OBJECTIVES

Provide overview of 2014 WIC Management Evaluation (ME) findings
Discuss indicators that LA's found most troublesome
Discuss options to improve quality assurance, focusing on problematic areas

Provide links to quality assurance materials
Provide opportunity for WIC ME reviewers to share hints for ME success
Provide venue to answer questions regarding ME or Accreditation process
ME PREPARATION PROCESS

Cycle starts each year in October, reviewing all findings from previous years ME.
Evaluate ME citations, determine what training, policy needs or other clarifications are needed in tools or materials.
Assign Program Area Leads (PAL) to review each area and submit changes, if needed.
Review proposed changes with all ME reviewers. Finalize materials.

Submit final draft to LA’s for comment and review.
Review comments and incorporate any changes.
Train ME review staff.
Perform ME webcast, highlighting changes:
April 23, 2015
Release ME tools and materials
Monitor ME process, if policy questions arise, discuss with Review staff to ensure consistent response

26 AGENCIES VISITED-2014

Berrien
Branch-Hillsdale-St. Joseph Community Action Agency
Central Michigan
Chippewa
Delta-Menominee
Detroit Urban League
DHD #10
Downriver Community Health
Family Health Center
Genesee
Grand Traverse
Huron

InterCare
Jackson
Kalamazoo
Lapeer
LMAS
Marquette
Mid-Michigan DHD
Muskegon
Oakland
Saginaw
Sanilac
St. Clair
Tuscola
2014 COMPARED TO 2013

<table>
<thead>
<tr>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td>26 Agencies</td>
<td>22 Agencies</td>
</tr>
<tr>
<td>2470 Total Elements</td>
<td>2000 Total Elements</td>
</tr>
<tr>
<td>2272 Met</td>
<td>1807 Met</td>
</tr>
<tr>
<td>184 Not Met</td>
<td>177 Not Met</td>
</tr>
<tr>
<td>14 Not Applicable</td>
<td>17 Not applicable</td>
</tr>
<tr>
<td>92% Met</td>
<td>90% Met</td>
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</tbody>
</table>

INDICATORS “MET”

1. Fair Hearing 100%
2. Non-Discrimination
   2.2 Civil Rights 88%
3. Competent & Qualified Staff 92%
4. Certification
   4.1 No cost to client 100%
   4.2 Eligibility 92%
   4.4 Categorical Eligibility 100%
   4.5 VOC 92%
5. Program Services & Benefits
   5.2 Processing Standards 92%
   5.3 Cert Periods 96%
   5.5 Dual Enrollment 100%
   5.6 Outreach 100%
6. Nutrition Education
   6.1 # NE Contacts 96%
7. Food Packages
   7.1 Food List 96%
   7.2 Food Packages 100%
8. Food Benefits 100%
11. Cooperation with ME 96%
12. Immunizations 96%

8/33 of the indicators were 100% “Met”
"NOT MET"

Range from 1-11 Not Met
Average “Not Met” for 2014 was 5.2
Average “Not Met” for 2013 was 5.5

LOWEST PERCENT MET...

Critical (>70% Met)
5.1 Program Referral 57% Met
6.2 Client Centered Nut. Ed. & NE Plan 54% Met
6.5 Breastfeeding 69% Met
6.6 High Risk/Class III Services 69% Met
7.3 Formula Food Packages 69%
9.1 Full & Accurate Records 54% Met
5.1 PROGRAM REFERRAL

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.

MI-WIC Policy 6.02, 6.05

Reason Not Met:
Three out of 14 records reviewed did not refer to the Maternal Infant Health Program (MIHP).
Two out of two new infants certified and observed did not receive a list of local resources for drug and other harmful substances, abuse counseling, prevention and treatment, where they are located, how they may be obtained, and why they may be useful.

During observations, one pregnant woman and one infant did not get referred to the Maternal Infant Health Program (MIHP), and for one infant, it was not documented that they declined a referral to Nurse Family Partnership (NFP). In the Record Review, one pregnant woman and one infant were not documented as being referred to MIHP or NFP (or Healthy Start).

