

## **Clinic Services Record Audit**

### **Procedures**

The purpose of the Clinic Services Record Audit is to assess WIC program compliance, data integrity and documentation. The Clinic Services Record Audit is conducted as part of the **WIC Agency** Office and Clinic Visits.

State Office staff will complete the Clinic Services Record Audit as a part of the Clinic Visit. This includes five terminated WIC participants, three ineligible participants, and five active participants.

Local WIC Agencies must complete and have available the Clinic Services Record Audit for the Agency Office Visit. This includes five terminated WIC participants, three ineligible participants, and ten active participants).

Local WIC agencies are encouraged to use this tool for self-assessment activities throughout the year.

The Clinic Services Record Audit begins on the next page.

## Clinic Services Records Management

Agency:

Conducted by:

Date:

### Terminated Participants

Select five terminated WIC participants from the “Terminated by System” report in the data system. Determine if appropriate documentation was provided based on the type of termination. (See Policy Terminations).

| Chart | FID/Person ID | Clinic # | Cert end date | Termination Reason | Appropriate notice and documentation provided/documented |
|-------|---------------|----------|---------------|--------------------|----------------------------------------------------------|
| 1     |               |          |               |                    |                                                          |
| 2     |               |          |               |                    |                                                          |
| 3     |               |          |               |                    |                                                          |
| 4     |               |          |               |                    |                                                          |
| 5     |               |          |               |                    |                                                          |

Comments:

### Ineligible Participants

Select three ineligible WIC participants from the “Ineligible by Income” report in the data system. Determine date of ineligibility and verify that a comment/alert was put into the data system indicating that the form was printed and provided to the parent/guardian/participant (see Policy Processing Standards and Notice of Eligibility).

| Chart | FID/Person ID | Clinic # | Application or Appointment Date | Ineligibility Date | Reason | Appropriate notice and documentation provided/documented |
|-------|---------------|----------|---------------------------------|--------------------|--------|----------------------------------------------------------|
| 1     |               |          |                                 |                    |        |                                                          |
| 2     |               |          |                                 |                    |        |                                                          |
| 3     |               |          |                                 |                    |        |                                                          |

**Active Participant Clinic Services Record Audit****Active Participants**

Randomly select at least five (5) or ten (10) (see page 1) active WIC participants in the data system. Select a variety of participant and appointment types from several clinics to complete the audit.

| Chart | FID/Person ID | Clinic # | Ppt Type | High Risk (Y/N) | Appt Type | Appt Date | Comments |
|-------|---------------|----------|----------|-----------------|-----------|-----------|----------|
| 1     |               |          |          |                 |           |           |          |
| 2     |               |          |          |                 |           |           |          |
| 3     |               |          |          |                 |           |           |          |
| 4     |               |          |          |                 |           |           |          |
| 5     |               |          |          |                 |           |           |          |
| 6     |               |          |          |                 |           |           |          |
| 7     |               |          |          |                 |           |           |          |
| 8     |               |          |          |                 |           |           |          |
| 9     |               |          |          |                 |           |           |          |
| 10    |               |          |          |                 |           |           |          |

| Clinic Services Screen                                                                                                                                             | Key: Y = Yes, item is present and reasonable<br>N = No, incomplete or not reasonable<br>O = Not applicable |   |   |   |   |   |   |   |   |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|----|
|                                                                                                                                                                    | 1                                                                                                          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <b>Family Panel</b>                                                                                                                                                |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Any proxies?                                                                                                                                                       |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Proxy cards/notes are electronically filed                                                                                                                         |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Preferred Spoken Language documented                                                                                                                               |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Identity Panel</b>                                                                                                                                              |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Proof of ID is reasonable                                                                                                                                          |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Affidavit is documented if needed for ID and an appropriate "ID Affidavit Reason" is documented                                                                    |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Signed statement is completed in full, supports the Affidavit reason, and is electronically filed (if needed for ID)                                               |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Physical Presence documented and if not physically present, the reason documented is appropriate                                                                   |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Other program participation noted                                                                                                                                  |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Contact Address Panel</b>                                                                                                                                       |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Phone number(s) recorded                                                                                                                                           |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Proof of residency documented                                                                                                                                      |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Affidavit is documented if needed for residency and an appropriate "Affidavit Reason" is documented                                                                |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Signed statement is completed in full, supports the Affidavit reason and is electronically filed on record if Affidavit is documented for proof of residency       |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Provisional certification completed if no proof of residency documented                                                                                            |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Income Panel</b>                                                                                                                                                |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Proof of income is reasonable for each source                                                                                                                      |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Provisional certification completed if no proof of income documented                                                                                               |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Certification not completed if no proof of income (income or adjunctive income) and residency was documented.                                                      |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Affidavit is documented as proof if the source is documented as "No Income"                                                                                        |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Signed statement is completed in full, supports the Affidavit Reason, and is electronically filed (if needed for income – ex. for applicants declaring zero income |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Adjunct Eligibility Hyperlink</b>                                                                                                                               |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Adjunct eligibility & proof is reasonable                                                                                                                          |                                                                                                            |   |   |   |   |   |   |   |   |    |

