

Documentation of Record Review Continued ...

Page

Michigan WIC Program
WIC Ineligible Client Report

From: 10/11/2024 To: 10/10/2025

Generated Date: 10/10/2025

Local Agency: [REDACTED] Health Department

Clinic: [REDACTED] WIC Program

Client ID	Client Name	Birth Date	Cat	Reason for Ineligibility	Inelig Date	Notice Given
3019	[REDACTED]	03/24	C3	Income eligibility not met		N
3019	[REDACTED]	03/24	C3	Income eligibility not met		N
3019	[REDACTED]	02/20	C4	Income eligibility not met		N
3019	[REDACTED]	07/10	NPP	Deceased		N
3019	[REDACTED]	03/28	C3	Income eligibility not met		N
3020	[REDACTED]	12/28	C2	Income eligibility not met		N
3020	[REDACTED]	04/18	C2	Residency eligibility not met		N
3022	[REDACTED]	09/07	IFF	Deceased	11/12/2024	Y
3022	[REDACTED]	06/27	NPP	Deceased		N
3022	[REDACTED]	11/08	IFF	Residency eligibility not met		N

Local Agency Total: 10

Ineligibles

Report: Client/Miscellaneous/Communication

MDHHS/WIC Management Evaluation

Active Record Review

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Ineligible/Short Certs Documentation Record Review	Client's Identification Number						Review WIC Ineligible Report from last 12 months	
Ineligibles Documentation (Policy 2.20)					NA	Total errors	<p><i>The Reviewer should randomly select 5 ineligible records for review.</i></p> <p>Review client record: Client/Miscellaneous/ Communications to determine if document printed if not on report reviewed.</p> <p>*Ineligible at initial certification or recertification-issuance of written notice and Fair Hearing is required. Fair Hearing prints automatically with Ineligibility notice. Only the Ineligibility Notice is written to the Communications file.</p>	
*Written Notice of Ineligibility given	NO	NO	NO	NO	Y/ N	4		
Reason stated	YES	YES	YES	YES	Y/ N	0		
Valid reason for ineligibility based on record?	YES	YES	YES	YES	Y/ N	0		
5.4c Did agency provide required notifications for valid reasons?							YES	If 2 or more, cite Action Plan needed
<i>Income at recert-putting note, canceling appt, no income documentation in MI-WIC.</i>								X

Notification

- Mark “Ineligible Reason” on Client Information screen
- Print Ineligibility notice
- Verify Communication screen
(clinic/Miscellaneous/Communications)

Notice of WIC Ineligibility

Test Agency 2
WIC Program
120 South Walnut, Lansing, MI 48913
(517) 335-2520

November 06, 2014

Jeannie Testerni
Client ID: 300973502
Family ID: 9421312

Dear Terri Testerni:

The person noted above is not eligible for the WIC Program for the following reason:
Residency eligibility not met

You have the right to ask for a Fair Hearing if you feel you have been treated unfairly. You may re-apply for WIC services if your family's circumstances change.

Test Agency 2

This U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, marital and marital status, political beliefs, genetic information, sexual orientation, or status as a victim of domestic violence, or on the basis of an individual's receipt of a federal benefit from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. Not all prohibited bases will apply to all programs and/or employment activities. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (found online at <http://www.nrc.usda.gov/cepc/>), and file it at any USDA office or call (800) 852-8962 to request the form. You may also write a letter concerning all of the prohibited practices in this form. Send your completed complaint form or letter by air to the head of U.S. Department of Agriculture, Director, Office of Adjudication, NAD, Independence Avenue, SW, Washington, DC 20250-4410, by fax (202) 690-7414, or email program.mails@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (voice). USDA is an equal opportunity provider and employer.

Expiring Short Certs Report

Clinic/Reports/Participation/Expiring Short Certs

Michigan WIC Program

Page 1 of 1

Expiring Short Certs

CLINIC: **WIC** Office

Termination Date: 4/8/2020 to 10/7/2020

Generated Date: 10/07/2020

WIC Office									
Auth. Person/Client Full Name	Family ID	Category	Cert Start Date	Cert End Date	Term Date	ID	Income	PG	Short Cert Reason Res
		1419		MI 49					
		PG	3/12/2020	12/28/2020	4/11/2020		X		
		129		MI 49					
		PG	5/18/2020	10/31/2020	7/17/2020			X	

- ▶ Generate Report (*from past 12 months or shorter if doing on consistent basis*)
- ▶ Review record to determine: Short Cert Notice and if legitimate reason for short certification.

Notice of Short cert given?

Miscellaneous/Communications-client level

The screenshot displays the MI-WIC Management Information System interface. On the left, the 'Active Record' for client 'marina' is shown with details: Cat: PG (female), ID: 301, DOB: 9/27/1983, Age: 31 yrs, 1 mos, Cert: 10/15/14 - 05/30/15, Status: Certified. The main area shows 'Communications for Client:' with a table of messages:

Date	User ID	Description
10/30/2014	PRC_UPD_TER...	Notice of End of Certification
10/15/2014	ALSURAIMIS12...	Short Cert Warning Notice
10/06/2014	EOD_DMB	Appointment Reminder Notice

On the right, a 'Short Certification Notice' is displayed, dated November 04, 2014. The notice is addressed to 'MARINA' and states: 'Because we do not have all of the information we need to complete a certification, we have temporarily limited Marina's ... the entire certification period that ended Friday, November 14, 2014. Additional information needed to complete the certification includes: [X] No proof of income supplied, [X] No proof of pregnancy supplied. If the needed information is provided by Friday, November 14, 2014, Marina ... can remain eligible to continue receiving WIC benefits. If you have any questions please call the Holland County at (717) 437-1201.' The notice is signed by 'Holland County' and 'Holland, MI WIC'.

Short cert notice printed

Client received end of cert notice which is system

Verify Need for Short Cert No Proof of Income...

- **Verify income & Adjunct history** (to view verification)
 - No income, homeless, migrant or cash income self declared
 - Adjunct eligibility verified? (Champs or MI-Benefit)

The screenshot displays the MI-WIC Management Information System interface. The main window shows the 'Active Record' for a client named 'marina' (ID: 301, DOB: 9/27/1983, Status: Certified). The 'Income Information' tab is active, showing a family size of 4 and a total of 5. A table lists income sources, with 'Gross Wages' at \$18.00 per hour, resulting in an annual amount of \$33,696.00. Two 'Adjunct Eligibility' dialog boxes are open. The top one shows a table for including adjuncts in verification, with columns for 'Include In verification', 'Name', 'CAT', 'Adjunct Elig', 'Medicaid*', 'Food Stamps*', and 'FIP*'. The bottom dialog box shows the 'Adjunct Eligibility History' for client 'MARINA A' (ID: 301), with a table showing a record where the client is not eligible for any of the listed programs.

Source*	Interval*	Amount*	Verification*	Annual*	Date*	User ID
Gross Wages	Hourly	\$ 18.00		\$ 33,696....	10/15/2014	51234

Include In verification	Name	CAT	Adjunct Elig	Medicaid* REP*	Medicaid* VER	Medicaid* Details	Food Stamps* REP*	Food Stamps* VER	Food Stamps* Details	FIP* REP*	FIP* VER	FIP* Details	History

CAT	Adjunct Elig	Direct/Family	REP	VER	Number	REP	VER	REP	VER	Bridge Card# for SNAP/FIP	Date Assessed	Assessed By
PG	No	Neither	No			No		No			10/15/2014 8:57:05 ...	1234

Local Agency State User Roles Report

-Monitors roles assigned to staff to determine if meet credentials for role:

- Coordinator
- BF Coordinator
- IBCLC
- CPA
- RD

Michigan WIC Program
Local Agency / State User Roles
LA: 970000 Test Agency 1

Generated Date: 10/11/2018

Test Agency 1	LA Level Roles							Class III RD	Clinic RO
	Coordinator	Compliance Investigator	Class III RD	CPA	RD	EBT Card Inventory			
Boyden, Jane	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Clerk, Raquel									
Coord, Raquel	<input checked="" type="checkbox"/>								
Coordinator, Mary	<input checked="" type="checkbox"/>								
Cpa, Raquel				<input checked="" type="checkbox"/>					
Psc, Anthony									
Psc, Kristina									
Psc, Mary			<input checked="" type="checkbox"/>						
Psc, Raquel									
Pscbag, Kodur									
Testuser, Bk									
Testuser, Kristina			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

Staff Trainings

- ▶ Initial Training Plan 1.07A
- ▶ Ongoing Log
- ▶ Nutrition Service education-all CPAs 4X/year
- ▶ Breastfeeding Education-All Staff 4X/year
- ▶ Review certificates/documents of 2 staff

Formula Approval Record Review

Formula Approval Record Review

Food Package/ Formula Approval Record Review

7.3 a- Review at least 8-client records total (including some of each group designated below) and verify that the agency is following WIC Policy for formula/food package approval and documentation. Use Y or N in each cell.

