

## **FOOD DELIVERY**

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**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.00  
Effective Date: October 1, 1996  
Revised Date: January 26, 2018**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Food Delivery Definitions</b>
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**A. Policy**

For the purpose of these procedures and all contracts, guidelines, instructions, forms and other documents related to the operation of the WIC Program, the following definitions shall apply:

Above-50 percent vendor	A vendor that derives more than 50 percent of the vendor's annual food sales revenue from the redemption of WIC food instruments.
Appeal	Written request made by a vendor through the State WIC Office to the Office of Administrative Hearings for review of a Program action.
APL (Approved Product List)	A list of WIC authorized food items, identified with a PLU or UPC that participants can purchase with their eWIC benefits.
Authorization	Approval by the State Agency for a food store, pharmacy only, food store/pharmacy combination, or a military commissary to redeem WIC food instruments.
Authorized Foods	The types and brands of foods approved by the WIC State agency for purchase by Program participants.
Balance Inquiry	To provide the eWIC cardholder with a shopping list and/or to retrieve the balance of the prescription benefits prior to beginning a purchase.
Cash Value Benefit	A benefit with a fixed dollar value used by participants to obtain authorized fruits and vegetables.



Change of Ownership	The transfer of majority control or ownership of a store.
COMAR	Code of Maryland Administrative Regulations found at <a href="http://www.dsd.state.md.us/COMAR/ComarHome.html">http://www.dsd.state.md.us/COMAR/ComarHome.html</a>
Complaint	Unsolicited accusation or charge from a vendor or participant of alleged abuse or violations.
Compliance Buy	A covert, onsite investigation in which a representative of the Program: (a) poses as a participant, parent or caretaker of an infant or child participant or proxy; (b) presents one or more food instruments for the purpose of redeeming food benefits and (c) does not reveal during the visit that he or she is a Program representative.
Contract Brand Infant Formula	Infant formulas produced by the manufacturer(s) awarded the infant formula cost containment contract.
Day	A calendar day.
Designee	A proxy who can bring an infant or child participant to the WIC clinic for visits on behalf of a parent or caregiver.
Direct Distribution	WIC food distributor of specialty formula and other WIC authorized food items as defined in 7 CFR 246.12 (n).
Disqualification	A revocation of a vendor's WIC authorization.
Educational Buy	The same procedure as the compliance buy with the exception that upon completion of the WIC transaction, the buyer will identify him/herself, and the results of the buy will be reviewed with the appropriate store personnel.
EBT (Electronic Benefits Transfer)	A method that permits electronic access to benefits using a card with a magnetic stripe.
EBT Capable	Vendor system(s) that is able to support accurate WIC EBT purchases and file transactions.
eWIC	An electronic benefits transfer system for WIC.

Exempt Infant Formula	An infant formula that meets the requirements for an exempt infant formula under section 421(h) of the Federal Food, Drug and Cosmetic Act and under the regulations at 21 CFR parts 106 and 107.
Farmer	An individual authorized by the State agency to sell eligible fruits and vegetables to participants at a farmers' market or roadside stand.
Farmers' Market	An association of local farmers who assemble at a designated location for the purpose of selling their produce directly to consumers.
First Business Day	The first day of a month that is not a Saturday, Sunday, or State holiday.
FNS (Food and Nutrition Service)	Food and Nutrition Service of the US Department of Agriculture, the funding agency for the WIC Program.
Food Instrument	An electronic benefits card that is used by a participant to obtain supplemental foods.
Food Package	A grouping of specified types and amounts of foods provided to a Program participant.
Food Sales	Sales of all SNAP (FSP) eligible foods intended for home preparation and consumption. Food sales do not include sales of any items that cannot be purchased with SNAP benefits such as hot foods or food that is eaten in the store.
Food Store	A grocery or supermarket licensed under COMAR 10.15.03 that ordinarily has, for sale to the public, authorized foods and does not have a pharmacy under the same ownership on its premises.
Food Store/Pharmacy Combination	A food store and a pharmacy under the same ownership on the same premises.
FSP (Food Supplement Program)	The Maryland designation for the Supplemental Nutrition Assistance Program,

	formerly known as Food Stamps, an assistance program under the Food Stamp Act of 1977, as amended.
High-Risk Vendor	A vendor identified as having a potential violation in need of follow-up or who presents the potential for abuse of the Program or a vendor with significant scores on the Program's computerized high risk vendor report.
In Compliance	To follow the rules, regulations, policies and procedures of the WIC Program.
Local Agency	A public or private, non-profit health, or human service agency which provides WIC services, either directly or through contract, in accordance with Section 246.5 of the Federal Regulations (Selection of local agencies).
Maximum Payable Price	The maximum amount of money the Program will pay a vendor for a WIC approved food item.
Medical Foods	Exempt formulas authorized for children and women with special dietary needs.
Military Commissary	A food store located on a military installation and/or operated by the Department of Defense.
Minimum Required Stock	The specific types and amounts of WIC authorized foods that must be in a vendor's store during business hours.
Minor Violation	State-established sanctions listed in the State's sanction schedule that are in addition to the federally mandated sanctions listed in §246.12(l) (1).
Mixed Basket	The ability for a cardholder to purchase both WIC and non-WIC foods without separating the food items prior to checkout into two separate transactions, WIC and non-WIC.
Not to Exceed (NTE) Price	Same as Maximum Payable Price.

Participant	A pregnant woman, breastfeeding woman, postpartum woman, infant, or child receiving supplemental foods or a food instrument from the Program.
Peer Group	The classification of authorized vendors into groups based on size within designated geographic regions that affect food prices, for the purpose of applying appropriate competitive price criteria to vendors.
Peer Group Average	The arithmetic mean of prices charged by vendors within a peer group for food items.
Pharmacy Only	An establishment that has been issued a permit to operate by the State Board of Pharmacy, does not have a food store under the same ownership on its premises, and only redeems WIC food instruments that prescribe infant formula.
PIN (Personal Identification Number)	A four digit number, selected by the eWIC cardholder that is associated with the participant's eWIC card and serves as an electronic signature when purchasing WIC benefits.
PLU (Product Look-Up Code)	A four or five digit number affixed to produce that identifies what the product is.
Positive Buy	A compliance buy in which any violations (serious or minor) occur.
Program	The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) authorized by 42 U.S.C. § 1786, the Child Nutrition Act of 1966, as amended, including the local, state, and federal entities that administer it.

Proration	The process of issuing the appropriate amount of benefits to a participant that corresponds with the period of eligibility and participation.
Proxy	An individual who is designated by a participant or an infant or child participant's parent, guardian, or caretaker to receive food instruments and to redeem benefits for the participant and whose name is on file at a WIC local agency.
Purchase	To authorize and complete a sale.
Region	A designated area of the State, set forth in COMAR 10.54.03.03B for administration of the WIC Program.
Routine Monitoring	Overt, onsite monitoring of a vendor's store during which Program representatives identify themselves to vendor personnel.
Sanction	The penalty for violating Maryland WIC Program rules, regulations, policies and/or procedures.
Serious Violation	Federally-mandated sanctions listed in §246.12(l) (1); also included on the State's sanction schedule.
SNAP (Supplemental Nutrition Assistance Program)	Supplemental Nutrition Assistance Program, formerly known as Food Stamps, an assistance program under the Food Stamp Act of 1977, as amended.
Split Tender	A single CVB food item being redeemed in part using CVB and in part using one or more additional methods of payment.
State Agency	The Maryland Department of Health WIC Program.
State Provided Equipment	Also referred to as "single function," or "WIC only," equipment provided by the WIC Program, used in addition to a store's existing cash register system. It works independently from other store equipment and can be used

	only for eWIC transactions.
Store	A food store, pharmacy-only, food store/pharmacy combination, or military commissary.
Supplemental Foods	Foods containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants and children, as required by Federal Regulations (246.10) and the Maryland WIC Program. Supplemental foods are also called WIC foods, or WIC authorized or WIC approved foods and are considered supplemental because they are not intended to meet all the nutritional needs of participants.
Trafficking	Buying, selling, submitting for reimbursement, redeeming, or exchanging WIC benefits with the intent to defraud the WIC Program.
UPC (Universal Product Code)	The barcode unique to an item that identifies what that item is.
USDA (United States Department of Agriculture)	The federal agency that provides the funding and federal oversight for the WIC Program.
Vendor	A sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by the State agency to provide approved supplemental foods to participants under a retail food delivery system.
Vendor Authorization	The process by which the State agency assesses, and enters into a signed agreement with retail food stores or pharmacies that apply or subsequently reapply to be authorized as WIC vendors.
Vendor Agreement	A written agreement between the State Agency and a vendor concerning the duties and responsibilities of the vendor and the State Agency with respect to a vendor's participation in the WIC Program.

WOW

WIC on the Web – The Maryland Program's management information system software application.

References:

Federal Regulations 7 CFR 246.2  
Federal Regulations 7 CFR 246.5  
COMAR 10.54.03

Revisions:

8/05 to add definition of 50% Vendor.  
2/07 to amend the definition of 50% Vendor.  
10/09 to add the definition of SNAP.  
10/13 to add additional definitions and to modify existing definitions.  
10/14 added definition of a positive buy  
1/2018 edited current definitions and also added new eWIC definitions

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.01  
Effective Date: October 1, 2013  
Revised Date: August 22, 2018**

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**SECTION: FOOD DELIVERY SYSTEM**

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**SUBJECT: Conflict of Interest**

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**A. Policy**

The State Agency and local agencies are required to take measures to ensure that State Agency or local agency staff who are participants, proxies, have family members, relatives or close friends who are participants, or have a relationship with WIC authorized vendors do not pose a conflict of interest.

**B. PROCEDURE:**

1. Local WIC Agencies shall:
  - a. Ensure that local agency employees are aware of the requirement to report possible conflicts of interest which include but are not limited to:
    - i. participation in the WIC Program;
    - ii. serving as a proxy of a WIC participant;
    - iii. having a family member, relative or close friends(s) who is a WIC participant;
    - iv. employment at a WIC authorized vendor; and
    - v. ownership or relationship to an owner of a WIC authorized store.
  - b. Ensure that local agency employees do not certify or issue food instruments or benefits to any individual reported as a potential conflict of interest based on criteria 1.a.i-iii above.
  - c. Ensure that local agency employees reporting a potential conflict of interest based on criteria 1.a.iv-v above are not responsible for routine monitoring of that vendor.
  - d. Obtain a signed WIC Employee Conflict of Interest Statement (Attachment 4.01A) annually and when an employee's status in relation to 1.a.i-v changes to warrant documentation of a conflict of interest.



- e. Request guidance from the State Agency should it not be immediately clear if an employee's status represents a conflict of interest.
- f. Ensure that the signed 4.01A forms are available for review during the local agency management evaluation or upon request by the State Agency.
- g. Submit to the State Agency, annually, in conjunction with the new state fiscal year, a signed Conflict of Interest Acknowledgement Form (4.01B) confirming that the local agency is in compliance with Local Agency Policy and Procedure 4.01.

2. The State Agency shall:

- a. Ensure that a State Agency employee reporting a potential conflict of interest based on criteria in 1.a.iv-v are not responsible for routine monitoring, compliance investigation, or authorization of that vendor.
- b. Obtain a signed WIC Employee Conflict of Interest Statement (Attachment 4.01A) for all State Agency employees annually and when an employee's status changes in relation to 1.a.i-v to warrant documentation of a potential conflict of interest.
- c. Provide guidance to the local agency if the local agency is not able to ascertain if a possible conflict of interest exists.
- d. Maintain, on file, a copy of all local agencies' 4.01B forms.
- e. Verify local agency compliance with this procedure through the management evaluation process.

Attachment: 4.01A Employee Conflict of Interest Statement  
4.02B Conflict of Interest Acknowledgement Form

Revisions:

- 1. 4/13 Changed the policy from Local Agency Responsibilities to Conflict of Interest and added Attachment 4.01A (Employee Conflict of Interest Statement)
- 2. 5/15 Added Attachment 4.02B
- 3. 6/16 Added relative or close friend and edited policy to simplify language; modified 4.01A to document participant conflicts.
- 4. 6/17 revised to change language for eWIC and add date to 4.01A
- 5. 8/18 Updated State Director on attachment 4.01B

## WIC Employee Conflict of Interest Statement

I certify that I am an employee of the WIC Program and that I also (check all of the following that apply):

- ☐ am a WIC Participant
- ☐ am a WIC Proxy (write participant name/ID below)
- ☐ have a family member, relative, or close friend who is a WIC participant (write participant name/ID and relationship below)

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- ☐ work for a Maryland WIC authorized vendor (write vendor name below)

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- ☐ own or have relatives that own a WIC authorized grocery store or have a family member or relative that works at a WIC authorized grocery store (write vendor name and relationship below). (This statement should be selected even if the store is authorized in another state.)

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- ☐ None of the above applies to me

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Employee Name (Please Print)

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Employee Signature

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Date

**MEMORANDUM**

TO: Director, Maryland WIC Program

FROM: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

RE: Compliance with Conflict of Interest Policy 4.01

This memorandum is to advise that my local agency is in compliance with Local Agency Policy and Procedures:

4.01 Conflict of Interest  
4.01A WIC Employee Conflict of Interest Statement

Compliance includes completion of the *WIC Employee Conflict of Interest Statement* (4.01A) for all WIC employees. Submission of this memorandum also confirms that all staff in my Local Agency who are participants, proxies, or employed by WIC authorized vendors do not pose a conflict of interest, as described in Policy and Procedure 4.01.

This form (4.01B) shall be signed annually in conjunction with the new state fiscal year and sent to the State Agency by July 30<sup>th</sup> to be maintained on file. This form will be subject to review during local agency management evaluations.

cc: Chief, Vendor Operations Unit

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.02  
Effective Date: October 1, 1990  
Revised Date: November 8, 2017**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Food Instrument System</b>
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**A. Policy**

To ensure a uniform and efficient method by which participants, caregivers, or designees obtain prescribed WIC foods:

1. The State Agency shall ensure a supply of food instruments (eWIC cards) are stored at the WIC Distribution Center.
2. The local agency shall order cards from the WIC Distribution Center to ensure a sufficient supply for distribution to WIC participants, caregivers, proxies or designees.
3. The State Agency shall ensure that only authorized vendors redeem WIC benefits and that redemption is carried out in the manner prescribed by the Program.

**B. Procedure**

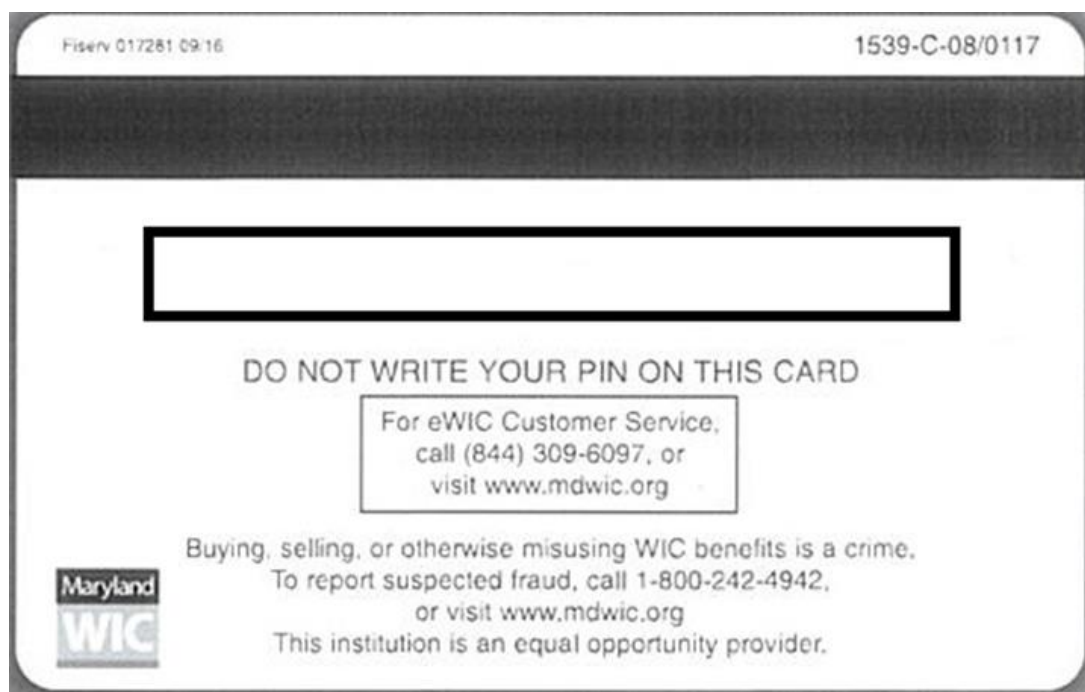
1. The local agency shall issue a food instrument in the form of an eWIC card to each family according to Policy and Procedure 4.30.
2. The local agency shall ensure that each WIC cardholder is instructed on the use of the eWIC card as outlined in Policy and Procedure 4.12.
3. The State agency shall ensure that WIC vendors are instructed on the process of redeeming WIC benefits using the eWIC card as outlined in Policy and Procedure 4.15.

Attachments: 4.02A Sample eWIC Food Instrument

Revisions	10/09 added instructions for the Fruit and Vegetable Check (FVC). 10/13 corrected the name of the policy and to correct the policies cited. 11/16 Added instructions on the receipt and ordering of eWIC cards; eliminated instructions on how to redeem benefits for participant and vendors; changed 4.02 A from check sample to eWIC card. 8/17 Revised content for eWIC. 4.02A changed names from "Check Sample" to "eWIC Food Instrument"
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Maryland eWIC Food Instrument



**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.03  
Effective Date: October 1, 1994  
Revised Date: November 8, 2017**

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**SECTION: FOOD DELIVERY SYSTEM**

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**SUBJECT: Prorating Benefits**

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**A. Policy**

1. Proration of benefits is the process of issuing the appropriate amount of benefits to a participant who:
  - a. misses a scheduled benefit pick-up appointment for a reason other than a hardship as defined in COMAR 10.54.01.18 C(5);
  - b. is a new participant to a family and needs to have their benefit period synchronized to the family benefit period;
  - c. presents a valid VOC card.
2. The WIC management information system will automatically prorate benefits.
3. Local agencies may turn the proration checkbox off in the WIC information system if the delay in food issuance is not a result of negligence on the part of the participant/caregiver/designee (i.e., inclement weather, building closure, participant hardship, computer failure, etc.).

**B. Procedure**

1. The WIC management information system will automatically prorate benefits based on the current date and the benefit start date according to the following formula:
  - a. If a participant is between **11** and **20** days late for their scheduled benefit pick-up, approximately one third of the quantity of the food items\* in the package is taken away.
  - b. If a participant is between **21** and **31** days late for their scheduled benefit pick-up, two thirds of the quantity of the food items\* in the package is taken away.

\*NOTE: Some food items are never prorated. The prorated food items are determined at the State level.

3. The local agency shall instruct the applicant/participant at certification about the importance of picking up benefits at the appointed time. Reminders should be distributed, or included on calendars or other handouts.
4. When a significant number of participants in a Local Agency demonstrate an inability to pick up benefits in a timely manner, the local agency should:
  - a. assess the need to revise benefit pick-up hours or site locations; and
  - b. ensure that participants are educated on the proper utilization of designees and proxies.

Attachment(s):

References:

COMAR 10.54.01.18 C(5)

Revisions:

10/10 Updated proration methodology used by WIC information system and COMAR reference for hardship definition. 12/12 Changed policy reference in B.2.4 from 4.08 to 4.10. 10/13 Corrected the policy referenced in A1 to 4.10. Modified B.3. and B.4.

11/16 Changed references from checks to benefits. This policy was formally named "Prorating Checks"



Policy and Procedure 4.04  
has been removed.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number 4.05  
Effective Date: October 1, 1994  
Revised Date: November 8, 2017**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Voiding of Food Benefits</b>
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**A. Policy**

Local agencies shall void food benefits in the management information system as needed. Reasons to void food benefits include, but are not limited to, food package changes, participants moving out of state, participants under sanctions, etc.

**Procedure**

Local agencies shall void food benefits in the management information system using one of the following, pre-established void reason codes:

- a. Food Package Change
- b. Participant Terminated
- c. Clinic/Staff Error
- d. Unredeemed Benefit
- e. Educational Buy
- f. Participant Sanctioned
- g. Change of Guardianship
- h. Other (system note required)

Revisions:      8/04 Modified for WOW  
                     2/04 Modified B1., 2, and 4  
                     10/1 Modified B.2.c. and 4. to reflect the correct policies.  
                     10/14 Added void codes i-l.  
                     5/17 Modified policy to pertain to eWIC benefits.  
                             Policy formally titled "Voiding Checks"

Policy and Procedure 4.06  
has been removed.

Policy and Procedure 4.07  
has been removed.

Policy and Procedure 4.07A  
has been removed.

Policy and Procedure 4.08  
has been removed.

Policy and Procedure 4.09  
has been removed.

Policy and Procedure 4.09A  
has been removed.



Policy and Procedure 4.09B  
has been removed.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number 4.10  
Effective Date: October 1, 1994  
Revised Date: January 26, 2018**

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<b>SECTION:</b>	<b>FOOD DELIVERY SERVICE</b>
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<b>SUBJECT:</b>	<b>Food Benefit Issuance, Replacement and Over-issuance</b>
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**A. Policy**

Food benefit issuance is limited to providing the maximum allowable food benefit, for each food item applicable to the participant's category for an issue month, as specified in P & P 3.00, Overview of Food Packages. Active enrollees may be issued one, two or three months of benefits at one time, depending on the family's benefit issuance schedule or clinic benefit issuance schedule.