Recommendations:
Refer vulnerable pregnant women and their infants to other agencies which can provide additional support and much needed resources during times of need for improved pregnancy outcomes and infant growth, development, and bonding.
Discuss and document referral (discussion) to Medicaid at each certification to clients who are not currently covered by Medicaid or note other insurance coverage.
Provide all new clients with information (drug and alcohol free parenting) and local resources on substance abuse. Include the "Welcome to WIC" booklet for the message of why.
Refer all eligible women and infants to area Maternal Infant Health Programs for ongoing support throughout pregnancy and early childhood. Monitor through record reviews and certification observations.
Provide a list of local resources for drug and other harmful substance abuse counseling, prevention and treatment, including where they are located, how they can be obtained and why they may be useful at the first WIC visit. Suggest identifying Substance Abuse Services on the Community Resource Listing, as well as providing the more detailed services list to all new enrollees. Monitor through observations.
6.2 CLIENT CENTERED NUTRITION EDUCATION

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.

Mi-WIC Policy 5.01, 5.03, 5.04, 5.05

Reasons Not Met:

- Competent Professional Authorities (CPA)/Registered Dietitians (RD) demonstrated good rapport with clients, but topics selected for the Nutrition Education Plan were based on general assessment of client’s development needs with limited exploration or confirmation of client’s other interests or concerns.
- In four out of nine observations, the assessment was not completed before Nutrition Education was given.
- In two out of six observations, the Competent Professional Authority (CPA) did not discuss previous Nutrition Education and what they have tried or questions they may have.
- Based on record reviews, four out of 14 records did not contain Nutrition Education content documentation in the pop-up screen, and 10 out of 14 records did not print the Nutrition Education Plan.
- The certifications and education observed did not demonstrate much client involvement/engagement with education topics, Nutrition Education Plan or next steps.
- No review of previous Nutrition Education, except during counseling was observed. Clients did not have a Nutrition Education Plan documented in five of 14 records reviewed.

Recommendations:

- Utilize Client Centered approaches to Nutrition Education and Counseling including identification of client concerns, options for education and support, follow-up to verify understanding and appreciation of interaction with the client.
- Complete the assessment prior to providing any Nutrition Education, which is based on client concerns.
- Review client’s previous Nutrition Education, if applicable, and answer any questions to promote behavior change.
- The Local Agency is required to document all Nutrition Education provided to the client in the Mi-WIC System and provide a copy of the Nutrition Education Plan to clients.
- Recommend conducting record audits to ensure staff are following policy.
6.5 BREASTFEEDING

The WIC Program promotes, protects, and supports breastfeeding

MI-WIC Policy 1.07, 4.01, 4.02, 4.03

Reason Not Met:

A. The clinic breastfeeding room does not have a comfortable chair and breastfeeding friendly environment to aid with supporting breastfeeding women.

B. The Local Agency does not have an orientation program developed to provide breastfeeding training to all new WIC staff.

C. There is no evidence that Breastfeeding Continuing Education and training for staff is occurring at least quarterly.
6.5 BREASTFEEDING

Recommendations:
A. Recommend creating a more breastfeeding friendly environment in the clinic which includes providing comfortable chairs.
B. Recommend developing a breastfeeding orientation program according to requirements in policy 4.02.
C. Provide on-going breastfeeding training and staff activities at least quarterly.
   Documentation of breastfeeding education and training should be entered for each staff in the MI-WIC Admin Module, User Setup, Staff Information, Staff Training link and included in staff meeting minutes.

6.5D BREASTFEEDING – CLIENT EDUCATION & SUPPORT

D. The WIC Program provides breastfeeding education and support during the prenatal and post-partum periods for women, infants and children.
   MI-WIC Policy 1.07, 4.01, 4.03

Reason Not Met:
Evidence of breastfeeding referrals and follow-up for pregnant and breastfeeding women was found in one of six records of pregnant and breastfeeding women and infants reviewed. Documentation of breastfeeding follow-up was limited to one in six records.