Use the **Formula Usage Report** to identify clients for *All Class I (excluding infants), II & III formulas.*

Formula type	Client ID#	Medical Doc. Scanned	Medical Doc. Complete	Qualifying Condition (QC) meets requirement	QC included in risk assessmnt if known at time of cert/eval*	Appropriate Food Package	Expire Date appropriate for Rx	Formula Re-Evaluation Completed (new)	**High Risk/ NCRD?	Notes:
Class I – C1-C4										
Class II										
Class III										
Total Citations		0	0	0	0	0	0	0		

Run 'Formula Usage' Report

The screenshot shows a software application window with a menu bar at the top containing 'File', 'Scheduler', 'Certification', 'Benefits', 'Miscellaneous', 'Reports', 'Help', and 'Messages'. The 'Reports' menu is open, displaying a list of report options. The 'Participation' option is circled in red. Below the 'Participation' option, a secondary list of reports is visible, with 'Formula Usage' also circled in red. A mouse cursor is pointing at the 'Formula Usage' option. The background of the application shows a search interface with 'Scope' (Local Agency, State, Clinic), 'Search By' (Client, Authorized Person), and search fields for 'ID', 'Last Name', and 'OR'. A table header is visible with columns: 'Last Name', 'First Name', 'I', 'Birth Date', and 'AP Last'. Below the table, it says 'No Records Exist in Data Source'. A 'Print List' button is located at the bottom left of the application window.

File Scheduler Certification Benefits Miscellaneous **Reports** Help Messages

Active Client
Administration
Auto Dialer Call Result
Breast Feeding
Breast Pumps
Caseload
EBS Action List
EBT
Education and Referrals
MIHP Billing Report
Monitoring
Nutr and Health Summary
Participation
Scheduler
WIC Health.org Error Report

Active Enrollees by Zip Code
Alphabetical Complete Listing
Alphabetical Listing of WIC Auth Pers and Enrollees
Client Complaint and Investigation Summary
Client Compliance Log
Clients Eligible for Benefits
Clients by Cert End Date
Expiring Short Certs
Families Count By Primary Language
Formula Usage
Immunization
Income Guidelines

Scope
 Local Agency State Clinic

Search

Search By
 Client Authorized Person

ID
Last Name
OR

Last Name	First Name	I	Birth Date	AP Last
No Records Exist in Data Source				

Print List

Select Local Agency or Clinic, Month, Year, and All Class I, II, & III formulas

Run the report going back 1 to 3 months. Do monthly or quarterly.

Report Parameters - Google Chrome

miwic-prod.state.mi.us/MIWICP/Clinic/WebForms/Reporting/ReportParams.aspx?fiFAlYRQYXJh...

Formula Usage

Local Agency	<input checked="" type="checkbox"/>
Clinic	<input type="checkbox"/>
	970000 Test Agency 1
Issue Month	October
Issue Year	2025
Class I/Contract Formula	<input type="checkbox"/>
Class II & III Formula	<input type="checkbox"/>
All Class I (excluding infants), II & III	<input checked="" type="checkbox"/>

Run Report Cancel

Michigan WIC Program

Formula Usage Report

Issue Month: October 2025

ALL Class I (excluding infants), II And III

Generated Date: 10/10/2025

Formula: or BTL 8 Oz: PEDIASURE w/FIBER

III

Client Name	Client ID	Client Category	Reauth Date	Cert End Date	Phone Number	High Risk
P[REDACTED]	[REDACTED]	C3	12/16/2025	12/16/2025	(517)-672-8072	Y

Formula: or BTL 8 oz: RTF Boost

III

Client Name	Client ID	Client Category	Reauth Date	Cert End Date	Phone Number	High Risk
F[REDACTED]	[REDACTED]	PG	01/09/2026	01/09/2026		Y

Formula: Similac Infant Formula PWD

Class I

Client Name	Client ID	Client Category	Reauth Date	Cert End Date	Phone Number	High Risk
[REDACTED]	[REDACTED]	C1	03/11/2026	04/08/2026		Y

Has the “Medical Documentation” form been scanned?

Click on the Images Icon to assure Special Formula/Food Request form has been scanned.

Images for Family: CLELAND, JACLYN

	Document	Image Type	Name	Date
	search .	search ...	search ...	search ...
	Medical Documentation	Scan		09/12/2025
	Medical Documentation	Scan		04/18/2025
	Client Agreement	Scan		04/09/2025
	Medical Documentation	Scan		07/11/2024
	Client Agreement	Scan		07/10/2024
	Client Agreement	Scan		06/06/2024

1 - 6 of 6 records

⏪ ⏩ Prev 1 Next ⏪ ⏩

Remove Display

Save Cancel Close

Is “Medical Documentation Form” Complete?

Sections 1, 2, and 4 are completed?

Section 3 completed if changes to food pkg or alternate milk specified by the physician with a special formula?

Provider signature & date?

**DCH-1326, WOMEN, INFANTS, AND CHILDREN (WIC)
SPECIAL FORMULA/FOOD REQUEST**
Michigan Department of Health and Human Services (MDHHS)
(Revised 6-24)

COMPLETE ALL APPLICABLE SECTIONS.

Client Name		Date of Birth		Parent/Guardian Name	
(Optional)	Weight	Length/Height	Head Circumference	Hemoglobin/Hematocrit	
Date Measured		/ /	/ /	/ /	/ /

SECTION 1 – QUALIFYING CONDITION(S)

- Preterm birth < 37 weeks gestation
 Low birth weight (≤ 5 lbs 8 oz)
 Failure to thrive
 Severe food allergies (specify) _____
 Immune system disorder (specify) _____
 Metabolic disorder/inborn errors of metabolism (specify) _____
 Medical condition that impairs nutrition status (specify) _____
 Gastrointestinal disorder/malabsorption syndromes (specify) _____

SECTION 2 – FORMULA

Formula	Amount/Ounces per day	Duration (not to exceed 12 months)
---------	-----------------------	------------------------------------

I authorize WIC to issue a comparable formula if specified formula is not available (page 2) Yes No

SECTION 3 – FOOD RESTRICTIONS & SUBSTITUTIONS (OPTIONAL)

No WIC foods - provide formula only (starting at 6 months)

OMIT these WIC Foods (WIC professional will determine unless marked otherwise)

Infant (6-12 months)

- Infant cereal
 Infant fruits/vegetables

Child (1-5 years) and Woman

- Milk Legumes Bread, rice, tortilla, oatmeal, pasta
 Yogurt Peanut butter
 Cheese Breakfast cereal 100% fruit/vegetable juice
 Eggs Fruits/vegetables Canned fish (woman only)

Infant cereal & infant fruits/vegetables in place of breakfast cereal & fruits/vegetables (starting at 12 months; honored only if medically indicated formula prescribed)

Whole milk (honored only if medically indicated formula prescribed) **Soy beverage** **2% milk**

Instructions/Comments

SECTION 4 – MEDICAL PROVIDER


Medical Provider Name		WIC Clinic Use Only	
Address		Approved Through (optional)	
Phone Number	Fax Number	Name	Phone Number
Signature	Date	Fax Number	Date

FOR CLIENTS: WIC may contact the health care provider for more information to process this request. Note: Submitting electronically may not be secure.

Qualifying Condition (QC) Meets Requirement?

1. QUALIFYING MEDICAL CONDITION(S):

- Premature birth < 37 weeks gestation
- Failure to thrive
- Severe food allergies (specify)
- Immune system disorder (specify)
- Metabolic disorder/inborn errors of metabolism
- Medical condition that impairs nutrition status
- Gastrointestinal disorder/malabsorption syndrome

Date	Nutrition or Health Risk	
/2017...	At Risk of Underweight	<input checked="" type="checkbox"/>
/2017...	Short Stature	<input type="checkbox"/>
/2017...	Low Birth Weight (LBW)	<input checked="" type="checkbox"/>
/2017...	Low Head Circumference	<input type="checkbox"/>
/2017...	Breastfeeding Infant of Woman at Nut...	<input type="checkbox"/>
/2017...	At Risk of Overweight	<input type="checkbox"/>
/2017...	Prematurity	<input checked="" type="checkbox"/>

Non-Qualifying Condition

SECTION 1 – QUALIFYING CONDITION(S)		
<input type="checkbox"/> Preterm birth < 37 weeks gestation	<input type="checkbox"/> Low birth weight (≤ 5 lbs 8 oz)	<input type="checkbox"/> Failure to thrive
<input type="checkbox"/> Severe food allergies (specify) _____	<input type="checkbox"/> Immune system disorder (specify) _____	
<input type="checkbox"/> Metabolic disorder/inborn errors of metabolism (specify) _____		
<input type="checkbox"/> Medical condition that impairs nutrition status (specify) _____	Slow weight gain	
<input type="checkbox"/> Gastrointestinal disorder/malabsorption syndromes (specify) _____	Poor Appetite	
SECTION 2 – FORMULA		
Formula	Amount/Ounces per day	Duration (not to exceed 12 months)
* Pediasure	Max Allowable	6mo
I authorize WIC to issue a comparable formula if specified formula is not available. <input type="checkbox"/> Yes <input type="checkbox"/> No		



Is Condition included in risk assessment if known at the time of certification or eval?