Although an over-issuance of benefits is not allowed, if any benefit for an issue month has been issued in the management information system, and not voided, a benefit over-issuance reason must be documented before additional benefits can be issued. A Local Agency may issue a replacement or an over-issuance of benefits under the following circumstances:

- a. The participant requires a change in food prescription and returns already purchased formula for replacement prior to the "Last Date to Spend" of the food benefit.
- b. The participant requires a combination of formulas to be prescribed for the issue month.
- c. A custody change or domestic violence situation in which the redeemed formula or food does not accompany the infant or child and safety would be compromised if the cardholder attempted to retrieve the already purchased benefits.
- d. WIC formula has been documented as stolen.
- e. WIC foods have been destroyed by a documented fire or natural disaster such as a flood or hurricane.
- f. A formula or food recall is documented and purchased foods must be replaced.
- g. A benefit redemption dispute with an authorized retailer has been documented and is under investigation, and current month benefits are about to expire.

## **B. Procedure**

Local agencies shall abide by the following procedures when replacing or over-issuing benefits:

1. When previously purchased food items are being replaced:
  - a. The local agency shall advise the participant, parent or guardian that falsely reporting the loss of foods is considered fraud and that a sanction or criminal penalty may be imposed if the reported loss is found to be untrue.
  - b. The local agency shall void unused current benefits in the participant's record using the appropriate void code (Policy and Procedure 4.05) and document the reported incident, including a police or other report number if available, as a note in the participant's record.
  - c. The local agency shall issue new benefits for the current month.
  - d. The local agency shall issue a new food instrument, if needed, as described in Policy and Procedure 4.30.
2. The local agency shall document the replacement or over-issuance of benefits in the management information system by selecting the appropriate over-issuance reason for the current issue month. Authorized over-issuance reasons are:
  - a. Food Package Change
  - b. Combination of Formulas Needed
  - c. Custody/Domestic Dispute
  - d. Formula Stolen
  - e. Food Destroyed by Disaster
  - f. Formula/Food Recall
  - g. Benefit Redemption Dispute
  - h. Other (System Note Required)
3. The State Agency shall monitor over-issuance of food benefits on a local agency basis and shall contact the local agency if it suspects fraud or abuse of this policy.

### References:

1. Policy and Procedure 4.30
2. Policy and Procedure 4.05
3. Policy and Procedure 3.00

Revisions:

1. August 2004 – Modified for WOW
2. August 2003 – Modified for WIC WINS
3. October 2011 – Changed Policy number from 4.08 to 4.10
4. January 2018 – Revised policy to pertain to eWIC benefits

Policy and Procedure 4.11  
has been removed.

Policy and Procedure 4.11A  
has been removed.

Policy and Procedure 4.11B  
has been removed.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.12  
Effective Date: October 1, 1994  
Revised Date: February 12, 2025**

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**SECTION: FOOD DELIVERY SYSTEM**

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**SUBJECT: Instructions to Participants, Guardians, and Designees**

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**A. Policy**

The local agency shall ensure that participants, parents, caretakers, and designees receive instructions on the proper use of food instruments, and on the procedures for receiving supplemental foods. Participants, parents, caretakers, and designees shall also be informed that they have the right to complain about improper vendor practices regarding Program responsibilities.

The local agency shall ensure that participants, parents, caretakers, and designees are informed of their rights and responsibilities for participation in the Program, and of participant violations and sanctions so that procedural errors and Program fraud and abuse are minimized.

**B. Procedure**

1. The local agency shall discuss the information in Attachment 4.12A with each participant, parent, caretaker, and designee at the initial certification and any subsequent certifications as appropriate. The local agency may use the instructional material provided in 4.12A or adapt the contents for use in informing participants, parents, caretakers, and designees. Adaptations must have state agency approval before use.
2. The local agency shall distribute a list of all authorized WIC vendors located within the local agency's service area (statewide when appropriate) and inform participants that they may only redeem their WIC benefits at WIC authorized stores in Maryland.
3. The local agency shall review with each participant, parent, caretaker, and designee at each certification the complaint procedure as outlined in Attachment 4.12A.

**Attachment:**

1. 4.12A Welcome to WIC Brochure

**References:**

1. Federal Regulations 7 CFR 246.12 (r) (3)



Revisions:

1. 8/04 Added attachment 4.09A
2. 10/09 Revised attachments 4.09A and 4.10A to include fruit and vegetable check instructions.
3. 10/10 Changed "WIC and You" to "My WIC"
4. changed federal citation to 7 CFR 246.12 (r) (3)
5. 10/11 Changed Policy number from 4.10 to 4.12. Revised section B 2 to clarify to procedure for providing instructions to Participants.
6. 10/13 to modify B.3. to stipulate informing participants that WIC checks may only be redeemed in Maryland. And B.4.
7. 1/18 Changes for eWIC.
8. 10/19 Removed previous teaching tools and referenced Welcome to WIC, Your Guide to Benefits and Services.
9. 4/25 Revised 4.12A Welcome to WIC Brochure in English and Spanish and edited B.1 as to when to use it.

WELCOME TO WIC

# YOUR GUIDE TO BENEFITS AND SERVICES



**wic MARYLAND**  
BETTER NUTRITION, BRIGHTER FUTURE



## Welcome to the Maryland Women, Infants and Children (WIC) program!

**We hope you enjoy everything that WIC has to offer.**

Our goal is to help you and your family eat better, grow better and make your experience with WIC the best that it can be.

WIC gives more than just food. We give tips on shopping, cooking and eating well, and connect you with other health and wellness services.

Please let us know if you have a question or if there is something we can help you with.

Again, welcome to the program!

**Your Friends at WIC**



## How Long Am I Eligible For WIC?

WIC eligibility is different for women than it is for children.

### Women are eligible:

- Your entire pregnancy and up to 6 weeks after pregnancy.
- Up to one year after your baby's birth if you breastfeed.
- Up to 6 months after your baby's birth if you do not breastfeed.

### Children are eligible:

- From birth, up to age 5.

You and your child will need to re-apply for WIC about once a year, and after you have your baby. When you re-apply you will need to bring proof of income, proof of residency, and, if pregnant, proof of pregnancy. Staff will let you know when you need to bring these items with you.

## Your Health Is Important

WIC staff will ask about your health and eating habits, measure your weight, and check your iron level. By talking with WIC staff, you can learn where to get care while you are pregnant, information for other food resources, or shots (immunizations) for your child. You can also get breastfeeding support and other tips to improve the health of you and your baby. Be sure to ask your own questions too.

**BREASTFEED FOR  
A HEALTHY MOM  
AND BABY.**

Call WIC for  
breastfeeding  
tips and support.



## Your WIC Appointments

You will need to return to WIC about every 3 months to get your benefits. Your child will need to come with you about every 6 months to be weighed and measured. Your WIC appointment date and time is on your **Shopping List**, your **WIC ID Folder** (if used by your local WIC Program), and your appointment reminder notice. Always bring your identification **OR** your **ID Folder** to **ALL** WIC appointments.

**If you cannot keep an appointment, be sure to call WIC to reschedule it.**

If you pick up your benefits late, you may get less food. If you stop picking up benefits, you may be dropped from WIC and will need to re-apply.

Nutrition is a part of most WIC appointments. That is because WIC's goal is to help you and your family enjoy better health through healthy foods. You may be able to receive your nutrition education online. Your local WIC office will let you know.



## Your Proxy and Your Designee

You can authorize up to 2 people to help you with your WIC appointments. At WIC, they can be either a proxy or a designee: A **proxy** can pick up your WIC benefits and shop for your WIC foods if you are not able to; a **designee** can do all of that plus they can bring your child in to appointments to re-apply for the program when needed. You must give WIC the names of your proxies or designees. If you want to change your proxy or designee, you must call WIC to let us know.

Your proxy or designee must follow the same rules as you to pick up and spend WIC benefits. Let them read this booklet. Have them shop with you. Ask them to bring back information from all WIC visits.

Your designee must be able to answer questions about your income, your child's health, medical history, and know what they eat. This should be someone who can answer these questions for you.

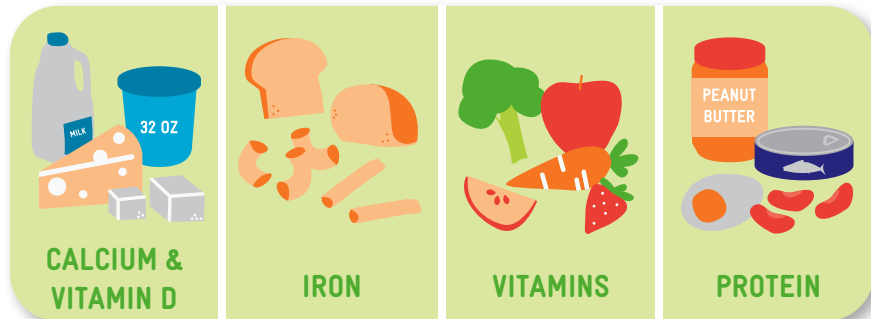


## WIC Food Benefits

Each person in your family on WIC will be given healthy foods for each month they are on the program.

### WIC foods are packed with nutrients like:

- **Calcium** and **vitamin D** for strong bones
- **Iron** for healthy blood
- **Vitamins** to fight illnesses
- **Protein** to build muscles and organs



WIC foods are also low in sugar and fat.

WIC foods are for you or your child only. They help you get what you need to stay healthy. **You will still need to buy other foods.** WIC foods are meant to add to what you already eat.

When money is tight, it is hard to eat the way you should. WIC can give you tips to get the most food value for your money. You can also get ideas for quick and low cost meals and snacks.

If your WIC foods are damaged or destroyed in a fire or natural disaster, let your local WIC office know. They may be able to replace them.

## Your eWIC Account

WIC food benefits that are given to your family are loaded to your eWIC account once a month. Your food benefits will be available for purchase on the same start and end date each month. Your benefits become available on the **Benefit Start Date** at 12:01 a.m. and end at 11:59 p.m. on the **Benefit End Date**. Benefits that have not been spent **DO NOT** carry over to the next month.

To access your WIC food benefits in your account, you are given an eWIC card.

### Your eWIC Card

Your **Maryland eWIC Card** is what you take to the grocery store to purchase your WIC foods. Before you use your Maryland eWIC card, you must select a 4-digit Personal Identification Number (PIN.)

- Choose a number that is easy for you to remember, but hard for others to guess.
- Do not write your PIN on your eWIC card.
- Only share your PIN with your proxy or your designee.



**ONLY YOU AND  
YOUR PROXY/  
DESIGNEE  
SHOULD KNOW  
YOUR PIN.**

You can select or change your PIN by calling eWIC Customer Service at 1-844-309-6097 **OR** logging on to [www.mybnft.com](http://www.mybnft.com) and entering your 16-digit eWIC card number.

If someone gets your eWIC card and knows your PIN, they could use your food benefits. Those benefits will **NOT** be replaced. To protect your card:

- Keep your card in a safe place, like your wallet or purse.
- Keep your card clean and out of direct sunlight.
- Keep your card away from magnets and electronics like cell phones.





## Your WIC Shopping List and WIC Authorized Foods List

Your **WIC Shopping List** shows all the WIC foods given to your family. It lists who the foods are for, the amount of each food item, and the benefit start and end dates. The Shopping List may also include the date of your next WIC appointment. It is printed and given to you at the end of your WIC appointment.

The **WIC Authorized Foods List** gives you details of what you can and cannot buy. Some WIC foods, like cereal, are brand and size specific. You will find that information in your Foods List. Before shopping the first time, review your Shopping List along with your Foods List. The more you know about WIC foods, the easier it is to shop. Take your Shopping List and the WIC Foods List to the store. If you have a question, ask the store's customer service representative or give your local WIC office a call.



## Maryland WIC Mobile App

For smart phone users, the **Maryland WIC Mobile App** can be very helpful to WIC families. You can download the App, MD WIC, from the Google Play or iPhone stores. To register, you just need an active **Maryland eWIC Card**.

You can view information about your WIC appointments, WIC offices, approved store locations, the foods list and your food benefit balance. While shopping, you can scan a UPC (Barcode) to see if the food item is WIC approved and available in your WIC food balance. You can also receive alerts for upcoming appointments and benefits about to expire.

The Maryland WIC Mobile App can help you access other WIC resources and has links to other services. The app is available in English and Spanish. Ask WIC staff about this helpful tool.



Download on the  
**App Store**

GET IT ON  
**Google Play**



USE THIS QR CODE  
TO DOWNLOAD THE  
MARYLAND WIC  
MOBILE APP OR  
VISIT THE GOOGLE  
PLAY OR IPHONE  
APP STORE.

## How to Shop for WIC Foods

You should have a list of approved WIC vendors (stores) in your area. You can also use the mobile WIC App to find a store near you, whether home or shopping out of your area, or call your local WIC office and they can help you find one. All approved WIC stores will display the **Maryland eWIC Accepted Here** sign in their window.



You can shop for your WIC foods as often as you like. You do not have to buy all your foods at one time. Take your **eWIC Card**, your **Shopping List** and your **Foods List** to a WIC approved store. Here are the steps to follow:

1. Decide what foods on your **Shopping List** you want to buy. Look at the dates. You can only buy foods listed between the food benefit **Start and End Dates** listed on your Shopping List.
2. Use your **WIC Foods List** to check which foods are allowed or you can scan the UPC using the **Maryland WIC App**.
3. Use any checkout lane but **not cash** only, express, or self-checkout. Some stores may only take eWIC in one lane, if so, the lane will be marked with a smaller **eWIC Accepted Here** sign.
4. At some stores, you can purchase WIC foods and non-WIC foods in the same transaction. This is called a "mixed basket." However, if you find it helpful, you can separate WIC foods to make your WIC purchase easier.
5. You may want to let the cashier know you are using WIC. At some stores you need to slide your **eWIC Card** before they ring up your WIC food.
6. Enter your 4-digit PIN when asked. No signature or ID is required.
7. Keep your receipt, it shows your remaining benefit balance.

## Helpful Tips for Using Your WIC Benefits

If you lose or damage your eWIC Card, it can be replaced.

- Call Customer Service at **1-844-309-6097** to request a new card.
- Remember that any benefits that expire while waiting for your new card to arrive cannot be replaced.
- It can take up to 7 business days to get a new card in the mail. If you do not receive your replacement card within 7 days, call your local WIC office.

You have many options for keeping track of the food you have left in your eWIC account. To check your food balance, you can:

- Use the free **Maryland WIC App** on your smart phone. You can access your account from your smart phone and see your balance while you are shopping.
- Set up an account at **www.mybnft.com** to check your balance online.
- Check your most recent store receipt.
- Call Customer Service at **1-844-309-6097**. They will read your balance to you over the phone.
- Ask a cashier or staff member at the customer service desk to run a "balance inquiry" for you before you start shopping.
- Visit the WIC office and ask for an updated shopping list.



**REMEMBER YOUR PIN. IF YOU ENTER THE WRONG PIN 4 TIMES IN A ROW, YOUR CARD WILL BE LOCKED UNTIL MIDNIGHT.**

To re-set or change your PIN, you can call **1-844-309-6097** or go to **www.mybnft.com**.

## Helpful Tips (continued)

**If you owe money at the end of your WIC transaction, here are some reasons why that might happen:**

- You may be spending more in fruits and vegetables than the amount that WIC gives you.
- You may not have enough balance left on your account for the item you are trying to buy.
- You may be trying to buy a WIC food that is not on your **WIC Shopping List**.
- A food you are trying to buy is not a WIC approved item.

**You can use coupons, “buy one get one free,” and store discount cards for your WIC foods.**

This saves money for the WIC Program; no money will be given to you when you use coupons with your WIC benefits. If a retailer offers “buy one get one free,” participants can take advantage of the extra item using WIC. Some “buy one get one free” offers may charge half price for each item. This will NOT be WIC approved. Make sure you read the fine print.

**YOU CAN SHOP FOR YOUR WIC FOODS AS OFTEN AS YOU WOULD LIKE DURING THE MONTH.**

You do not have to buy all of your foods at one time.



**Stores may not carry all brands you see on the Foods List.**

You can ask the store to carry the brand you want or shop at another store.

**Stores cannot give you a rain check or credit for any food or formula not in stock.**

**Stores cannot let you purchase a food that is not WIC approved.**

If you think a food you tried to buy should be WIC approved, please call your local WIC office with the information below:

- The UPC (barcode) from the item. Please give the WIC staff member all of the numbers, even the ones right before or right after the barcode.
- Exact name of the item you tried to buy and the size of the package.
- You can also submit this information using the **Maryland WIC App**.

**If you need to dispute a transaction you may:**

- Call Customer Service at **1-844-309-6097**.
- Go to **[www.mybnft.com](http://www.mybnft.com)**.
- Remember that you can only dispute transactions for the current month. You are not able to dispute transactions for benefits that have expired.



## Your Rights and Your Responsibilities

When you applied for WIC, you signed confirming that you were given the opportunity to read, or have read to you, your **Rights and Responsibilities**. Federal law requires that we share that information with you. A copy was given to you when you applied. Take a few minutes to read your rights, and your responsibilities again. It is important for you to know what your rights are. You have the right to be treated fairly, with common courtesy, and receive the information you need. You also have the responsibility to follow program rules. If you do not follow the rules, you may be removed from the program, owe us money, or face criminal charges, and we do not want to see that happen.

### If you need help:

- For questions about your **eWIC Card**, call Customer Service at **1-844-309-6097** or log on to **www.mybnft.com**.
- For questions about your **WIC food benefits**, or if you move or change your address, please contact your local WIC office.
- For other information about the **Maryland WIC Program**, call **1-800-242-4942** or visit the website at **www.mdwic.org**.

## Other Programs You May Qualify For

As a WIC participant you may also be eligible for other programs that help with things like food, medical care, alcohol, drug or mental health crisis services, electric and other utility bills, and school readiness. Use the contact information listed below or ask WIC staff if you need help finding assistance in your area.

- Maryland Food Supplement Program (SNAP), Temporary Cash Assistance (TCA) or Energy Assistance call **1-800-332-6347** or visit **myDHRbenefits.dhr.state.md.us**;
- Maryland Medical Assistance call **1-855-642-8572** or visit **www.marylandhealthconnection.gov**;
- Head Start or Early Head Start call **1-866-763-6481** to find a location near you;
- Maryland Crisis Hotline call **1-800-422-0009**.

## Moving?

Please let your local WIC office know if you are moving. If you stay in Maryland, you can ask to transfer to another WIC office. If you move out of state, ask for a VOC (Verification of Certification) form to take to another WIC Program. You can only be in one WIC Program at a time.

## We Would Like to Hear From You

We work hard to make your experience with WIC the best that it can be. If you have an idea of how we can make it better, or a story to share of how WIC helped you, please let us know.

If you have a complaint about a vendor or cashier, or your clinic visit, we would like to know that too.

### You have many ways to contact us. You can:

- Call your local WIC Office
- Call the State WIC Office at **1-800-242-4WIC**
- Visit the Contact WIC page on our website: **www.mdwic.org**
- Email us at **mdh.wic@maryland.gov**

**THANK YOU FOR ALLOWING  
US TO BE A PART OF YOUR  
FAMILY'S FUTURE!**





1-800-242-4942 | [www.mdwic.org](http://www.mdwic.org)



In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (833) 256-1665 or (202) 690-7442;
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Policy and Procedure 4.12B  
has been removed.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.13  
Effective Date: October 1, 1997  
Revised Date: March 4, 2025**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Vendor Authorization</b>
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**A. Policy**

The state agency shall ensure that only vendors authorized by the state agency redeem WIC benefits or otherwise provide supplemental foods to participants. The state agency shall establish criteria for the selection and denial of vendors for authorization in the Maryland WIC Program.

The state agency shall ensure that the food delivery system within the jurisdiction of the state agency is procedurally uniform and in compliance with federal regulations.

The local agency shall assist the state a, as required, in the vendor authorization process.

**B. Procedure**

**1. Vendor Agreement and Authorization Period**

- a. The authorization of retail vendors shall be the responsibility of the State WIC Agency.
- b. All vendor agreements for the food delivery system are between the vendor and the State WIC Agency.
- c. The State WIC Agency can make changes to the vendor agreement, if necessary. Vendors will receive as much advance notice as possible regarding any changes to the Agreement.
- d. Vendors may apply or reapply for authorization at any time during the year. However, a vendor applicant denied authorization three times in a 12-month period may not reapply until one year after the last denial date.
- e. The state agency, in accordance with 7 CFR 246.12(h)(1)(i).", may not authorize a vendor for a period exceeding 3 years. The state agency, at its discretion, may authorize a vendor for a period less than 3 years.

## 2. Vendor Authorization Process

- a. To participate in the WIC Program as a vendor, the interested vendor must submit an application using the forms provided by the state agency. Mobile stores or direct delivery services are not eligible to apply. Any entity that wishes to become an authorized WIC vendor must:
  - i. Hold a current food service facility license issued by the local health department or department of environment and, if a food store/ pharmacy combination or pharmacy only vendor, hold a current permit to operate as a pharmacy issued by the State Board of Pharmacy;
  - ii. Be authorized and in good standing by the Supplemental Nutrition Assistance Program (SNAP) and not currently disqualified, suspended, issued a charge or adverse action letter or under an appeal from SNAP;
  - iii. Operate at a fixed location;
  - iv. Be accessible to persons with disabilities;
  - v. Maintain the store's premises in a sanitary condition;
  - vi. Have in its store from the time of application, the minimum required stock as set forth in COMAR 10.54.03.04C(2) and COMAR 10.54.03.14;
  - vii. Comply with all applicable State laws and regulations and all federal selection criteria established at 7 CFR 246.12(g)(3);
  - viii. Except for pharmacy only or military commissaries, a vendor applicant shall have actual lowest current shelf prices that are less than or equal to 125% of the peer group average in the vendor applicant's region during the month of application, as determined by the state agency for each of the four food packages utilized to analyze prices;
  - ix. Not derive 50% or more of its total food sales from WIC food items or intend to operate as a WIC only retailer; and
  - x. Pharmacies authorized as pharmacy only vendors are only permitted to sell WIC special infant formula and medical foods. In order to sell other food items, pharmacies must be authorized as a food/pharmacy vendor.
- b. The state agency shall ensure that all vendors considered for authorization in the program meet the qualification criteria as stated

in the current Vendor Agreement, Application Package and in State regulations.