Pregnant clients are not being referred to the Breastfeeding Peer Counselor during their clinic visit, and based on record reviews, four out of six records did not mark on the referral screens that it was either discussed, referred or current for the Breastfeeding Peer Counselor.

Three out of eight pregnant and breastfeeding moms and infants did not have any breastfeeding follow-up documented in MI-WIC.

Based on record audit 4 out of 6 records did not contain follow-up breastfeeding documentation when providing support and education to Pregnant and Breastfeeding clients.

Based on record review, the breastfeeding support and follow-up was not documented in six out of six records of pregnant and breastfeeding mothers.
6.5D BREASTFEEDING – CLIENT EDUCATION & SUPPORT

Recommendations:
Staff should refer all pregnant and breastfeeding women and infants to the Breastfeeding Peer or other community breastfeeding resources, documenting the referrals and follow-up provided in the client record. Completion of the Breastfeeding screens and ongoing breastfeeding contact documentation should be monitored as part of a Quality Improvement program.
Recommend developing a process to promote and refer pregnant and breastfeeding mothers to the Breastfeeding Peer Counselor at the time of their clinic visit.
Provide follow-up to moms before and after delivery for support to initiate and continue breastfeeding. Investigate options for Breastfeeding Peer Counselors.
Provide follow-up breastfeeding support and appropriate documentation.
Monitor breastfeeding documentation through record audits to ensure compliance with policy.
Document all interactions with clients in regards to breastfeeding support in the MI-WIC System.
All breastfeeding follow-up support and contacts are required to be documented in the MI-WIC System.

6.6 HIGH RISK NUTRITION SERVICES

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.

- USDA WIC Nutrition Services Standards (2013), MI-WIC Policy 1.07, 2.13, 5.01, 5.06

Percent of High Risk Clients

- High Risk: 29
- Low Risk: 71

WIC Coordinator Meeting,
November 20, 2014
The WIC Program identifies and offers high risk and Class III formula clients opportunity to meet with the Registered Dietitian (RD) for assessment and for development of an individualized care plan. If the client refuses the opportunity to meet with the RD, this action must be documented in the client record.

MI-WIC Policy 2.13, 5.06

Reasons Not Met:
Based on record review, clients who are identified as high risk do not contain appropriate documentation in their records as to whether they have been offered and/or either scheduled for Nutrition Counseling with Registered Dietitian (NCRD) or refused.

When a WIC client was identified as being high risk the benefits of seeing an RD and offering an opportunity to schedule a NCRD appointment was not explained in three out of three clients identified as being high risk based on observation.

Recommendations:
Clients who have been identified as having high risk codes are required to be offered an opportunity to see the Registered Dietitian (RD) and the outcome of clients’ decision is documented in the clients record according to policy. Recommend conducting record audits to monitor compliance with this requirement.

Recommend to conduct observation audits to ensure clients who are identified as being high risk are offered a high risk appointment and have been given an explanation of the benefits of seeing the RD.
The WIC Program ensures that a Registered Dietitian is accessible to see nutrition high-risk clients, completes the nutrition assessment, and develops individual care plans (ICP) based on client concerns or documents that a care plan is not needed.

USDA WIC Nutrition Services Standards MI-WIC Policy 5.06

Reason Not Met:
Based on record review, two out of five Nutrition Care Plans did not contain completed data review and assessment sections of the care plan.

High risk care plans were not completed according to policy requirements, and four out of five records did not complete the Nutrition Education pop-up screen. Four out of five did not document appropriately for the assessment section, and two out of five did not contain plan details.

Recommendations:
Review with RD staff the required documentation for high risk care plans based on WIC policy and conduct periodic record audits to monitor compliance.
Recommend Registered Dietitian’s review policy requirements for documenting in High Risk Care Plans and provide opportunities for training when available from the State WIC office.
6.6D HIGH RISK MONITORING

D. The WIC Program monitors nutrition high risk and Class III formula clients to ensure that clients receive appropriate nutrition care.

MI-WIC Policy 5.06

Reasons Not Met:
The Local Agency is not currently monitoring high risk records to ensure that clients are being offered for counseling as required.
Process is not in place for monitoring high risk clients and updating care plans including follow-up given to these clients.

6.6D HIGH RISK MONITORING

The WIC Program monitors nutrition high risk and Class III formula clients to ensure that clients receive appropriate nutrition care.

MI-WIC Policy 5.06

Recommendations:
When Registered Dietitian (RD) position is filled, have he/she monitor high risk cases monthly to assure continuity of care is provided. Close out cases when appropriate. Encourage Competent Professional Authority (CPA) staff to document follow-up notes on “Follow-Up” tab in MI-WIC System.
The Local Agency is required to have a process for monitoring high risk records to ensure clients are being referred to the RD for counseling.
Continue to monitor formula approvals as part of quality assurance.
7.3 SPECIAL FORMULA FOOD PACKAGES

The WIC Program provides special dietary formula and food packages to clients based on medical documentation.

MI-WIC Policy 1.07, 7.03

Reasons Not Met:

Four out of eight non-contract or soy beverage formula approvals and four out of six Class III specialty formula clients' food packages did not reflect the medical care provider's food prescription. Five out of eight clients did not have risk factors assigned that designated known diagnosis. One child received a soy beverage food package without completion of a Michigan WIC Special Formula/Food Request Form.

Based on record review, six out of 13 did not have documented qualifying condition in the MI-WIC system, and five out of 13 did not have the appropriate expiration dates.

Six of 14 records reviewed had incomplete supporting medical documentation for the food package provided. Generally documentation on which additional foods were requested by the health care provider/physician were missing.

Based on record review, six out of 13 records did not contain appropriate expiration dates and three out of 13 records did not have completed Medical Justification forms.

In two out of 14 records reviewed, medical documentation forms were not complete before approving special formula and food packages. In two out of 14 records reviewed, the medical condition of the client was not included in the medical assessment screen.

Recommendations:

Staff should authorize specialty food packages with formulas or soy beverages after reviewing a completed Michigan WIC Special Formula/Food Request Form (Medical Justification) and verifying the food package prescribed with the provider if unclear or incomplete. Monitor the formula approval process using record reviews and verifying that the requested food package is assigned and issued.

Recommend review of WIC policy for required documentation of special formula food packages and conduct record audits to monitor compliance.

Recommend reviewing policy for required documentation from the Medical Justification forms with staff and conduct record audits to ensure compliance with policy.

Approve Special Formula requests only when medical documentation is complete and appropriate for client's needs and condition. Adjust current High Risk and Formula monitoring plans for routine medical documentation form review for completeness.

Conduct peer review of special formula packages to assure completion of documentation.
9.1 RECORD MAINTENANCE

The WIC Program maintains full and complete records concerning program operations.

MI-WIC Policy 1.06, 1.11, 1.12, 4.04, 5.08, 6.03, 8.05, 9.03, 10.01

Reasons Not Met:

Three out of seven breastpumps did not have follow-up on a monthly basis. Eight out of 15 breastpump records reviewed did not have Release Forms signed.

Local Agency did not follow-up and document monthly on the status of the Loaner breast pumps. The Local Agency does not follow-up and document monthly on the status of the loaner breast pumps.

The Local Agency has not developed a complete Local Agency policy for a disaster plan that includes all the required documentation.

The Local Agency does not have a collaboration agreement developed between WIC and MSUE to provide Nutrition Education classes in Local Agency WIC clinics.

The agency has not performed annual reviews for ___ clinic sites over the past year.
9.1 RECORD MAINTENANCE

The WIC Program maintains full and complete records concerning program operations.

MI-WIC Policy 1.06, 1.11, 1.12, 4.04, 5.08, 6.03, 6.03, 8.05, 9.03, 10.01

Recommendations:
Document monthly follow-ups in the MI-WIC system on all clients with multi-user pumps. Have all clients returning multi-user breast pumps read and sign the Return receipt in the MI-WIC system. All clients being issued a breastpump, including single user pumps, must read and sign (signature pad) the Pump Release form.