Medical Screen/risk assessment

Medical Information BF Statistics

1. Medical conditions/recent illnesses*: Yes No

Other Medical Condition: Hirschsprung's Disease

2. Medicines: _____

Any side effects? Yes No

3. Dental problems affecting eating*: Yes No _____

4. Mother's Ht: ft in 5. Mother's Wt: lb

6. Father's Ht: ft in 7. Father's Wt: lb

8. Does anyone living in your household smoke inside the home?*

Yes No Unknown

9. About how many hours did your child sit and watch television or videos yesterday?*

> 0 and < 1 hour 1 hour
 2 hours 3 hours
 4 hours 5 or more hours
 None Unknown

2025

Qualifying Condition

Michigan WIC Special Formula/Food Request Form

Client: _____ DOB: _____ Parent/Guardian: _____

1. QUALIFYING MEDICAL CONDITION(S):

Premature birth < 37 weeks gestation
 Failure to thrive
 Severe food allergies (Specify) _____
 Immune system disorder (Specify) _____
 Metabolic disorder/inborn errors of metabolism (Specify) _____
 Medical condition that impairs nutrition status (Specify) _____
 Gastrointestinal disorder/malabsorption syndromes (Specify) Hirschsprung's disease

Conditions such as rash, non-specific intolerance, underweight, fussiness, colic, spitting-up, vomiting, gas and constipation will NOT be considered indications for a special formula. Please specify the underlying medical condition.

2. FORMULA: Ecce Infant AMOUNT: Maximum OR _____ oz /day

Note: Soy beverages should be requested in Section 4 below.
A list of Michigan Authorized Formulas is available at: www.michigan.gov/WIC Click on Link: Medical Providers

3. SUPPLEMENTAL WIC FOODS: (CHECK ONE; MUST BE COMPLETED FOR ALL FORMULA REQUESTS)

All (Issue all allowed age appropriate WIC Foods starting at six months)

Restriction (Check foods to be OMITTED):

Infant (6-12 months)	Child (1-5 Years) and Woman	Special Instructions/Comments:
<input type="checkbox"/> All (Issue formula only)	<input type="checkbox"/> All (Issue formula only)	_____
<input type="checkbox"/> Infant cereal	<input type="checkbox"/> Milk	_____
<input type="checkbox"/> Infant fruits/vegetables	<input type="checkbox"/> Cheese	_____
	<input type="checkbox"/> Eggs	_____
	<input type="checkbox"/> Legumes	_____
	<input type="checkbox"/> Peanut butter	_____
	<input type="checkbox"/> Breakfast cereal	_____
	<input type="checkbox"/> Bread, rice, tortilla, oatmeal	_____
	<input type="checkbox"/> Fresh fruits/vegetables	_____
	<input type="checkbox"/> 100% fruit/vegetable juice	_____
	<input type="checkbox"/> Canned fish (women only)	_____

19

Fields where qualifying condition should be documented

On Medical Screen in MI-WIC Record

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 10/29/2014

Active Record

Medical Information BF Statistics

1. Medical conditions/recent illnesses*: Yes No Details...

Other Medical Condition: _____

(A) Current and diagnosed: No Yes

2. Medicines: _____

Any side effects? Yes No

3. Dental problems affecting eating*: Yes No _____

4. Mother's Ht: ft in 5. Mother's Wt: lb

6. Father's Ht: ft in 7. Father's Wt: lb

8. Does anyone living in your household smoke inside the home?*

Yes No Unknown

9. About how many hours did your child sit and watch television or videos yesterday?*

> 0 and < 1 hour 1 hour

2 hours 3 hours

4 hours 5 or more hours

None Unknown

Save Cancel Next

Version: 6.1.0.18 GUILFORDE 000000 State Agency miwip

On Medical Screen pop up in MI-WIC Record- click Details

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Wed 10/29/2014

Active Record

Health Survey Medical -- Webpage Dialog

Select all applicable medical conditions to document actual condition(s)

	Medical Condition
<input type="checkbox"/>	AIDS
<input type="checkbox"/>	Arthritis, Juvenile Rheumatoid
<input type="checkbox"/>	Asthma, Moderate or Severe Persistent
<input type="checkbox"/>	Bronchitis
<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Cardiorespiratory Diseases
<input type="checkbox"/>	Celiac Disease
<input checked="" type="checkbox"/>	Cerebral Palsy
<input type="checkbox"/>	Cleft Lip or Palate
<input type="checkbox"/>	Crohn's Disease
<input type="checkbox"/>	Cystic Fibrosis
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Developmental, Sensory, or Motor Disabilities
<input type="checkbox"/>	Diabetes Mellitus
<input type="checkbox"/>	Down Syndrome
<input type="checkbox"/>	Elevated Blood Lead Level
<input checked="" type="checkbox"/>	Epilepsy
<input checked="" type="checkbox"/>	Failure to Thrive
<input type="checkbox"/>	Fetal Alcohol Syndrome
<input type="checkbox"/>	Gallbladder Disease
<input type="checkbox"/>	Gastro Esophageal Reflux Disease

History 20 OK Cancel Next

Version: 6.1.0.18 GUILFORDE 000000 State Agency miwip

Appropriate Food Package?

SECTION 1 – QUALIFYING MEDICAL CONDITION(S)

- Preterm birth < 37 weeks gestation Low birth weight (≤ 5 lbs 8 oz) Failure to thrive
 Severe food allergies (specify) **Milk Protein** Immune system disorder (specify)
 Metabolic disorder/inborn errors of metabolism (specify)
 Medical condition that impairs nutrition status (specify)
 Gastrointestinal disorder/malabsorption syndromes (specify)

SECTION 2 – FORMULA

Formula: Alimentum - Ready Made Max Amount/Ounces per day: _____ Duration (not to exceed 12 months): _____

I authorize WIC to issue a comparable formula if specified formula is not available (page 2) Yes No

SECTION 3 – FOOD RESTRICTIONS & SUBSTITUTIONS (OPTIONAL)

No WIC foods - provide formula only (starting at 6 months)

OMIT these WIC Foods (WIC professional will determine unless marked otherwise)

Infant (6-12 months)

- Infant cereal
 Infant fruits/vegetables

Child (1-5 years) and Woman

- Milk Legumes Bread, rice, tortilla, oatmeal, pasta
 Yogurt Peanut butter
 Cheese Breakfast cereal 100% fruit/vegetable juice
 Eggs Fruits/vegetables Canned fish (woman only)

Infant cereal & infant fruits/vegetables in place of breakfast cereal & fruits/vegetables (starting at 12 months; honored only if medically indicated formula prescribed)

Whole milk (honored only if medically indicated formula prescribed) Soy beverage 2% milk

Instructions/Comments

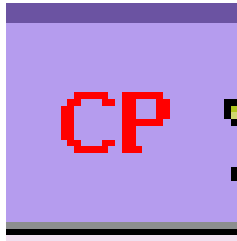
Description	Effect Date	End Date
Custom - C1/C2/C3/C4 MAX SOY BEVERAGE/NO CHEESE 2020	3/31/2025	9/21/2025

Expiration Dates

- ❑ Expiration Dates **MUST MATCH** Expiration Date on MDF
- ❑ System will not let you assign past recertification date.
- ❑ You can use same form when date goes beyond recert date and does not exceed 12 months.
- ❑ Expiration date should be **SAME** for each food package line assigned on the food prescription screen to prevent expiration notifications from being sent out prematurely .

