



SECTION: Local Program Operations 596
SUBJECT: **PROGRAM INTEGRITY: Acknowledgment of Employee Responsibilities**
DATE: April 13, 2015 (*reviewed*)

POLICY: All WIC program employees shall be informed of their responsibilities regarding program rules and regulations, including confidentiality, conflict of interest, and employee fraud and abuse.

PURPOSE: To provide specific references and guidelines for use when informing employees of their responsibilities regarding program rules and regulations and documentation requirements to demonstrate WIC program employee receipt and understanding of the information provided.

RELEVANT REGULATIONS: 7CFR §246.2 General Definitions
 ORS 179.505, as amended—Inspection of patient records; consent; exceptions; scope of use; release to others; penalty
 ASM 99-94 Separation of Duties
 7 CFR §246—Subpart E-State Agency Provisions
 7 CFR §246.23 ¶(d) Penalties
 7 CFR §246.26 ¶(d) Confidentiality of Applicant and Participant Information
 7 CFR §246.26 ¶(e) Confidentiality of Vendor Information

OREGON WIC PPM REFERENCES: ♦400—Local Program Overview: Responsibilities and Communications
 ♦450—Confidentiality
 ♦595—Program Integrity: Separation of Duties
 ♦620—Certification & Issuing Vouchers to Co-workers, Relatives and Friends

APPENDIX: 596.4 Appendix A WIC employee signature form template

DEFINITIONS:

<i>Confidentiality</i>	The preservation, in confidence, of all information concerning program applicants, participants, farmers, and/or vendors that may be disclosed to WIC employees where release of said information would constitute an invasion of privacy.
<i>Conflict of interest</i>	Any relationship, real or apparent which jeopardizes the fair and objective administration of the program, as identified between the WIC program employee and an applicant, participant, staff member, farmer or vendor.
<i>WIC employee signature form</i>	A form an agency creates and WIC program employees sign to document the employee has been advised and understands WIC policies and regulations about confidentiality, conflict of interest and employee fraud and abuse. A form template is included at the end of this policy to assist local agency staff when developing a form for use in their agency.

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(DEFINITIONS:)	<i>Vouchers</i>	“Vouchers” means a negotiable financial instrument by which WIC benefits are provided to participants. Vouchers can provide either specific amounts of WIC authorized foods or formulas or a fixed-dollar amount for participants to obtain WIC authorized fruits and vegetables (referred to as a “Cash Value Voucher” or “CVV”). Vouchers are also referred to as “checks,” “food instruments,” or “FIs.” Cash Value Vouchers are also referred to as “Fruit and Vegetable Vouchers” or “FVV.”
	<i>WIC program employee</i>	Any person(s) associated directly or indirectly with a Local WIC Agency to provide services related to the WIC Program. Persons acting under contract, as an intern, or as a volunteer in a Local Agency are included under this definition.
	<i>Employee fraud and abuse</i>	Any act taken by a WIC program employee that intentionally and deliberately violates program regulations, policies or procedures.

PROCEDURES:

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| <i>WIC program employee signatures</i> | 1.0 | WIC program employees are required to sign an agency document to acknowledge receipt of information regarding employee responsibilities concerning WIC program rules and regulations. This includes confidentiality, conflict of interest, and employee fraud and abuse. |
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NOTE: See Appendix A of this policy for a template you can use to create a WIC program employee signature form for your agency.

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| <i>Signing the form</i> | 1.1 | The employee signature acknowledging receipt of this required information shall be obtained at initial employment and it is recommended it be obtained annually thereafter. |
| | 1.2 | The WIC program employee and the supervisor must sign the form confirming that the employee has read and understood the relevant policies. |
| | 1.2.1 | The WIC program employee shall complete the form in the presence of the local agency WIC coordinator, clinic supervisor, or other local agency designee; print his/her name and his/her job title; and sign and date the form to indicate he/she has been informed of the program rules and regulations as they pertain to the form (this may include adding his/her initials and signature by each section where indicated). |

PROGRAM INTEGRITY: ACKNOWLEDGEMENT OF EMPLOYEE RESPONSIBILITIES, cont.