| Clinic Services Screen                                                                                                                                                  | Key: Y = Yes, item is present and reasonable<br>N = No, incomplete or not reasonable<br>O = Not applicable |   |   |   |   |   |   |   |   |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|----|
|                                                                                                                                                                         | 1                                                                                                          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <b>Anthropometric Panel</b>                                                                                                                                             |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Anthropometrics are documented appropriately and collected in the timeframes consistent with WIC regulations and policy                                                 |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Completed for health updates                                                                                                                                            |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Blood Panel</b>                                                                                                                                                      |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Testing meets recommended screening schedule                                                                                                                            |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Bloodwork documented appropriately                                                                                                                                      |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Lead screening history documented                                                                                                                                       |                                                                                                            |   |   |   |   |   |   |   |   |    |
| If documented no lead testing, referral is documented                                                                                                                   |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Breastfeeding Panel</b>                                                                                                                                              |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Breastfeeding status updated at every contact with the infant or infant's mother until breastfeeding is terminated or the infant/child leaves the program               |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Nutrition Interview</b>                                                                                                                                              |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Comprehensive for ppt's categorical status, age, stage of development                                                                                                   |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Breastfeeding assessment is completed and documented                                                                                                                    |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Immunization status recorded appropriately                                                                                                                              |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Health Updates: An abbreviated assessment has been completed                                                                                                            |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Risks</b>                                                                                                                                                            |                                                                                                            |   |   |   |   |   |   |   |   |    |
| All risks are assigned according to documented information and data                                                                                                     |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Risks are assigned for Health Updates                                                                                                                                   |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Referrals</b>                                                                                                                                                        |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Participant/Family referrals documented                                                                                                                                 |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Referral from WIC form is electronically filed                                                                                                                          |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Nutrition Education Panel</b>                                                                                                                                        |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Document education provided                                                                                                                                             |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Topics consistent with participant interest as indicated by the care plan and other data collected with consideration given to risk assignment and participant category |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Nutrition Care Plan Panel</b>                                                                                                                                        |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Present for high-risk participants                                                                                                                                      |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Present for when breastfed infants receive formula for the first time or receive more formula                                                                           |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Present for when contract non-exempt and non-contract non exempt Infant formula is authorized                                                                           |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Present for when cans of formula are returned and formula benefits                                                                                                      |                                                                                                            |   |   |   |   |   |   |   |   |    |

| Clinic Services Screen                                                                                                                                                                                                          | Key: Y = Yes, item is present and reasonable<br>N = No, incomplete or not reasonable<br>O = Not applicable |   |   |   |   |   |   |   |   |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|----|
|                                                                                                                                                                                                                                 | 1                                                                                                          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| reissued                                                                                                                                                                                                                        |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Present for when regression is assigned as the qualifying risk                                                                                                                                                                  |                                                                                                            |   |   |   |   |   |   |   |   |    |
| “Other” is selected as the nutrition education topic for a completed or planned contact                                                                                                                                         |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Breast shells or a supplemental nursing system are issued                                                                                                                                                                       |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Present for other participants                                                                                                                                                                                                  |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Care Plan is relevant and easily understood for continuity of care                                                                                                                                                              |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Goals are documented                                                                                                                                                                                                            |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>BF Equipment Panel</b>                                                                                                                                                                                                       |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Breast pump information is documented                                                                                                                                                                                           |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Food Package Panel</b>                                                                                                                                                                                                       |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Food package issued is consistent with the participant category; nutrition risks; breastfeeding status; nutrition, dietary and medical needs; personal/cultural/religious food preferences; household conditions; and Care Plan |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Appropriate amount and physical form of formula are issued based on the nutrition and breastfeeding assessment                                                                                                                  |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Medical documentation is complete and is electronically filed                                                                                                                                                                   |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Comment is documented if the food package issued is tailored from the standard package listed in regulations                                                                                                                    |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Returned Formula Panel</b>                                                                                                                                                                                                   |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Returned Formula documented appropriately                                                                                                                                                                                       |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Appointment History Panel</b>                                                                                                                                                                                                |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Next appointment scheduled                                                                                                                                                                                                      |                                                                                                            |   |   |   |   |   |   |   |   |    |
| <b>Other Documentation Electronically Filed or Signature Captured</b>                                                                                                                                                           |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Rights and Responsibilities (Signature Captured)                                                                                                                                                                                |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Rights and Responsibilities: If no electronic signature, the appropriate reason is captured and when required by policy, a copy of the Rights and Responsibilities document is signed and scanned into the data system          |                                                                                                            |   |   |   |   |   |   |   |   |    |
| Authorization for Release of Information (Electronically Filed)                                                                                                                                                                 |                                                                                                            |   |   |   |   |   |   |   |   |    |

Summary:

Signature/Date: