. (7 CFR 246.10(c), Policy 1.07, 7.01, 7.04)

b. The WIC CPA makes available to the client at least one food from each group based on client category and type of food package allowed. Foods are excluded or lessened if it is medically or nutritionally warranted, the client declines/refuses any of the foods offered in the package, or if the CPA tailors the amount formula in the partially breastfeeding infant food package. (7 CFR 246.10(b)(2), 246.10(c), Policy 7.01, 7.04)

Documentation Required:

- Record Review

Evaluation Questions:

- Observe and/or review records to verify the CPA determines, assigns, and documents an appropriate food package based on WIC Policy and the client's needs (includes assigning 2% milk, allergies, etc.). (a, b)

- Observe and/or review records to verify that Partially Breastfed Infants (IBP) receive a food package based on their current breastfeeding/formula use. (a, b)

- Observe and/or review records to determine that no infant formula is issued when the Breastfeeding Exclusive client receives a BE package. (a, b)

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7.3 The WIC Program provides special formula and food packages to clients based on medical documentation (7 CFR 246.10, Policy 1.07, 7.03).

This indicator may be met by:

a. The WIC Program CPA/RD approves and provides special formula and food packages as indicated for clients with special dietary needs, based on required documentation for:

- Standard infant (Class I) formulas after 1 year of age.
- Hypoallergenic infant (Class II) formulas.
- Specialty formulas (Class III).
- Other special food packages as indicated per policy.

(7 CFR 246.10(c)(1), Policy 1.07, 7.03)

Documentation Required:

- Formula Usage Report/Record Review
- Special Formula/Food Request Forms
- Re-evaluation documented if approved for over 6 months.

Evaluation Question:

- Using clients selected from the Formula Usage Report, review client records per criteria identified on the Record Review-Food Package/Formula Approval Record Review for Class I (except infants), Class II and III formulas. (a)

7.4 The WIC Program accepts and donates or disposes of returned formula, in accordance with MI-WIC Policy and their local agency policy. (Policy 8.05, 8.05A)

This indicator may be met by:

a. The WIC Program shall store returned formula in a cool, clean, dry, indoor location, free of infestation; always locked area with restricted access; and out of view of clients. (Policy 8.05)

b. The WIC Program provides replacement EBT formula benefits in accordance with policy, to clients when a change in a formula-containing food package is indicated. (Policy 8.05)

c. The WIC Program who elects to donate returned formula to non-profit 501(c)(3) organizations, has developed and adheres to a LA policy and procedure that is State approved and includes signature from the LA administration and/or legal counsel. (Policy 8.05)

d. The WIC Program documents acceptance, disposal/donation of returned formula in the Formula Acceptance and Action Log in MI-WIC.

Documentation Required:

- MI-WIC Formula Acceptance and Action Log (8.05A)
- If donating returned formula, must have:
    - Local Agency Returned Formula Policy (If choose to donate)
    - Paper file for Donation site(s) containing:
        - 501(c)(3) IRS tax exempt status
        - Where & How often donating
        - Class II & III proof of training/knowledge, if dispensing
        - Donation receipts with required info
        - Other communications

Evaluation Questions:

- Determine where returned formula is stored. Is it in a locked area with limited staff access, out of view of clients, and in appropriate conditions that are free of infestation? (a)

- Observe that when clients return formula, they are:

    a) Provided replacement EBT formula benefits.
    b) EBT benefits are re-issued according to the proration amount for the current month.
    c) Returned formula is not re-issued to clients (b)

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- Review local agency policy and procedure if donating to a non-profit organization. (c)

- Is all returned formula that is not donated, properly disposed of on the day of receipt? (c)

- Is all returned formula examined to determine whether it is eligible for donation? Including client interview, inspected for dents/damage/tampering, checked for expiration date? (c)

- Is Policy 8.05 reviewed and training provided annually to all staff? (c)

- Review MI-WIC Formula Acceptance and Action Log to verify it is completed and reviewed for accuracy. (d)

7.5 The WIC Program assists the WIC client with accessing WIC formula and WIC-eligible nutritionals when not immediately accessible from an authorized WIC vendor. (Policy 8.10, 8.10A)

This indicator may be met by:

a. The WIC Program shall store courtesy/sample formula in a cool, clean, dry, indoor location, free of infestation; always locked area with restricted access; separate from returned formula from clients; and out of view of clients. (Policy 8.10)
b. The WIC Program shall record all delivered courtesy/sample formula on the Local Agency Formula Receipt and Distribution Log, Exhibit 8.10A, with all required documentation. Once distributed, information is documented on the log and in the clients MI-WIC record.