- c. The state agency shall conduct an unscheduled on-site review of a vendor applicant's store within 60 days of receipt of an application to ensure that the store meets the requirements for authorization. However, if the following circumstances are present in the applicant store's region, the on-site review shall be delayed until the following circumstances have been resolved.
  - i. Severe weather conditions such as snow or flooding, or
  - ii. Labor strike, civil unrest, pandemic or other conditions that prevent consistent delivery of food stock, or
  - iii. Vendor notification that delivery of food stock has been delayed.

This information will be documented and used to determine if a delay in conducting the on-site reviews is necessary or such that they may resume.

- d. Vendors disqualified or sanctioned by SNAP or assessed a civil monetary penalty within the past 12 months from the date they apply to WIC will not be awarded an agreement, unless they meet the participant hardship criterion set forth in COMAR 10.54.03.19.
- e. Upon completion of a period of disqualification and a successful completion of the authorization requirements set forth in COMAR 10.54.03.04 and 10.54.03.07, .08 and .09, a vendor shall regain authorization. The state agency may not deny authorization based on previous violations once the applicable sanction has been satisfied. However, a vendor with previous violations may be considered a high-risk vendor upon authorization.
- f. The state agency shall grant or deny authorization to a vendor applicant within 60 days of receipt of an application. If extenuating circumstances delay the application process, the timeline can be pushed out (i.e., certification issues).
- g. The state agency shall notify vendors whose applications for authorization are denied that they have the right to an appeal. The vendor applicant must request a hearing within 10 days of receipt of the notice of denial as set forth in COMAR 10.54.03.18.
- h. Written notification of the Program actions, the reasons for the action, the right to appeal and the method for filing the appeal shall be provided to the vendor within 15 days of the denial.
- j. The state agency shall ensure that vendors granted Program authorization enter into a vendor agreement with the state agency (attachment 4.13C).

- k. Vendor agreements are not transferable. Any change in ownership, or rights of ownership, or relocation of a store terminates the vendor agreement. Vendors cannot appeal agreement termination due to change in ownership, rights of ownership, or relocation of a store.
- l. The state agency, at its option, may refuse to grant authorization to any vendor against which the Program has an outstanding monetary claim or with a vendor convicted of fraudulent business practices.
- m. The state agency shall ensure that new vendors selected for Program authorization and/or their representative(s) attend vendor training before actual Program participation begins. If the state deems a renewing vendor as high risk, Reauthorization Training may be required at renewal time.

### 3. Vendor Certification

- a. Once a vendor application has been approved and it is determined that the store requires state provided equipment, they will be referred to the state eWIC processor in order to complete the necessary paperwork for use of the equipment. After the equipment is properly installed, the processor will train on how to use the equipment. Once the vendor has received training and before they can accept eWIC benefits, state WIC staff will schedule a visit to test and certify that the equipment is working properly.
- b. For those stores who will use an integrated POS system, state staff will test the POS system to certify that it is processing eWIC transactions properly. The store will be able to accept eWIC transactions once it has passed certification and all cashiers have been trained.

### 4. Vendor Confidentiality

- a. Pursuant to 7 CFR 246.26(e), the state agency shall ensure the confidentiality of Vendor information with the exception of the vendor's, name, address, telephone number, website/e-mail address, store type, and authorization status.
- b. The state agency may, at its discretion, identify sanctioned vendors to other vendors or vendor applicants, including some of the related details pertaining to the sanction to include the vendor's name, address, length of the disqualification or amount of the civil monetary penalty, and a summary of the reason(s) for such sanction provided in the notice of adverse action.
- c. Should the state agency, at its discretion, identify sanctioned vendors to other vendors, or vendor applicants, it will only do so following the exhaustion of all administrative and judicial review, in

which the state agency has prevailed, or the time period for requesting such review has expired.

5. The local agency shall:
  - a. Provide an appropriate number of staff to assist the state agency in the vendor authorization process (i.e., on-site review or testing).
  - b. Ensure that appropriate staff attends required training(s) on the vendor authorization process.
  - c. Conduct on-site reviews of applicant vendors, as required by the state agency using the Retail Vendor On-Site Review Form and instructions as found in Attachment 4.13A and B. The completed on-site review forms shall be submitted to the state agency.
  - d. Assist the state agency in the vendor training process, as required.
  - e. Distribute lists of authorized vendors to participants.

Attachments:

- 4.13A Retail Vendor Onsite Review Form – 3 or less registers
- 4.13B Retail Vendor Onsite Review Form – 4 or more registers
- 4.13C Retail Vendor Onsite Review Form Instructions
- 4.13D Retail Vendor Agreement

References:

1. Federal Regulations 7 CFR 246.12 and 26(e)
2. COMAR 10.54.03-Retail Food and Pharmacy Vendors
3. Retail Vendor Application Packet

Revisions:

1. 8/05 to exclude 50 percent vendors and decrease the number of times in a year an applicant can apply after denial from 4 to 3
2. 10/08 to include the requirements contained in CFR §246.26(e) regarding the confidentiality of Vendor information.
3. 10/09 to reflect revised a Vendor Agreement prohibiting the use of the WIC logo and acronym (Att 4.11B-2) and a revised Onsite Review Form (Att 4.11A)
4. 10/10 Changed federal citation to 7 CFR 246.12 (g)
5. 10/11 Changed Policy number from 4.11 to 4.13
6. 10/12 Revised Attachment 4.13B-2 to reflect prohibition against providing incentives solely to WIC Participants, to use the term disqualification rather than suspension, to restrict pharmacy only vendors from selling anything other than WIC infant formula, and to clarify the conditions under which a previously disqualified vendor may obtain authorization.
7. 10/13 New format and signature on 4.13B-2.
8. 10/15 Clarified the process for vendors applying after disqualification. Corrected “calendar year” to “12 month period”
9. Revised the procedure on the need for delayed on-sites
10. Added to authorization requirements as stated in COMAR
11. Renumbered the attachments



12. Revised attachment 4.13B to read like instructions and not a policy.
13. Revised attachment 4.13C to reflect name change of new Vendor Manager.
14. 12/16 Revised and reorganized vendor agreement to make it clearer and easier to read. eWIC revisions have also been added, including FNS's requirements in the WIC Operating Rules for EBT.
15. 8/17 Revised policy to include process for certifying POS systems to accept eWIC.
16. 1/18 Revised 4.13C WIC Vendor Agreement to reflect new name change from DHMH to MDH and fixed a couple of spacing issues. Also revised language on operational costs to vendor and revising what eWIC capable means.
17. 1/20 Fixed a few minor grammar edits. Revised agreement to read Program in place of State Agency to be consistent throughout document. Added provision of what vendor information the Program is allowed to release.
18. 5/20 Revised the Vendor On-site Review Form 4.13A and clarified/restructured the instructions for completing the form - Retail Vendor Onsite Review Form Instructions 4.13B.
19. 7/20 Revised the Vendor On-site Review Form 4.13A to include question for Above 50% indications.
20. 8/21 Revised agreement to include SNAP authorization, accounting records requirement, certification requirements, email checked once a week under the vendor responsibilities and clarify pharmacy only vendors sell special formula and medical foods. Redefined SNAP requirement in B2(a)(ii) and made 2 small edits in section ix and x Vendor Authorization.
21. 7/22 Revised main policy section 2. a-vii to include reference at 7 CFR 246.12(g)(3).", waiving initial training has been removed and this section has been slightly revised to include reauthorization training, and section 4 b & c now includes reference to 7 CFR 246.26(e) on strict WIC vendor information sharing. Revised attachment 4.13A On-Site Review Form to break it into two forms for the new two-tiered minimum stocking requirements, now attachments A and B. Because of the additional on-site form, all the attachments are renumbered A-D. Revised attachment 4.13C, Retail Vendor On-Site Review Form Instructions. Updated the agreement (attachment 4.13D) and revised requirements on maintaining an active email account, signage at checkout lanes, notification on POS updates/changes, and updated contact sections.
22. 11/2023 Additional language on extending application processing time, updated citation in B.1.e, revised section 2.d to include participant hardship clause, changed the word "penalty" to "sanction" in section B.2.e.
23. 9/24 Attachment 4.13D updated section V. to include current Civil Rights Assurances language and refine section I.32 Responsibilities of the Vendor
24. 03/25 Revised attachments 4.13A and B with increased minimum stock for vegetables.

# Retail Vendor On-Site Review Form

## For Stores with 3 or less Registers

Date \_\_\_\_\_

Store Name	Phone #	Vendor/Applicant ID
Street Address	County	City, Zip

Store Type, circle one:      Food Store      Food/Pharmacy Combination

**Answer Yes or No to the following:**

Handicapped Access? \_\_\_\_\_ Fixed Location? \_\_\_\_\_

Sanitary? \_\_\_\_\_ If no, list conditions on page 2.      Prices On/Near All WIC Foods? \_\_\_\_\_

Food selection indicative of potentially above 50% vendor? \_\_\_\_\_

Minimum Stock? \_\_\_\_\_ If no, list missing items on page 2.      If no, was the storeroom checked? \_\_\_\_\_

**Complete the following:**

Number of Full-Service Checkouts \_\_\_\_\_ Number of Full-Service Checkouts typically open \_\_\_\_\_

Number of Self-Checkouts \_\_\_\_\_ Number of Self-Checkouts typically open \_\_\_\_\_

Minimum Stock Required	OK?	Brand	UPC	Size	Lowest Price
Whole Milk 2 gallons				Gallon	
Low-Fat (skim, 1%, fat free) 3 gallons				Gallon	
Domestic Cheese, 8 or 16 oz 2 varieties, 3 lbs. total				_____oz	
Eggs, white or brown, large, or medium, 6 dozen total				Dozen	
Cereal, Cold, 12 oz or larger 3 ctr whole grain and 3 ctr regular 1 variety of each				_____oz	
Peanut Butter, 16-18 oz. 3 containers				_____oz	
Fish, 3.75-7.5 oz, 14.75 oz (4 pks of 5 oz - ok) 1 variety, 15 oz total				_____oz	
Beans (legumes), canned, 15-16 oz 2 varieties, 5 cans total				_____oz	
Juice, 64 oz 2 varieties, 3 containers				64 oz	
Whole Grains, 15-16 oz 2 varieties, 2 lbs total				_____oz	

# Retail Vendor On-Site Review Form

## For Stores with 3 or less Registers

Date \_\_\_\_\_

Minimum Stock Required	OK?	Brand	UPC	Size	Lowest Price
Infant Cereal, 8 or 16 oz 1 variety, 3 containers				_____oz	
Infant Fruits, 4 oz container (2 – 2 oz packs or 2 - 4 oz packs) 2 varieties, 10 containers				_____oz	
Infant Vegetables, 4 oz container (2 – 2 oz packs or 2 - 4 oz packs) 2 varieties, 10 containers				_____oz	
Similac Advance Powder, 12.4 oz 7 cans			0070074559582	12.4 oz	
Juice, frozen, 11.5-12 oz or 48 oz bottles, 1 variety, 3 containers				_____oz	
Fruits & Vegetables, fresh, frozen or canned 2 varieties of fruits; 3 varieties of vegetables , \$16 total value		NA	NA	NA	NA

I have reviewed this report of the on-site review and I agree\_\_\_\_\_/disagree \_\_\_\_\_with its accuracy.

Store Representative's Comments: \_\_\_\_\_

Printed Name\_\_\_\_\_ Title\_\_\_\_\_

Signature \_\_\_\_\_ Date\_\_\_\_\_

Manager's Name\_\_\_\_\_ Store's Email Address \_\_\_\_\_

WIC Representative's Comments: \_\_\_\_\_

Printed Name\_\_\_\_\_ Title\_\_\_\_\_

Signature \_\_\_\_\_ Date\_\_\_\_\_

# Retail Vendor On-Site Review Form

## For Stores with 4 or more Registers

Date \_\_\_\_\_

Store Name	Phone #	Vendor/Applicant ID
Street Address	County	City, Zip

Store Type, circle one:      Food Store      Food/Pharmacy Combination

**Answer Yes or No to the following:**

Handicapped Access? \_\_\_\_\_ Fixed Location? \_\_\_\_\_  
 Sanitary? \_\_\_\_\_ If no, list conditions on page 2.      Prices On/Near All WIC Foods? \_\_\_\_\_  
 Food selection indicative of potentially above 50% vendor? \_\_\_\_\_  
 Minimum Stock? \_\_\_\_\_ If no, list missing items on page 2.      If no, was the storeroom checked? \_\_\_\_\_

**Complete the following:**

Number of Full-Service Checkouts \_\_\_\_\_ Number of Full-Service Checkouts typically open \_\_\_\_\_  
 Number of Self-Checkouts \_\_\_\_\_ Number of Self-Checkouts typically open \_\_\_\_\_

Minimum Stock Required	OK?	Brand	UPC	Size	Lowest Price
Whole Milk 4 gallons				Gallon	
Low-Fat (skim, 1%, fat free) 6 gallons				Gallon	
Domestic Cheese, 8 or 16 oz 4 varieties, 6 lbs. total				_____oz	
Eggs, white or brown, large, or medium, 6 dozen total				Dozen	
Cereal, Cold, 12 oz or larger 6 ctr whole grain and 6 ctr regular 2 varieties of each				_____oz	
Cereal, Hot, 9.8 oz or larger 1 container				_____oz	
Peanut Butter, 16-18 oz. 6 containers				_____oz	
Fish, 3.75-7.5 oz, 14.75 oz (4 pks of 5 oz- ok) 2 varieties, 30 oz total				_____oz	
Beans (legumes), canned, 15-16 oz 3 varieties, 12 cans total				_____oz	
Beans, dry, 1 lb bags 2 varieties, 3 lbs total				1 lb	
Juice, 64 oz 2 varieties, 6 containers				64 oz	
Whole Grains, 15-16 oz 2 varieties, 4 lbs total				_____oz	

# Retail Vendor On-Site Review Form

## For Stores with 4 or more Registers

Date \_\_\_\_\_

Minimum Stock Required	OK?	Brand	UPC	Size	Lowest Price
Infant Cereal, 8 or 16 oz 2 varieties, 1 variety must be rice				_____oz	
Infant Fruits, 4 oz container (2 – 2 oz packs or 2 - 4 oz packs ok) 2 varieties, 16 containers				_____oz	
Infant Vegetables, 4 oz container (2 – 2 oz packs or 2 -4 oz packs ok) 2 varieties, 16 containers				_____oz	
Infant Meat, 2.5 oz containers 1 variety, 6 containers				2.5 oz	
Similac Advance Powder, 12.4 oz 15 cans			0070074559582	12.4 oz	
Similac Isomil Soy Powder, 12.4 oz 4 cans			0070074559643	12.4 oz	
Juice, frozen, 11.5-12 oz or 48 oz bottles, 2 varieties, 6 containers				_____oz	
Fruits & Vegetables, fresh, frozen or canned 2 varieties of fruits; 3 varieties of vegetables, \$32 total value		NA	NA	NA	NA

I have reviewed this report of the on-site review and I agree \_\_\_\_/disagree \_\_\_\_ with its accuracy.

Store Representative's Comments: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's Name \_\_\_\_\_ Store's Email Address \_\_\_\_\_

WIC Representative's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Retail Vendor On-Site Review Form Instructions**

### **Instructions:**

The WIC representative designated to perform the on-site review shall prepare the appropriate form depending on the size of the store. Attachment 4.13A applies to stores with three or less registers and attachment 4.13B applies to stores with four or more registers. Steps 1 through 2 can be completed in advance of the on-site review.

Once they enter the store, the representative shall make his/her presence and purpose known to the store and complete attachment 4.13A or 4.13B as follows:

1. Enter date the on-site review is performed.
2. Complete store information: name, phone, vendor/applicant ID, address, county, city, zip.
3. Circle the type of store.
4. Answer yes or no to all questions.
5. Complete full-service and self-checkout information. It is best to discuss this question with a store representative who is knowledgeable about the front-end operations to determine what is typical for this store.
6. Minimum Stock Required. Perform the following for each food category:
  - Check the "OK" box to indicate the store inventory meets the minimum required stock. If there is not enough of a product, enter how much was on the store's premises on the page two under the WIC Representative's Comments. For example, "only had 1 gallon of whole milk" or "only had 1 variety of canned beans".
  - Identify the lowest unit priced item on the shelf for that food category.
  - In the next column, enter the brand and type of the lowest unit priced item.
  - In the next column, enter the UPC of the lowest unit priced item.
  - In the next column, enter the size of the lowest unit priced item.
  - In the last column, enter the price of the lowest unit priced item.
7. Review the completed form with a store representative and have them indicate whether they agree or disagree with its accuracy.
8. The store representative may enter any comments at their discretion.
9. The store representative must sign and date the form. If a store representative refuses to sign the form, please make note of it.
10. The WIC representative may enter comments. This is especially important in instances where a store did not pass an inspection or if the store needs supplies.
11. The WIC representative must sign and date the form and return it to the State office to be saved in the vendor applicant's file.
12. The State's Vendor Unit representative shall enter the data into the MIS system. All register information shall be updated where applicable.



## MARYLAND WIC PROGRAM VENDOR AGREEMENT



Vendor Name: \_\_\_\_\_

Store Name: \_\_\_\_\_

Program Assigned Vendor ID Number: \_\_\_\_\_

Vendor Retail Address: \_\_\_\_\_  
\_\_\_\_\_

Vendor Mailing Address (only if different than above):  
\_\_\_\_\_  
\_\_\_\_\_

This Agreement, dated \_\_\_\_\_, is made by and between \_\_\_\_\_, hereinafter called "Vendor," and the **Special Supplemental Nutrition Program for Women, Infants and Children**, a unit of the Maryland Department of Health, Prevention and Health Promotion Administration (PHPA), hereinafter called "Program" or "WIC," and shall commence on \_\_\_\_\_ and shall terminate on \_\_\_\_\_.  
(to be filled in by the Program) (to be filled in by the Program)

### Purpose:

The purpose of the Program is to provide supplemental foods and nutrition education at no cost to eligible participants. The Program serves as an adjunct to good health care during critical times of growth and development, to prevent the occurrence of health problems and improve the health status of program participants.

The Program operates a retail food delivery system as defined in § 7CFR 246.12. This delivery system enables WIC participants to purchase WIC approved foods at the WIC authorized store of their choice.

This Agreement memorializes the requirements for the Vendor's successful participation in the Program. It articulates the responsibilities of each party including Vendor monitoring, Vendor sanctions, and conditions under which the Agreement may or shall be terminated. The Vendor, in accepting the terms of this Agreement, agrees to support the objectives of the WIC

Program and to participate in the delivery of WIC approved foods at the lowest possible competitive price for the benefit of all individuals authorized to participate in the Program. Therefore, once approved, the WIC Vendor is required to maintain its qualifications and meet all Federal and State Program requirements in order to maintain this Agreement in force for its entire term.

**Now, therefore, in consideration of the mutual promises and covenants herein contained, the parties agree as follows:**

## **Provisions**

### **A. Duration of Agreement:**

This Agreement, which concerns the store's or entity's authorization to operate as a WIC Vendor, shall continue in effect until the above-stated termination date or unless it is terminated as provided in this Agreement.

### **B. Subsequent Agreement Changes:**

The Program reserves the unilateral right to order in writing changes in the work within the scope of the Agreement and the unilateral right to order in writing a temporary stop or delay in performance. The Program may amend this Agreement upon 15 days' notice to the Vendor in order to comply with any new Federal or State laws or regulations or policies issued by the United States Department of Agriculture (USDA). In all other instances, the Agreement may only be modified as the Program and the Vendor mutually agree in writing.

### **C. Governing Law:**

The provisions of this Agreement are governed by Maryland law. All disputes arising out of this Agreement will be handled in Maryland courts.

### **D. Not a License/Property Interest:**

This Agreement does not constitute a property interest. If the Vendor wishes to continue to be authorized beyond the period of its current Agreement, the vendor must reapply for authorization. If a Vendor is disqualified from being a WIC vendor, the Program will terminate this Agreement, and the Vendor will have to reapply to be authorized after the disqualification period has ended. In all cases, the Vendor's new application will be subject to the Program's vendor selection criteria and any vendor limiting criteria in effect at the time of the reapplication.



**E. Non-Transferability:**

This Agreement is not transferable. Any change in ownership or rights of ownership, cessation of operation, or relocation of a store terminates this Agreement and the Vendor's authorization to operate as a WIC vendor is ended. Termination of this Agreement due to change in ownership or relocation of a store may not be appealed.

The relocation of a WIC store terminates this Agreement, and the Vendor must reapply for a new period of authorization and be authorized as a WIC vendor by the WIC Program before it may operate as a WIC vendor at the new location.

**F. Renewability:**

This contract is in effect for the period indicated on page 1. Neither the Program nor the Vendor is under any obligation to renew this contract. Expiration of this contract shall not be subject to appeal or administrative review.

**G. Limitation Policy:**

Payment obligation by the Program is contingent upon the availability of Federal or State funds allocated for payment of such an obligation. If funds are not available for continuance of service, this Agreement shall become void, and services shall be terminated by the Program. The Program shall notify the Vendor at the earliest possible time of any service that will or may be affected by lack of availability of Federal or State funds.