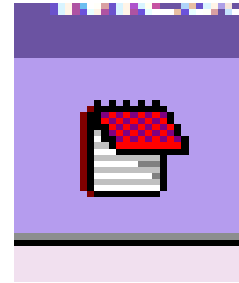


Formula Re-Evaluation Completed



Follow-up Tab

OR



Client Notes

Last three summary questions:

▶ **7.3 a**-Does the agency accurately approve food packages/formula (Class I, II, III) for clients with special dietary needs?
(Policy 7.03)

▶ **4.3 a** -Were all known qualifying conditions included in the risk assessment at the last cert, recert, Eval, or any appt when appropriate?
(Policy 2.13)

6.6a-Are all Class III records designated as High Risk?
(Policy 5.06)

Michigan WIC Formulary Reference

Michigan WIC Authorized Formulas
Effective November 8, 2024

CONTRACT/STANDARD INFANT FORMULAS (Require Medical Documentation ¹ only for a child ≥ 12 months)								
	Formula	Size	Form	Manufacturer	Cat & Subcat	R/I ²	Purchase Quantity ³	WIC Eligible Category
Class I Formulas	Similac Advance	12.4 oz can	Powd	Abbott	21 990	R	1	I, C1-C4
		32 fl oz bottle	RTF ⁴	Abbott	21 992	R	1	I, C1-C4
		13 fl oz can	Conc	Abbott	21 991	R	1	I, C1-C4
	Similac Sensitive	12.5 oz can	Powd	Abbott	21 990	R	1	I, C1-C4
		32 fl oz bottle	RTF ⁴	Abbott	21 992	R	1	I, C1-C4
	Similac Soy Isomil	12.4 oz can	Powd	Abbott	21 990	R	1	I, C1-C4
		32 fl oz bottle	RTF ⁴	Abbott	21 992	R	1	I, C1-C4
		13 fl oz can	Conc	Abbott	21 991	R	1	I, C1-C4
	Similac Total Comfort	12.6 oz can	Powd	Abbott	21 990	R	1	I, C1-C4
SPECIAL FORMULAS (Require Medical Documentation ¹)								
Class II Formulas	Enfamil AR	12.9 oz can	Powd	MJN	21 013	R	1	I, C1-C4
	Extensive HA	14.1 oz can	Powd	Nestle	31 091	R	1	I, C1-C4
	Nutramigen	13 fl oz can	Conc	MJN	11 111	R	1	I, C1-C4
		32 fl oz bottle	RTF ⁴	MJN	11 112	R	1	I, C1-C4
	Nutramigen with Probiotic LGG	12.6 oz can	Powd	MJN	11 248	R	1	I, C1-C4
		19.8 oz can	Powd	MJN	31 995	R	1	I, C1-C4
	Pepticate	13.2 oz can	Powd	Nutricia	11 800	R/I	1	I, C1-C4
	Pregestimil	16 oz (1 lb) can	Powd	MJN	11 120	R	1	I, C1-C4
		2 fl oz bottle	RTF	MJN	31 008	I	6	I, C1-C4
	Similac Alimentum	12.1 oz can	Powd	Abbott	11 101	R	1	I, C1-C4
		32 fl oz bottle	RTF ⁴	Abbott	11 102	R	1	I, C1-C4
	Class III Formulas	Alfamino Infant ⁶	14.1 oz can	Powd	Nestle	41 900	I	1
Alfamino Junior		14.1 oz can	Powd	Nestle	41 329	I	1	C1-C4
Boost		8 fl oz bottle	RTF	Nestle	41 173	R	6, 12, 15, 24	W
Boost Breeze		8 fl oz drink box	RTF	Nestle	41 289	I	1, 24	W, C1-C4
Boost Glucose Control		8 fl oz bottle	RTF	Nestle	41 174	R	6, 12, 15, 24	W
Boost High Protein		8 fl oz bottle	RTF	Nestle	41 226	R	6, 12, 15	W, C1-C4
Boost Kid Essentials 1.0		8 fl oz drink box	RTF	Nestle	41 224	I	1, 24	C1-C4
Boost Kid Essentials 1.5		8 fl oz drink box	RTF	Nestle	11 245	I	1, 24	C1-C4
Boost Kid Essentials 1.5 with Fiber		8 fl oz drink box	RTF	Nestle	11 246	I	1, 24	C1-C4
Boost Plus		8 fl oz bottle	RTF	Nestle	41 172	R	6, 12	W
Compleat Pediatric		250 ml tetra prisma	RTF	Nestle	41 181	I	1	C1-C4
Compleat Pediatric Organic Blends		10.1 fl oz pouch	RTF	Nestle	41 355	I	1, 24	C1-C4
Compleat Pediatric Reduced Calorie		250 ml tetra prisma	RTF	Nestle	41 290	I	1	C1-C4
Compleat Pediatric Standard 1.0		250 ml tetra prisma	RTF	Nestle	41 998	I	1	C1-C4
EleCare Infant ⁶		14.1 oz can	Powd	Abbott	11 244	I	1	I, C1
EleCare Jr	14.1 oz can	Powd	Abbott	31 074	I	1	C1-C4	
Enfamil NeuroPro Enfacare ⁵	13.6 oz can	Powd	MJN	11 235	R	1	I, C1	

Revised when new formulas are added to formulary, formulas are discontinued, or maximum amounts are changed by USDA regulations.

High Risk Record Review



Policy 5.06 Overview

- ▶ Local agency must provide **ADEQUATE R.D. coverage** to meet client needs (**within 30 days**)
- ▶ **HIGH RISK CONDITION(s)** must be documented in MI-WIC when identified.

Calendar for the month of _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Policy 5.06: RD Referral



4. Nutrition Counseling Scheduling:

- a) Any client can request and be scheduled to meet with an RD for development of an ICP.
- b) All clients identified as high risk must receive explanation of the benefits of individual Nutrition Counseling with an RD (NCRD) and be encouraged to use this benefit.
- c) All high risk clients must be offered the opportunity for RD services and an ICP at each certification/recertification (CERT/RECERT), or Mid-cert Evaluation (IEVAL/CEVAL/WEVAL) when a high risk is newly identified and/or when a new Class III formula has been approved.
- d) Accepting or declining the RD services must be documented at each CERT/RECERT or mid-cert EVAL appointment.

REPORTS

Generate a List of High
Risk Clients

Clinic Module: Reports => Nutrition & Hlth Summary

- ▶ High Risk Reports
- ▶ High Risk Client CP Closed or Not Needed Report
- ▶ Summary of High Risk Enrollees

Benefits ▾ Miscellaneous ▾ **Reports ▾** Help ▾

🍏 ❤️ Rx 📧 👤 🍷 ---more

Authorized Person: [Redacted]

Assigned Clinic: [Redacted]

	301 52
	301 23
	300 80

Client Risk Factor By Category

Client Risk Factors By Risk

Hemoglobin Daily Summary Report

Hemoglobin Required Report

High Risk Report ←

Summary of High Risk Enrollees

Active Client ▶

Administration ▶

Breast Pumps ▶

Breastfeeding ▶

Caseload ▶

EBT ▶

Education and Referrals ▶

Incoming Referrals ▶

MIHP Billing Report ▶

Monitoring ▶

Notifications ▶

Nutr and Health Summary ▶

Participation ▶

Scheduler ▶

WIC Health.org Error Report ▶

BIRTH DATE

Run High Risk Report 6 months back

miwic-prod.state.mi.us/MIWICP/Clinic/WebForms/Reporting/ReportParams.aspx?fiFAlyRQYXJh..

High Risk Report

State

Local Agency

Clinic

970000 Test Agency 1



Date Risk Assigned
From

4/14/2025



Date Risk Assigned
Thru

4/30/2025



Run Report

Cancel

High Risk Report

Michigan WIC Program High Risk Report

Page 1 of 40

Cert Start Date from: 4/14/2025 To: 4/30/2025

Generated Date: 10/13/2025

Client Name	Client ID	Cat	Cert Period	High Risk Factors	Most Recent CP Open Date	Most Recent CP Not Needed Date	Most Recent CP Closed Date	RD Counseling Declined	RD Counseling with Non-WIC RD	Next Appt Date	Next Appt Type
[REDACTED]	[REDACTED]	PG	04/29/2025 - 12/31/2025	Low Maternal Weight Gain	06/25/2025						
[REDACTED]	[REDACTED]	PG	04/17/2025 - 07/28/2025	Category Change, Priority 1	04/23/2010	04/23/2010					
[REDACTED] a	[REDACTED]	NPP	12/23/2024 - 06/20/2025	Category Change, Priority 6							
[REDACTED]	[REDACTED]	NPP	04/25/2025 - 10/17/2025	Major Surgery, Burns, or Trauma							
[REDACTED] a	[REDACTED]	NPP	04/24/2025 - 10/08/2025	Major Surgery, Burns, or Trauma							
[REDACTED]	[REDACTED]	NPP	06/13/2025 - 12/02/2025	Allergies to Food Diabetes Mellitus Medical Conditions-Other							
[REDACTED] a	[REDACTED]	NPP	02/07/2025 - 08/06/2025	Category Change, Priority 6				Yes			
[REDACTED]	[REDACTED]	BP	07/16/2025 - 07/13/2026	History of Preeclampsia Allergies to Food			12/07/2023	Yes		10/16/2025 10/16/2025	EDUO EDUO

Summary of High Risk Enrollees

The screenshot shows a software interface with a top navigation bar containing 'Benefits', 'Miscellaneous', 'Reports', and 'Help'. Below the navigation bar is a search area with a search bar containing the text '--herrin,' and a search button. The 'Reports' dropdown menu is open, displaying a list of report options. The option 'Summary of High Risk Enrollees' is highlighted in blue, and a green arrow points to it from the bottom left. Another green arrow points to the 'Monitoring' option from the right. The list of reports includes: Active Client, Administration, Breast Pumps, Breastfeeding, Caseload, EBT, Education and Referrals, Incoming Referrals, MIHP Billing Report, Monitoring, Notifications, Nutr and Health Summary, Participation, Scheduler, and WIC Health.org Error Report. Below the 'Reports' dropdown, there is a sub-menu with the following items: Client Risk Factor By Category, Client Risk Factors By Risk, Hemoglobin Daily Summary Report, Hemoglobin Required Report, High Risk Report, and Summary of High Risk Enrollees.

