

APPENDIX C-1

<p><u>PROGRAM COMPLIANCE REVIEW</u> (FHSD CR 2, WIC)</p> <p>FHSD POS Performance Monitoring and Evaluation System</p> <p>WIC PROGRAM Specific Items Included (in italics).</p> <p>Agency Name: _____</p>	<p>1) Fiscal Year: 20_____</p>
<p>also see attached WIC Site Visit Checklist</p>	<p>2) Date of on-site visit:</p> <p>3) LA Staff Completing Program Compliance Review:</p> <p>4) WIC Branch Office Personnel Evaluating Review:</p>

ITEMS	YES	NO	P	N/A	LOCAL AGENCY RESPONSE	MONITOR COMMENTS & RECOMMENDATIONS
<p>PROGRAM QUALITY MANAGEMENT</p>						
<p>1. Are measures of effectiveness being documented in preparation for the Annual Variance Report?</p>						
<p>a. Does the LA perform internal record reviews as mandated in the Nutrition Services Plan (NSP)?</p>						
<p>2. Does the program:</p>						
<p>a. Have a clearly articulated admission/eligibility policy specific to Program services?</p>						
<p>b. Have procedures in place to ensure separation of duties?</p>						
<p>c. Have procedures in place to ensure staff who are also program participants or are authorized representatives are not involved in the certification process or issuance of program benefits (in addition to maintaining a Conflict of Interest file)?</p>						
<p>d. ADMISSION How is the initial date of contact/application identified at your agency?</p>						

e. How is the 10/20 rule applied?					
f. Are walk-ins accepted and under what circumstances?					
g. What is your procedure for follow-up on pregnant women who miss their enrollment appointment?					
h. During what hours can participants be screened by telephone in your agency (Precertification)?					
i. How does your agency minimize no show rates, especially among high-risk participants?					
3. ELIGIBILITY					
a. What information does your agency use to verify residence?					
b. If you have a geographic service area requirement, what do you use to verify that the participant meets the requirement?					
c. What documentation is used for required income verification?					
d. List circumstances when your agency allows for self-declaration of income.					
e. Are applicants/participants deemed automatically income eligible for WIC if they are eligible to receive assistance from the following programs: TANF, MedQUEST, SNAP, Other_____?					
f. What type of documentation is required to verify adjunctive eligibility?					
g. Do you verify the applicant's status as a pregnant woman? Is this verification required at initial enrollment?					
4. DISQUALIFICATION/INELIGIBILITY					
a. Is written notification of ineligibility provided at initial application for WIC services?					
b. Is written notification of disqualification provided to participants at least 15 days prior to disqualification?					
c. If yes, is the policy being implemented consistently?					
d. Are there instances when a participant is reassessed for income eligibility mid-certification? What is your procedure when a participant is determined to be income-ineligible mid-certification? What is the procedure if there are other active participants in the family?					
e. Are benefits discontinued to participants awaiting appeal decisions? Under what circumstances?					
f. Requests for fair hearings in last 2 years?					
5. Does the program have documentation to verify -					
a. The number of clients served? (Caseload)					

b. Service units reported? (Nutrition Ed Contacts)						
c. Program activities?						
d. Target group served? Does your agency emphasize reaching and enrolling pregnant women in the early months of pregnancy?						
e. Client attendance? (Nonparticipation Rate) How is this information evaluated and used?						
f. How does your agency utilize tri-issuance?						
6. Does the agency/program:						
a. Have criteria for caseload or staffing patterns?						
b. Monitor caseload/staffing ratios?						
c. Mail Cards (What procedure is followed?)						
d. Replace lost or stolen Cards? (What procedure is followed?)						
e. Utilize the BIP and Breast Pump programs? Who is the Breastfeeding Coordinator?						
7. Does the program begin service delivery on schedule? How is appointment scheduling needs met for special populations (working parents, students, etc.)?						
8. Does the program submit specified documents and reports on a timely basis?						
a. NSP (Is the plan being followed?)						
b. Maintain follow-up procedures for participant/vendor complaints/inquiries?						
CLINIC/SERVICE RECORDS						
9. Do client records include:						
a. Admission/registration forms? Verification of program eligibility?						
b. Consent for services?						
c. Consent to release information?						
d. A statement of participant's rights and responsibilities?						
e. Health history? (and Diet Assessment?)						
f. Documentation of known allergies?						
g. Assessment/evaluation? (Documentation of Nutritional Risk Factors)						
h. Individualized service plan? (Care Plan)						
i. Care coordination? Are services aligned with the ISP? How is the Care Plan coordinated to meet identified nutritional risk factor needs?						

j. Documentation of current services delivered (e.g. progress notes, flow sheets, group processes). How are nutrition education contacts documented?					
k. Referrals to other programs?					
l. Discharge/transfer summary? Do you provide participants who are relocating with the name, address and telephone number of the WIC Program serving the area/state of their new residence?					
m. Documentation of service unit? Are VOC forms provided to participants leaving your service area? How are participant transfers, with valid VOC cards or forms processed by your agency?					
n. How does your agency assure that quality and accessibility of health care services are not diminished for participants whose certification period exceeds 6 months (e.g. weight checks and diet assessment performed? Other?) ?					
o. Other:					
10. Does the agency/program have clear policies on confidentiality of records (electronic or hardcopy), which includes:					
a. Security?					
b. Access?					
c. Disposal?					
d. Have you received requests for participant information? If yes: What were the circumstances and was the information provided? How is client confidentiality assured?					
11. Does the agency/program notify the Department when: clients fail to participate in program activities?					
12. INTEGRATION OF SERVICES					
a. Does your agency operate within a hospital or in conjunction with a hospital?					
b. If yes, does your agency have a current cooperative agreement (written or verbal) with the hospital?					
c. Does your agency coordinate certification, assessment, or education services with other agencies/programs?					
d. Does your agency coordinate its food benefit distribution schedule with related clinic services, e.g. well-baby clinics, prenatal clinics, etc.?					

13. AGENCY/PROGRAM EVALUATIONS						
a. Does the agency/program evaluate its performance annually? Participant surveys utilized?						
b. Does the agency/program involve staff in the evaluation process?						
c. How does the agency ensure CPAs maintain staff competencies?						
14. COMMUNITY NETWORKING						
a. Does the agency/program network with other agencies in the community?						
b. Does your agency provide information about other potential sources of local food assistance to WIC participants?						
c. Does your agency provide referral information for other health and socioeconomic resources to meet identified needs?						
15. IMMUNIZATIONS						
a. Using a documented record, infant/child <2 years old is screened for IZ status at certification visits and appropriate referral is provided if needed.						
16. CIVIL RIGHTS						
a. How does the agency ensure clinic operations are conducted a nondiscriminatory manner?						