**H. Telecommunication Failures:**

The Program is not responsible for the failure of telecommunications between Vendor and the Program's eWIC Processor.

**I. Responsibilities of the Vendor:**

The Vendor agrees that the documents listed are hereby incorporated into this Agreement and made an integral part thereof:

1. Maryland WIC Program Vendor Application Packet
2. Maryland WIC Program Vendor Manual
3. Maryland WIC Program State Plan of Operations
4. Code of Maryland Regulations (COMAR) Title 10 Department of Health, Subtitle 54 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

5. Vendor Sanction Policy - COMAR 10.54.03.16
6. 7 Code of Federal Regulations (CFR) Section 246 Special Supplemental Nutrition Program for Women, Infants, and Children
7. Food and Nutrition Service's (FNS) Operating Rules, Women Infants and Children (WIC), Electronic Benefits Transfer (EBT)
8. State and Local Agency Policy Manual

The WIC Program will update these documents as required, and the Vendor is subject to the requirements of the most recent update. In addition, the Vendor is subject to the terms of the Sanction Policy in effect at the time the Vendor violates a provision of the Agreement.

**The Vendor agrees to:**

1. Adhere to all applicable existing law and regulations of the Program and any subsequently enacted as a result of State or Federal Legislation. Adhere to all policies and operating procedures of the Program, including those found in the WIC Application Packet, the WIC Vendor Manual, the WIC State Plan of Operations, COMAR, WIC EBT Operating Rules and any updates to these policies and procedures.
2. Obtain, at its expense, all licenses, permits, insurance, and government approvals, if any, necessary for the Vendor's performance under the Agreement.
3. Comply with all applicable Required Vendor Practices in accordance with COMAR 10.54.03.15.
4. Comply with the nondiscrimination provisions of 7 CFR Parts 15, 15a, and 15b and:
  - a. Not discriminate in any manner against an employee or applicant for employment because of race, color, sex, creed, national origin, age, marital status, religion, ancestry, or disability of a qualified individual with a disability;
  - b. Include a provision similar to that contained in subsection (a) above in any subcontract except a subcontract for standard commercial supplies or raw materials; and
  - c. Post and cause subcontractors to post in conspicuous places, available to employees and applicants for employment, notices setting forth the substance of this nondiscrimination provision.

5. Refrain from use of the WIC logo and acronym, or close facsimiles, in the name of the Vendor, store front signage, and advertising and other promotional materials. Vendor developed shelf talkers/tags must be submitted to the State WIC office for approval before use. WIC shelf talkers/tags must be accurately placed and must not misidentify food items as WIC authorized. Vendors may not apply stickers, tags or labels that have the WIC logo or acronym on WIC-approved products. Violation of this prohibition is subject to the sanction contained in COMAR 10.54.03.16 which is incorporated by reference.
6. Maintain an active e-mail account that is monitored no less than once a week and capable of receiving WIC contract and Program information. The Vendor shall promptly notify the Program when any primary WIC contacts change.
7. Participate in Annual Vendor Training sessions offered by the Program and any other vendor training required or deemed appropriate by the Program.
8. Designate at least one person, at each authorized vendor location, to serve as the designated trainer. The designated trainer shall train all cashiers, including pharmacy cashiers and other staff involved with WIC transactions on Program requirements. The Vendor or its designated trainer will promptly inform employees of changes in the WIC Program, including changes to the Authorized Foods List.
9. Be accountable and responsible for vendor violations committed by owners, officers, managers, agents, and employees of the Vendor.
10. Maintain and enable through an internet connection, a certified eWIC system to accept and process eWIC transactions in a manner necessary to ensure system availability during all hours that the store is open.
11. For those issued Program provided eWIC equipment, the Vendor will use the equipment according to the Program's eWIC Processor's instructions, only at the locations specified in this agreement. The deployment of the equipment at each retail location will be in accordance with the manual and other guidelines furnished by the eWIC Processor and the Program.
12. Provide the eWIC Processor with the name of the bank and the account number in which the Processor will deposit funds for completed and approved eWIC transactions.
13. Redeem food benefits for participants in the amount authorized through point-of-sale (POS) terminal(s), with Personal Identification Number (PIN) pad, scanner, and integrated printer, only upon presentation by participant of a valid Maryland eWIC card and participant entry of a valid PIN. The Maryland eWIC card number may be keyed- entered only if the card reader fails and the eWIC card is present.

14. Provide the participant, only WIC authorized foods during an eWIC transaction and ensure that all foods sold are not spoiled, expired or outdated.
15. Provide supplemental foods at the current prices or at less than the current prices charged to other customers.
16. Scan the actual Universal Product Code (UPC) that is affixed to the item. If the item being purchased is fresh produce and has a Product Lookup Code (PLU), the PLU is acceptable. Never scan codes from UPC or PLU codebooks, reference sheets or lists. All scanned UPCs and PLUs shall be affixed to the actual item being purchased by the WIC participant.
17. Allow the participant to pay the difference when a fruit and vegetable purchase exceeds the value of the cash-value benefit. This is known as a split tender transaction.
18. Be solely responsible for Vendor's incorrect redemption of food benefits. Incorrect redemption of food benefits refers to the provision of products not authorized by the WIC Program or not contained in the participant's food benefits.
19. Not accept a Maryland eWIC card for any purpose other than the redemption of WIC food benefits, including without limitation as security for repayment of any participant obligation to the Vendor. In the event of any violation of this provision, the Vendor will be obligated to reimburse the Program for any food benefits unlawfully received by either participant or the Vendor.
20. Not designate special checkout lanes restricted to be used by participants only, establish a minimum dollar amount(s) per WIC transaction, limit the number of WIC transactions or charge any fee in connection with the redemption of food benefits.
21. If all checkout lanes are not capable of processing WIC transactions, indicate which checkout lanes accept WIC using conspicuously placed Program issued signage.
22. Not collect sales tax on WIC food purchases.
23. Provide each participant with a receipt for each WIC transaction undertaken by the participant with the Vendor.
24. Not seek restitution from any participant in connection with the negotiation of WIC food benefits not paid for by the Program.
25. Not charge the Program for foods not received by a WIC participant. Overcharges as a result of an audit, shall be paid back to the Program set forth in COMAR 10.54.03.12.
26. Accept responsibility for WIC food inventory of the Vendor at the termination of the Agreement or upon the termination of the Vendor from the Program.

27. Offer Program participants the same courtesies offered other customers, including giving rewards to WIC participants for purchases made with WIC food instruments if rewards are given for cash purchases, allowing the use of store bonus or savings cards which provide price savings, and offering WIC customers in store promotions such as "buy one, get one free." However, the Vendor may not offer incentive items solely to WIC participants.
28. Provide to WIC representatives access to all program-related records in accordance with 7 CFR § 246.12(h) (3) (xv) of the WIC Regulations.
29. Surrender any WIC food instruments being stored or held on the Vendor's premises to WIC personnel or contractors upon request.
30. Treat all Program staff and contractors with respect and courtesy. The Vendor shall not verbally abuse, threaten, retain or hold, against their will, any Program staff or contractors. Abuse of any kind will result in the termination of this agreement.
31. Maintain accounting and inventory records as described in J for a period of three (3) years.
32. Be authorized and in good standing by the Supplemental Nutrition Assistance Program (SNAP) and not currently disqualified, suspended, issued a charge or adverse action letter, under an appeal from SNAP, or assessed a civil money penalty within 24 months prior to the date of application.

**J. Purchase and Inventory Record Requirements:**

Accounting records mean legible records that show actual numbers of SNAP eligible food sales from the Vendor, not an estimated number or percentage of eligible food sales, and actual WIC sales for each individual day. Records shall include but are not limited to sales and use tax returns, U.S. individual/business tax returns, daily sales journals or daily ledgers, and sales receipts or register tape.

Inventory records or invoices shall include the following:

1. Name and address of the supplier or wholesaler
2. Date of the purchase
3. Description of the exact items purchased, including, size, stock number, and UPC code (if available).
4. Unit price of the items
5. Total quantity purchased

The following criteria shall also be met regarding the acceptability of inventory records or invoices for WIC review purposes.

1. Receipts, which do not completely describe the actual item, shall have computer codes, which can be verified by contacting the store at which the merchandise was purchased.
2. All receipts from purchases at retail establishments shall be machine dated by the establishment. Hand dated retail store receipts are not acceptable.
3. Affidavits, Statements of Fact and oral statements shall not be accepted as evidence of inventory. Only purchase invoices or retail receipts as described in this section shall be accepted and constitute evidence of inventory.
4. Inventory invoices for infant formula shall only be accepted from those wholesalers, distributors, and manufacturers listed on Maryland's Authorized Infant Formula and Medical Foods Supplier Directory.

**K. eWIC Equipment and Certification:**

Program provided POS terminals used to support the WIC Program shall be deployed in accordance with the minimum lane coverage provisions of CFR §246.12(z)(2). The Program may remove excess terminals if actual redemption activity warrants a reduction consistent with the redemption levels outlined in CFR §246.12(z)(2)(i) and (z)(2)(ii).

The Program may accept certification of a Vendor's POS system from another WIC State Agency or third party subject to confirmation of the store location and WIC Vendor identification information.

The Program may require ongoing and as needed testing or certifications to ensure compliance with specific processing parameters or requirements.

Vendors will need to certify with the Program prior to implementing eWIC at self-checkout terminals. The Program may accept certification of a self-checkout system from another WIC State Agency or third party subject to confirmation of the store location and WIC Vendor identification information.

Vendors shall notify the Program when a major POS system change is planned to determine if a POS system certification or recertification is required.

The Program may terminate the Vendor's authorization to operate as a WIC Vendor for failure to correct a major POS system issue or operating an un-certified system.

**L. Pharmacy Only Vendors:**

A Pharmacy Only Vendor may provide special infant formula and medical foods only. If the Vendor is contracted to provide special infant formula and medical foods only, any reference to "WIC approved foods" in this contract shall be interpreted as "special infant formula and medical foods only." All other provisions in this contract remain the same.

**M. Compliance with Vendor Selection Criteria:**

The Program may reassess the Vendor at any time during the Agreement period using the current vendor selection criteria. The Program will terminate the Agreement if the Vendor fails to meet the current vendor selection criteria.

The Program will immediately terminate this Agreement if it determines at any time during the Agreement that the Vendor provided false information in connection with its application for authorization.

**N. Expiration, Termination and Disqualification:**

Either the Program or the Vendor may terminate this Agreement for cause after providing written notice to the other party at least 15 days in advance of the termination date unless a different notice period for termination by the Program is specified in this Agreement. The Program may terminate the Vendor's authorization to operate as a WIC vendor or disqualify the Vendor from authorization for reasons of Program abuse, failing to adhere to WIC policies and procedures, failing to adhere to applicable State and Federal statutes and regulations, the WIC Vendor Manual, the State Plan of Operations, and/or failing to adhere to the provisions of this Agreement. The Program may also impose a civil monetary penalty in accordance with the formula outlined in 7 CFR § 246.12 and COMAR 10.54.03.19, in lieu of disqualification.

The Vendor shall give 30 days' notice to the Program of a store's closing, relocation, or change in ownership. The Vendor must notify the Program immediately when a store cannot operate due to fire or other natural disaster. Should the Vendor temporarily close the Vendor's business for any reason and the business is able to reopen within thirty (30) days, the Vendor shall retain the Vendor's WIC authorization. However, if more than thirty (30) days are needed to reopen, the Program shall terminate this Agreement, and the Vendor must reapply for authorization and be approved as a WIC vendor in order to operate as a WIC vendor. The Vendor shall notify the Program of any temporary closures at least 5 days in advance of the closure.

If this contract is terminated due to voluntary withdrawal or store closure, such termination is not subject to appeal. In accordance with Federal Regulations, this contract shall not be eligible for termination due to voluntary withdrawal if it is determined by the Program that such termination is for the purpose of circumventing a sanction.

A disqualification from the SNAP Program or disqualification from any other FNS Program will result in an automatic termination from the WIC Program for the same, but not necessarily concurrent, amount of time. A vendor disqualification resulting from the SNAP Program disqualification is not subject to administrative or judicial review.

The Program may disqualify a Vendor who has been issued a civil money penalty under the SNAP Program pursuant to 7 CFR § 246.12 of the WIC Program Regulations.

Notice of the Vendor's termination of or disqualification from authorization from the WIC Program will be forwarded to the USDA and SNAP and may be grounds for disqualification of the Vendor from other FNS Programs, including the SNAP. Such disqualification may not be subject to administrative or judicial review under the SNAP.

**O. Administrative Review Procedures:**

Except as provided elsewhere in this Agreement, the Vendor has the right to appeal a Program decision pertaining to a denial of application for authorization or a termination of or disqualification from authorization within 10 days of the date of the Vendor's receipt of the notice of denial or notice of termination.

**P. Penalty:**

In accordance with 7 CFR § 246.12(h) (3) (xxi) and 7 CFR § 246.23(d), a vendor that commits fraud or abuse of the WIC Program is liable for prosecution under applicable Federal, State and Local laws. Vendors who have willfully misapplied, stolen, or fraudulently obtained WIC funds shall be subject to a fine of not more than \$25,000.00, imprisonment for not more than five years or both. If the value of the funds is less than \$100.00, then the penalties are a fine of not more than \$1,000.00, imprisonment for not more than one year or both.

**Q. Conflict of Interest:**

The Program will terminate the Agreement if the Program identifies a conflict of interest. It is unlawful for any State officer, employee, or agent to participate personally in his official capacity through decision, approval or disapproval, recommendation, advice, or investigation in any contract or other matter in which he, his spouse, parent, minor child, brother, or sister has a financial interest or to which any firm, corporation, association, or other organization in which he has a financial interest or in which he is serving as an officer, director, trustee, partner, or employee, or any person or organization with whom he is negotiating or has any arrangement concerning prospective employment, is a party, unless such officer, employee or agent has previously complied with the provisions of State Government Section 15-501 et seq. of the Annotated Code of Maryland.

**R. Responsibilities of the Department:**

The Program Agrees to:

1. Advise participants of the location or locations of the store or stores that the Vendor has been authorized to operate under this Agreement.
2. Notify the Vendor of any changes in Program regulations and operating procedures.



3. Undertake appropriate monitoring, auditing, and review of the Vendor as required by Federal and State Program rules, regulations, policies, and procedures.
4. Provide prompt and courteous assistance to the Vendor when problems or questions arise concerning the Vendor's operation as a WIC Vendor.
5. Maintain records associated with this Agreement.
6. Impose sanctions in accordance with the provisions of this Agreement, the WIC Vendor Manual, State Plan of Operations, and federal and state regulations and laws.
7. Disqualify the Vendor for reasons of Program abuse or violations of this Agreement, the WIC Vendor Manual, the State Plan of Operations, or federal or state WIC regulations and laws, or disqualification from the SNAP Program or from any other FNS Program.
8. After providing an opportunity to correct or justify such payments, deny payment to the Vendor for improperly processed eWIC transactions and demand refunds for payments already made on improperly processed eWIC transactions.
9. For confidentiality purposes, only release the name, address, telephone number, web site/e-mail address, store type, and authorization status of authorized vendors. In regard to authorized vendors and vendor applicants where vendor sanctions have been imposed, the Program will only release the vendor's name, address, length of the disqualification or amount of the civil money penalty, and a summary of the reason(s) for such sanction provided in the notice of adverse action.

**S. Vendor Monitoring:**

The Program, including its representatives at local jurisdiction WIC offices and contractors, may conduct monitoring of the Vendor to determine the Vendor's compliance with applicable Federal and State policies and regulations, the WIC Vendor Manual, and the WIC State Plan of Operations. The monitoring may include, but are not limited to, random monitoring, educational buys, inventory audits and covert compliance buys without the knowledge of the vendor. The Program has sole discretion as to whether or not to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction pursuant to 7 CFR § 246.12(l)(3) and COMAR 10.54.03.16.

**T. Vendor Training:**

The Program has sole discretion to designate the date, time, and location of all interactive vendor training, and the Vendor will be provided with at least one alternative date on which to attend such training. A vendor with a high rate of errors, complaints, or other minor violations, shall attend an additional WIC training as required by the Program.

#### **U. Vendor Payments and Claims:**

The Program, subject to the terms of this contract, shall provide for the payment for WIC food benefits validly transacted and redeemed. Payment may be denied for WIC food benefits not properly completed, transacted, or redeemed. Should improper use or redemption of WIC food benefits be determined following payment, claims may be made against the Vendor for amount(s) equal to the total price for which the vendor received payment on the WIC food benefit. In addition to denying a payment or assessing a claim, the Program may sanction the Vendor for vendor overcharges or other violations or errors in accordance with the Vendor Sanction Policy.

The Vendor must maintain prices for WIC approved foods which are competitive with other similar vendors in their peer group. The Program shall not pay the Vendor more than the competitive price limitations applicable to the Vendor. Competitive price limitations will be determined by the maximum price calculated for each approved food item. If the requested price exceeds the maximum price; vendors will be paid the maximum price. The Vendor will not be sent any notification when this occurs.

The Program, as well as officers, agents, and employees of the Program, are not responsible for losses incurred by the Vendor as a result of investigation into an alleged violation, termination of or disqualification from authorization, and/or denial of application for authorization. The Vendor shall not be reimbursed for any anticipatory profits that have not been earned up to the date of a termination. Pursuant to CFR § 246.12(m) vendor banking fees shall not be charged to the Program.

The Program shall not pay for ongoing maintenance, processing fees or operational costs for multi-function vendor systems or single function equipment used to support eWIC. However, the Program shall pay ongoing maintenance and operational costs if the vendor was provided single-function equipment by the Program prior to statewide eWIC implementation (July 2017) or if a vendor is needed for participant access.

The vendor shall not charge to the Program any third-party commercial processing costs and fees incurred by the vendor from EBT multi-function equipment. Commercial transaction processing costs and fees imposed by a third-party processor that the vendor elects to use to connect to the EBT system of the State shall be borne by the vendor. The Program shall not pay or reimburse the vendor for interchange fees related to eWIC transactions.

#### **V. Assurance of Civil Rights Compliance:**

The Vendor hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and the Program directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability, or reprisal or retaliation for prior civil rights activity be excluded from

participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Vendor receives Federal financial assistance from the Program; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the Vendor agrees to compile data, maintain and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Program personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Program shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Vendor applicant by the Program. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the Vendor, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Program. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Vendor.

**W. Agreement Monitor:**

The Program's Agreement Monitor is the primary point of contact for the Program for matters relating to this Agreement. The Vendor shall contact this person immediately if the Vendor is unable to fulfill any of the requirements of the Agreement or has any questions regarding the interpretation of the provisions of the Agreement.

The Agreement Monitor for the Program is:

Maura Shea, Chief,  
Vendor Operations & Program Compliance  
Maryland W IC Program  
201 W. Preston Street, Room 103  
Baltimore, Maryland 21201  
Maura.shea@maryland.gov

**X. Primary Point of Contact:**

The Vendor's primary point of contact is responsible for matters relating to the Vendor's performance under this Agreement.

**The Vendor's primary point of contact is:**

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Name and Title

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Email Address

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Business Mailing Address

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Business Telephone Number

**Y. Assurances:**

The Vendor represents and warrants that the store being authorized is:

1. eWIC capable and therefore, has a certified eWIC system that is able to accept and process Maryland eWIC transactions; and
2. Qualified to do business in the State of Maryland and that it will take all necessary action to remain so qualified; and
3. Not in arrears with respect to the payment of monies owed to the State of Maryland, or any unit thereof, and that it will not become in arrears during the term of the Agreement.

**Z. Special Certification:**

The Vendor, through signature of the owner or an authorized representative understands and accepts all terms of this contract. The individuals signing this contract certify that they are authorized to sign the Agreement on behalf of the Vendor and the Program, respectively, and that all information provided on the Vendor Application is true, accurate and complete.

In Witness Whereof, the parties hereto have set their hands and seals:

(Signatory for the Vendor)

(Signatory for the Department)

By: \_\_\_\_\_  
(Owner or Authorized Representative  
Signature)

By: \_\_\_\_\_  
Secretary, Maryland Department of Health

*Or*

\_\_\_\_\_  
Name (Typed or Printed)

By: \_\_\_\_\_  
Designee of the Secretary, Maryland  
Department of Health

\_\_\_\_\_  
Title (Typed or Printed)

\_\_\_\_\_  
Date

Date\_\_\_\_\_

Approved as to Form and Legal Sufficiency

This\_\_\_\_\_Day of \_\_\_\_\_2024

By: \_\_\_\_\_

Bethan Haaga, Esquire  
Assistant Attorney General  
Maryland Department of Health

MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL

Policy and Procedure Number: 4.14  
Effective Date: January 1, 2003  
Revised Date: November 18, 2019

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**SECTION: FOOD DELIVERY SYSTEM**

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**SUBJECT: Special Formula Distribution Center**

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**A. Policy**

High cost or difficult to obtain formulas may be ordered from the Community Action Program (CAP) of Lancaster County, the State contracted Formula Distribution Center, through the management information system (MIS). Local agency staff may request that the Distribution Center ship requested special formula to either the Local Agency clinic or the participant's home.

**B. Procedure**

The Local Agency shall:

1. Review and document the participant's need for the special formula according to Policy and Procedure 3.02, Provision of Formulas for Infants and 3.03, Provision of WIC-Eligible Nutritionals for Children and Women;
2. Determine the availability of the formula at WIC authorized vendors within a reasonable distance from the participant's home;
3. If the special formula will be obtained from CAP, the certifier will determine the location to which the special formula will be shipped. All products packaged in glass containers must be shipped to the Local Agency clinic or other administrative offices designated by the Local Agency.