Documentation Required:

- LA Formula Receipt and Distribution Log (8.10A)

Evaluation Questions:

- Determine where courtesy/sample formula is stored. Is it kept separate from returned formula? (a)
- Review LA Formula Receipt and Distribution Log to verify it is completed. (b)
- Does the LA Formula Receipt and Distribution Log accurately reflect inventory? (b)

8. The WIC Program shall implement a food delivery system prescribed by the MDHHS WIC Division.

Reference: 7 CFR 246.11, 246.12, Policy 3.04, 5.01, 8.01, 8.04, 8.06, ME: Recordkeeping and Accountability, Record Review, Certification Observation

8.1 The WIC Program provides food benefits to WIC clients, or their proxies for supplemental food. (7 CFR 246.11, 246.12, Policy 3.04, 5.01, 8.01, 8.04, 8.06, 8.09)

This indicator may be met by:

a. The WIC Program ensures that the client has access to no more than three complete (non-prorated) months of food benefits at one time. (Policy 8.01)

b. The WIC Program ensures that clients, proxies, and those who are out-of-state transfers are provided with information on using the Michigan WIC EBT Card/benefits. (Policy 3.04, 8.06, 8.09)

c. The WIC Program ensures that individual clients are not denied supplemental foods for failure to attend or participate in nutrition education activities. (Policy 5.01)

d. The WIC Program follows procedures for re-issuance of WIC benefits. (Policy 8.04)

Documentation Required:

- Record review, benefit issuance

Evaluation Questions:

- Observe/verify benefit issuance to ensure that not more than three complete months of benefits were issued/available at a time. (a)

- Observe/verify that clients were issued Michigan WIC EBT Cards (EBT) at initial certification and card replacements according to WIC Policy. (a)

- Observe at recertification the authorized person/client is asked if there have been any problems using their WIC EBT card. (a)

- Observe instructions on the use of WIC benefits and EBT card use for newly enrolled or transfer clients or their proxies. (b)

- Observe or ask clients if the local agency provides clients' benefits even if they do not participate in nutrition education activities. (c)

- Observe benefit re-issuance procedures to ensure that client returns unopened formula, staff voids remaining benefits (if identifiable by client) and re-issue pro-rated benefits on EBT card. (d)

9. The WIC Program shall maintain full and complete records concerning program operations.

Reference: (7 CFR 246.2, 246.7, 246.12, 246.17, 246.19(b)(6), 246.25, Policy 1.03, 1.06, 1.11, 2.16, 4.04, 5.01, 5.03, 6.03, 8.01, 8.05, 8.08, 8.09, 10.01, 11.03, ME: Recordkeeping and Accountability, Administration)

9.1 The WIC Program maintains full and complete records concerning program operations. (7 CFR 246.2, 246.7, 246.12, 246.17, 246.19(b)(6), 246.25, Policy 1.06, 1.11, 1.12, 2.16, 4.04, 5.01, 6.03, 9.03, 10.01, 11.01, 11.03)

This indicator may be met by:

a. The WIC Program maintains complete and accurate records including, but not be limited to, information pertaining to financial operations, time studies, equipment purchases and inventory, local agency policies and procedures, training, quality assurance/audits/record reviews. (Policy 1.11, 1.12, 2.16, 4.04, 5.01, 6.03, 8.05, 9.03, 10.01, 10.03, 11.01,11.03)

b. If an audit or litigation is pending for the period of the records, the records and reports must be retained until completion of the audit or litigation process. (Policy 1.06)

Documentation Required:

- The State and Local Agency Policy & Procedure Manual (physical copy or electronic record), minimally of required policies listed below.
- Local agency equipment purchases/inventory, computer equipment and security (e.g., anti-virus, malware, printers, scanners, signature pads and multi-user pump inventory, large purchases exceeding $5000.)
- Record of lead tests, immunization updates and/or MIHP screening funds included in WIC budget, if tasks are performed by WIC funded staff.
- Required logs or records, subpoena, child abuse reports, and administrative hearing records.
- Records of annual program evaluation of each sub-contractor and clinic site.

- Nutrition Education Collaboration/WIC Agreement, if applicable. Required if Produce Connection (Project FRESH) nutrition education is provided by MSUE or another agency.
- Breast pump inventory and issuance.

Evaluation Questions

- Review documents requested to ensure the local agency maintains full and complete records concerning program operations including:

  a) Equipment purchases/inventory
  b) Required logs and records
  c) Lead, immunization and MIHP billing and recovered funds attribution to WIC budget, if tasks are performed by WIC funded staff. (a)

- The current Michigan WIC and local agency Policy and Procedure Manual is accessible. (a)

- Verify that all breast pump inventory and issuance records are maintained. (a)

- Verify that the local agency annual clinic evaluation reviews and Corrective Action Plans (CAP) have been completed for all clinics and subcontractor sites (and they retain all records of any evaluation, monitoring, training or follow up provided). (Policy 1.11) (a)