The Local Agency staff are required to have clients sign both a release form and a return receipt for multi-user pumps and a signed release for a single user pump in the client records.

Recommend periodic audits to monitor compliance with policy.

Develop a Disaster Plan for the WIC Program based on current WIC policy.

Perform annual reviews for each clinic within the agency, noting any areas of non-compliance for follow-up, training or policy review. Summarize findings and establish action plan to improve services and compliance with policy. Establish a review calendar and monitor progress at least annually.

LESSTHAN 80% MET

Of concern ...
2.1 Non-discrimination 74%  
2.3 Confidentiality 81%  
4.3 Certification-Risk Assess & Assign 77% Met  
6.3 Eligibility Explanation 77%  
6.4 Accurate, Current, Client Centered Nutrition Education 77%  
9.2 EBT Inventory 74%  
10.1 Compliance 81%
2.1 NON-DISCRIMINATION, CLINIC SAFETY

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.

MI-WIC Policy 1.09, 9.02

Reasons Not Met:
- ‘...And Justice for All’ poster is not displayed in a prominent place for all clients to see.
- Some outreach letters and Nutrition Education materials (self-directed lessons) lack the non-discrimination statement.
- Local Agency has not been meeting the needs of non-English speaking clients who would benefit from having language specific written information regarding all aspects of the WIC program.
- New clients were not fully informed that they could list more than one race for the purpose of race/ethnic data. Some clients were not asked about American Indian status and if they would like this listed.
- Two clients of nine observed were not asked the race information needed on the client information screen.
- Child safety issues in at least three CPA’s rooms with cords from the computer easily accessed by children.
- Waiting area floor was dirty and flooring material would leave the black marks on clothes and skin of children and babies crawling on it. Also, air conditioner was not working properly, making the room uncomfortable for clients.

Recommendations:
- Include the USDA non-discrimination statement on all materials that are developed by WIC and used for WIC clients, and includes mention of WIC.
- Add the current non-discrimination statement to outreach, referral, and nutrition education materials for clients or other service providers. Ask the client/Authorized Person (AP) to identify all racial & ethnic groups to which the client belongs.
- Ask all new enrollees all the ethnicity and race questions on the client information screen to allow the best description of their status. Monitor using certification observations with feedback to staff.
- Assigned WIC staff need to frequently monitor the Local Agency for non-English speaking clients report and address specific language needs when identified.
- Place the ‘...and Justice for All’ poster in a more prominent place, such as the waiting room around the sign-in window.
- Move computers and printers for less access to cords by children.
- Maintain cleanliness of floor. Replace flooring with material that is easily cleanable. Repair air conditioning unit to adequately cool room.
2.3 Confidentiality

Reasons Not Met:

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.

MI-WIC Policy 1.03, 1.06, 9.02

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.

MI-WIC Policy 1.03, 1.06, 9.02

Recommendations:

Complete the intake screens in a private setting, allowing for child safety, client comfort and dignity. Monitor by observation of intake process to ensure ongoing compliance with program confidentiality requirements.

Make copies of the Michigan WIC Employee Confidentiality and Compliance Agreement Signature Form from MI-WIC Policy 9.02a, and have them sign at the same time Civil Rights Training is being done.

Close computer screens with client data when not in immediate vicinity or leaving room. Monitor using frequent observations of staff areas.

Move WIC clerk to the WIC Program area in the facility and provide a cubicle or room for her to perform critical income, identity, and residency screening, away from the view and earshot of other medical facility patients.

Minimally, provide services to one family at a time between the two windows. Ideally provide CPA services in a room with a door so that confidential information cannot be overheard by others.
The WIC Program uses the USDA/MDCH WIC nutritional risk criteria as a basis for certification.

MI-WIC Policy 2.13, 2.15, 2.16, 6.04

4.3A CERTIFICATION-RISK ASSESSMENT

A. Health and Diet Assessment: The WIC Program determines if a person is at nutritional risk through health and diet screening at each certification, recertification, and infant health evaluation.