**a. If shipping to the participant's home, the certifier will:**

- 1) Inform the participant that the formula will be shipped to their physical address. A PO Box is not an acceptable shipping address. A physical address must be documented in WOW for the participant.
- 2) Instruct the participant to contact the clinic if the formula is **not** received within five (5) business days. The clinic will contact the Distribution Center regarding the order. **The Distribution Center phone number should not be given to the participant.** Inform the participant that if the Distribution Center delivery tracking system shows that the shipment has been delivered to the participant's home, all future shipments for this family will be to the clinic.

- 3) Instruct the participant to contact the clinic if the formula is no longer needed or another formula is prescribed. The unused portion of the discontinued formula must be returned to the clinic before benefits can be reissued for another formula. Refer to Policy and Procedure 3.05, Returned Formula for guidance for handling returned formula.
- 4) Instruct the participant not to sign for or accept any formula that appears to be damaged or out-of-date and to immediately notify the clinic that the shipment was refused. If the damaged or expired date was not noticed until after the formula delivery was accepted, the participant must return the formula to the clinic for replacement.

**b. If shipping to the WIC clinic, the certifier will:**

- 1) Inform the participant when to expect the formula to arrive at the clinic (normally within 2-4 business days). The clinic can arrange to call the participant when the formula has been received or to have the participant call prior to picking it up on the anticipated delivery date.
  - 2) Enter received formula into the CAP Formula Tracking Log, Attachment 4.14A.
  - 3) Check to make sure the formula is not out-of-date or damaged before signing for it and before giving it to the participant.
  - 4) Ensure that the participant signs the CAP Formula Tracking Log, Attachment 4.14A when the formula is picked up.
  - 5) Instruct the participant to contact the clinic if the formula is no longer needed or another formula is prescribed. The unused portion of the discontinued formula must be returned to the clinic before benefits can be reissued for another formula. Refer to Policy and Procedure 3.05, Returned Formula for guidance for handling returned formula.
  - 6) If the participant fails to pickup the CAP order in the current issue month, the formula can be provided to other participants. This should be noted on CAP Formula Tracking Log, Attachment 4.14A and in the management information system.
4. CAP formula orders for future months will be automatically sent to CAP five calendar days prior to the Benefit Start Date for the next benefit period.
  5. If the need for special formula has changed or is discontinued, benefits for the future month(s) should be voided in the MIS. **Benefits for future months cannot be voided if the order has already been sent to CAP.**

Attachment:  
4.14A CAP Formula Tracking Log

References:

1. Delaware WIC Program Policy and Procedure - Food Delivery

Revisions:

1. 12/2010 Eliminated the need for the Damaged Formula Replacement form Att 4.11 F (MD WIC 55).
2. Revised the policy to eliminate section H. (Damaged Formula Replacement).
3. Removed the sections pertaining to the procedures followed by the Special Formula Distribution Center.
4. Att 4.11 F renumbered to 4.11E.
5. Request for Special Formula Form renamed WIC 396.
6. Request for Replacement of Special Formula Form renamed WIC 397.
7. 10/2011 Changed the Policy number from 4.11C to 4.14.
8. 10/2014 Removed manual ordering process and inserted references to ordering CAP formula through the information system.
9. 7/2017 Removed reference to checks and added reference to benefits.
10. 11/2019 Created Attachment 4.14A to track CAP formula orders.  
Added procedure 3.b.6. to follow if CAP formula is not picked up by a participant from the clinic.



Clinic: \_\_\_\_\_

### CAP Formula Tracking Log

Staff Initials	Date	Formula Name	Pwd Conc RTF	Quantity In	WIC ID Number	Quantity Out	Date	Participant/Proxy Signature

Attachment 4.14B  
has been removed.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.15  
Effective Date: October 1, 1996  
Revised Date: March 4, 2025**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Food Delivery System Training and Guidelines</b>
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**A. Policy**

Local agencies shall receive training from the state agency in order to assist the state agency in training and providing technical assistance to local agency staff, authorized vendors, and participants on WIC Program policies and procedures. The training shall be designed to prevent program errors or abuse and to improve program service.

**B. Procedure**

1. The state agency shall provide food delivery system training and technical assistance to local agencies regarding their food delivery responsibilities as detailed in Policy & Procedure Number 4.02.
2. The state agency shall train local agency staff on effective methods of planning and conducting local agency staff, vendor and participant training sessions.
3. The local agency shall designate a Local Agency Vendor Liaison staff person who will be the local agency contact person for food delivery system matters. These matters include but are not limited to handling vendor and participant complaints, vendor monitoring, troubleshooting and resolving transaction issues, issuing participant sanctions, and monitoring and investigating fraud and abuse.
4. The state agency will provide each authorized vendor with a minimum of one training session per year. The state agency may request that the local agency provide the required training for vendors in their areas.
  - a. At least one representative of each authorized vendor scheduled for training must attend the session.
  - b. Additional training sessions may be provided when requested by the vendor or when indicated by Program changes or vendor errors or abuse.

- c. Training sessions will be held at times and places mutually convenient to the vendor and WIC agency conducting the training.
5. The state agency shall develop and provide standard Vendor Manuals to authorized vendors.
6. The state/local agency shall provide annual training to local agency and vendor staff based on the requirements listed below:
  - a. Initial, annual, and reauthorization training for vendors shall include, at a minimum, an explanation and discussion of:
    - WIC Program purposes, goals and background, and definitions
    - Vendor regulations, retaining vendor authorization, and disqualifications
    - Responsibilities of state agency, local agency, vendor and participant
    - Current authorized foods list
    - The requirement that vendors obtain infant formula only from sources on the state agency's Infant Formula Directory
    - Required minimum stock
    - Redemption procedures
    - Overcharge procedures and NTE's
    - Vendor monitoring
    - Policy regarding the use of incentive items Complaint process
    - Vendor sanctions and abuses
    - Claims procedures
    - Commonly asked questions and answers
    - Fair hearing/vendor appeal procedures
    - Any remaining changes to program requirements since the last training
  - b. On-Going training for local agency staff may include but not limited to an explanation and discussion of:
    - WIC Program purposes, goals and background
    - Current WIC policies and procedures
    - Review of current authorized foods list
    - The APL and uploading UPCs for review
    - Required minimum stock
    - Review of redemption procedures
    - Troubleshooting transaction issues
    - Vendor monitoring and educational buys
    - Fraud and abuse
    - Handling complaints

- Program updates
  - Problem areas and concerns
- c. Cashier training sessions may include but not limited to an explanation and discussion of:
- WIC Program purposes, goals and background
  - Responsibilities of state agency, local agency, vendor and participant
  - Required minimum stock
  - Current authorized foods list
  - Redemption procedures
  - Vendor monitoring
  - Vendor sanctions and abuses
  - Program updates
  - Problem areas and problem solving
  - Commonly asked questions and answers
7. The state/local agency shall provide training to participants, guardians and designees based on the requirements as described in Policy & Procedure Number 4.12, "Instructions to Participant's, Guardians, and Designees" of this document.
8. The state agency shall maintain documentation of all training conducted.
9. In the event that the local agency conducts vendor training, the local agency shall forward copies of all forms to the state agency.

#### References:

1. Federal Regulations 7 CFR 246.3 (b)
2. Federal Regulations 7 CFR 246.12 (h)

#### Revisions:

1. 10/10 Deleted federal citation subpart (p)
2. 10/11 Changed Policy number from 4.12 to 4.15
3. 07/17 Revised to change language for eWIC
4. 03/25 Revised definition/duties of the Vendor Liaison in B.3; Redefined training items in B.6. a-c.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.16  
Effective Date: October 1, 1996  
Revised Date: April 23, 2024**

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**SECTION: FOOD DELIVERY SYSTEM**

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**SUBJECT: Vendor Monitoring**

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**A. Policy**

The State Agency shall ensure that authorized vendors within its jurisdiction are monitored by both State and Local Agency staff. The State Agency shall provide training to Local Agency staff in effective methods of vendor monitoring. Routine vendor monitoring shall be conducted to ensure that vendors comply with Federal and State Agency regulations, policies, and procedures. Routine monitoring shall also be carried out to prevent fraud, waste, and abuse. Educational buys are conducted to verify complaints and identify areas requiring training and/or remedial action.

**B. Procedure for Routine Monitoring**

1. The State Agency shall conduct a review of the qualifications of each authorized vendor under its jurisdiction at least once every three years.
2. Local Agencies shall conduct routine monitoring visits on at least 10 percent of authorized vendors assigned to their service area each federal fiscal year regardless if the state has done monitoring in the area. See attachment 4.16B for instructions on conducting routine monitoring.
  - a. The Vendor Monitoring Report shall be utilized to conduct routine vendor monitoring. See attachment 4.16C.
  - b. The Local Agency shall submit to the State Agency copies of all Vendor Monitoring Reports and any subsequent communications to and from the vendors within five business days.
3. The State and Local Agencies shall monitor potential high-risk and high-risk vendors in accordance with Section 4.17 of this manual.
4. Documentation shall be maintained by the State Agency in the WIC information system and shall be subject to review by Federal agencies.

5. If violations are identified during a routine monitoring visit, the State Agency shall prepare and send the vendor a warning notice within 10 business days. A copy of the warning notice will be emailed to the Local Agency. A follow-up monitoring visit may be performed within one month of the original monitoring visit; however, the Local Agency must allow time for the State Agency to notify the vendor of violations prior to the follow-up monitoring. If the store has the same state agency violation on the second monitoring visit, the state agency staff or a different person from the local agency shall perform the third monitoring visit. Federal violations must be imposed when a pattern is established.

### **C. Procedure for Educational Buys**

1. The State and Local Agencies shall conduct educational buys on a routine basis and in instances involving complaints against vendors where the alleged abuse may constitute a violation of Required Vendor Practices listed in COMAR 10.54.03.15. Local Agency staff may be asked to assist in areas where State staff may not be able to operate inconspicuously. Educational buys also assist the Program in determining the effectiveness of vendor training. The procedure to be followed is the same as the compliance buy with the exception that after the WIC transaction is completed, the WIC representative will identify herself/himself to store personnel. The WIC representative will discuss the results of the buy with the store manager, owner, head cashier, or assistant manager. If violations were observed, the State Agency may provide a written corrective action plan to the vendor.
2. The Vendor Educational Buy Report shall be utilized to document the results of the educational buy. See attachment 4.16D. Local Agency staff shall submit copies of all buy reports to the State Agency within five business days. If violations were noted, a follow-up Educational Buy may be performed within one month of the original buy; however, the Local Agency must allow time for the State Agency to notify the vendor of violations prior to the follow-up Educational Buy.
3. The WIC representative will retain all items purchased during the buy and donate them to a local food bank/shelter using 3.05B Food Donation Record. All donation documentation shall be kept on file at the Local Agency and available for review during the local agency management evaluation or upon request by the State Agency.
4. The educational buy results and any corrective action shall be documented by the State Agency in the WIC information system. Educational buys count towards the Local Agency's annual monitoring goal.

#### **D. Quarterly Reports**

The Local Agency shall complete and submit to the State Agency the "Maryland Quarterly Vendor Monitoring Log" Attachment 4.16A. This report is due quarterly, by the 5<sup>th</sup> business day of the month in January, April, July, and October regardless of whether any monitoring activities were conducted. Submit this form by email to [mdh.wicvendor@maryland.gov](mailto:mdh.wicvendor@maryland.gov).

#### **Attachments:**

1. 4.16A Quarterly Vendor Monitoring Log
2. 4.16B Instructions for Vendor Monitoring
3. 4.16C Vendor Monitoring Report
4. 4.16D Vendor Educational Buy Report
5. 4.16E Educational Buy Instructions

#### **Revisions:**

1. 8/04 Revised for WOW
2. 10/10 Revised to change WOW to WIC information system.
3. 8/11 Changed Policy Number from 4.13 to 4.16
4. 8/19 Revised policy to be easier for LA staff to understand. Revised attachments A-C. Created new attachment D to document educational buys (Vendor Education Buy Report)
5. 1/20 Clarified procedures for Educational Buys, edited attachment 4.16C Vendor Monitoring Report and added attachment 4.16E Educational Buy Instructions
6. 5/20 Made additional clarifications for an Educational Buy in regard to a follow up buy and implementing corrective action plans. Edited 4.16D - expanded section to collect register information. Edited 4.16E - added that a follow up would need to be performed.
7. 11/23 Clarified that LAs are required to monitor regardless of state monitoring in their area. Edited minor language clarifications and formatting in attachments B-E. Revised clause in B.5 to identify that pattern only applies to SA violations and added that Federal violations must be imposed when a pattern is established. Also changed 2 business days to 10 business days.
8. 4/24 Clarified when 4.16A is due. Updated 4.16A to reflect the same, added a column for the monitor to record the "Visit Outcome, and added signature/date. Changed "shall" to "may" in B.5 and C.2 to afford the state discretion not to perform a follow up visit if it deems the follow up visit is not necessary.



# MARYLAND WIC PROGRAM

## QUARTERLY VENDOR MONITORING LOG

Local Agency: \_\_\_\_\_

Period Covered: \_\_\_\_\_

Vendor Name and WIC ID Number	Date and Time of Monitoring	*Type of Monitoring	Name and Title of Monitor	Outcome of Monitoring Visit

\*Type of Monitoring: Routine Monitoring or Educational Buy

<b>Total Vendors Monitored:</b>	
<b>Total Number of Vendors in the Region:</b>	
<b>Percentage Monitored to Date:</b>	

Retain this form in the appropriate file and email a copy to the State Agency quarterly, by the 5<sup>th</sup> business day of January, April, July and October regardless if any monitoring activities were conducted. Please submit to the State Agency copies of all Retail Vendor Monitoring Reports and any subsequent communications to and from the vendors within five business days. All reports should be emailed to [mdh.wicvendor@maryland.gov](mailto:mdh.wicvendor@maryland.gov).

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR COMPLETING THE VENDOR MONITORING REPORT

The Retail Vendor Monitoring Report 4.16C shall be utilized by the state and local agencies to document all vendor monitoring activities. The front of the report has an index of common violations of COMAR 10.54.03.15 (Required Vendor Practices). For reference, the back of the report provides an extended list of vendor violations.

### Monitoring Procedures:

- Look for the "WIC Accepted Here" sign posted at the front of the store or in a conspicuous place on the store premises such as the customer service desk.
- The Monitor should identify his or herself as a WIC representative to a store representative.
- Check minimum stock and, while walking the aisles, look for unsanitary conditions, outdated or spoiled WIC foods, and shelf prices. Shelf prices should be posted on or near the item or a complete list posted at the front of the store.
- Check if the store is maintaining any unauthorized booklet(s) of UPC scan codes of WIC approved items, which are often found near the cash register. Booklets or scan sheets are not allowed and usually used for fraudulent purposes.
- Note the number of full-service and self-check-out lanes typically in use.
- Visually inspect the store's food service facility license and a pharmacy permit if applicable.
- If violations are observed, note the violations on the Retail Vendor Monitoring Report using the index of violations provided on the front and backside of the report.
- Note any pertinent information from the monitoring visit in the "Comments/Observations" section, including notes on expired and outdated foods and any relevant vendor comments. Please also note supply request orders (e.g., WIC signs, food lists, etc.).
- The Monitor and the vendor representative must sign and date the report. If the vendor representative refuses to sign, please note this on the signature line.
- Send a copy of the Retail Monitoring Report to the state agency vendor unit within five business days.
- If violations occurred, a follow-up monitoring visit shall be performed within one month of the original monitoring visit. The Monitor must allow time for the state agency to notify the vendor of violations prior to returning to the store. If the store has the same violation on the second monitoring visit, the state agency staff or a different person from the local agency shall perform the third monitoring visit.

## Retail Vendor Monitoring Report

DATE	TIME	LOCAL AGENCY NAME
VENDOR NAME		VENDOR ID NUMBER      PHONE NUMBER
ADDRESS		CITY, ZIP
NUMBER OF CHECK OUT LANES Full-Service -Checkouts _____ Self-Checkouts _____		NUMBER OF CHECK OUT LANES TYPICALLY IN USE Full-Service Checkouts _____ Self- Checkouts _____
REASON FOR VISIT CHECK ONE      RANDOM      FOLLOW-UP		IF FOLLOW-UP, DATE OF LAST MONITORING
Violations of COMAR 10.54.03.15 were observed		
B(1)(a) Store did not maintain the Required Minimum Stock. <u>Only Had:</u>		
B(1)(b) Store did not post the "WIC Accepted Here" sign in their store.		
B(1)(c) The store premises not in a sanitary condition.		
B(1)(d) A valid Food Service Facility License was not displayed.		
B(1)(f) Shelf prices were not posted for all WIC authorized foods.		
B(2)(f) Store used an unauthorized WIC acronym or logo.		
B(2)(g) Unauthorized "WIC Approved" stickers were applied to WIC authorized foods.		
B(2)(h) Unauthorized manufacturer shelf tags, talkers or labels were used to label WIC items.		

**Additional violations observed not listed above:**

<u>Citation</u>		<u>Description</u>
( )	( )	
( )	( )	

**Comments/Observations:** (i.e. expired foods)

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Store Manager \_\_\_\_\_

Vendor representative: I have reviewed this report and I agree with its accuracy.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

WIC representative: I certify that this report is accurate.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Table of Violations

<b>B(1)(a)</b>	Did not maintain Required Minimum Stock
<b>B(1)(b)</b>	Sign not displayed
<b>B(1)(c)</b>	Premises not in sanitary condition
<b>B(1)(d)</b>	License not displayed
<b>B(1)(f)</b>	Shelf prices not displayed
<b>B(2)(c)</b>	Submitted false information
<b>B(2)(f)</b>	Unauthorized use of WIC acronym or logo
<b>B(2)(g)</b>	Unauthorized "WIC Approved" stickers applied to food products
<b>B(2)(h)</b>	Unauthorized use of WIC acronym or logo with manufacturer shelf tag
<b>D(1)(d)</b>	Charged for food not received
<b>C(1)(f)</b>	Receipt not given to participant
<b>C(1)(g)</b>	Allowed the sale of unauthorized foods
<b>C(1)(h)</b>	Did not accept coupons
<b>C(1)(j)</b>	Did not accept the food instrument as payment in full
<b>C(1)(k)</b>	Did not allow choice of WIC authorized foods
<b>C(1)(l)</b>	Did not allow the purchase of the full amount or less than the full amount of benefits
<b>C(2)(d)</b>	Food instrument redeemed for cash, etc.
<b>C(2)(e)</b>	Issued a rain check
<b>C(2)(f)</b>	Food instrument, change given
<b>D(2)(b)</b>	Allowed the return of WIC food

For State Agency Use Only

☐ Ok Letter Sent
 ☐ Warning Letter Sent
 Date \_\_\_\_\_ Initial \_\_\_\_\_



## Vendor Educational Buy Report\*

DATE	LOCAL AGENCY NAME	
VENDOR NAME	VENDOR ID NUMBER	PHONE NUMBER
ADDRESS	CITY, ZIP	
NUMBER OF CHECK OUT LANES Full-Service checkouts _____ Self-Checkouts _____	NUMBER OF CHECK OUT LANES TYPICALLY IN USE Full-Service checkouts _____ Self-Checkouts _____	
REASON FOR VISIT (CHECK ONE) <input type="checkbox"/> RANDOM <input type="checkbox"/> COMPLAINT <input type="checkbox"/> FOLLOW-UP	STORE MANAGER'S NAME	

OBSERVATION	YES	NO	N/A
Was the "WIC Accepted Here" sign posted in a conspicuous place on the store premises or at the front of store?			
Did the store perform a balance inquiry if requested?			
Did the store have the Required Minimum Stock? (Note missing items below.)			
Are prices posted on or near all WIC authorized foods?			
Are WIC shelf tags only on WIC authorized foods?			
If a stand-beside store, was the lane accepting WIC clearly marked and opened for business?			
Were you given the redemption review slip?			
Did the cashier "police" the order for store brands?			
Did the store accept bonus card and/or coupons?			
Did the cashier help you figure out what items did not go through?			
Did the cashier call for help, if needed?			
Is there an Authorized Foods List at the register?			
Were you given all receipts at the end of the transaction?			

ADDITIONAL OBSERVATIONS

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Vendor representative: I have reviewed this report and I agree with its accuracy. ☐ Yes ☐ No

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

WIC representative: I certify that this report is accurate.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Note: No violations or sanctions will result from this educational buy; however, we may require or suggest further vendor training if warranted.**

For State Agency Use Only

☐

Copy Sent to Vendor

Date \_\_\_\_\_ Initial \_\_\_\_\_

# Instructions for Completing an Educational Buy

## Preparing for the Buy:

- Select the stores where you will perform the educational buys. Stores that participants have lodged complaints against should take priority. You should attempt to recreate what caused the complaint to see if the reason for the complaint is still occurring.
- Is the store integrated or stand-beside? If unsure, look at the printed Vendor Report in WOW or contact the state agency.
- Ensure your card is loaded with benefits and includes fruit and vegetable benefits.
- Print the shopping list.

## Conducting the Buy:

- Approach the store in an inconspicuous manner:
  - Select a time to visit when the store is moderately busy
  - Store management may recognize you, but cashiers likely will not
- Select items to be purchased, such as:
  - Select a couple of WIC approved foods that are in your benefit balance
  - Select a WIC approved food item that is not in your benefit balance
  - Select a WIC approved national brand instead of the store brand
  - Select an item in a WIC approved food category that is not WIC approved (e.g., wrong container size or unallowed additives)
  - Select a fresh produce item that has a store generated UPC. The UPC begins with a 2, 4, or 9 and is usually produce that is cut and packaged in the store
- Observe details of the store, such as:
  - Is the “WIC Accepted Here” sign posted in a conspicuous place in the front of the store?
  - Were WIC shelf tags used appropriately?
  - Were prices posted on or near WIC approved foods?
  - How many checkout lanes does the store have and how many are open?
  - How many checkout lanes are self-checkouts and how many are open?
  - If the store has stand-beside machines, is there a WIC sign posted to direct participants to the lane that can process a WIC transaction?
  - As you were shopping, did you observe any other violations?
- Proceed to checkout and initiate the transaction. Observe the following:
  - Does the cashier ask for your store loyalty card?