Benefits ▾ Miscellaneous ▾ Reports ▾ Help ▾

Search

ID Las OR

Client Risk Factor By Category

Client Risk Factors By Risk

Hemoglobin Daily Summary Report

Hemoglobin Required Report

High Risk Report

Summary of High Risk Enrollees

Active Client

Administration

Breast Pumps

Breastfeeding

Caseload

EBT

Education and Referrals

Incoming Referrals

MIHP Billing Report

Monitoring

Notifications

Nutr and Health Summary

Participation

Scheduler

WIC Health.org Error Report

Summary of HR Enrollees: 9/2025

Michigan WIC Program

Page 1 of 1

Summary of High Risk Clients

Month of: 09/2025

Generated Date: 10/13/2025

Health Dept. - WIC

Clinic	Pregnant	Breastfeeding	Non-Lactating	Infants	Children	Total
Health Dept	62	82	38	188	546	916
High Risk	43 69%	37 45%	28 74%	72 38%	146 27%	326 35.59%
Total Clients	62	82	38	188	546	916
High Risk Clients	43 69%	37 45%	28 74%	72 38%	146 27%	326 35.59%

State Summary

	Pregnant	Breastfeeding	Non-Lactating	Infants	Children	Total
Statewide Clients	17075	13943	10756	42357	112589	196720
High Risk	8675 50.81%	6509 46.68%	5530 51.41%	14483 34.19%	31202 27.71%	66399 33.75%

2025 High Risk ICP

Select five (5) high risk clients from the High Risk Report who have recent individual care plans (ICP) in their records.		3	4	5	NA	NA	Total # of No's	Action Plan Needed
MPR	High Risk Individual Care Plan (ICP) (Policy 5.06)	3	4	5	NA	NA	Total # of No's	Action Plan Needed
6.6c	1 CPA documents in Problem List tab	Yes	Yes	No			1	
6.6b	2 Individual care plan (ICP) in record or RD documents "Care Plan Not Needed" and rationale in Assessment	Yes	Yes	Yes			0	
6.6b	3 ICP includes:	####	####					
	Assessment- Client concerns/nutrition issues documented. May also include subjective/objective data, key info, readiness for change, etc.	Yes	Yes	Yes			0	
	Intervention- -Identified behavior change/goal(s) determined by client & RD - NE documented: Date, Topic, Method, Behavior Change/goal -Notes may include desired outcomes, additional goals, handouts provided, etc.	Yes	Yes	Yes			0	
	Monitoring/Evaluation- -Next appt type -Indicator to monitor client's progress toward goal -Follow-up info related to care plan to support continuity of care	Yes	Yes	Yes			0	
6.6b	4 Care Plan frozen? (Within 48 hours after creation)	Yes	Yes	Yes			0	
Follow-up Documentation for Individual Care Plan								
6.6e	5 CPA documents relevant follow up info in Follow-up tab at next visit	NA	Yes	NA			0	
Closure of Individual Care Plan								
6.6b	6 RD closes ICP and documents rationale when goals are met or no longer applicable	NA	NA	NA			0	
Total Errors		0	0	1	0	0	1	

Instructions:
 “Select 5 high risk clients from the High Risk Report who have recent individual care plans (ICP) in their records.”

Problem List: CPA documents additional information In Notes for client continuity of care

Problem List
Care Plan*
Follow Up*

Risk Factors

Date	Detailed Description		Staff	Source
	Receives ongoing preventive health care including screenings and immunizations.			
	Achieves a normal growth pattern.			
	Remains free from nutrition or food-related illness, complications, or injury.			
▼ Medical conditions				
Date	Detailed Description		Staff	Source
06/03/2019	Allergies to Food (353.01)	<input checked="" type="checkbox"/>	DOYLEK1388	MANUAL
	Consumes a variety of foods to meet energy and nutrient requirements.			
▼ Ability to meet Dietary Guidelines for Americans only for children after 24 months				
Date	Detailed Description		Staff	Source
06/03/2019	Complementary Feeding Process (428.01)	<input type="checkbox"/>	DOYLEK1388	SYSTEM
	Achieves developmental milestones including self-feeding.			

Notes

Date	User ID	Note
2025 6/3/2019	DOYLEK1388	HR for food allergies to egg and wheat/ gluten. Gave gluten handout today and discussed eg...



ICP Includes:



Assessment

-Client concerns/nutrition issues documented. May include subjective/objective data, key info, readiness for change, etc.

Intervention Section



- ▶ Identified Behavior change/goals determined by client & RD
- ▶ Nutrition education documented: Date, Topic, Method, Behavior Change/goal
- ▶ Notes may include desired outcomes, additional goals, handouts provided, etc.

Monitoring/Evaluation



- ▶ Next appt type
- ▶ Indicator to monitor client's progress toward goal
- ▶ Follow-up info related to CP to support continuity of care

Freezing the CP

- ▶ “Freeze Care Plan” button within 48 hrs of creation.
- ▶ CP will be “READ” only.
- ▶ It can no longer be modified.
- ▶ It will remain on the CP screen until a New CP is created.



Referrals:

BF Peer Counselor, Dental, Doula services, MIHP/ISS, Mental Health Services, Registered Dietitian-WIC, Smoking Cessation

The Care Plan is now Frozen and can no longer be updated after the Frozen Date.

Frozen Date:

06/25/2025

Frozen By:

EricksonN

Freeze Care Plan

New Care Plan

6.6e Follow Up Tab:

- ▶ For subsequent appointments, CPAs & RDs should document notes in the **Follow Up Tab**
- ▶ Can occur at:
 - ▶ Recertification
 - ▶ IEVAL/CEVAL
 - ▶ Nutrition Education (Individual)
 - ▶ NCRD (Continued high risk counseling)
 - ▶ Other appointments (Breastfeeding, MIHP)



Problem List		Care Plan		Follow Up
Date	User ID	Note		
▶ 2/22/2016	KAHNH1	Mom states she tried introducing cheese and client had a mild skin reaction. Mom has decide...		

6.6b Closing the CP



RD documents rationale:

- ▶ Client's Desired Outcomes have been met.
- ▶ Client's planned behaviors are obsolete or no longer applicable.
- ▶ RD is only staff who can close the CP



Client Care Plan

The screenshot shows a web browser window with the address bar displaying "2tlbj01NT" and "PUdVSUxGT1JERX - Windows Internet Explorer". The browser's address bar shows "Mon 7/20/2015". The application interface includes a navigation menu with "Reports", "Help", and "Messages". The "Reports" menu is expanded, showing a list of options: "Active Client", "Administration", "Breast Feeding", "Breast Pumps", "Caseload", "EBS Action List", "EBT", "Education and Referrals", "MIHP Billing Report", "Monitoring", "Nutr and Health Summary", and "Participation". The "Active Client" option is highlighted with a callout box. The "Certification Information" sub-menu is also expanded, showing "Client Care Plan", "Client Care Plan Follow-up", and "Client History". The "Client Care Plan" option is highlighted with a callout box. The interface also features a search section with fields for "ID" and "Last Name", and a "Find" button. A table with columns "Date", "Cert Start", "Cert End", and "Ter" is partially visible at the bottom. The page number "44" is shown in the bottom right corner.

Reports

Active Client

Client Care Plan

Search

ID

Last Name

OR

Find

Date Cert Start Cert End Ter

44

Client Care Plan

Summary of all of the information written in the Care Plan by R.D.

2025

Generated Date:10/13/2025

Nutrition Care Plan For:

Authorized Person:

Address:

Telephone:

Birthday/Age:

Nutrition Risk Factors

Environmental Tobacco Smoke Exposure
Limited Ability to Make Feeding Decisions
Inadequate vitamin/mineral supplementation (women)
Alcohol and Substance Use
Low Maternal Weight Gain
Pregnancy Overweight

Assessment

Height: 60 in 6/16 Weight: unknown HGB: EDD: 11/19/2025 ADD:

NCRDV complete for PG client with a high risk code of low maternal weight gain. No recent weight was reported, so RD had limited assessment of client's progress. Client reports having a good appetite and having at least 3 full meals daily. She's now eating more fruit, and enjoys waffles, eggs, sausages, PB and J sandwiches, chips, chicken, rice, and corn. Client mostly drinks apple juice and water. She is still considering BF. Client did not have much she wanted to discuss.

Intervention

Date	Provider	Topic	Method	Behavior Change/Goal	Behavior Change/Goal Notes
6/25/2025	DAVISD0315	Nutrition: Prenatal	Counseling	My goal is to eat/offer 3 meals and 2-3 snacks a day in my-size portions.	

Monitoring/Evaluation

WIC staff to F/U on client's prenatal weight gain at her future appointment for NCRD September 2025.

Planned NE Method

Date	Method
6/25/2025	Counseling

Referrals

BF Peer Counselor, Dental, Doula services, MIHP/ISS, Mental Health Services, Registered Dietitian-WIC, Smoking Cessation

45

HR Record Review

High Risk Record Review (Policy 5.06)
-Place "X" in the appropriate box(es)

Client ID	Non-WI C RD*	RD Declined*	NCRD Scheduled *	Current CP*	HR Services offered? No=No "X" in row*	Notes:
3		X				
3		X				
3			X			MISSED APPT
B		X				
N	X					
N		X				
IE			X			3-Oct
IF		X				
C		X				
C		X				
TOTAL	1	7	2	0	0	

MPR 6.6a

Y N

X	
---	--

Were high risk clients offered RD services?
Cite if 2 or more records indicate NO for HR Services Offered in current cert
▶ Note any major pattern of RD Declined for High Risk Services

Where To Look in MI-WIC to see if HR Services have been offered:

- ▶ **Nutrition Education Screen:**
 - ▶ Next Planned NE Method
 - ▶ Non-WIC RD
 - ▶ RD Declined/Refused
- ▶ **Household Summary Screen**
Past Appts/missed= NCRD offered
Future Appts. Scheduled
- ▶ **Care Plan completed**

Where to Look?

Household Summary Screen: Past Appts.

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Mon 10/10/2016

Assigned Clinic: Alcona County Office

Appointments

Name	ID	Type	Date Time	Clinic	Alerts	Notes	Nutr
		EDU	1/5/2017 1:15 PM	Alcona County Office			
		CEVAL	1/5/2017 1:15 PM	Alcona County Office			
		CEVAL	1/5/2017 1:15 PM	Alcona County Office			

Certifications

Name	Birth Date	Cat	Cert Start	Cert End	Term Date	Term Reason
		IFF	10/6/2016	10/5/2017		
		C3	8/4/2016	8/3/2017		
		C4	8/4/2016	8/3/2017		
		NPP	10/15/2015	4/11/2016	4/12/2016	Categorically Incl...

Food Packages

Name	Food Package	Effect. Date	End Date	Ben. Start Date	BVT Date
	IFF ENFAMIL INFANT POWD (6...	10/6/2016	10/11/2016	2/14/2012	1/13/2017
	C2/C3/C4 MAX (LOWFAT MILK...	9/20/2016	8/3/2017	2/14/2012	1/13/2017
	C2/C3/C4 MAX (LOWFAT MILK...	8/27/2016	8/3/2017	2/14/2012	1/13/2017
				2/14/2012	4/13/2016

2025 **Past Appts.** Recent NE History Auth. Person History 48 **Print**

NO NCRD SCHEDULED

Past Appointments - Internet Explorer

Name	Cat	Sch Cat	Appt Type	Atte...	Language	Date Time	Clinic	Translator R...	Disability	Last Modified By
	C4	C3	EDU	<input checked="" type="checkbox"/>	English	10/06/2016 01:45 PM	Alcona County Offi...	<input type="checkbox"/>		
	C3	C2	EDU	<input checked="" type="checkbox"/>	English	10/06/2016 01:45 PM	Alcona County Offi...	<input type="checkbox"/>		
	IFF	IFF	RECERT	<input checked="" type="checkbox"/>	English	10/06/2016 01:45 PM	Alcona County Offi...	<input type="checkbox"/>		
	IFF	IFF	RECERT	<input type="checkbox"/>	English	10/06/2016 01:45 PM	Alcona County Offi...	<input type="checkbox"/>		
	C3	C3	RECERT	<input checked="" type="checkbox"/>	English	08/04/2016 01:15 PM	Alcona County Offi...	<input type="checkbox"/>		
	C3	C3	RECERT	<input type="checkbox"/>	English	08/04/2016 01:15 PM	Alcona County Offi...	<input type="checkbox"/>		
	C2	C2	RECERT	<input type="checkbox"/>	English	08/04/2016 01:15 PM	Alcona County Offi...	<input type="checkbox"/>		
	C2	C2	RECERT	<input checked="" type="checkbox"/>	English	08/04/2016 01:15 PM	Alcona County Offi...	<input type="checkbox"/>		

No NCRD Scheduled

Cancel

2025 49 100%

What are we looking at?

Appt Type	Atte...
EDU	<input checked="" type="checkbox"/>
EDU	<input checked="" type="checkbox"/>
RECERT	<input checked="" type="checkbox"/>
RECERT	<input type="checkbox"/>
RECERT	<input checked="" type="checkbox"/>
RECERT	<input type="checkbox"/>
RECERT	<input type="checkbox"/>
RECERT	<input checked="" type="checkbox"/>

Appointments Offered:

▶ EDU (kept)

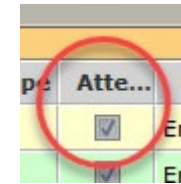
▶ Recert (kept)

▶ Appt. Cancelled:

~~RECERT~~

▶ NCRD not scheduled

=> NCRD NOT OFFERED



Dual Enrollment Report

MI-WIC: Clinic/reports/participation/WIC dual enrollment

https://sso.state.mi.us/?fAIyRDbGluaWNJZD02JlVzZXUub2tlbj00OTkxMjk4JlVzZXJOYW1lPVJlRU1FTINDSE - Windows Internet Explorer

MI-WIC
Management Information
Michigan WIC

File Scheduler Certification Benefits Miscellaneous **Reports** Help Messages

Active Client
Administration
Bread Feeding
Bread Pumps
Caseload
EBS Action List
EBT
Education and Referrals
MIHP Billing Report
Monitoring
Nur and Health
Participation
Scheduler
WIC Health.org

Advanced Search
Soundex
Cer
Birth Date

Search
Search By ID
Client Last Name
Authorized Person OR

Last Name First Name I Birth Date AP La

Print List Print Labels

Version: 6.1.0.18 RIEMENSCHNEIDERT

Michigan WIC Program
WIC/WIC Dual Enrollment
Year: 2014 Month: October
Resolution: All

Generated Date: 11/06/2014

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Dual Enrollees

Possible dual participants

Res	Client ID	Client Name	Birth Date	Cert Start	End Date	BYT Date	Authorized Person	Clinic	Date ID'd	Date Res'd	Notes
B	301 288	DYNASTY	05/13/1998				VIRGINA	9069	10/09/2014	10/13/2014	
K	301 306	DYNASTY	05/13/1998				DYNASTY	8903	10/09/2014	10/13/2014	
B	301 301	PORTIA	09/15/1986				PORTIA	9069	10/02/2014	10/02/2014	
K	301 305	PORTIA	09/15/1986				PORTIA	6301	10/02/2014	10/02/2014	
-	301 273	TAMYRA	08/25/1979	08/08/2014	02/06/2015	01/23/2015	TAMYRA	9069	10/30/2014		
-	300 378	TAMYRA	08/25/1979	06/24/2014	10/12/2014		STERLIN	9069	10/30/2014		
-	300 378	TAMYRA	08/25/1979	06/24/2014	10/12/2014		STERLIN	9069	10/30/2014		
-	301 273	TAMYRA	08/25/1979	08/08/2014	02/06/2015	01/23/2015	TAMYRA F	9069	10/30/2014		
K	301 308	ERNESTINE	03/06/2014	10/15/2014	04/14/2015	01/14/2015	YOLANDA	9069	10/16/2014	10/20/2014	
B	301 246	ERNESTINE	03/06/2014	03/27/2014	03/05/2015	10/01/2014	MORENE	8905	10/16/2014	10/20/2014	
B	301 293	JELEAH	07/05/2011				REGINA	9069	08/28/2014	10/13/2014	
K	300 918	JELEAH	07/05/2011	07/05/2014	07/17/2014	02/28/2014	TANISE	8902	08/28/2014	10/13/2014	
K	301 167	JAMAR	07/09/2013	09/25/2014	09/24/2015	12/13/2014	GILLETTA	9069	10/02/2014	10/03/2014	
B	301 169	JAMAR	07/09/2013	07/26/2013	07/08/2014	01/25/2014	GILLETTA	9050	10/02/2014	10/03/2014	

9069 5 clients resolved.
9069 2 clients unresolved.

Dual Enrollment Resolve WIC/WIC Miscellaneous/resolve dual enrollment

Miscellaneous Reports Help Mess

Miscellaneous int

- Appeals and Fair Hearings
- Authorized Vendors
- Communications
- Compliance Investigations
- Formula Calculator
- Images
- NE Plan/ VOC
- Notes and Alerts
- Pre-defined Reports
- RD Approval Queue
- Resolve CSFP Dual Enrollment**
- Resolve Dual Enrollment**
- Sanctions
- Scan
- Signature
- Special Population Issuance
- Survey
- Time Study Entry
- Transfers Out of State
- EBS Action List
- EBS Merge

https://sso.state.mi.us/?fiFAIyRDbGluaWNUZD02JIVzZXUUb2tlbj00OTkxNjk1JIVzZXJOYW1PVJRU1FTINDSE - Windows Internet Explorer

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Thu 11/6/2014

Active Record

Clinic: 979701 Test Clinic 1 Note:

Client: 301147883-301224436-CLIENT, NATE Go

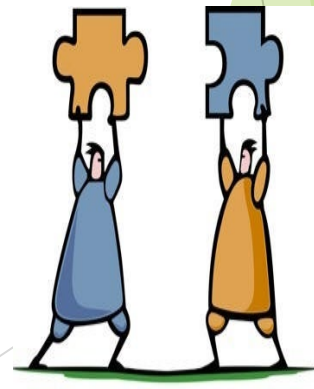
The following Dual Enroll information was Identified as of 01/16/2014 02:04 AM

Agency Identifier: 979701-Test Clinic 1	Agency Identifier: 979701-Test Clinic 1
Client ID: 301224436	Client ID: 301147883
Client Name: NATE CLIENT	Client Name: NATE CLIENT
Date of Birth: 10/01/2012	Date of Birth: 10/01/2012
Foster: <input type="checkbox"/>	Foster: <input type="checkbox"/>
Gender: M	Gender: M
Medicaid ID: 123456789	Medicaid ID: 123456789
Auth Person Name: EMILIA CLIENT	Auth Person Name: EMILIA CLIENT
Client Address: 320 South Walnut St., Lansing, MI 48913	Client Address: 123 Any Street, Lansing, MI 48901
Cert Start Date: 10/01/2014	Cert Start Date: 10/01/2013
Cert End Date: 01/15/2015	Cert End Date: 11/13/2013
BVT Date:	BVT Date:
Term Date:	Term Date: 11/14/2013
Term Reason:	Term Reason: Failure To Recertify
Resolution:	Resolution: Investigate Resolve - Different Client Resolve - Duplicate record - Block Resolve - Duplicate record - Keep Resolve - Other

Version: 6.1.0.18 Successfully retrieved Client data. RIEMENSCHNEIDERT 000000 Sta

Dual Enrollment Review

- ▶ Review Dual Participation reports to determine if resolved within **45 days** of identifying dual enrollee
- ▶ If resolved within 45 days-Met
- ▶ If unresolved after 45 days- Not met



Certification Timeframes Policy 3.01

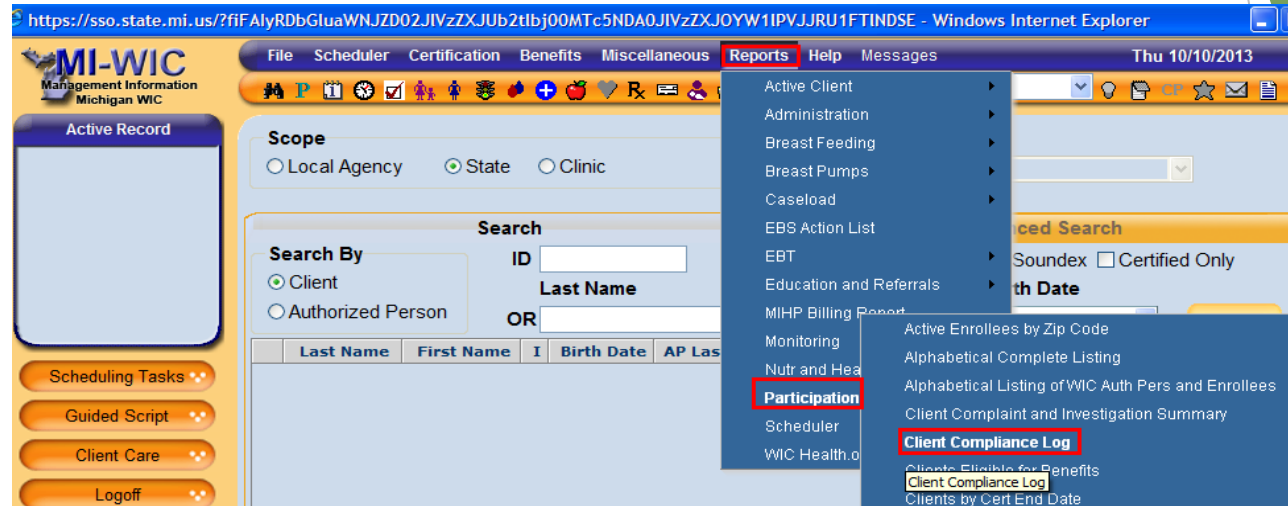
▶ **Within 10 calendar days**

- Pregnant
- Breastfeeding
- Infants
- Homeless Individuals
- Migrant Farmworkers

▶ **Within 20 Calendar Days**

- Children
- Postpartum (NPP)
- _____
- **Nutrition Counseling with an RD (NCRD)**
- Appointments must be available within 30 days.

Compliance Report



Michigan WIC Program Client Compliance Log

Page 1 of 8

LA: County Health Department

From: 07/17/2013 To: 07/17/2015

Generated Date: 07/17/2015

County Health Department

Case #	Date Complaint Received	Complaint Method	Complaint Recipient	Complaint Received From	Agency & Clinic #	Complaint Subject (Name, ID)	Investigation Status	Claim Amount
348	05/20/2015	Other	Francart, Paul R.	Paul Francart	:	Mindy	Complete	\$ 0
Violation Type Alleged			Substantiated?		Sanction Type		Claim Disposition	
Client/AP - Offer to buy, exchange or sell WIC foods			No		Warning Letter			
34:	05/18/2015	Other	Francart, Paul R.	Paul Francart		Christine	Complete	\$ 0
Violation Type Alleged			Substantiated?		Sanction Type		Claim Disposition	
Client/AP - Offer to buy, exchange or sell WIC foods			No		Warning Letter			
34'	04/16/2015	Other	Francart, Paul R.	Paul Francart		Jessica	Complete	\$ 0
Violation Type Alleged			Substantiated?		Sanction Type		Claim Disposition	
Client/AP - Offer to buy, exchange or sell WIC foods			No		Warning Letter			

Compliance Report

Compliance Report Review Policy 9.01				
Client Compliance Log: Review Agency Client Compliance Log/Investigations for past 12 months: (Client/Reports/Participation/Client Compliance Log).				
Review all complaints		Number of Complaints	% of Complaints	
a	Total complaints logged	4		
b	Complaints pending less than 4 months	2	50%	
c	Complaints completed	0	0%	
d	Complaints pending more than 4 months	2	50%	
e	Complaints with no investigation or follow-up	0	0%	
Examine 4 records for completion		Did the agency complete the investigation and document resolution as required?		N/A
MPR 10.1 a	Does the agency record, investigate and complete compliance reports in a timely manner? (Cite if more than 20% of complaints logged were pending more than 4 months or had no investigation/ follow-up.)	Yes	N/A	Cite if No
		X		

Compliance Investigation

Miscellaneous/Compliance Investigations

Compliance Investigation screen

- ▶ See Investigation notes for follow up steps
- ▶ Status-complete within 31 days?

The screenshot shows the 'Compliance Investigations - Internet Explorer' window. The browser address bar displays the URL: <https://sso.state.mi.us/MIWICP/Clinic/WebForms/Template.aspx?fiFAlyRDbGluaWNJZD02JIVzZXUub2tIbj01NTcxMjk0JIVzZXJOYW1IPVJRU1FTINDSE5FSURFUIR+IUajJA=%3d>. The page title is 'Compliance Investigations - Internet Explorer'. The navigation menu includes: File, Scheduler, Certification, Benefits, Miscellaneous, Reports, Help, Messages. The date is Fri 7/17/2015. The search bar contains 'MINDY *'. The 'Active Record' section shows 'MINDY'. The 'Complaint Information' section includes: Case Number* (Mindy), Current Case Number, Family or Client ID, Received Date (5/20/2015), LA (County Health Department), and Clinic. The 'Notes' section contains: 'Clients attempting to sell 16 cans of Elecare Jr on craigslist. Client stopped receiving formula on 03/20/15. AP purchased 14 cans of Elecare Jr on 01/16/15 for \$713.86. Please have AP return formula to clinic. I will ask craigslist to remove the post. Please refer to the screenshots attached to the email'. The 'Investigation Notes*' table is as follows:

Date*	User Id	Type of Note*	Note
5/21/2015	FRANCARTP	Note, General	Emailed craigslist and had them remove post on 5/21/15. Please refer to the screenshot ...
6/8/2015	COORD ...	Note, General	Client missed recertification appointment in which supervisor planned to discuss sale of f...
6/8/2015	COORD ...	Letter Mailed	Warning letter mailed.
6/18/2015	COORD ...	Office Visit	Client indicates that the Elecare for sale on Craigslist was formula she had purchased her...