Reason Not Met:
The CAR Tool is not being used consistently to assess for potential risk codes not automatically assigned by the MI-WIC System.
Competent Professional Authority (CPA) staff did not review the questions from the CAR Tool with clients which is required to assess for manual assigned risks.
4.3A CERTIFICATION-RISK ASSESSMENT

A. Health and Diet Assessment: The WIC Program determines if a person is at nutritional risk through health and diet screening at each certification, recertification, and infant health evaluation.

Recommendations:

- CPA staff should use CAR Tool to assure all pertinent risk codes are assigned for each client and when assigning a special formula. The medical condition should be added to the medical screen if known at time of package assignment, to assure that the medical record is complete.
- Monitor using observations with feedback provided to certifier.
- Use the CAR Tool to ask additional questions for both referrals and possible additional risks (manual) and have clients review the Medical Conditions list for possible medical problems they may have missed.

4.3A CERTIFICATION-RISK ASSESSMENT & ASSIGNMENT

Health and Diet Assessment: The WIC Program determines if a person is at nutritional risk through health and diet screening at each certification, recertification, and infant health evaluation.

Perform routine observations using the CPA Observation checklist to ensure CAR Tool use.
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 infant health evaluation in accordance with the Anthropometric Measurement Procedures Manual.

**Reason Not Met**

- Only one leg was used to measure one infant and one child on the length board. One child was measured while looking up and one postpartum woman was not measured. One uncooperative toddler was weighed with the mother holding him and this was not noted on the MI-WIC screen.
- Stadiometers and infantometers were out of calibration.
- Hallway measuring board is off 1 and the right angle piece poses a safety hazard that could fall and injure clients.
- Tech is stripping all infants naked. This is not following Anthropometric guidelines.
- Two infants were weighed once with their diaper off and once with the dry diaper on; five of nine weights and measures were not confirmed, and at least two measurements were not recorded immediately.

**Recommendations:**

- The adult scale and infant recumbent board needs to be either fixed or replaced in order to obtain accurate weights and heights. The scales need to be calibrated every year according to WIC policy.
- Always confirm weights within 1 oz. on pediatric scale and 1/4 lb. (4 oz.) on the adult scale. Confirm heights and lengths within 2/16” (1/8”). Stature measurements must be performed according to WIC procedures.
- Use the re-weigh function on adult scale when confirming weights for adults and children.
- Have staff review the Anthropometric and Lab Manuals for proper technique. Send staff to Lab and Anthropometric Training when available.
- Weigh all infants with a dry diaper and repeat the weight; repeat all weights and measurements, and record measurements immediately onto a data sheet or in the MI-WIC system. Have adult scale calibrated.
4.3B CERTIFICATION- ANTHROPOMETRIC

Quality Assurance:
- Use Clerk/Tech or Certification checklist with observation to ensure staff perform measurements and confirm measurements.
- Monitor equipment using calibrated stick.

Clerk/Tech Checklist
WIC ME Tools – WIC Provider Website

4.3B CERTIFICATION-ANTHROPOMETRICS

ME Tool Certification
WIC ME Tools – WIC Provider Website

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<td>b) Is anyone in the family scheduled for enrollment with the WIC program? (Yes, if yes there is a cost for WIC certification)</td>
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<td>b) Does the agency accurately determine and report waist circumference and body weight for all children enrolled under 2 years?</td>
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<td>b) Is the physician certification procedure used? (Under one person holds the baby in a lying posture, with the other person holding the baby in a lying posture)</td>
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<td>c) Is measurement repeated if any continuing measurements have been obtained (keeping the infant's mouth open) (within 36&quot;)?</td>
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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 nutritional 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 Procedure Manual.