- Does the cashier tell you that you must purchase the store brand?
  - Does the store generated UPC scan as approved?
  - Does the produce item scan as approved?
  - Does the cashier help you determine why there is a balance due?
  - Does the cashier refer to the Authorized Foods List if necessary?
  - Does the cashier call for assistance, if needed?
  - Were you treated with the same courtesy and respect as any other customer?
  - Did the cashier give you a receipt?
- Some things to note with a Stand Beside store:
    - Does the cashier pull a balance inquiry without being asked?
    - Does the cashier ask for your PIN?
    - Does the cashier ask for identification?
    - Does the cashier scan the UPC affixed to the item or use a scan book/sheet?
    - Was a substitution allowed (e.g., whole milk instead of low-fat)?

### **Discussing the Results of the Buy:**

- Once the buy is complete, proceed to the customer service desk. Identify yourself and ask to speak with a manager. Discuss the following:
  - What the cashier did right or wrong
  - Any violations observed
  - An action plan to correct any deficiencies
  - Does the store have any problems/issues with WIC transactions that were not observed?
  - Is there anything we can do to help the store be a successful WIC vendor?
  - Would the store benefit from additional cashier training (the state agency can arrange to do cashier training in the store)
  - Does the store need any supplies, is there an Authorized Foods List at each register and at the customer service desk?
  - Reassure the manager that NO violations will result from an Educational Buy and a copy of the report will be sent to the store once it's been recorded
- Send a copy of the Educational Buy Report to the state agency within five business days. A copy of the report shall be filed at the local agency and available for review during the local agency management evaluation or upon request by the state agency. A follow-up Educational Buy shall be performed within one month of the original buy; however, the local agency must allow time for the state agency to notify the vendor of violations prior to the follow-up monitoring.



**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.17  
Effective Date: October 1, 1996  
Revised Date: March 4, 2025**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>High Risk Vendors</b>
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**A. Policy**

The state agency shall provide and maintain a system to identify actual and potential high-risk vendors. The state agency shall ensure on-site monitoring, compliance investigations, and appropriate sanctioning of these vendors to prevent and curtail program abuse.

**B. Procedure**

1. The state agency shall identify as potential high-risk vendors who meet any of the following criteria at least annually during authorization or reauthorization:
  - a. Vendors designated high risk by the Supplemental Nutrition Assistance Program (SNAP).
  - b. Vendors identified by a validated High Risk Vendor Reporting (HRVR) system analysis.
  - c. Vendors who have served a program disqualification and are returning to the program.
  - d. Vendors that have received warnings, adverse action letters or civil money penalties from the SNAP.
2. The state agency shall follow compliance investigation policy and procedure 4.18 on vendors identified as potentially high risk. If violations are observed, the state agency will conduct follow-up buys and apply appropriate sanctions.
3. The state agency shall apply the high-risk designation in accordance with the following:
  - a. Any vendor who has been designated high risk from SNAP or has been issued a charge or adverse action letter, has filed an appeal, or has been assessed a civil money penalty shall be designated high risk until their designation changes by SNAP or their case is closed.

- b. Any vendor who has been disqualified from the program and granted reauthorization, shall be designated a high-risk vendor for one year from the date of the reauthorization and may be required to attend Reauthorization Training. The vendor shall be reassessed after one year.
  - c. Any vendor who has been the subject of a compliance investigation by the state agency, has been cited for a pattern of violations of the sanction policy (policy and procedure 4.19) and has not been disqualified from the program shall be designated a high-risk vendor for one year from the date the state agency closes its investigation.
- 4. High risk vendors may be monitored as follows:
  - a. Vendors designated high-risk as a result of past disqualifications may be monitored by the state or local agency. Routine monitoring visits may be made every three months for one year. If violations occur, the state agency shall resume monitoring the vendor through compliance investigations. If a pattern of violations of the same violative incidents is established, the state agency will impose the corresponding sanction.
  - b. Vendors designated high-risk following a closed state agency compliance investigation may be monitored by the state or local agency through routine monitoring visits every six months for one year. If violations occur, the state agency shall resume monitoring of the vendor through compliance investigations. If violations are uncovered, appropriate sanctions will be imposed by the state agency.
- 5. High risk vendors may be given a one-year authorization period and required to attend Reauthorization Training.

Revisions:

- 1. 10/11 Changed Policy Number from 4.14 to 4.17.
- 2. 10/13 Added SNAP high risk as a risk identification method.
- 3. 03/18 General revisions and editing for eWIC.
- 4. 03/25 Refined SNAP high risk designations and added a provision that high risk vendors may be given a 1 year authorization and required to attend Reauth Training.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.18  
Effective Date: October 1, 1997  
Revised Date: August 8, 2023**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Compliance Buys</b>
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**A. POLICY**

The State agency shall conduct covert compliance buy transactions as an integral part of vendor investigations and high-risk vendor monitoring. The purpose of compliance buys is to monitor and investigate Program compliance of authorized vendors; to confirm the possible Program involvement of unauthorized vendors; to monitor vendor corrective activities and to confirm the presence of Program violations by collecting evidence of improper vendor practices.

**B. PROCEDURE**

1. The State Agency staff or investigative services contractor shall conduct all compliance buy activities. Compliance buys shall be conducted in accordance with the procedures described herein.
2. The State Agency will select vendors for compliance buys based on high-risk vendor reports, complaints and at random.
3. A compliance buy in which no violations occur is a negative buy. A compliance buy in which any violations (serious or minor) occur is a positive buy.
4. A minimum of two compliance buys shall be conducted on all selected vendors. If no violations occur during the first two compliance buys, the State Agency shall close the investigation with appropriate documentation to the vendor file. However, at the discretion of the State Agency, a compliance investigation can be closed if only minor violations are observed.
5. Vendors shall be sent a Compliance Buy Warning Letter (Attachment 4.18C) regarding violations of required practices as required by COMAR 10.54.03.16 during a compliance investigation only to the extent such warning does not compromise the integrity of the investigation (i.e. trafficking). A case-by-case determination shall be made to determine if written notice would compromise an investigation. Reasons why any warning letters are being withheld as a result of an investigation shall be documented in the vendor's file.
6. After the investigation is completed, if any violations are found that warrant a disqualification, the State Agency shall send the vendor a notice of disqualification. Once the disqualification is complete, notification of the vendor's removal will be sent to the local agency.

**7. What Is a Compliance Buy?**

A compliance buy is a covert onsite investigation in which a compliance shopper: (a) Poses as a participant, parent, or caretaker of an infant or child participant or designee; (b) Presents one or more food instruments to be redeemed; and (c) Does not reveal during the visit that he or she is a Program representative. The purpose of the compliance buy is to confirm the presence of Program violations by collecting evidence of improper vendor practices. "Positive Compliance Buys" are buys during which Program violations occur. Compliance Buys/Investigations are covert activities. Vendors are not to be advised of activities in advance, while the cases are in progress or open. Confidentiality of all investigative matters and information is required of all local and state WIC agency staff. A variation of the compliance buy is the educational buy. See food delivery definitions in Policy and Procedure 4.00.

**8. Requisite Characteristics of Compliance Shoppers**

State agency staff members and contractors who conduct compliance buys, (compliance shoppers), must be oriented to the WIC Program and must receive instructions on how to buy unauthorized items or identify other violations that are suspected in a store without resorting to entrapment. It will be necessary to create cover stories as to where they live or are staying, where they and their spouses/partners work, and how long they've been in the area in case they are questioned.

The compliance buyer must present the appearance of a WIC shopper. Commonly, a person shopping with WIC food instruments will be an adult participant (i.e., a pregnant or breastfeeding woman) or the parent of an infant or child participant. However, in many cases, shopping will be done by a designee, selected by the WIC participant (or by a parent, guardian, or caretaker in the case of infants or children). Friends, parents, grandparents, siblings, and spouses often serve as designees. While not completely necessary, it is preferred that females be used to conduct the buys, as most WIC participants are females, and store personnel generally seem to be less suspicious of a female using food instruments.

The clientele of some high-risk vendors consists almost exclusively of a particular race or ethnic group. Since the compliance shoppers conducting the buy should be able to fit in with other persons in the store and in the neighborhood, the buyer should be of the same ethnic/racial background.

**9. Selection of Stores for Compliance Buys**

It is very important to have uniform procedures for the selection of stores to be investigated. The Maryland WIC Program uses the following criteria to select the stores for investigation:

- a. High rate of transaction errors,

- b. Complaints of suspected abuse or violations,
- c. Management information system reports,
- d. Vendors reauthorized after a Program disqualification,
- e. Vendors previously investigated for violations and sanctioned by the Program but retaining authorization.
- f. State Agency random selection for vendor sampling,
- g. Vendors designated as potentially high risk or high risk, and
- h. Local agency request for investigation.

**10. Assignment of Compliance Buys**

- a. The State agency shall prepare the Compliance Buy Instructions (Attachment 4.18A) and forward it to the contractor or State representative who will be performing the compliance buy.
- b. The compliance shopper shall perform the buy as instructed, donate the purchased food as appropriate and return a Compliance Buy Transaction Report (Attachment 4.18B) and completed Food Formula Donation Record (Attachment 3.05B) to the State agency.

**11. Conducting the Compliance Buy**

The buy should appear as normal as possible so the compliance shopper must act as if she or he were an actual WIC customer. This means that the compliance shopper cannot take notes or linger in any one section of the store for too long.

Observe the following steps when performing compliance buys:

- a. When entering the store, take no papers with you other than the eWIC card, shopping list and Authorized Foods List.
- b. Once you have entered the store, do not take any notes.
- c. Make your selections. Try to select containers that have the prices marked on them.
- d. Take the items to the checkout counter.
- e. Inform the cashier that this is a WIC transaction.
- f. Follow all instructions given to you by the cashier, but say nothing during the transaction, unless asked a question. Always be pleasant when speaking to store personnel.

- g. Carefully observe store employees who participate in the transaction and remember any conversation.
- h. Obtain, if possible, cash register tapes or receipts itemizing the dollar value of the items purchased.
- i. Immediately after the compliance buy, the compliance shopper shall complete a Compliance Buy Transaction Report.

The importance of accurately and completely documenting every purchase cannot be overemphasized. Every effort should be made to record the information as soon as possible after leaving the store. However, do not complete the report on the store's premises. Move and park your vehicle a reasonable distance from the store before beginning to work on the report. Every statement in the report must be able to withstand intense scrutiny. Using the correct WIC card is crucial. In the report's section on items purchased, it is important to be precise about brands, quantities, and shelf prices. These descriptions, in addition to the receipts for the items, can make or break the case against an abusive vendor. All cash or credit received or given during compliance buys shall be documented on the above-named form. Anyone who conducts compliance buys is not expected to become involved in dangerous situations. Both the State representatives and contractor's identity will be preserved, including testifying during a hearing.

## **12. The Compliance Investigation**

Since the purpose of the investigation is to gather evidence of abuse and to determine the appropriate sanction, a compliance investigation may involve more than two compliance buys, depending on the nature of the violations uncovered and the sanctions required.

If the first two compliance buys are negative, the investigation status may be changed to completed. If either of the first two buys are positive, additional buys are required to complete an investigation. The investigation status will be changed to completed after the store has two negative buys, or if the store has enough violations to be disqualified as an authorized vendor. Before a vendor is disqualified, the MDH's Office of the Attorney General staff attorney reviews violations to ensure the appropriate sanction is imposed. If a store closes or withdraws from the Program during an investigation and it cannot be completed, the status will be changed to closed.

If the violations do not warrant disqualification, a Compliance Buy Warning Letter is sent to the vendor. Cashier training may be required or recommended to prevent further Program violations.

If the violations warrant disqualification, a notice of disqualification is sent to the vendor.

### 13. **Conducting the Vendor Compliance Investigation**

Compliance buys are an integral part of vendor compliance investigations, and two or more compliance buys shall be conducted at each store under investigation to establish compliance or non-compliance. The following are descriptions of the types of buys that can be made:

a. **Controlled Buy:**

Like an experiment that uses a control group as a standard to which results of an experimental group can be compared, the controlled buy makes use of a cash purchase to establish the store's price of certain items. Then a second buy of the identical items is made with WIC benefits. The purpose of this buy is to detect over charges and Program discrimination.

b. **Minor Substitution Buy:**

This is the attempt to purchase non-WIC food items with WIC benefits. Examples of this would be juice drink instead of 100% juice, cheese food instead of cheese, etc.

c. **Major Substitution Buy:**

Major substitutions would be the purchase of cigarettes, alcoholic beverages, diapers, etc. with WIC benefits.

d. **Trafficking:**

Examples of trafficking would be selling WIC benefits for cash or an unauthorized store accepting WIC benefits. The only way for an unauthorized vendor to accept WIC benefits is to run the transactions through an authorized vendor.

Buyers are not limited to the above and types of buys can be combined.

### 14. **Disposition of Items Purchased During Compliance Buys**

The disposition of all items purchased during compliance buys shall be properly documented on the Food Formula Donation Record (Attachment 3.05B). Items purchased during compliance buys may not be retained, consumed, or used personally by the compliance buyer, contractor or WIC Program staff. To permit otherwise would cast doubts on the entire compliance process and damage Program credibility in hearings and in civil actions.

Food items in edible condition shall be photographed and donated as soon as possible after the compliance buy is completed. These items are to be donated to recognized community non-profit charitable organizations such as food banks, soup kitchens, etc. Since all compliance information is confidential, the receiving

organization shall not be advised of the origin of the donated items. The person receiving for the organization shall sign for the entire donation on the Food Formula Donation Record.

In instances when perishable items become unfit for human consumption before donation is possible, or when a container for a perishable item is needed for future evidence, the food shall not be donated but shall be photographed and destroyed in the presence of at least one witness and documented on the above-named form.

Non-perishable items may be retained as evidence for the case against the vendor or photographed and donated. Retained items must be clearly marked to identify the compliance buys with which they are connected and documented as indicated on the above-named form. After the time period for any appeal/civil activity has elapsed and retention is no longer necessary, the items shall be donated or destroyed, as appropriate. This subsequent donation or destruction of items shall be documented as indicated earlier in this section.

**Attachments:**

1. 4.18A Compliance Buy Instructions
2. 4.18B Compliance Buy Transaction Report
3. 4.18C Compliance Buy Warning Letter

**References:**

1. Federal Regulations 7 CFR 246.12(j)

**Revisions:**

1. 8/2005 (Procedure 5. Vendor notification of violations).
2. 10/2010 Changed federal citation to 7 CFR 246.12 (j)
3. 10/2011 Changed Policy Number from 4.15 to 4.18.
4. 10/2013 Changed named of 4.18D *Notice of Suspension* to *Notice of Disqualification*
5. 8/2014 Added information in B.5 case-by-case determination, and B.12.to clarify process to close investigations.
6. 7/2023 Major revisions since moved from checks to eWIC and clarified language. Revised and renamed attachments A-C and removed D as this is a free form letter depending on the findings and Attorney General review.



**DATE:** {DATE}

**TO:** {INVESTIGATIVE ENTITY}

**FROM:** Vendor Chief  
The Maryland WIC Program

**CASE#:**

**Buy #:**

Please proceed to «STORE» «VENDOR ID #» located at «ADDRESS».

Using WIC card # «NUMBER» please perform the following tasks:

Instructions:

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A cooler may be necessary to store perishables after the buy. Please donate the purchased foods as necessary and send a Compliance Investigation Transaction Report, all receipts, pictures of the purchased items, cash, or credits if applicable, and other documentation to this office on or before the due date.

This assignment is due by <<DATE>>.

Thank you.



**MARYLAND DEPARTMENT OF HEALTH**  
**MARYLAND WIC PROGRAM**

## Compliance Buy Transaction Report

Store Name \_\_\_\_\_ Case Number \_\_\_\_\_

Street \_\_\_\_\_ WIC I.D. \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Investigator's Statement:

I, \_\_\_\_\_, on \_\_\_\_\_ received an eWIC card,  
Investigator Date

number(s): \_\_\_\_\_ from the Maryland WIC Program.

At the direction of the Maryland WIC Program, I proceeded to the above-named store on  
\_\_\_\_\_. At \_\_\_\_\_ **AM/PM**, I entered the store and made the following  
(Date) (Time)

transaction:

A. The store representative sold me the following items in exchange for the eWIC benefits  
in the amounts listed below:

Eligible Items:

<u>Quantity</u>	<u>Description</u>	<u>Price</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

Ineligible Items:

<u>Quantity</u>	<u>Description</u>	<u>Price</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

C. The store representative refused to sell me the following items:

<u>Quantity</u>	<u>Description</u>	<u>Price</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. I was/was not charged more than the shelf price.

E. I was/was not given a receipt for the transaction.

F. I was/was not able to return WIC foods for exchange/cash.

G. The store representative who made this transaction was male/female,  
approximately \_\_\_\_\_ years old, \_\_\_\_\_ in height, \_\_\_\_\_ pounds, and his/her race was  
\_\_\_\_\_.

Other identifying information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

[illegible]

Date \_\_\_\_\_

Investigator Name - Print

**WARNING LETTER**

{DATE}

{VENDOR}

{VENDOR ADDRESS}

**REF: {Vendor I.D.} {CASE #}**

Dear Sir/Madam:

This letter is to notify you that your store <<STORE> located at <<ADDRESS>>, has been the subject of a compliance investigation. Undercover investigators posing as WIC participants visited and/or made purchases in your store during this investigation and the following findings were recorded:

In <<MONTH & YEAR>>, it was reported that your store:

- Did not <<VIOLATION DESCRIPTION>>.  
This is a violation of the Code of Maryland Regulations (COMAR) 10.54.03.15X(X)(X).

<<Add additional violations as applicable>>

The requirements, which stores must meet to be eligible for WIC, are given in Code of Maryland Regulations (COMAR) 10.54.03.15. Failure to meet these requirements may result in the following actions listed in COMAR 10.54.03.16. In particular the violation(s) listed above may result in the following:

COMAR Reference	Sanction
10.54.03.15X(X)(X)	<<Sanction Description>>

Please correct the cited violations immediately upon receipt of this letter and ensure that your store is in conformance with all other WIC requirements. Follow-up monitoring will be conducted to ensure that these violations have been corrected. If you have questions, please call me at <<PHONE>> or <<EMAIL>>.

Sincerely,

Vendor Chief  
Vendor Operations and Program Compliance  
Maryland WIC Program

**Attachment 4.18D has been removed from policy.**

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.19  
Effective Date: October 1, 2011  
Revised Date: March 4, 2025**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Vendor Sanction Policy</b>
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**A. Policy**

The state agency shall sanction a vendor that fails to comply with all required vendor practices stated in Code of Maryland Regulations (COMAR) 10.54.03. A sanction may be a disqualification of authorization as specified in 10.54.03.16, or civil penalty (CMP) as specified in COMAR 10.54.03.19.

The state agency shall notify the Special Nutrition Assistance Program of a disqualification or CMP.

Upon completion of a period of disqualification and a successful completion of the authorization requirements set forth in COMAR 10.54.03.04 and 10.54.03.07, .08 and .09, a vendor shall regain authorization. The state agency may not deny authorization based on previous violations once the applicable penalty has been satisfied. However, a vendor with previous violations may be considered a high-risk vendor upon authorization.

The Program may not sanction a military commissary for Program violations and shall report a sanctionable offense committed by a military commissary to the commanding officer of the installation. If the commanding officer takes no action to assure the violation does not reoccur, the Program shall report the violation to the US Department of Agriculture.

**B. Procedure**

1. The state agency shall:
  - a. Monitor vendors as outlined in WIC Policy & Procedure 4.16, 4.18 and 4.29.
  - b. Impose sanctions as required by COMAR 10.54.03.16, or issue a CMP as specified in COMAR 10.54.03.19
  - c. The CMP shall not exceed the maximum amount specified in 7CFR 3.91(b)(3)(v). Further information on calculating CMPs and using these maximums can be found at 7 CFR 246.12(l)(1)(x).

References:

1. Federal Regulations 7 CFR 246.12(l) and 3.91(b)(3)
2. Code of Maryland Regulations 10.54.03

Revisions:

1. 08/05 (Infant formula listing & 50% exclusion)
2. 10/1 2. b. Revised to prohibit the unauthorized use of the WIC acronym and logo.
3. 10/10 Changed federal citation to 7 CFR 246.12 (l)
4. 10/11 Changed the Policy Number from 4.16 to 4.19. Revised the sanctions in section B 1.
5. 10/15 Changed the procedure section to refer to the Code of Maryland Regulations (COMAR) 10.54.03.16 titled Vendor Sanctions. It is updated annually or as needed and is also used as the legal reference in the event of vendor appeals due to disqualification of authorization.
6. 10/19 Changed policy section to clarify that vendors are required to comply with all required vendor practices in chapter 3 of COMAR not just sub-section 15.
7. 03/25 Updated max WIC civil money penalty inflation adjustments for 2024 and how to calculate them.