- Verify the local agency Policy and Procedure Manual contains at least the following Policies, as applicable: (a)

  a) Local agency Emergency/Disaster Planning and Coordination Plan (Policy 1.12, 8/2024) that includes:
     i. A copy of the health department or organization's emergency/ disaster preparedness plan.
     ii. Local government/ community agency emergency/ disaster contact information.
     iii. Name and contact information for the local WIC agency person(s) designated to serve as the emergency/disaster coordinator with State WIC.
     iv. State and local WIC agency and staff contact information.
     v. A communications plan for keeping the State WIC agency and WIC clients informed, including notification related to service disruption, relocation, and availability of WIC services.

  b) Nutrition education Collaborative WIC Agreement (including Produce Connection/ Project FRESH), if applicable. (Policy 5.01)

c) Homeless Facility Agreement (Policy 2.22 & 2.22A) Annually contact local facilities to sign agreement.

i. Transportation Costs (if providing to clients) Policy 11.03

ii. Including:
- Returned Formula Policy (if choose to donate formula) (Policy 8.05) (Indicator 7.4c)
-Deferred Laboratory and Anthropometric Policy with Procedures (Remote Services Policy and Guidance 4.3.9.2 and Policy 2.16) (Indicator 4.3c)
-Immunization Policy (Policy 6.03) (Indicator 12.1d)

- Verify that all required records, audit, or investigation documents are maintained on file for 3 years and 150 days after the completed fiscal year, or until the review, audit or investigation is complete, unless otherwise specified in Policy 1.06. (b)

9.2 The WIC Program follows the provisions for EBT card inventory, security, storage and issuance. (7 CFR 246.2, 246.7, 246.12(q), 246.25, Policy 8.08, 8.09)

This indicator may be met by:

a. The WIC Program maintains inventory records of all WIC EBT Cards received and dispersed. (Policy, 8.08, 8.09)

b. The WIC Program follows procedures for issuance of WIC EBT Cards. (Policy 8.08, 8.09)

c. The WIC Program follows procedures for security of WIC EBT Cards, keeping in-stock supplies secured and unissued WIC EBT Cards in a locked file cabinet or other secure area to prevent theft or misuse. (Policy 8.08, 8.09)

Documentation Required:

- Michigan WIC EBT Card Issuance Log
- Michigan WIC EBT Card Daily Inventory Control Log

Evaluation Questions:

- Review the MI-WIC EBT Card Inventory, Michigan EBT Card Issuance Log and the Michigan WIC EBT Card Inventory Control Log to ensure the local agency maintains records of all cards received, on hand and issued. (a)

- MI-WIC EBT Cards Inventory - Verify that the Michigan WIC EBT cards “on hand” are entered into the inventory screen. (a)

- Verify that WIC EBT card issuance and inventory forms and records are retained for at least 3 years and 150 days past the close of the fiscal year. (a)

- Observe the inventory procedures for Michigan WIC EBT cards. (a)

- Michigan WIC EBT Card Inventory Control Log - Verify that the first and last EBT card stock number of cards for daily use are physically verified and documented with staff initials and date at the start and end of the day. (a)

- Review the Michigan WIC EBT Card Inventory Control Log to verify that a monthly inventory has been performed by non-EBT card issuance staff. (a)

- Review Michigan WIC EBT Card Issuance Log to ensure the local agency maintains a record of each card issued or replaced at the clinic. (b)

- Observe the issuance procedures for WIC EBT cards. (b)

- Michigan WIC EBT Card Issuance Log - Verify that the cards are logged at issuance. (b)

- Verify new clients receive education for using the EBT card. (b)

- Observe and verify that all WIC EBT cards are always kept either securely locked (with limited staff access) or secured under direct staff observation. (c)

- Observe that all WIC EBT cards are stored securely at the end of the day. (c)

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10. The WIC Program shall prevent, detect, and document program violations.

Reference: (7 CFR 246.2, 246.7(h)(1-2), 246.7 (j), 246.12(u), Policy 2.18, 3.03, 9.01, 9.02, 9.03, ME: Administration, Certification)

10.1 The WIC Program implements measures to prevent, detect, and document client or employee fraud and abuse violations. (7 CFR 246.2, 246.4(a) 26, 246.7(h)(1-2), 246.7j), 246.12(u), Policy 3.03, 9.01, 9.02, 9.03)

This indicator may be met by:

a. The WIC Program documents, investigates and resolves client and employee fraud and abuse complaints to prevent and detect intentional actions that violate federal or state program regulations, policies or procedures within allowed timeframes. (Policy 3.03, 9.01, 9.02, 9.03)

b. The WIC Program implements controls to prevent and detect employee fraud and abuse. (Policy 9.02, 9.03)

Documentation Required:

- Complaint/Compliance Reports
- Employee Complaint/Compliance logs and records
- Dual Enrollment reports (including clients listed as “investigate”)
- Single Certifier Audits and Logs/Single User Certification Reports and follow up.
- Local agency procedure regarding services to family or friends.