MI-WIC Policy 2.16

Reasons Not Met:
- One retest of hemoglobin was done using the original sample site.
- The quality control log did not contain a record of the open vial expiration date and a new record was not started each time a new cuvette bottle was opened.
- Hands were not washed immediately after removing gloves in three out of five clients, and gloves were not removed between testing a child and mother.
- Hematological testing was not done according to the standards set in the WIC Laboratory Procedure Manual. In three observations, the blood drop was initially insufficient and needed a second or third drop collected in the microcuvette.
- High and low control solutions are not run weekly prior to testing.
- Clients observed were not routinely asked to monitor child bandage to prevent choking. Did not mark "open date" and "expiration date" on microcuvette vials.
- In three out of five hemoglobin tests, clients were not asked if they had any bleeding problems prior to screening. Two did not have the first two drops of blood wiped away before obtaining a sample, and one used two drops of blood for one sample with the microcuvette.

Recommendations:
- When retesting, always use a new site for the sample.
- Staff must wash or sanitize their hands prior to gloving and immediately after removing gloves. Hands must be washed and new gloves put on for each client, even in same family.
- Quality control procedures need to be conducted and documented for all hemocues being used at the Local Agency according to Laboratory procedures. Document in the quality control logs as required based on WIC policy.
- Remind staff to follow Lab Policy in regards to not using "milking" technique to produce blood droplet for hemoglobin testing. Warn clients of band aid choking hazard for children. Staff need to ask about bleeding disorders prior to taking blood sample.

Follow steps in the Lab Manual for obtaining hemoglobin sample. Send staff to Anthropometric and Lab Training as available.

Also recommend using a paper towel or tray for setting lab materials on for easy clean-up.

Recommend Local Agency maintain Quality Control Logs for hematological testing as required by policy.

Ask each parent/caregiver to monitor bandage, if applied, to prevent choking. Monitor using observations with feedback provided to certifier. Staff must mark "open date" and "expiration date" on microcuvette vials in use.

Obtain a sufficient drop of blood (size of a split pea) before collecting it in the microcuvette.

Run controls at the beginning of the day to assure quality of testing for the day.
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 nutritional 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 Procedure Manual.

MI-WIC Policy 2.16, 6.04

Quality Assurance:
- Use Clerk/Tech checklist and Certification tool with observation to ensure staff perform measurements accurately.
- Monitor blood control and daily procedure logs
- Monitor bloodwork reports for retest

Assignment of Risk: The WIC Program’s Competent Professional Authority (CPA) determines an individual’s nutritional risk by considering dietary, anthropometric, hematological, and health history assessments and assigns all applicable risks.

MI-WIC Policy 2.13 A, 2.14, 2.15, 2.16

Reasons Not Met:
All known risks criteria were not assessed during client assessment. The conditions used to assess appropriateness of approval of special dietary formulas were not documented in the MI-WIC System, based on record review.

During the formula record review, five out of 14 records did not document the new diagnosis/all qualifying conditions included in the risk assessment into MI-WIC from the Special Formula Food Request Form.

All information was not gathered in order to determine all applicable risks.

All applicable risk criteria are unable to be assigned due to lack of data and inaccurate measurement data.

All risks associated with special formulas are not being documented in the MI-WIC System, based on record reviews.

In six out of 15 client records reviewed, the medical condition was not assigned in the record by the Competent Professional Authority (CPA).
4.3D CERTIFICATION-RISK ASSIGNMENT

Assignment of Risk: The WIC Program’s Competent Professional Authority (CPA) determines an individual’s nutritional risk by considering dietary, anthropometric, hematological, and health history assessments and assigns all applicable risks.

MI-WIC Policy 2.13 A, 2.14, 2.15, 2.16

Recommendations:

Document all known qualifying conditions during risk assessment at time of certification/evaluation.

The WIC CPA staff are required to assess clients using the questions on the CAR Tool at each certification visit and assign all applicable risks based on responses to those questions from clients.

Medical diagnosis is required to be documented in client records that are requesting special dietary formulas. Recommend conducting record audits to monitor compliance with policy.

Also recommend continuing record audits of special formula approvals to assist with improving documentation, as required by policy.