Buttons: Add, Remove. The 'Investigation Status*' dropdown is set to 'Complete'. The 'Claim Amount' field is empty. The 'Violation Type Alleged' table is as follows:

Violation Type Alleged	Substantiated*
Client/AP - Offer to buy, exchange or sell WIC foods	No

Breastpump Monitoring

▶ Reports

▶ Overdue Breastpump Report

▶ Client List by Pump Model Issued



Breastpump Monitoring Reports

Overdue Breast Pump Report: (Policy 4.04, 4.05)

(Clinic/Reports/Breastpump/Overdue Breastpump Report)		# of Pumps	% of pumps not monitored
a	Number of pumps overdue? (Include report)	8	
b	Pumps not returned by 'Due Date' and not following retrieval procedures (within 2 wks after date and 4X within 6 wks + certified letter after return due date). (Policy 4.04)	8	100%
MPR	Is the agency following up on past due pumps?	Yes	Cite if No
9.1a			x

Overdue Breastpump Report



Michigan WIC Program
Overdue Loaner Breast Pump Report
LA: 0 [REDACTED] Health Department [REDACTED]

Generated Date: 10/04/2018

Due Date	Pump Model	Serial No.	Client Name	Client ID	Address	Phone	C
07/27/2018	Lactina	S987654	[REDACTED] a	300	3 [REDACTED]	([REDACTED]) 7	
08/01/2018	Lactina	970350	[REDACTED]	301	2 [REDACTED]	([REDACTED]) 7	
08/01/2018	Lactina	S987628	[REDACTED]	301	2 [REDACTED]	([REDACTED]) 4 H	
08/06/2018	Lactina	943042	[REDACTED]	301	9 [REDACTED]	([REDACTED]) 3	
08/09/2018	Lactina	S970362	[REDACTED]	301	2 [REDACTED] MI-	([REDACTED]) 2	
08/28/2018	Elite	AL00020279	[REDACTED]	301	1 [REDACTED]	([REDACTED]) 3	

Overdue Breastpump Report

BF Support
BF Aids & Notes
Assessment (1)
Assessment (2)

Breastfeeding Aids

	Date Assigned*	Pump Type/Model*	Serial Number*	Reason Assigned*	Due Date*	Date Return
	6/28/2018	BF Aids (Lactina Pedal Dbl Pu...		For use with Lactina pump		
	6/28/2018	Multi-User (Lactina)	S9	Latch, ineffective	7/27/2018	

<
>

Add
Remove

Breastfeeding Notes

	Date*	Staff*	P.C.Education*	Note*
	7/27/2018		Yes	Melissa stated that she is using the electric breast pump and it is worki...
	7/6/2018		Yes	Client was a no show for her breastfeeding office visit. I called client an...
	6/29/2018		Yes	Called client and she is doing well with the breast pump. Client stated t...
	6/28/2018		Yes	Client came into the office and she is more on the end of exclusive pum...
	6/28/2018		Yes	Breast pump education given.
	6/28/2018		Yes	Breast pump education given.
	4/20/2018		Yes	Melissa and I discussed breastfeeding quite hour after birth, alternative...

Client List by Pump Model Issued Report:

Client List by Pump Model Issued Report: (select 1 year back from today's date)-Place "X" in appropriate column.
 (Policy 4.05) (Clinic/Reports/Breastpump/Client List by Pump Model Issued) Review up to 12 pumps or 20% of the total category.

Multiuser Pump		2 day Contact		Monthly FU		Release		Return Receipt		Notes:
Client Number	Pump Name	Y	N	Y	N	Y	N	Y	N	
1	3	Symphony	x		x		x		x	
2	3	Symphony	x		x		x		x	
3	3	Symphony	x		x		x		x	
4	3	Symphony	x		x		x		x	
5	3	* Symphony		x	x		x			not returned
6	3	* Symphony	x		x		x			not returned
7	3	* Symphony	x		na		x			not returned
8	3	Lactina	x		x		x		x	
9	3	Lactina	x		x		x		x	
10	3	* Lactina	x		x		x			not returned
11	3	Lactina	x		x		x		x	
12	3	Lactina	x		x		x		x	
Subtotal			11	1	11	0	12	0	8	0
Total Percentage of Multiuser pumps without Monthly Followup = 0.0% 9.1a Cite if 20% or more.										
Total Percentage of Multiuser pumps with No Return Receipt = 0.0% 9.1a Cite if 20% or more.										

Two-day Contact for Breastfeeding Infants

Scheduling Tasks	P
Search	
Advanced Search	
Quick Search	
Precertification	
Income Guidelines	
Schedule Appt	
Daily Schedule	
Classes	
Onsite List	
Incoming Referral Work Queue	


Client ID	Foster	Application Date
5	<input type="checkbox"/>	6/12/2025
3	<input type="checkbox"/>	12/12/2014
9	<input type="checkbox"/>	5/15/2014

MI-WIC Screens

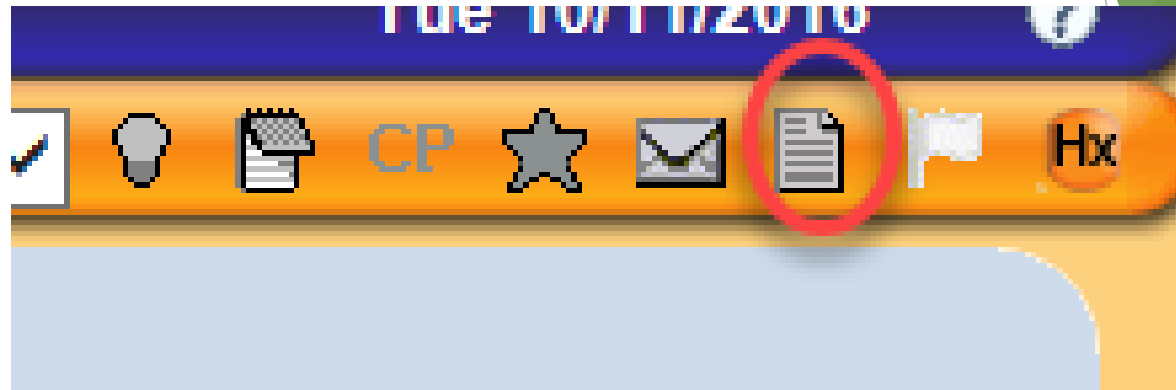
► Breastfeeding Info Screen

Breastfeeding Notes					
	Date*	Staff*	P.C. SU...		
	07/09/2025		Yes		Send Brittany a text congratulating her on making it to 1 month of breastfeeding. Let her know s
	06/30/2025		No		symphony issued on 6/13/25-release scanned in but pump not issued in system until today.
	06/30/2025		No		Breast pump education given.
	06/30/2025		No		Complete breast pump education not provided.
	06/16/2025		Yes		Follow up message sent asking about pumping and how the pump is working for her. Warmline in
	06/04/2025		Yes		Brittany came in and she is planning on exclusively pumping for her baby. She said she does not

► Nutrition Education Screen

	Date*	Provider*	Topic*	Method*	Behavior Change/Goal
	6/13/2025		Breastfeeding: Nutrition For Mom	Individual	My goal is to eat 500 extra calories from healthy foods each day for br
	6/4/2025		Breastfeeding: Support	Individual	
	2/15/2025	WICHEALTH	Wichealth: Saving Time With No Cook Re...	Internet	Other

IMAGES:



Document	Image Type	Name	D
search ...	search ..	search	
Loaner breast pump return receipt	Scan	..	09/17/2025
Medical Documentation	Scan	..	08/20/2025
Medical Documentation	Scan	..	06/18/2025
Authorization to Release WIC Informati...	Scan	..	06/13/2025
Authorization to Release WIC Informati...	Scan	..	06/13/2025
Multi-User Breast Pump Loan and Rele...	Scan	..	06/13/2025
Client Agreement	Signature	..	06/13/2025

Evaluation of Breast pumps & 2-Day Contact

Total Percentage of Multiuser pumps without Monthly Followup=

0.0% 9.1a Cite if 20% or more.

Total Percentage of Multiuser pumps with No Return Receipt =

0.0% 9.1a Cite if 20% or more.

Total percentage of all pumps with No Release=

0.0% 9.1a Cite if 20% or more.

Total percentage with No 2 day Contact =

19.0% 6.5d Cite if 20% or more.

9.1a Are multiuser pumps followed up on monthly?

YES

9.1a Are pumps returned with a Receipt?

YES

9.1a Are pumps issued with a Release?

YES

6.5d Client Contact in 2 business days?

YES

Cite if NO

Questions or Concerns?

