

X. MONITORING AND AUDITS

(Please indicate) State Agency: AR for FY 2015

Monitoring and Audits involves State agency efforts to review local agency activities on an ongoing and timely basis, and to track all audits involving WIC Program activity.

A. Monitoring - 246.19(b): requires State agencies to establish a management evaluation system.

B. Audits - 7 CFR 3052: describe State agency audit responsibilities.

X. MONITORING AND AUDITS

A. MONITORING

DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Local Agency Monitoring Activity (to be updated each year) Local Agencies = Arkansas Health Department Clinics

a. Local agencies/clinics monitored:

_____ number of local agencies monitored last annual period
10 number of clinics monitored last annual period
10 number of local agencies to be monitored this current annual period
_____ number of clinics to be monitored this current annual period

Specify last annual period, from: 10/01/12 to 09/30/13 (month/day/year – month/day/year; must be applied consistently)

Specify current annual period, from: 10/01/13 to 09/30/14 (month/day/year – month/day/year; must be applied consistently)

b. Number of local agencies required to submit Corrective Action Plans (CAPs) to redress deficiencies identified during monitoring last year: 10 (Number)

c. The State agency uses a tracking device, such as a chart or spreadsheet, which summarizes the reviews of all local agencies.

Yes No

If the State agency uses a tracking device, it shows (check all that apply):

- date of most recent review for each local agency
- number of clinics reviewed in most recent review for each local agency
- listing of findings for most recent review of each local agency
- date of State agency notice of findings in most recent review for each local agency
- date of local agency corrective action plan in most recent review for each local agency and/or clinics
- outcome of corrective action plan

d. In preparing to conduct a local agency review, the State agency reviews data reports on:

- no-shows by category
- administrative costs claimed
- financial reports
- priorities served
- caseload
- racial/ethnic
- staff/participant ratios
- participant nutrition surveillance data for participants in that local agency

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A. MONITORING

- other (specify): Outreach, Breastfeeding and Nutrition Education Plans; Complaints; Nutrition Education Show Rates; Local Health Unit Administrator Questionnaire; Required Training

**ADDITIONAL DETAIL: Monitoring & Audits Appendix
and/or Procedure Manual (citation): AR WIC Policy Manual: WIC 114-115**

2. Local Agency Monitoring Procedures (Applies to AR Health Department Clinics)

a. The State agency uses an established protocol when it monitors local agencies.

- Yes No

If yes, attach in Monitoring and Audits Appendix or specify location in Procedure Manual below:

This monitoring protocol includes:

- advance notification of monitoring visit
- determination of timeframes for conducting the review
- designation of local agency staff to assist State agency staff during review
- discussion of review findings on-site with local agency
- specified time frame for providing written review report
- specified time frame for local agency submission of corrective action plan, not to exceed 60 days from receipt of State agency's report
- instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)
- evaluation of adequacy of corrective action
- follow-up with local agency to ensure corrective action measures are implemented
- written notification of closure of the review
- other (specify): _____

b. Monitoring of local agencies is conducted by (check all that apply):

- State WIC staff
- district or regional staff
- other health programs
- other (specify): _____

c. Specialists in the following areas monitor the areas of their expertise:

- certification and eligibility determination
- caseload management
- nutrition services
- breastfeeding promotion and support
- targeting and outreach policies
- financial management of administrative funds
- food delivery system

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A. MONITORING

- vendor management
- civil rights
- Information Systems security
- other (specify): _____

If the State agency uses reviewers to monitor areas in which they do not have expertise and/or prior knowledge, describe how the State agency trains or equips its reviewers to conduct the review: _____

d. The State agency uses a standard local agency/clinic review form.

- Yes No

(If yes, please ensure that it is included in the monitoring and audits appendix if it is not included in the procedure manual or elsewhere in the State Plan.)

If yes, the review form covers the following areas:

- an assessment of local agency management
- an assessment of patient flow
- certification case file reviews, including procedures for determining adjunctive income eligibility
- caseload management
- training of local agency and clinic staff
- nutrition education
- breastfeeding promotion and support
- targeting and outreach policies
- financial management of administrative funds
- validation of staff time spent on WIC
- food instrument accountability
- vendor training and monitoring, if these functions are delegated to local agency
- civil rights compliance
- other (specify): Security of: participant ID folders, check stock, formula & toner ; Formula inventory & issuance; Breast pump inventory.

e. The State agency has developed procedures for local agencies to use when they evaluate:

- their own operations
- subsidiary/satellite operations (e.g., county health department clinic)
- subcontractors (e.g., community action program, hospital)
- homeless facilities/institutions
- other (specify): Regional WIC Staff conduct local Management Evaluations using the same tools as the State Office Staff.

If yes, these procedures include a monitoring tool.

- Yes No

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If yes, all local agencies are required to follow these procedures.

- Yes
 No (specify basis for exemptions): _____

**ADDITIONAL DETAIL: Monitoring & Audits Appendix
and/or Procedure Manual (citation):**

3. Use of Local Agency Review Data

a. The State agency analyzes the results of local agency monitoring visits to determine whether deficient areas are common among its local agencies.

- Yes No

b. The State agency utilizes local agency review data to (check all that apply):

- identify outstanding operational approaches that could be shared with other local agencies
 track individual local agency performance
 compare administrative costs/expenses among local agencies
 compare staffing and organization among local agencies
 other (specify): Identify trends for training purposes.

**ADDITIONAL DETAIL: Monitoring & Audits Appendix
and/or Procedure Manual (citation):**

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B. AUDITS

Do not include management evaluations or other reviews conducted by FNS regional offices or by WIC State agencies. This section concerns the audits conducted under 7 CFR 3052, and audits conducted by USDA's OIG.

1. Audits (Federal, State, and Local)

a. Number of audits conducted during FY-2014: 0.

b. Entities audited (includes both State and local agencies)	Auditor(s)	Period of Audit	Status/disposition of audit at this time (management decision, final action, etc.)
<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. Entities not audited and reason (e.g., local office is not a subrecipient local agency, entity did not expend \$500,000 or more in Federal funds during the fiscal year, etc.)

Entities not audited (includes both State and local agencies)	Reason Entity Not Audited
<u>N/A</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

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B. AUDITS

2. Audit Management Decision

a. Methods used by the State agency to ensure that corrective action is taken on audit findings include (check all that apply):

- State agency has a copy of the corrective action plan on file.
- State agency tracks audits to determine if the same problems are recurring from year to year.
- Local agency must file periodic reports.
- State agency contacts local agency by phone or in writing periodically.
- State agency visits local agency.
- Other (specify): _____

b. State agency actions taken to ensure that all claim amounts are recovered include (check all that apply):

- Local agency files periodic reports.
- State agency contacts local agency by phone or in writing.
- State agency monitors receipt of a check in the amount of an audit claim.
- State agency establishes and employs billing/offsetting of account procedures.
- Other (specify): _____

c. State agency accounting procedures for claim amounts recovered:

- Recovered claim amounts from prior fiscal years are returned to FNS.
- Recovered claim amounts are reallocated if collected within the same fiscal year.
- Claim amounts are verified with local agency.
- Other (specify): _____

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

3. Availability of Audit Reports

a. The State agency receives and maintains for at least three years copies of all organization-wide audits involving the WIC Program and maintains a listing of those audits.

- Yes No, copies are retained by: _____

ADMINISTRATOR'S QUESTIONNAIRE

County Health Unit _____

Date _____

Administrator's Name & Title _____

Please send the following documentation with this questionnaire or specify N/A if not applicable:

_____ Copies of the Special Formula Logs for the last two months. (Please return ASAP)

_____ Documentation of participant abuse or complaints *

_____ Documentation of vendor complaints *

_____ Printed list of county resources from SPIRIT and provide date of last update

_____ Documentation of the **current Federal Fiscal Year Nutrition Education Plan

_____ Documentation of the **current Federal Fiscal Year Breastfeeding Plan

_____ Documentation of community breastfeeding outreach project

_____ Documentation of the **current Federal Fiscal Year Outreach Plan

_____ Documentation of all outreach performed for the **current Federal Fiscal Year **and** the ***prior Federal Fiscal Year

_____ Documentation of local media efforts and/or outreach materials with documentation of WIC central office approval *

_____ Documentation of complaints of discrimination and disposition *

_____ Completed "Required Training Checklist" document

_____ List of all **WIC** staff with name and job title (CPA, clerk, PHT, etc.)

_____ List of any WIC employees who are proxies or have relatives on WIC. Please document the relative's name and their State WIC ID # next to the employee.

* **If applicable**

** **Current Federal Fiscal Year = FFY 2014** (October 2013 – September 2014)

*** **Prior Federal Fiscal Year = FFY 2013** (October 2012 – September 2013)

Revised February 2014

Please complete the following questions and return with the above documentation.

I. Caseload Management

- How frequently do you schedule WIC certifications?
- On certification day, what is the average time a participant spends in the local health unit?
1 hour or less _____ 1-2 hours _____ 2-4 hours _____ More than 4 hours _____
- What is your current caseload?
- How many applicants/participants are scheduled per CPA per hour?
- When an appointment is requested for the following, when would it be scheduled? (Number of calendar days):

	<u>In person/Walk-in</u>	<u>Request by Telephone</u>
VOC	_____	_____
Pregnant woman	_____	_____
Infant	_____	_____
Migrant	_____	_____
Breastfeeding	_____	_____
Postpartum	_____	_____
Child	_____	_____
Homeless	_____	_____

- What days and times can participants pick up checks?
- How are WIC applicant/participants reminded of appointments?
- What procedures do you have in place to contact each pregnant applicant who misses her first appointment in order to reschedule the appointment?
- What do you do if WIC applicant/participants come early, are late or miss their appointment?
- What is your current show rate over the past three months? Please add justification if this is not a typical show rate.
 - Certifications _____
 - High Risk Nutrition Education _____
 - Non-High Risk Nutrition Education _____

Justification:

What efforts are made to maximize show rates for certification/nutritional assessment, High Risk NE, Non-High Risk NE, and WIC check pick up?

- How do you assure employed persons and rural residents are accommodated for WIC services?

7. Are there migrant* service agencies within the region? If yes, please list and explain how you coordinate with them. * *Please note: Ethnicity does not necessarily indicate migrant status. Migrants are persons whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of employment, a temporary home.*
 - Has the local agency developed any special initiatives or activities to serve migrants, such as special hours, on-site clinics, distribution of food instruments, use of interpreters, Etc. Describe.
8. Who are your regional and local breastfeeding coordinators? Please list names and credentials.
9. How is a mother who needs help with breastfeeding put in contact with this person?
10. What breastfeeding resources are available to breastfeeding moms in your community? Do any provide access to help after hours?

II. Outreach

1. Have you developed any outreach materials that include WIC services or used any local media to promote WIC services?

III. Policy Manual

1. How do you insure all staff is informed about new policy, memos or transmittals?

IV. Civil Rights

1. How would you recognize that a complaint was a civil rights complaint?
2. What procedure would you follow if you received a civil rights complaint?
3. Were there any complaints of discrimination received at the local health unit during the past year? If so, what action was taken on the complaint?
4. Does this local health unit use interpreters? If so, what type/language do you have available (Spanish, hearing impaired etc.)?
 - How are they contacted when needed?
 - How does this affect the applicant? (e.g., access to services, convenience etc.)

5. How much interpreter time do you have available? Is this contract interpreter or use of bilingual staff?
6. If the LHU doesn't have interpreters, how does the LHU accommodate for non-English speaking, and hearing impaired participants? What do you do if you need an interpreter and one is not available on-site?
7. List any problems due to lack of interpreters.
8. How does the LHU accommodate disabled participants?
9. If the applicant does not disclose their racial/ethnic identity, how does the local health unit determine this information?
10. How do you ensure all participants have the opportunity to register to vote?

V. Security and Accountability

1. Who has access to check/CVB stock, MICR toner and Farmer's Market Checks? Please list names and titles. _____

2. How many people issue WIC checks/ CVBs or Farmer's Market checks? Please list names and titles. _____

3. What is the procedure for reporting lost/stolen checks/CVBs/Farmer's Market checks from local health units or reported by participants?
4. List the person (and their back-up) who is responsible for the following: **Please list names and titles for each.**
 - Special formula ordering _____

 - Receiving formula _____

 - Special formula inventory _____

 - Breast pump inventory _____

- _____
WIC check/CVB stock/MICR toner ordering _____
- _____
WIC check/CVB stock/MICR toner inventory _____
- _____
Farmers' Market checks (if applicable) _____

VI. Nutrition Services

1. Does the county Cooperative Extension office provide any materials or nutrition education?
2. How is WIC Check pick-up coordinated with nutrition education?
3. Are checks/CVBs/Famers' Market checks provided to participants who refuse nutrition education?
4. How often is the Nutritionist scheduled in the local unit?
5. How many high risk participants are scheduled per hour for the Nutritionist?
6. Does the Nutritionist also provide Non-High Risk NE while she is there?
7. Are High Risk appointments always available within 45 days?
8. Who is responsible to key attendance for Non-High Risk NE? How often is it keyed?
9. How are participants reminded of Non-High Risk NE and high risk appointments? If not, why?

VII. Vendors

1. If a local vendor calls with questions, who is responsible for answering the questions or who are those calls referred to?
2. If a local vendor reports participant abuse, who are those calls referred to?

VIII. Complaints/Abuse

1. How are complaints from or about participants or vendors handled?
2. Have you received any complaints in the previous year from:
 - Participants? **Yes**_____ **No**_____
 - Vendors? **Yes**_____ **No**_____

Participant Name _____

MANAGEMENT EVALUATION CHART REVIEW

State ID# _____

HH ID# _____

Date: _____

Clerk: _____

Health Unit: _____

CPA: _____

Participant Category: _____

Reviewer: _____

YES	NO	N/A	NOTES
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DEMOGRAPHICS

Complete address entered			
Telephone number complete with area code or "None" indicated			
Mailing address complete			
WIC Category appropriately marked			
ID Proof marked (Pending Proof is NOT acceptable); proof per Arkansas policy			
Residency Proof marked (Pending Proof is NOT acceptable); proof per Arkansas policy			
Physical presence of applicant marked. If marked "no", reason is recorded			
If participant indicates homelessness, it's marked & fixed nighttime residence is identified			
Race/Ethnicity documented			
Mother's maiden name listed			
Household smoking indicated			
TV/Video Viewing indicated			
Type of Medical Home indicated			
If a hardship is documented, the type of hardship has been selected			
Language correspondence preference identified			
Household language identified			
Marital status indicated			
Educational level indicated			
Authorized rep listed			
Proxies identified or "None" indicated			

HEALTH INFORMATION**Infant**

Birth weight recorded and plausible			
Birth height recorded and plausible			
Weeks gestation indicated			
Mother's birthdate recorded			
Chart indicates mother's WIC status			
Breastfeeding infant linked to mom			
"Feeding" section complete			

YES	NO	N/A	NOTES
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Participant Name _____

MANAGEMENT EVALUATION CHART REVIEW State ID# _____

HH ID# _____

Child				
Birth weight recorded and plausible				
Birth height recorded and plausible				
Weeks gestation indicated (under 2 yrs. of age)				
If applicable, prematurity indicated (under 2 yrs. of age)				
"Feeding" section complete				
Pregnant				
"Current Pregnancy Information" section complete				
"Previous Pregnancy Information" section complete				
"Any Pregnancy History" section complete				
Amount of multivitamin documented				
Breastfeeding or Non-Breastfeeding Post -partum				
"Postpartum Information" section complete				
"Most Recent Pregnancy History" section complete				
"Any History Of" section complete				
INCOME HISTORY				
Income documented for current certification per Arkansas policy				
HT./WT./BLOOD				
Ht/Wt./Blood work entered and plausible				
Percentiles reflect risk code assignments (ex: underweight, overweight, short stature)				
Hemoglobin performed according to policy				
VENA				
Medical history assessed/documented completely				
Medical care assessed/documented completely				
Dental care assessed/documented completely				
Immunizations assessed/documented completely				
Weight/development assessed/documented completely				
Eating routine/habits assessed/documented completely				
Food storage/preparation assessed/documented completely				
Safety concerns assessed/documented completely				
Smoking assessment documented completely				
Substance abuse documented completely				
Breastfeeding assessment documented completely				
	YES	NO	N/A	NOTES

Participant Name _____

MANAGEMENT EVALUATION CHART REVIEW State ID# _____

HH ID# _____

RISK FACTORS			
All applicable risk factors assigned correctly			
Risk factors updated as needed (ex: Special formula change, food rx change, etc.)			
FOOD PRESCRIPTION			
Food prescription was entered at certification			
Food prescription tailored based on risk factors			
Food prescription tailored based on participant request/preference & documented in notes			
If applicable, prescription for foods are scanned into record			
Correct amount of food/formula issued			
REFERRALS			
Referrals for needs identified during assessment or participant request (Medicaid, SNAP, food banks, shelters, etc.) were made			
NUTRITION EDUCATION			
High-Risk Nutrition Education appointment scheduled correctly			
High-Risk Nutrition Education appointment rescheduled correctly			
Non-High Risk Nutrition Education appointment scheduled correctly			
Non-High Risk Nutrition Education appointment rescheduled correctly			
Missed Nutrition Education scheduled correctly			
Secondary Nutrition Education contact documented			
BFPC County: Referral to BFPC checked for all prenatal & breastfeeding participants.			
APPOINTMENTS			
Appropriate follow-up appointments made (ex. 9-12 Hgb., weight checks, etc.)			
BENEFITS HISTORY			
Checks issued at certification			
If "voided", date and reason are indicated			
Signature captured (electronically or WIC-58 scanned into record)			
If checks were mailed, policy was followed			
SPECIAL FORMULA			
If infant, child or woman receives special formula, prescription/required forms are scanned into participant folder within 2 days (includes any formula after 1 yr. of age)			
WIC 49, WIC-50 and WIC-51 are complete/accurate per policy			
Length of special formula approval appropriate for diagnosis per policy			
Prescription approved by region-approved nutritionist			
	YES	NO	N/A
			NOTES

Participant Name _____

MANAGEMENT EVALUATION CHART REVIEW

State ID# _____

HH ID# _____

Prescribed foods at the time of certification are indicated			
Food pkg. tailored according to prescription (formula and amounts, food and amounts, etc.)			
Special Formula issued on 1 month cycle			
No partial packages of special formula issued			
Special Formula is not issued before "First Date to Use"			
BREASTFEEDING DYADS			
Breastfeeding dyads were certified at the same time if possible			
Breastfeeding dyads correctly linked			
Breastfeeding dyads placed on one month issuance for first 3 months			
Applicable risk factors for breastfeeding marked			
NOTES/DOCUMENTATION			
Assessment complete			
Plan complete			
Goal documented in SPIRIT SOAP note or in Goal Setting Button under Nutrition Ed. Tab			
Notes documented regarding changes to participant record, food prescription, status, formula change, pump issuance, incorrect system assignment of risk			
Information that must remain permanent in a record is documented in a General or SOAP note; should not be documented only in an Alert			
Alerts deleted when no longer applicable			
Legal and/or supporting documents scanned into participant record within 2 days (ex: include \$0 income, directions to home if P.O. Box, custodial papers, etc.)			
BFPC COUNTY ONLY: BFPC NOTES/DOCUMENTATION			
BFPC SOAP note is complete			
BFPC SOAP note at certification includes reasonable, measurable goal			
SOAP notes document evidence of participant tracking.			
SOAP notes document evidence of BFPC YIELDING appropriately for situations outside BFPC scope of practice			
ADDITIONAL NOTES:			

Participant Name _____

MANAGEMENT EVALUATION CHART REVIEW

State ID# _____

HH ID# _____

Participant Name _____

MANAGEMENT EVALUATION CHART REVIEW

State ID# _____

HH ID# _____

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Participant Name _____

MANAGEMENT EVALUATION CHART REVIEW

State ID# _____

HH ID# _____

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Participant Name _____

MANAGEMENT EVALUATION CHART REVIEW

State ID# _____

HH ID# _____



Participant Name _____

PARTICIPANT OBSERVATION TOOL

State ID# _____

HH ID# _____

Date: _____

Reviewer: _____

Clerk: _____

Health Unit: _____ Site: _____

CPA: _____

Participant Category: _____

BFPC: _____

Appointment type (circle one): Initial Certification Recertification Non-High Risk Other **Arrival time to clinic:** _____**Appt. time:** _____ **Time appt. started:** _____ **Time appt. ended** _____ **Intake:** _____**Measurements:** _____ **Nutrition Assessment:** _____ **Food Checks/CVBs:** _____ **Total Time in Clinic:** _____**CLERICAL FUNCTIONS**

	YES	NO	N/A	NOTES
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Intake/Demographics

Participant greeted by clinic staff				
Participant information gathered & services provided in a private manner				
Income & household size assessed sources documented				
Residency assessed & sources documented				
Identity assessed & sources documented				
Additional information collected (e.g., household smoking, TV viewing, hardship, language, etc. Smoking question = Does anyone living in your household smoke inside the home?				
Participant given written ineligibility notice or 15-day notice of certification expiration				
"Do You Need These Services" given to participant				
Income Checklist for WIC Participants given to participant				

CPA FUNCTIONS**Measurements**

Anthropometrics obtained correctly				
Anemia screen completed per policy				

Nutrition Assessment

Established rapport with participant				
Reviewed past SOAP Notes, nutrition risk factors, Non-High Risk Nutrition Ed. scheduled & received, etc.				
Reviewed/discussed results from Demographics, Health Info.; Ht./Wt./Blood (prenatal wt. gain chart, growth chart, appropriate wt. gain, etc.)				
Asked all VENA questions				
Asked VENA questions as open-ended questions				
Asked probing questions to clarify responses				
Documentation reflects responses from participant				
Explained to participant why they are eligible for WIC				
Reviewed all system assigned nutrition risk factors				
Assigned additional risk factors as applicable	YES	NO	N/A	NOTES

Participant Name _____

PARTICIPANT OBSERVATION TOOL

State ID# _____

HH ID# _____

Documented additional assessment information, as appropriate			
Referred participant to outside services when needed (e.g., social work, food pantry, etc.)			
Explained referrals to participant			
Nutrition Education			
Provided primary nutrition education contact			
Provided breastfeeding promotion if applicable			
Asked the participant about additional concerns or questions			
Provided information addressing additional concerns or questions			
Worked with participant to set a goal			
Goal documented in SPIRIT SOAP note or in Goal Setting Button under Nutrition Ed. Tab			
Scheduled and documented Secondary Nutrition Ed to assist participant with meeting goal(s)			
Appropriate appointments made (e.g., high risk, SNE, breastfeeding peer counselor, etc.)			
Appropriate nutrition education materials given			
Food Prescription and Check Issuance			
Food Prescription explained to participant			
Correct food prescription prescribed and explained to participant			
Food package tailoring offered to fit individual needs and preferences			
Notice of Eligibility issued to participant			
Rights and Responsibilities explained to participant			
Signature captured for Rights and Responsibilities (electronic or WIC-59)			
Checks & CVBs issued with instructions per Food Check & CVB Redemption Policy			
Checks printed for appropriate monthly cycle			
Checks printed for entire household as appropriate			
Signature captured for check/CVB issuance (electronic or WIC-58)			
Authorized food list issued and explained			
BREASTFEEDING PEER COUNSELOR FUNCTIONS			
BFPC Breastfeeding Promotion & Support			
Established method to ensure BFPC receives referral on all available at certification			
BFPC uses open ended questions to elicit participant concerns			
BFPC provides basic education appropriate to participant concerns			
BFPC affirms participant concerns			
BFPC appropriately YIELDS concerns outside her scope of practice			
BFPC makes arrangements with participant for future contacts			

Participant Name _____

PARTICIPANT OBSERVATION TOOL

State ID# _____

HH ID# _____

