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Connecticut WIC Program
Nutrition Services Chart Audit Tool Guidance

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Indicator	Comments
Name, Family ID and Participant ID	This is for ease of selecting records as well as quick identification when completing a summary to provide to staff.
Category/Priority	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?
Date of birth/Sex Matches	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. 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.
Processing Standard met	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. **The processing standard begins with the Date Added**. 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- **Participant Scheduled Outside the 10/20 Day Limit**. Some questions to consider are: • Was the participant scheduled within the processing standard (10/20 day rule)? • If not is there documentation of why they were not scheduled within the processing timeframe? 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. **Overuse of DIA or documentation that the participant requested an appointment outside of the processing standard might be a trend to follow.** Additional training of policy 200-01 Certification Process and Applicant Processing Standards might be necessary.
Income Eligibility	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? 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? If there was a short certification, was it resolved appropriately.
Identity/Residency	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.
Physical Presence	Was the participant present for the certification? If not, was the correct reason not present selected?
Bloodwork	Is there bloodwork on file? Was it entered in the lab screen? Did staff enter all bloodwork (hemoglobin, hematocrit, lead) that was provided? 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.

Ht/Wt	Does the ht/wt in CT-WIC correspond to what is on the Certification form? Did staff accurately capture who collected anthropometrics in the By Whom field? 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?
Pregnancy Documented	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.
Nutrition Risk Documented	Were all appropriate risks assigned? A careful review of the Certification form, Health and Nutrition questions and anything identified on a medical documentation form 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. Staff should document any health conditions in the Medical Conditions popup in the Health screen. As a reminder staff can assign risks at any point in the certification period.
Food Package	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? Consider looking at the Benefit History screen to see what benefits participants are purchasing.
Nutrition Education Documentation & Contacts (2 in 6 months)	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?

Follow up note Care plan for high risk	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?
Referral/Follow up	Are there any referrals documented? If no, this is a finding. Remember at a minimum families should receive the State Selected Referrals brochure. During observations you should see not only the brochure being provided but also reviewed with the participant. Are there any targeted referrals documented? 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 might be appropriate to provide a list of breastfeeding resources including but not limited to a referral for a HUSKY Pump.
Food Security Assessed & Action Taken	The food security question is now mandatory in CT-WIC; however, if the participant answers **no** 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. Staff should make every attempt to follow up on reports of food insecurity at subsequent appointments.
PMAD Screen Completed and Referral(s) Provided	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 3rd 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. **Refer to the PMAD protocol if review with staff is needed.**
Next App't Scheduled	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.
CPA Signature and Date	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.
Rx/signed/dated for non-contract formula or FP3	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? 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?