**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.20  
Effective Date: October 1, 1996  
Revised Date: March 4, 2025**

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**SECTION: FOOD DELIVERY SYSTEM**

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**SUBJECT: Participant Hardship and Civil Money Penalties**

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**A. Policy**

The state agency shall determine if disqualification of a vendor will create undue hardship for participants. If the state agency determines that disqualification of the vendor would result in inadequate participant access, the state agency must impose a civil money penalty (CMP) in lieu of disqualification. However, as provided in 7 CFR 246.12(l)(1)(vi), the State agency may not impose a CMP in lieu of disqualification for third or subsequent sanctions for violations in paragraphs (l)(1)(ii) through (iv).

**B. Procedure:**

**1. Participant Hardship**

- a. The state agency may determine that a participant hardship would exist if a vendor is disqualified and one of the following conditions would result:
  - i. At least ten participants have to travel more than two miles to reach a vendor.
  - ii. A physical barrier or condition exists that would make normal travel to another vendor impossible.
  - iii. Ten or more participants can only be served by a particular vendor because of a language barrier, religious dietary needs, access to exempt infant formula, or access to WIC- eligible medical foods.
- b. Vendors may not appeal the state agency's decision as to whether a participant hardship exists.

**2. Civil Money Penalties**

- a. CMPs will only be offered to a vendor in lieu of disqualification when participant hardship would otherwise occur.

- b. The vendor must provide the state agency documentation indicating that the identified abuse or violations that led to the disqualification have been corrected.
- c. The vendor must remit any outstanding payments to the state agency (i.e., overcharge recoveries). If the state agency determines to impose a monetary penalty, the state agency shall calculate the amount of the monetary penalty for each violation by multiplying 10 percent of the vendor's average monthly food instrument redemptions by the number of months the disqualification would have been in effect.
- d. The state agency shall calculate the average monthly redemption by using:
  - i. The 6 months immediately preceding notice to the vendor of the disqualification; or
  - ii. Up to 6 months data if the vendor has not redeemed food instruments for a full 6 months before notice of the disqualification.
- e. The CMP shall not exceed the maximum amount specified in 7 CFR 3.91(b)(3)(v). Further information on calculating CMPs and using these maximums can be found at 7 CFR 246.12(l)(1)(x).

### **3. Vendor Money Payment**

- a. A vendor that owes a monetary penalty pursuant to §C of this regulation shall pay the monetary penalty either in a lump sum within 1 month from the date of billing by the Maryland Department of Health, General Accounting Office, or in installments.
- b. The state agency shall calculate the number of installment payments by dividing the amount due by half the number of months the disqualification would have been in effect.
- c. The vendor shall pay the first installment not later than the date the disqualification would have been effective had there been no participant hardship and remaining payments on the first day of each succeeding month.
- d. If a vendor fails to pay the monetary penalty in accordance with the payment schedule as provided in §C of this regulation, the state agency shall disqualify the vendor for the full period of the sanction and may not refund any partial payments.

- e. Prior to disqualifying a vendor that has been disqualified by the Supplemental Nutrition Assistance Program, the state agency must perform a participant access analysis. If the state agency determines that disqualification of the vendor would result in inadequate participant access, the state agency must impose a CMP in lieu of disqualification.

#### **4. PROCEDURE FOR PROCESSING CIVIL MONEY PENALTIES**

- a. In addition to the participant hardship regulations outlined in COMAR 10.54.03.19, the state agency may solicit input from the local agency in determining participant hardship.
- b. The local agency may be asked to assist in determining if a participant hardship exists.
- c. The state agency shall make the determination and shall notify the local agency of its decision.
- d. If the state agency determines that no participant hardship exists or would develop, the vendor shall be disqualified.
- e. If the state agency determines that participant hardship exists or would develop should the vendor be disqualified, the state agency shall notify the vendor that a monetary penalty is being offered in lieu of disqualification. The notification shall also inform the vendor that he is to be the subject of additional monitoring and cashier training as a result of the disqualification waiver. The vendor shall also be advised that the occurrence of any additional violations shall result in disqualification.
- f. Participant hardship shall remain in effect for the duration of the Vendor Agreement or until the vendor is disqualified for subsequent violations or the state agency determines that the participant hardship no longer exists.

#### **References:**

- 1. 7 CFR 246.12(l)(1)(x)
- 2. 7 CFR 246.12(l)(1)(vi)
- 3. 7 CFR 246.12(l)(1)(ii) through (iv)
- 4. 7 CFR 3.91(b)(3)
- 5. COMAR 10.54.03.19

#### **Revisions:**

- 1. 08/05 to reflect increased maximum fines established by USDA effective May 24, 2005.
- 2. 10/10 Changed federal citation to 7 CFR 246.12 (3) (xviii)
- 3. 10/11 Changed Policy Number from 4.16A to 4.20.
- 4. 03/25 Changed suspension to disqualification, cleaned up CMP language, aligned policy with CFR language, and updated references section.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.21  
Effective Date: October 1, 1996  
Revised Date: March 4, 2025**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Vendor Files</b>
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**A. Policy**

Since vendor agreements are awarded by the state agency, the responsibility for maintaining vendor files shall rest with the state WIC Office.

**B. Procedure**

1. The state agency shall maintain all vendor related documentation and information stored in the management information system.
2. For their purpose and records only, the local agency may consider maintaining documentation of vendor monitoring and training.
3. In accordance with CFR7 CFR 246.26(e-f), all vendor and Supplemental Nutrition Assistance Program (SNAP) information is considered confidential except for vendor's name, address, telephone number, Web site/e-mail address, store type, and authorization status. Any use or disclosure of vendor information is restricted to:
  - a. Persons directly connected with the administration or enforcement of the WIC Program or SNAP who the state agency determines to have a need to know the information for purposes of these programs. These persons may include personnel from the state's local agencies and other WIC state and local agencies and persons investigating or prosecuting WIC or SNAP violations under federal, state, or local law.
  - b. Persons directly connected with the administration or enforcement of any federal or state law or local law or ordinance.
  - c. A vendor that is the subject of an adverse action, including a claim, to the extent that the confidential information concerns the vendor subject to the adverse action and is related to the adverse action. Such information may be disclosed only following the exhaustion of all administrative and judicial review, in which the State agency has prevailed, regarding the sanction imposed on the subject vendor, or

the time period for requesting such review has expired.

4. All vendor related files are subject to state and federal review.

**References:**

1. Federal Regulations 7 CFR 246.26(e)

**Revisions:**

1. 8/04 Revised to change WOW to WIC information system.
2. 10/11 Changed Policy Number from 4.17 to 4.21.
3. 03/25 Clarified what vendor information can be released per 246.26(e) and what vendor files the LA is required to maintain.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.22**

**Effective Date: October 1, 1992**

**Revised Date: October 1, 2011**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Dual Participation</b>
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**A. Policy**

The local agencies shall be responsible for the prevention and identification of dual participation within their local agency, between local agencies in Maryland, and between other contiguous State WIC Agencies. The State Agency will enter into agreements with other contiguous State WIC Agencies to identify suspected instances of dual participation at least semi-annually and provide reports to local agencies that identify possible dual participation. The local agency shall review reports that identify possible dual participation in Maryland and the other contiguous State WIC Programs and take follow-up action within 30 days of detecting instances of suspected dual participation. Cases of intentional dual participation resulting from intentional misrepresentation or through the collection of improperly issues benefits shall be sanctioned as described in Policy and Procedure 4.23.

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**B. Procedure**

1. Each time a new participant record is created in the Precertification section of the WIC information system, the system performs a statewide search to see if the participant already exists (please refer to the Dual Participation Section of the WOW Procedures Manual). If the system finds a potential match, a pop-up appears on the screen indicating that there is a possibility that the record being added is a dual participant.
  - a. The local agency must review the list of potential matches identified and, to the best of their ability, determine if the enrollee they are adding exists in the WIC information system, prior to saving the new record.
2. Each week, the WIC information system performs comparisons of all participants statewide to see if there are any potential dual participants.
  - a. The Local Agency shall review the dual participation section of the WIC information system not less than monthly for each clinic to detect and resolve possible dual participants (please refer to the

Dual Participation Resolution section of the WOW Procedures Manual).

- b. If a participant appears to be enrolled in more than one agency, the Local Agency shall contact the other agency to verify the enrollment and, if indicated, to decide the course of action to be taken. The Local Agency shall rule out staff error before initiating any adverse action against the participant.
- c. The Local Agency shall initiate the appropriate action as indicated in the participant sanction policy (Policy & Procedure Number 4.23).

**References:**

- 1. WOW Users Manual
- 2. Federal Regulations 7 CFR 246.7 (l)
- 3. COMAR 10.54.01.03.B (ii)
- 4. COMAR 10.54.01.09 D (5)

**Revisions:**

- 1. 8/2004 Revised to change WOW to WIC information system
- 2. 8/2010 Changed citation in Reference from Federal Regulations 7 CFR 246.7 (k) to read 7 CFR 246.7 (l)
- 3. 10/2011 Changed Policy Number from 4.18 to 4.22 and revised Policy A. as suggested by MARO FY 2012 State Plan comments.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.23  
Effective Date: October 1, 1994  
Revised Date: April 23, 2024**

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**SECTION: FOOD DELIVERY SYSTEM**

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**SUBJECT: Applicant, Parent, Guardian, or Proxy Program Abuse and Sanctions**

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**A. POLICY**

In accordance with federal and state regulations, the State Agency shall establish uniform procedures and sanctions to be applied in cases of program abuse by a participant, parent, caretaker, or proxy of an infant or child participant or applicant. A sanction, which is based on the severity of the Program violation, may range from a warning letter to disqualification from the program for a maximum of one year. Also, a participant, parent, caretaker, or proxy of an infant or child participant or applicant who violates program rules may be required to pay the cash value of improperly received benefits to the State WIC Office. In addition to the sanctions listed in (Attachment 4.23I *Program Abuses and Sanctions*), any abuse may result in civil or criminal sanction or a combination of the two per federal or state regulation or statute.

The State Agency shall provide a fair hearing process through which any individual may appeal a State or Local Agency action which results in a claim against the individual for repayment of the cash value of improperly handled benefits or results in the individual's denial of participation or disqualification from the Program.

**B. PROCEDURE**

1. In an effort to control abuse of the program and to comply with Section 246.7(i) of the current WIC Federal Regulations, applicants, participants, parents, caretakers, or proxies must be informed of program rights and responsibilities that includes the consequences of committing program fraud and abuse.
2. The list of participant, parent, caretaker, or proxy abuses and the sanctions to be imposed by the State or Local Agency can be found in Attachment 4.23I *Program Abuse and Sanction Schedule*.
3. When more than one kind of infraction, actual or attempted, is involved in an instance of abuse, the sanction shall be based on the more serious infraction.
4. All offenses under this policy shall be kept active in the participant's WIC



Information System record for two years from the date of sanction. No sanction issued over two years prior to the current violation shall be considered in issuing a subsequent sanction.

5. The State or Local Agency has the right to remove a caretaker or proxy at any time for violation of any of the participant abuses listed in Attachment 4.23I.
6. For abuses that involve a caretaker or proxy, refer to the procedures in section B.9 and B.13, respectively, prior to initiating sanctions.
7. The State/Local Agency shall direct complaints against vendors, participants, parents, caretakers, or proxies who violate or attempt to violate Program Procedures and Regulations.
  - a. The State/Local Agency shall direct the complainant where to find the Complaint Form (Attachment 4.23G). This document can be found on-line at [www.mdwic.org](http://www.mdwic.org).
  - b. The complaint form can be returned to either the state or local agency.
  - c. The receiving agency shall investigate each complaint and initiate the appropriate action.
  - d. The receiving agency shall maintain full documentation of each complaint, enter appropriate notes/alerts in the participant's record or vendor file. This documentation shall be subject to review by State and Federal agencies.
8. Documentation and Processing Requirements
  - a. All allegations of abuse, including anonymous tips, shall be investigated, and documented within 30 days of receipt of the allegation.
  - b. If the alleged abuse cannot be verified, a sanction cannot be imposed. In such cases, counseling may be the only appropriate option.
  - c. In order to obtain verification of information provided by an applicant from an employer, landlord, service agency, physician etc., a Release of Information Form (Attachment 4.23C) signed by the participant may be required.
  - d. The Local Agency shall notify the participant, parent, caretaker, or proxy, in writing, of the determination of alleged abuse.

- e. All cases of abuse and sanctions shall be documented in the Sanctions and Appeals section of the Management Information System.

#### 9. Restrictions of Sanctioning

- a. If the participant is an infant or a child, he/she should not be disqualified for the abuses of his/her parent, caretaker, or proxy until all other avenues for remedying the offense have been exhausted, i.e., change of household representative or proxy or one month benefit pick up. For example, the Local Agency has sufficient evidence that an infant's parent, caretaker, or proxy has been selling the WIC foods. In this case the Local Agency shall remove the parent, caretaker, or proxy rather than disqualify the infant. If the abuse committed by an infant or child's parent, caretaker, or proxy cannot be corrected, then the infant or child must be disqualified. For further guidance in specific cases, contact the State WIC Office.
- b. If the parent, caretaker, or proxy must be removed and appointing a designee is feasible, the existing eWIC card shall be cancelled, and a new card issued to the designee in accordance with Policy and Procedure 4.30. An alert will be added to WOW so that all clinic staff are aware that the Head of Household is currently disqualified from the Program and for what period of time. The parent, caretaker, or proxy shall be disqualified from the Program for the same length of time as an active participant for the corresponding type of violation.
- c. This restriction on the application of sanctions for infant and child participants does not apply in cases of deliberate misrepresentation of circumstances to obtain benefits or dual participation.

#### 10. Participant Notification Requirements

- a. A participant, parent, caretaker, or proxy who is to receive a warning shall be notified via the use of the management information system generated Warning letters (Attachment 4.23A). The warning letter shall be sent via regular mail and if applicable, via email.
- b. For cases involving disqualification, the Local Agency shall send a Disqualification Notice (Attachment 4.23H) and a Request for a Fair Hearing Form (Attachment 2.11B). The Disqualification Notice will also advise the participant that he or she may have to pay the cash value of food benefits improperly received,

redeemed, sold, or exchanged. All disqualification letters shall be sent via both Certified Mail-Return Receipt Requested and regular mail. If applicable, the letter can also be sent via email.

- c. Section 246.7(j)(6) of the WIC Federal Regulations requires that the participant receive a written advance notice of disqualification at any time during certification not less than 15 days before the disqualification, stating the reasons for this action and the participant's right to a fair hearing, (refer to Policy and Procedure 2.11 for all notification of termination and appeal requirements).
- d. For participants who are being disqualified for misrepresentation of circumstances and are also being requested to pay back in cash the over-issued food benefits, refer to B.14.

#### 11. Applicant Sanctions

- a. The standards applied for cases of abuse by participants may also be applied to abusive applicants, e.g., applicants who knowingly and deliberately misrepresent their circumstances in an attempt to obtain program benefits, or who verbally or physically abuse, or threaten to abuse, program staff.
- b. While “applicants” cannot be disqualified, a warning or denial of application, which includes the necessary appeal notification, must be sent. (*Attachment 2.11A Notification of Ineligibility/Termination Notice*).
- c. Abusive applicants shall be disqualified from reapplying to the Program for the same length of time as an active participant for the corresponding type of violation. For further guidance in specific cases, contact the State Agency.

#### 12. Physical Abuse

Incidents or threats of physical abuse towards the vendor, clinic, or agency staff, and/or property should be reported to the police. Civil suits might also be initiated; otherwise, participant abuse must be handled via the sanctioning process.

#### 13. Proxy Abuse

The adult participant or caretaker of an infant or child participant is responsible for the actions of a proxy. In cases of program abuse by a proxy, the minimum action is to disqualify the proxy from the Program for the same length of time as an active participant or caretaker for the corresponding type of violation and issue a warning letter to the participant or the caretaker.

## 14. Monetary Claims

### a. General Information

- i. Section 246.23 (c) of the WIC Federal Regulations requires that if the State Agency determines that food benefits have been obtained or disposed of improperly, the State Agency must establish a claim against the participant for the full value of such benefits, unless the State Agency determines that the recovery of the benefits would not be cost-effective.
- ii. Pursuant to 7 CFR 246.12(u)(2)(i), whenever the State Agency assesses a claim of \$100 or more, assesses a claim for dual participation, or assesses a second or subsequent claim of any amount, the State agency must disqualify the participant for one year.
- iii. The State Agency may decide not to impose a mandatory disqualification if, within 30 days of receipt of the letter demanding repayment, full restitution is made or a repayment schedule is agreed on, or, in the case of a participant who is an infant, child, or under age 18, the State or Local Agency approves the designation of a proxy.
- iv. The State Agency may permit a participant to reapply for the Program before the end of a mandatory disqualification period if full restitution is made or a repayment schedule is agreed upon or, in the case of a participant who is an infant, child, or under age 18, the State or local agency approves the designation of a proxy.
- iii. If cases involving minors occur, the State Agency shall consult with legal counsel for guidance concerning possible exceptions.

### b. Local Agency Activities

For cases where monetary claims might be assessed, the Local Agency shall present its findings to and consult with the State Agency.

### c. State Agency Activities

- i. The State Agency will not pursue the recovery of funds if the hearing officer decides in favor of the participant. However, if the participant loses the appeal, the State will continue its recovery efforts as required by CFR 246.23(c).

- ii. If it is determined that recovery of funds is required, the State Agency will send a Notice of Payment Due (Attachment 4.23D) to the participant notifying them that they will receive a bill from the Maryland Department of Health (MDH), General Accounting Office.
- iii. The State Agency shall notify the MDH accounting office to bill the participant, allowing for a minimum of 30 days to receive payment before referring the case to the State Collections Office.

#### 15. Reinstatement

- a. A disqualified participant or applicant may reapply, or be reinstated, to receive program benefits at the end of the disqualification period or if exceptions were permitted pursuant to the monetary claims section of this policy.
- b. A participant who is an infant, child, or under age 18 may reapply, or be reinstated, to receive program benefits if the State or local agency approves the designation of a non-sanctioned parent, caretaker, or proxy.

#### References:

Federal Regulations 7 CFR 246.7 (i)  
 Federal Regulations 7 CFR 246.12(u)(2)  
 Federal Regulations 7 CFR 246.23 (c)

#### Attachments:

4.23A Warning Letter  
 This attachment has been removed.  
 4.23C Release of Information Form – English  
 4.23C Release of Information Form – Spanish  
 4.23D Notice of Payment Due  
 4.23E This attachment has been removed.  
 4.23F This attachment has been removed.  
 4.23G Complaint Form  
 4.23H Disqualification Notice  
 4.23I Program Abuses and Sanctions

#### Revisions:

- 1. 8/04 Revised to change WOW to WIC information system.
- 2. 10/11 Changed Policy Number from 4.19 to 4.23 and added Federal Regulations 7 CFR 246.12(u)(2) as a reference.

3. 10/12 Added the one-year disqualification when claims are over \$100 or for a second offense of any monetary amount and reinstatement when full restitution is made or repayment plan accepted. Clarified dual participation; added Attachment 4.23I Program Abuses Sanctions.
4. 9/19 Revised to bring in line with eWIC regulations, and to streamline and remove duplicate information. Revised Attachments A, C, D, G, H and I, removed attachments E and F.
5. 1/20 Revised policy to outline procedure on how to appoint new designee when the head of household is removed for violating program rules. Also, 4.23C Spanish version of Release of Information added.
6. 2/2023 Added email as alternate form of delivery. Updated non-discrimination statement on attachments A, C, D, and H.
7. 4/24 Combined Participant Complaint Form and Vendor Incident Form- renamed Complaint Form. Removed attachment B which is already covered in attachment C/D Release of Information Form. Add 2 new sanctions to 4.23I – Unauthorized Card Use and Unauthorized Use of WIC Foods.



## Warning Letter

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{Sanction Date}

<<HOH Name>>

<<HOH Address>>

Dear <<HOH Name>>:

This letter is to let you know that you or a person you have chosen to act on your behalf has broken the rules for participating in the WIC Program in the following way(s):

<<Reasons>>

Unless you follow the rules for participating in WIC, you may be removed from the WIC Program, asked to repay, in cash, the value of food benefits or items improperly received, and prosecuted under applicable Federal, State, or local laws. Additionally, parents, caretakers or proxies breaking program rules may be restricted from acting on behalf of WIC participants.

If you have any questions regarding this letter, please contact the agency at the telephone number listed below.

Sincerely,

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<< Local Agency Info>>

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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## Programa WIC de Maryland

### Carta De Advertencia

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{Sanction Date}

<<HOH Name>>

<< HOH Address>>

Estimado/a << HOH Name>>:

El motivo de esta carta es para notificarle que usted o la persona que ha designado para actuar en su representación ha roto las reglas al participar en el Programa WIC de Maryland por la(s) siguiente razón(es):

<<Reasons>>

Al no cumplir las normas de participación del Programa WIC, usted puede ser descalificado del Programa WIC, tendrá que pagar en efectivo el valor de los alimentos o artículos indebidamente recibidos, y puede ser procesado bajo la ley local, estatal o federal que le corresponda. Además, los padres, cuidadores, o personas designadas que rompen las reglas del programa pueden ser restringidos a actuar en nombre de los participantes del WIC.

Si tiene alguna pregunta con respecto a esta carta, por favor contacte a la agencia al número telefónico que aparece a continuación.

Atentamente,

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<< Local Agency Info>>

**Para todos los demás programas de asistencia de nutrición del FNS, agencias estatales o locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación:**

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

(1) **correo:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o

(2) **fax:**

(833)256-1665 o (202) 690-7442; o

(3) **correo electrónico:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta entidad es un proveedor que brinda igualdad de oportunidades.

Attachment 4.23B has been removed from policy.



## RELEASE OF INFORMATION FORM

I understand that the Maryland WIC Program requires proof of residency, income, nutritional risk, and family status of all applicants or participants.