Evaluation Questions:

- Interview Coordinator to determine how client and employee fraud and abuse complaints are documented. (a)

- Ask staff what they do if a client or employee fraud or abuse complaint is made. (a)

- Verify that clients identified by WIC Dual Enrollment Reports/Screens or other methods, as possible **dual participants** are investigated and resolved according to policy. (a)

- Verify that for client abuse complaints documented in MI-WIC, an investigation is completed. Verify that investigation resolution is consistent with policies (i.e., warnings, sanctions/disqualification and restitution applied when indicated). (a)

- Verify that for staff abuse complaints an investigation is completed and fully documented. Verify that investigation resolution is consistent with policies (i.e., warnings, sanctions/disqualification and restitution applied when indicated). (a)

- Interview staff and verify records regarding separation of duties in certification procedures. (b)

- Verify that “Single Certifier” audits/follow-up has been performed within 14 days and includes 100% of IFF/IBP records and 20% of all other client records. (b)

- Ask staff how the agency provides services to clients who are staff, staff relatives or staff friends. (b)

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11. The WIC Program shall demonstrate full cooperation with the WIC Management Evaluation process.

Reference: (7 CFR 246.19, Policy 1.05, ME: All)

11.1 The WIC Program responds to all questions and reporting requirements of the MDHHS WIC Division Management Evaluation process. (7 CFR 246.19, Policy 1.05)

This indicator may be met by:

a. The WIC Program responds in writing to all pre and post Management Evaluation requests by the State WIC Office, and in the timeframe established by the State WIC Office. (7 CFR 246.19, Policy 1.05)

b. The WIC Program provides access to all WIC clinics and records as requested by the State WIC Office/Representative(s). (7 CFR 246.19(b)(1-2), Policy 1.05)

Documentation Required:

- The most recent Management Evaluation Report
- Corrective Action Plan (CAP)

Evaluation Questions:

- Did the local agency implement and complete its Corrective Action Plan (CAP)? (a)

- Did the local agency allow access to all WIC clinics and records as requested during the Management Evaluation Process? (b)

12. The local agency shall assure that all WIC infants and children are assessed for immunization status at each certification using a documented record, and, when indicated, are referred for immunization.

Reference: (Policy 6.03, Executive Memorandum 12-11-00, USDA WIC Policy Memorandum #2001-7, ME: Certification)

12.1 All infant and child clients will be assessed for immunization status using a documented record during certification, recertification and infant/child mid-certification health evaluation. (Policy 6.03)

This indicator may be met by:

a. Local agencies shall review the MI-WIC immunization status or the client's individual immunization record, the MCIR record or other computerized system record which indicates the name of the vaccine and the date that it was given, if the record is provided/available at the time of certification. (Policy 6.03)

b. Local agencies shall refer those children for immunization services whose immunization assessment indicates that the child is not up to date. (Policy 6.03)

c. Local agencies shall provide information regarding specific childhood preventable diseases, the benefits of immunization, and current recommended schedule for vaccinations for infants and children according to local agency policy. (Policy 6.03)

d. For agencies/clinics that are within a local health department, a local agency policy related to WIC/Immunization collaboration is on file and is being followed. (Policy 6.03)

e. Local agencies shall provide information to women enrollees, especially pregnant women, to receive the Influenza vaccine and in their 3rd trimester, the Pertussis Vaccine (Tdap) for every pregnancy. (Policy 6.03)

Documentation Required:

- Chart review results

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Evaluation Questions:

- Observe local agency staff reviewing the documented I/C client immunization record at each cert/recert/infant/child evaluation. (a)

- Observe local agency staff assessing immunization status and making referrals if appropriate for each I/C client. (b)

- Verify that immunization information/materials are available regarding American Academy of Pediatrics (AAP) recommended schedule (and followed by MCIR) for vaccinations for infants and children per Local Agency Policy. (c)

  AAP-Immunization-Schedule.pdf

- For agencies within the Local Health Department, verify that a local agency Immunizations Policy is on file and is followed. (d)

  Policy 6.03 Guidance
  1. Local agency immunization collaboration policies may include the following:
     a. Immunization promotion methodologies
     b. Coordination of services that addresses:
        i. Assessment of children who are not up to date
        ii. Provision of information on recommended vaccination schedules
        iii. Referral for services
        iv. Administration of vaccines.
     c. Provision of immunization training for WIC staff

  2. Non-health department WIC agencies are encouraged to collaborate with local health departments within their jurisdiction to increase immunization rates.

- Observe that women enrollees, especially pregnant women are provided information (printed schedule or verbally) on the need for Influenza vaccine and 3rd trimester Pertussis vaccine (Tdap) for each pregnancy. (e)

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