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**POLICY: Separation of Duties File Review**

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Separation of duties is defined as one staff person determining income eligibility and another, a CPA, determining nutrition risk eligibility at each initial and subsequent certification.

The coordinator or designated staff lead must complete the following when the clinic can't meet the separation of duties requirement due to COVID-19:

- Review a random 5 percent sample of initial and subsequent certifications each month for certifications occurring from **June 1, 2020 through the separation of duties waiver period.**
  - There is no requirement to review a specific number of files for infants receiving formula.
- Complete the [Separation of Duties File Review form](#) and keep it for four years.

**PROCEDURE:**

The Coordinator or designated staff lead:

- A. Reviews the Separation of Duties report for each site that can't meet the separation of duties requirement due to COVID-19.
  - The report is in Cascades under the Operations Report Category.
- B. Determines the number of files to review, which equals 5 percent of the certifications not meeting separation of duties.
- C. Randomly chooses the files to review.
- D. Completes the following for each file review:

**Note:** Contact your Local Program Consultant if you aren't able to complete the review. The LPC will provide consultation and determine if the state needs to support the file review process.

1. Call the participant or caregiver one time and document on the [Separation of Duties File Review Form](#).
  - a. If the person answers:

- Explain this is a customer service call.
- Complete the Phone Call section of the [Separation of Duties File Review Form](#) and document responses.

**Note:** Completing and documenting the phone conversation meets the separation of duties file review requirement.

- b. If the person doesn't answer, document the attempt in the Phone Call section.

**Note:** It's best practice to inform the participant or Parent Guardian at each certification that he or she may receive a "customer service" call in a few weeks in clinics that don't meet the separation of duties requirement.

2. Complete the file review on page 2 of the [Separation of Duties File Review Form](#) when the participant or Parent Guardian doesn't answer the phone call.
  3. Keep file review forms and documentation to support the review process on file for four years.
    - a. Electronic or paper documentation is allowed.
    - b. Keep documentation accessible, on site for one year.
- E. Reports issues or concerns of potential fraud in one of the following ways.
1. Report issues or concerns to the Clinic Coordinator if the reviewer is a designated clinic staff lead.
  2. Contact the agency's Local Program Consultant at the state WIC office.

## SEPARATION OF DUTIES FILE REVIEW FORM – COVID-19

Reviewer's Name: <a href="#">Click here to enter text.</a>	Timeframe reviewed: <i>(monthly)</i>
Site: <a href="#">Click here to enter text.</a>	From: <a href="#">Click here to enter a date.</a>
# of files reviewed: <a href="#">Click here to enter text.</a> <i>5% of all certifications not meeting SOD requirements each month</i>	To: <a href="#">Click here to enter a date.</a>

1. Attempt to call the participant, Parent Guardian or Caretaker once and document the attempt or completion of the phone call in the top section of the form.
  - Completing and documenting the phone call meets the Separation of Duties file review requirement for the participant.
  - If the participant, Parent Guardian or Caretaker doesn't answer the call, staff must complete the file review listed on the next page.

<b>Phone Call</b>				
Parent Guardian or Caretaker name Participant name Participant ID	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Date of call	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>
Did you talk to the participant, Parent Guardian or Caretaker?	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
Confirm or ask:	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>
<ul style="list-style-type: none"> <li>• date of certification</li> <li>• who the appointment was for</li> </ul>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<ul style="list-style-type: none"> <li>• describe the clinic experience.</li> </ul>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Ask participant, Parent Guardian or Caretaker if she/he has purchased WIC foods. <ul style="list-style-type: none"> <li>• Describe shopping experience.</li> <li>• Any questions about WIC foods or the WIC Card?</li> </ul>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

See next page for computer file review requirements when phone call can't be completed.

## SEPARATION OF DUTIES FILE REVIEW FORM – COVID-19

2. Complete and document the file review when the participant, Parent Guardian or Caretaker doesn't answer the phone call.

File review				
Parent Guardian or Caretaker name Participant name Participant ID	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Date of review	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Certification date	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Staff who completed the certification	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Participant category: If an infant: <ul style="list-style-type: none"> <li>• Does the baby have a corresponding mom record?</li> <li>• Do the food packages match?</li> </ul>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Does income documentation appear accurate?	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Are weight, measures, and hemoglobin documented? <b>(optional with COVID19 waiver)</b> <ul style="list-style-type: none"> <li>• Do the values appear accurate? (review graph)</li> </ul>	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Do the risk factors appear accurate?	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Is there a scanned copy of the Medical Documentation Form if therapeutic formula was issued?	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Were food benefits issued on certification date? If not, when?	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Any food or card issuance irregularities?	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Is the next appointment scheduled?	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Additional comments	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.