Record qualifying medical conditions at certification and evaluations for all clients with a Medical Documentation Form for special formula, and mark client as High Risk (if condition does not register as high risk) for all Class III formula clients.

4.3D CERTIFICATION-RISK ASSESSMENT & ASSIGNMENT

CPA Checklist:

Assessment of Risk: The WIC Program’s Competent Professional Authority (CPA) determines an individual’s nutritional risk by considering dietary, anthropometric, hematological, and health history assessments and assigns all applicable risks.

MI-WIC Policy 2.13, 2.14, 2.15, 2.16

Quality Assurance:

- Use CPA or Certification checklist with observation to ensure staff review and assign all applicable risks.
“CPA” CORRECTIVE PLAN OF ACTION

After ME review, you will receive a CPA follow-up form from Sheryl Darling at MDCH/WIC
darlings@michigan.gov

Complete Plan for each “Not Met” including training, observation, monitoring and record reviews.

- Save and return CPA by email to Sheryl or your LA Consultant for acceptance

<table>
<thead>
<tr>
<th>ME Follow-Up Form</th>
<th>Agency Name</th>
<th>Agency Number</th>
<th>Agency Title</th>
<th>ME Review Date</th>
<th>ME Reviewer</th>
<th>Follow-Up Reviewer</th>
<th>CPA Completion Deadline</th>
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<tr>
<td></td>
<td>Missy</td>
<td>Joan</td>
<td>MDCH/WIC</td>
<td>10/14</td>
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Missy and Joan attended Anthro training in Dearborn and gave demos at staff meeting 10/14
Implement your plan. Retain all materials to support your plan, i.e., meeting agenda/minutes, training documentation, observation forms with staff feedback noted, record reviews.

Notify your LA Consultant or ME follow-up Reviewer when your plan has been fully implemented for 90 days. Schedule follow-up.

Follow-up reviewer will review all of your materials and documentation of your plan implementation and determine progress or completion of plan within 1 year of Exit Conference.

Receive Letter of Final Approval from LA Consultant

Celebrate! (…and start planning for next ME)

MANAGEMENT EVALUATION FOLLOW-UP

Develop Plan
Train
Monitor
Feedback
90 day Monitor Period
Follow-up visit & Final approval

USDA ME-2015

Local Agency Operations
Eligibility documentation
Adjunctive eligibility
LA adherence to State policy and procedure
Dual Participation
Participant sanctions and disqualifications
Certification and eligibility training for LA staff
Other aspects of Eligibility Section of Federal Regulations 246.7
HINTS FOR ME SUCCESS

ME REVIEWERS

AMY THOMPSON
NANCY ERICKSON

QUALITY ASSURANCE....

Annual Review of each clinic site –
- MI-WIC Policy 1.11
- Including subcontractors
- Use ME tools & checklists
- Maintain records

Routine record reviews
Routine staff observations using ME tools or CPA or Clerk/Tech checklists

Follow-up on observations or record reviews with staff
Ask staff to participate in monitoring activities and report at staff meetings to strategize solutions
IMPORTANT RESOURCES

MDCH/WIC ME Tools
http://www.michigan.gov/mdch/0,1607,7-132-2942-4910-19205-21312-258470---00.html

Training-MIHealth
https://courses.mihealth.org/PUBLIC/cm0670/home.html

MPHI Training

ACCREDITATION 2015 SCHEDULE

<table>
<thead>
<tr>
<th>Cycle 6-2015 Calendar</th>
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<tbody>
<tr>
<td><strong>On-site Review Week</strong></td>
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<tr>
<td>February 9-13</td>
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<td>March 2-6</td>
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<td>March 9-13</td>
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<td>November 2-6</td>
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<td>November 23-27</td>
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<td>November 30-December 4</td>
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If ME completed
- Report will be marked “MET”. Report will list items identified for “Special Recognition” at most recent completed ME.

If ME not completed within 1 year past exit date
- Report will be marked “Not Met” for WIC.
- Report will list the items not completed (Reasons "Not Met") and the Special Recognitions noted on the ME.
Thank you!