(Signing the form)

1.2.2 The supervisor shall verify the employee has been advised of and understands the program rules and regulations around confidentiality, conflict of interest and WIC program employee fraud and abuse, then sign and date the form.

1.2 The signed document should be kept in the employee's personnel file.

1.3 The local agency WIC coordinator may also choose to keep a copy of the completed forms for ease of access.

Topics, examples, and references

2.0 The three main topics employees must be informed of and understand prior to signing the acknowledgement form are: confidentiality (including HIPAA requirements), conflict of interest, and employee fraud and abuse. Depending on your agency's training plan for new employees, these topics may be reviewed with the supervisor, the employee can be directed to the references and this policy and review them on their own, or a combination of both. Some of the references listed below cite materials or websites where additional information on a topic can be found.

2.1 Confidentiality:

- ◆450—Confidentiality (includes citations on HIPAA requirements)
- Local agency policy on confidentiality (if applicable)

2.2 Conflict of interest:

- ◆595—Program Integrity: Separation of Duties and
- ◆620—Certification & Issuing Vouchers to Co-workers, Relatives, and Friends.

2.3 Employee fraud and abuse:

As defined above, employee actions are considered fraudulent and abusive if the act was deliberately and intentionally performed. Such actions include, but are not limited to:

- Certifying oneself, co-workers, relatives or friends in the program without supervisory knowledge and/or review;
- Creating fictitious participants or employees;
- Disclosing confidential information regarding WIC participants, vendors or other employees;
- Entering false and/or misleading information in participant records;
- Failing to report conflicts of interest;
- Giving preferential treatment toward specific WIC participants or vendors;
- Issuing WIC benefits to oneself;

PROGRAM INTEGRITY: ACKNOWLEDGEMENT OF EMPLOYEE RESPONSIBILITIES, cont.

(Topics, examples, and references)

- Misappropriating and/or altering food benefits including, but not limited to:
 - Assigning and/or issuing inappropriate benefits
 - Inappropriately re-issuing benefits
- Misuse and/or theft of materials, supplies or equipment purchased with Oregon WIC program funds;
- Using WIC program funds to purchase goods or services for personal use; and/or
- Verbally or physically abusing WIC participants or other employees

2.3.1 WIC program staff are expected to report to their manager any circumstances they observe of suspected employee fraud and abuse. If they are not comfortable going to their manager, they can report this behavior to the State WIC office.

Consequences 3.0 In the case of intentional violation of program rules and regulations, the local agency will be expected to take disciplinary action and the state may ask for financial recovery. The agency signature form may be used as evidence of an employee's understanding of the program regulations, policies and procedures and their agreement to accept the consequences of a violation. ★

**If you need this in large print or an alternate format,
please call 971-673-0040.
WIC is an equal opportunity program and employer.**

WIC program employee signature form

Confidentiality

I understand that verbal, written and/or computerized information regarding applicants, participants or staff received during the course of my employment with the WIC Program will be kept confidential. I shall adhere to the confidentiality guidelines as outlined in state policy 450. I understand local programs may have internal confidentiality requirements and if so, are in addition to those outlined in state policy 450.

Initial here: _____

Conflict of Interest

I understand that as an employee of the WIC Program, I will not give preferential treatment to anyone including my family or friends, other staff members or vendors. All family members and friends will be certified and issued WIC benefits by a staff member other than myself or with the review/approval of the WIC Coordinator or immediate supervisor. I will never certify or issue WIC benefits to myself. I will contact the state WIC Program if there is no one else available to provide me WIC services.

Initial here: _____

Employee Fraud and Abuse

Employee fraud or abuse is an intentional and deliberate action that violates program regulations, policies, and/or procedures. I have read and understand state policy 596 detailing what constitutes employee fraud and abuse.

I understand intentionally committing program fraud or abuse may result in disciplinary action, including financial recovery.

Initial here: _____

As indicated by my initials and signature on this form, I have been advised of the above and understand the information I have been given. I also understand this form may be used as acknowledgment of my understanding the program regulations, policies and procedures when consequences are determined.

Employee name (print full name)

Title

Employee signature

Date

Supervisor's signature

Date