

# Connecticut WIC Program

## Nutrition Services Chart Audit Tool Guidance

Indicator	Comments
<b>Name, Family ID and Participant ID</b>	This is for ease of selecting records as well as quick identification when completing a summary to provide to staff.
<b>Category/Priority</b>	Again this is helpful for selecting records. This is also helpful when looking for trends. For example are mid-certifications completed for all breastfeeding women?
<b>Date of birth/Sex Matches</b>	In order to verify, compare the information available on the Precertification screen or the Selected Record box with a scanned image of the Medical Referral/Certification form. If the Certification form is unavailable view any other scanned documents that may be used to verify DOB and sex. If a participant is certified and there is no information to verify, there should be documentation that information is required at the next visit. Whenever staff receives a certification form at a follow up visit they should verify all the personal information matches what is captured in CT-WIC. For program integrity purposes it is important to ensure the accuracy of this data.
<b>Processing Standard met</b>	<p>To verify, access the Precertification screen and look at the App Date, the Date Added and the Appointments in the Family Summary screen. Remember the Date Added is the date the Precertification was completed. The App Date is the date that an appointment was made and not the actual scheduled appointment. In most cases the Date Added and the App Date will be the same. <b>The processing standard begins with the Date Added.</b> For example if a pregnant applicant calls on 12/1/17 to apply then she would need to be scheduled no later than 12/11/17 in order to meet the processing standard. While reviewing chart audits the following report would be helpful to review- <b>Participant Scheduled Outside the 10/20 Day Limit.</b></p> <p>Some questions to consider are:</p> <ul style="list-style-type: none"> <li>• Was the participant scheduled within the processing standard (10/20 day rule)?</li> <li>• If not is there documentation of why they were not scheduled within the processing timeframe?</li> </ul>

	<p>Take note if a previous appointment was scheduled but cancelled for a timeframe outside of the 10/20 days or if there is documentation that the participant requested a day and time that better met their needs. <b>Overuse of DIA or documentation that the participant requested an appointment outside of the processing standard might be a trend to follow.</b></p> <p>Additional training of policy 200-01 Certification Process and Applicant Processing Standards might be necessary.</p>
<b>Income Eligibility</b>	<p>First determine if the participant is adjunctively eligible. Are they participating in Medicaid, SNAP or TFA? If yes, how was it verified- phone, online, eligibility letter? What was reported as their household income in the Verification field? Don't just look for a dollar amount but is it clear that all household income is being reported? For example if SNAP and TFA were verified is that documented in the income verification grid?</p> <p>Let's say a family receives SNAP and one of the family members works; you should see documentation of both the monthly SNAP benefit as well as a verbal of the proof of income from employment. If the applicant isn't adjunctively eligible, what is documented as income? Is there a short certification? Was a self-declaration form signed?</p>
<b>Identity/Residency</b>	<p>Proof of Residency can be found in the Family Information screen and Identity in Participant Information. It's important to be sure the proper proof was selected to determine eligibility based on Identity and Residency. For example if the WIC Cert Form-with address imprint was used for proof of Identity and Residency but there is no proof of a completed Certification form available in scanned Images, this would be a finding.</p>
<b>Physical Presence</b>	<p>Was the participant present for the certification? If not, was the correct reason not present selected?</p>
<b>Bloodwork</b>	<p>Is there bloodwork on file? Was it entered in the lab screen? Is either a scanned copy in the Images screen or was a verbal taken from the doctor and is that documented? Did Nutrition staff countersign lab results or Certification form? Is the bloodwork current? If not, is there any documentation of an effort to collect bloodwork? Is the participant on monthly issuance? If the participant was anemic, is there any documentation in Nutrition Education that appropriate information was reviewed.</p>

<b>Ht/Wt</b>	Does the ht/wt in CT-WIC correspond to what is on the Certification form or was it updated by a WIC CPA? Does anything stand out as abnormal, for example was there a significant change in their height or weight? Look for trends on the growth chart. If the participant has been on the 50%ile wt/ht consistently and now they are in the 5%ile this should raise some questions. Has something happened that may have caused them to lose weight or could it be an error in collection? Did staff make an effort to collect a new ht/wt to ensure the accuracy of information? Is there any documentation regarding this situation? If the participant is due for a mid-certification was an updated ht/wt collected? Did the mid-certification occur?
<b>Pregnancy Documented</b>	Was pregnancy documented? Look in Scanned Images for a Certification Form from the HCP or another acceptable form of proof of pregnancy. If confirmation of pregnancy cannot be scanned is there documentation of this? Proof of pregnancy must be confirmed if it hasn't how many months of benefits has the participant received? A finding would be if a participant has continued to receive benefits without providing proof of pregnancy.
<b>Nutrition Risk Documented</b>	Were all appropriate risks assigned? A careful review of the Certification form, Health and Nutrition questions should occur to ensure all relevant risks were assigned. In CT-WIC the responses to mandatory questions will drive risks and staff can manually select additional risks as needed.
<b>Food Package correct</b>	Is the participant receiving the appropriate food package? Has the package been tailored to meet the participant's needs, if so has this been documented?
<b>Nutrition Education Documentation &amp; Contacts (2 in 6 months)</b>	Has the participant received at least 2 contacts in the last 6 months? Is documentation clear and provide all relevant information? Is there any follow up to goals set, referrals made, discussions had? Upon review do you feel you have an understanding of what was reviewed during the documented contacts?
<b>Follow up note Care plan for high risk</b>	If this participant is High Risk, was a SOAP note completed and is there appropriate follow up to the SOAP? If a SOAP wasn't completed is there documentation as to why not?
<b>Referral/Follow up</b>	Are there any referrals documented? If no, this is a finding. Remember at a minimum families should receive the State Selected Referrals brochure. If you are observing you should see not only the

	<p>brochure being provided but also reviewed with the participant. Are there any targeted referrals? Look in the Health and Nutrition questions as well as Nutrition Education to see if the participant might have benefited from a referral. For example if the participant states they aren't sure about breastfeeding because of plans to return to work, it would be appropriate to provide a list of breastfeeding resources.</p>
<b>Food Security Assessed &amp; Action Taken</b>	<p>The food security question is now mandatory in CT-WIC; however if the participant answers <b>no</b> there should either be documentation of a referral being made or at minimum documentation that a referral was offered but was declined by the participant.</p>
<b>PMAD Screen Completed and Referral(s ) Provided</b>	<p>Was PMAD screening completed during the appropriate intervals as outlined in the PMAD protocols?          (At a minimum the PMAD screenings should be completed 1 time in the 3<sup>rd</sup> trimester for a pregnant woman (PG), 1 time between 6-8 weeks postpartum (BE, BP and NP) and 1 time between 4-6 months postpartum (BE, BP and NP).          Is there documentation of discussion or positive screen in the Nutrition Notes Screen? Are they participating in Nurturing Families or other home visitation program, if not was a referral made? Was the EPDS scanned into CT-WIC Images? If the participant declined the screening, is it documented appropriately? If Q10 on EPDS is 1, 2 or 3, was appropriate documentation provided including clarification, referrals and follow-up. <b>Refer to the PMAD protocol if review with staff is needed.</b></p>
<b>Next App't Scheduled</b>	<p>Does the participant have another appointment scheduled? Is it the appropriate appointment type? For example if a 5 month old is scheduled in 2 months as a follow-up this would be incorrect, they should be scheduled as a mid-certification. Look for the BVT date. If a participant has benefits until 11/18/16 but has a return appointment on 12/1/16 was this the participant's choice? This participant would receive a prorated package and staff should attempt to schedule as close to the BVT date as possible.</p>
<b>CPA Signature and Date</b>	<p>Is there a CPA signature and date on all appropriate documents? Medical Documentation form, Certification form, Lab results, Etc          A CPA should countersign any documentation received from a health care provider.</p>

<p><b>Rx/signed/dated for non-contract formula or FP3</b></p>	<p>If the participant is receiving a special formula or medical food is the Medical Documentation form on file? Are all required areas complete? Have benefits been issued outside of the prescription date range?</p> <p>For example if a prescription is valid until 12/1/17 but the participant was issued benefits until 2/28/18 then this is beyond the valid Medical Documentation form. Is there documentation regarding tolerance?</p>
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