I understand that the Maryland WIC Program will attempt to verify all the information provided to the Program by me when applying for WIC Program certification and benefits.

I understand that at any time if any information provided by me proves to be false or cannot be verified, the Maryland WIC Program may deny me Program certification or remove me from the Program or bill me for the cost of any WIC foods received by me, or prosecute me under applicable State and Federal statute, or any combination thereof.

I understand that the WIC Program may verify information provided by me. I understand that my refusal to sign this release form or my refusal to provide any required document may result in the denial or withdrawal of approval for participation in the Maryland WIC Program.

I \_\_\_\_\_, hereby authorize the Maryland WIC Program to verify my work record, income, residency, family status, and any other information provided in requesting Program certification and benefits to myself and/or my child or a child in my care.

I understand that the Maryland WIC Program will contact my employers, landlords, service agencies, physicians, or other persons or agencies that can verify information provided by me. I also authorize the Maryland WIC Program to photocopy this release of information form signed by me and enclose it with any request for verification of information. I understand that a photocopied form serves the same function as the original.

Applicant/Participant/Parent/Guardian \_\_\_\_\_  
Signature

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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## FORMULARIO DE AUTORIZACIÓN PARA REVELAR INFORMACIÓN

Entiendo que el Programa WIC de Maryland requiere prueba de residencia, ingresos, riesgo nutricional y estado familiar de todos los solicitantes o participantes.

Entiendo que el Programa WIC de Maryland intentará verificar toda la información que le proporcione cuando solicite la certificación y los beneficios del Programa WIC.

Entiendo que, en cualquier momento, si cualquier información que he dado resulta ser falsa o no puede ser verificada, el Programa WIC de Maryland puede negarme la certificación del Programa o retirarme del Programa, facturarme el costo de los alimentos de WIC que haya recibido, enjuiciarme según los estatutos estatales y federales aplicables, o cualquier combinación de estos.

Entiendo que el Programa WIC puede verificar la información que le proporcione. Entiendo que si me niego a firmar este formulario de revelación o me niego a proporcionar cualquier documento requerido puede resultar en la negación o el retiro de la aprobación para participar en el Programa WIC de Maryland.

Yo, \_\_\_\_\_, por el presente autorizo al Programa WIC de Maryland a verificar mi registro de trabajo, ingresos, residencia, estado familiar y cualquier otra información proporcionada cuando solicite la certificación y los beneficios del Programa para mí, mi hijo o un niño bajo mi cuidado.

Entiendo que el Programa WIC de Maryland se comunicará con mis empleadores, arrendadores, agencias de servicio, médicos u otras personas o agencias que puedan verificar la información que proporcione. También autorizo al Programa WIC de Maryland a fotocopiar este formulario de revelación de información con mi firma y adjuntarlo a cualquier solicitud de verificación de información. Entiendo que un formulario fotocopiado cumple la misma función que el original.

Solicitante/Participante/Padre/Madre/Tutor \_\_\_\_\_  
Firma

Dirección \_\_\_\_\_

Número de teléfono \_\_\_\_\_ Fecha \_\_\_\_\_

**Para todos los demás programas de asistencia de nutrición del FNS, agencias estatales o locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación:**

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

- (1) **correo:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o
- (2) **fax:**  
(833)256-1665 o (202) 690-7442; o
- (3) **correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta entidad es un proveedor que brinda igualdad de oportunidades.



## Payment Due Letter

---

{Sanction Date}

<<HOH Name>>

<<HOH Address>>

Dear <<HOH Name>>

This letter is to advise you that you owe the Maryland WIC Program the amount of \$«Amount» for:

«Reason»

An invoice will be mailed to you from the Maryland Department of Health General Accounting Office. Arrangements can be made to make partial payments. If you would like to make partial payments, please contact the State WIC Office at 410-767-5238.

You have the right to request a fair hearing to appeal this action. You can call 1-800-242-4WIC to request a fair hearing, or fill out the enclosed form, Request for Fair Hearing, and mail it to the address on the form by <<Date 60 days after sanction date>>. At the hearing, you and anyone else you want, such as a relative, friend, or lawyer, will be able to tell the hearing officer why this action should not be taken.

Sincerely,

---

<<Staff name and Title>>  
Maryland WIC Program

Enclosure

Request for a Fair Hearing



In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## Programa WIC de Maryland

### Carta de Vencimiento del Pago

---

{Sanction Date}

<<HOH Name>>

<<HOH Address>>

Estimado/a <<HOH Name>>:

El motivo de esta carta es para notificarle que debe pagar al Programa WIC de Maryland la suma de \$<<amount>> por la siguiente razón:

«Reason»

Se le enviará una factura por correo desde la Oficina de Contaduría General del Departamento de Salud de Maryland. Puede hacer arreglos para realizar pagos parciales. Si desea realizar pagos parciales, por favor contacte a la Oficina WIC de Maryland al (410) 767-5258.

Usted tiene derecho a solicitar una audiencia justa para apelar esta acción. Puede llamar al 1-800-242-4WIC para solicitar una audiencia justa o llenar el formulario adjunto, Solicitud de audiencia justa, y enviarlo por correo a la dirección que está en el formulario antes del <<Date 60 days after Sanction Date>>. En la audiencia, usted y cualquier persona que desee, como un pariente, amigo o abogado, podrán decirle al funcionario de la audiencia por qué no se debe tomar esta acción.

Atentamente,

---

<<Staff name and Title>>

Programa WIC de Maryland

Adjunto

Solicitud de audiencia justa

**Para todos los demás programas de asistencia de nutrición del FNS, agencias estatales o locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación:**

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La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

- (1) **correo:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o
- (2) **fax:**  
(833)256-1665 o (202) 690-7442; o
- (3) **correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta entidad es un proveedor que brinda igualdad de oportunidades.

Attachment 4.23E  
has been removed

Attachment 4.23F  
has been removed

# COMPLAINT FORM



Person(s) making the complaint must complete Sections 1 through 3.  
WIC Staff responding to the complaint must complete Section 4.

SECTION 1			
Who is making this complaint?			
Participant	S Store	Farmer	Local Agency
Name		Telephone #	
Address		City, State, Zip Code	
SECTION 2			
Who is this complaint against?	Name/ID#/Card # (if known)		
Participant			
Store/Farmer	Name/Location		
Local Agency	Name		
SECTION 3			
Date of Incident	Time of Incident	Name or physical description of person(s) involved (gender, height, weight, age, race, etc.)	
Description of What Happened (Be as detailed as possible, who, what, where, when, UPC's and, if applicable, attach copies of receipts and pictures of items.)			
SECTION 4 (For WIC Staff Only)			
Describe Action Taken to Resolve Complaint			
Name of Staff Person	Date	Email Address	Telephone #

Email completed form to [mdh.wicvendor@maryland.gov](mailto:mdh.wicvendor@maryland.gov) or fax to 410-333-5683.

This institution is an equal opportunity provider.



## Disqualification Notice

---

{Sanction Date}

<<HOH Name>>

<<HOH Address>>

Dear <<HOH Name>>:

You are being disqualified from the Maryland WIC Program for a period of <<months/year>> for the following reason(s):

<<reasons>>

This action will go into effect on <<Sanction Date>>. If you disagree with this action, please contact the agency at the telephone number listed below to discuss this matter.

You may also receive a bill from the Maryland Department of Health, General Accounting Office for this offense. Failure to pay the Department of Health may result in additional sanctions.

You have the right to request a fair hearing to appeal this action. You can call your local agency at the number below to request a hearing, or fill out the enclosed form, Request for Fair Hearing, and mail it to the address on the form by <<Date 60 days after sanction date>>. At the hearing, you and anyone else you want, such as a relative, friend, or lawyer, will be able to tell the hearing officer why this action should not be taken.

Sincerely,

---

<<Local Agency Info>>

Enclosure

Request for a Fair Hearing

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
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Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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## Aviso de Descalificación

---

{Sanction Date}

<<HOH Name>>

<<HOH Address>>

Estimado/a <<HOH Name>>:

Usted ha sido descalificado del Programa WIC de Maryland por un período de << months/year>> por la(s) siguiente razón(es):

<<reasons>>

Esta acción entrará en vigor el <<Sanction Date>>. Si usted no está de acuerdo con esta acción, por favor contacte a la agencia al número de teléfono listado a continuación para hablar sobre esto.

También puede recibir una factura desde la Oficina de Contaduría General del Departamento de Salud de Maryland por esta transgresión. La falta de pago al Departamento de Salud puede resultar en sanciones adicionales.

Usted tiene derecho a solicitar una audiencia justa para apelar esta acción. Puede llamar a su agencia local al número de teléfono a continuación para solicitar una audiencia, o puede llenar el formulario adjunto, Solicitud de audiencia justa, y enviarlo por correo a la dirección que está en el formulario antes del <<Date 60 days after Sanction Date>>. En la audiencia, usted y cualquier otra persona que desee, como un pariente, amigo, o abogado, podrán decirle al funcionario de la audiencia por qué no se debe tomar esta acción.

Atentamente,

---

<<Local Agency Info>>

Adjunto

Solicitud de audiencia justa

**Para todos los demás programas de asistencia de nutrición del FNS, agencias estatales o locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación:**

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La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

- (1) **correo:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o
- (2) **fax:**  
(833)256-1665 o (202) 690-7442; o
- (3) **correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta entidad es un proveedor que brinda igualdad de oportunidades.

Maryland WIC Program Abuse and Sanction Schedule		
Abuse	1 <sup>st</sup> Offense Sanction	2 <sup>nd</sup> Offense Sanction
<b>Misrepresentation of Eligibility Information</b>  A. Knowing and deliberate misrepresentation of circumstances to obtain benefits which includes; <ol style="list-style-type: none"> <li>1. Misrepresentation of income</li> <li>2. Misrepresentation of residence</li> <li>3. Misrepresentation of family size</li> <li>4. Misrepresentation of health status-falsification of medical data or health status.</li> <li>5. Misrepresentation of actual date of birth so as: (a) to appear to be categorically eligible, or (b) to go undetected as a dual participant</li> <li>6. Enrolling a child who is not in the applicant's legal or designated care.</li> </ol>	<p>One year disqualification.</p> <p>The offending party shall pay to the State agency the value of the food benefits improperly received and redeemed. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.</p>	

<p><b>Excess Food Benefits</b></p> <p>B. Receipt of and/or attempt to obtain more benefits than participant is entitled to receive</p>	<p>Counsel the individual and issue a warning letter.</p> <p>The offending party shall pay to the State agency the value of the food items improperly obtained and redeemed. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.</p>	<p>Three-month disqualification.</p> <p>The offending party shall pay to the State agency the value of the food benefits improperly obtained and redeemed. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.</p>
<p><b>Dual Participation</b></p> <p>C. Participant engages in dual participation, that is, participates in more than one WIC Program at a time and actively redeems benefits from both programs.</p>	<p>Immediate removal (without 15-day notice) from 1 (or more) Local Agency(s) and 1 year disqualification from the remaining local agency with a 15-day notice.</p> <p>The offending party shall pay to the State agency the value of the food items improperly obtained and redeemed. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.</p>	

<b>Physical Abuse</b>  D. Participant or a child or infant participant's parent, guardian or caretaker, or a proxy physically abuses or threatens abuse of WIC or vendor staff or the deliberate destruction of WIC or vendor property.	One year disqualification.  Report the incident to the police if you feel you need immediate protection.	
<b>Verbal Abuse</b>  E. Verbal abuse or harassment of WIC or vendor staff, or behavior that disrupts the peaceful and orderly conduct of business at any WIC Program or vendor facility.	Six-month disqualification.	One year disqualification.
<b>Selling Foods</b>  F. Sells or offers to sell or exchanges food purchased with a WIC food instrument or sells a WIC food instrument to another individual or entity in person, in print or on-line.	Three-month disqualification.  The offending party shall pay to the State agency the value of food benefits sold or exchanged. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.	Six-month disqualification.  The offending party shall pay to the State agency the value of the food items improperly sold or exchanged. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.
<b>Unauthorized Foods/Quantities</b>  G. Attempts to redeem or redeem food benefits for	Counsel the individual and issue a warning letter.  The offending party shall pay to the State	Three-month disqualification.  The offending party shall pay to the State agency the value of the food benefits

unauthorized foods or for quantities of food in excess of that indicated on the food instrument.	agency the value of the food benefits improperly redeemed. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.	improperly received. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.
<b>Cash or Credit/Unauthorized Exchange</b>  H. Receives cash or credit toward the purchase of unauthorized food or other items of value instead of or in addition to authorized supplemental foods or exchanges or attempts to exchange or returns or attempts to return authorized WIC food to the vendor for cash or non-WIC items.	Three-month disqualification.  The offending party shall pay to the State agency the value of food benefits sold or exchanged. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.	Six-month disqualification.  The offending party shall pay to the State agency the value of the food items improperly sold or exchanged. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.
<b>Unauthorized ID Folder Use</b>  I. Allowing an unauthorized person the use of the Maryland WIC Participant identification folder.	Counsel the individual and issue a warning letter.	Three-month disqualification.
<b>Unauthorized Card Use</b>  J. Allowing an unauthorized person or unnamed proxy or designee the use of the Maryland WIC Card.	Counsel the individual and issue a warning letter.	Three-month disqualification.

<b>Unauthorized Use of WIC Foods</b>  K. Allowing the use of WIC foods or formula for a person other than the WIC participant the foods were issued to.	Three-month disqualification.  The offending party shall pay to the State agency the value of food benefits sold or exchanged. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.	Six-month disqualification.  The offending party shall pay to the State agency the value of the food items improperly sold or exchanged. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.
<b>Unreturned Breast Pumps</b>  L. Failure to return WIC provided hospital grade breast pump.	Counsel the individual and issue a warning letter.	The offending party shall pay to the State agency the value of hospital grade breast pump. Payment types as deemed acceptable by the Department of the General Accounting's Office at the time of invoicing.
<b>Monetary Claim of Food Benefits Greater Than \$100</b>  M. A monetary claim for food benefits greater than \$100 has been assessed against the offending party.	One year disqualification.	
<b>Failure to Pay</b>  N. Failure to pay or establish a payment plan for a monetary claim.	One year disqualification.	

Policy and Procedure 4.24  
has been removed.



MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL

Policy and Procedure Number: 4.25  
Effective Date: October 1, 1994  
Revised Date: January 26, 2018

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
<b>SUBJECT:</b>	<b>Internal Investigations for Fraud and/or Abuse</b>

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**A. Policy**

An internal investigation will be conducted whenever WIC Program employee is suspected of fraud and/or abuse. Examples of fraud and/or abuse include, but are not limited to:

1. Misuse of program funds
2. Receiving WIC benefits to which one is not entitled
3. Knowingly certifying ineligible or fictitious persons
4. Knowingly certifying friends or relatives
5. Knowingly making a false or misleading statement concerning certification
6. Theft of any WIC property
7. Receiving anything of value in exchange for providing special consideration for vendors, prospective vendors, applicants, participants or any other person or agency associated with WIC.
8. Intentionally circumventing or disabling WIC MIS safeguards designed to prevent fraud and or theft.

**B. Procedure**

1. Whenever a WIC employee in a Local Agency is suspected of program fraud and/or abuse, the Local Agency coordinator shall conduct the initial investigation to gather evidence.
2. When a Local Agency uncovers evidence of employee fraud and/or abuse, the State WIC Director will be notified immediately by telephone, and in writing within five days of the telephone contact. Telephone contact shall be considered the first official notice. .
3. In order to ensure coordination and consistency, the State WIC Director may delegate supervision of the investigation by designating a lead investigator from either the State Office or the Local Agency to supervise the investigation. Primary written findings **shall be completed within ten working days.**

4. All evidence concerning an employee's suspected fraud and/or abuse shall be preserved. If the evidence is in the form of an automated file, a hard copy will be obtained and kept in a secure place. In the case of a paper file, the originals will be secured and copies, if necessary, will be maintained in the file. Any other physical evidence will be secured in the custody of the Local Agency coordinator. Statements by witnesses will be in writing, signed by both the witness and the person taking the statement and dated.
5. A chain of custody of the evidence shall be documented in writing. The original of the Chain of Custody, Form 4.25A, shall be kept with the evidence.
6. The WIC State and Local (if applicable) Staff Attorneys and the Maryland Department of Health (MDH) Office of the Inspector General shall be kept informed of all matters concerning the investigation as they develop and shall determine if criminal charges or civil action will be sought. The WIC Staff Attorney shall also determine what information related to criminal or civil actions will be released to any agency or person outside WIC.
7. The MDH Employee Relations Representative shall be kept informed as needed of all matters concerning any personnel action.

Attachments:

1. Attachment 4.25A Chain of Custody Form

Revisions:

1. 10/11 Changed Policy Number from 4.21 to 4.25.
2. 1/2018 Updated policy to include involvement of attorneys and the Office of the Inspector General.

**OFFICE OF THE MARYLAND WIC PROGRAM**  
**CHAIN OF CUSTODY**

**COMPLETE DESCRIPTION OF EVIDENCE:**

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GATHERED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE/TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_

1. The original of this form must stay with the evidence. Copies may be made and kept by persons in the chain of custody.
2. If the evidence is stored, enter the storage place after, "Received By." When the evidence is taken from storage, enter the person removing it after, "Received By."

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.26  
Effective Date: October 1, 1996  
Revised Date: April 23, 2024**

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**SECTION: FOOD DELIVERY SYSTEM**

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**SUBJECT: Vendor Appeals**

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**A. POLICY**

The Maryland WIC Program shall receive requests for appeals of Program action against vendors and vendor applicants. The Office of Administrative Hearings shall have jurisdiction over these appeals.

All appeals by retail food or pharmacy vendors and vendor applicants shall be governed by COMAR 10.01.03.

**B. PROCEDURE**

1. Not less than 15 days in advance of the effective date of any proposed Program action, the Program shall provide notice to a vendor applicant or vendor whose application is proposed to be denied or authorization is proposed to be disqualified, on the right to a hearing on the proposed denial or disqualification. The Program shall also advise that the disqualification from WIC may result in disqualification as a retailer in the Supplemental Nutrition Assistance Program (SNAP). Such disqualification is not subject to administrative or judicial review under SNAP. The program shall provide notice that complies with the requirements set forth in COMAR 10.01.03.
2. A vendor or vendor applicant shall reserve the right to a hearing. If a hearing is desired, a vendor must file a written request for a hearing with the Director of the Program within 10 days of the receipt of the notice of the proposed denial or disqualification.
3. The Program shall consider a request for a hearing filed on the earlier of the dates it is:
  - a. Received by the Program; or
  - b. Postmarked by the United States Postal Service.
4. The Program shall forward requests for appeals to the Office of Administrative Hearings for scheduling.

5. Upon receipt of notification of a scheduled appeal, the Vendor Operations and Compliance Unit personnel shall prepare four copies of all relevant documents and forward them to the Assistant District Attorney assigned to the Maryland WIC Program no later than 5 days before the scheduled appeal.
6. A vendor may not appeal the following actions:
  - a. Disqualification from WIC resulting from a violation of regulation COMAR 10.54.03.15B(1)(m) regarding SNAP authorization;
  - b. The State agency's decision to whether a participant hardship exists;
  - c. The expiration of vendor agreement;
  - d. The state agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the required list of infant formula suppliers;
  - e. The validity of appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above 50 percent vendor's request to provide an incentive item;
  - f. The State agency's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction;
  - g. The validity or appropriateness of the State agency's vendor peer group criteria and the criteria used to identify vendors that are above 50 percent vendors or comparable to above 50 percent vendors;
  - h. The State agency's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, and was not involved in the conduct of the violation
  - i. Disputes regarding food instrument payments and vendor claims, not including the opportunity to justify or correct overcharge or other error; or
  - j. The validity of appropriateness of the State agency's vendor selection criteria.

**References**

1. COMAR 10.54.03.15 and 18
2. COMAR 10.01.03

**Revisions:**

1. 10/11 Changed Policy Number from 4.22 to 4.26.
2. 10/15 Corrected title of the Program and corrected the language from suspension to a disqualification.
3. 4/24 Clarified hearing notice procedures. Added policy from COMAR 10.54.03.18 – what may not be appealed.

Policy and Procedure 4.27  
has been removed.

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.28  
Effective Date: October 1, 2012  
Revised Date: March 14, 2024**

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<b>SECTION:</b>	<b>FOOD DELIVERY SYSTEM</b>
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<b>SUBJECT:</b>	<b>Internet Monitoring for WIC Infant Food and Formula Fraud</b>
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**A. POLICY**

In order to combat and prohibit the resale of food benefits obtained through the Maryland WIC Program, the state agency and local agencies shall monitor on-line marketplaces in order to detect any advertising of infant foods, formula, or other WIC food benefits for sale. Monitoring activities shall be documented on a tracking log created by the local agency.

**B. PROCEDURE**

1. Local agency staff shall remind participants that any unused infant food or infant formula should be returned to the local WIC clinic and that it may not be sold or given away.
2. Not less than weekly, a search of on-line marketplaces such as Craigslist, eBay, and social media shall be performed by the state agency Vendor Unit staff to identify advertisements offering infant foods, formula, or other WIC food benefits for sale.
3. Not less than monthly, the local agency shall monitor local social media and on-line marketplaces to identify advertisements offering infant foods, formula, or other WIC food benefits for sale.
4. All monitoring activity shall be tracked and available for review by the appropriate Program representatives.
5. If an infant food, formula, or other WIC food advertisement is discovered, the management information system shall be used to match the seller's name, phone number, email address, or any other identifying fields to determine if the seller is a WIC participant or a proxy for a WIC participant.
6. If the state or local agency confirms that the seller is a WIC participant or proxy, an administrative alert shall be placed in the notes section of the participant's record. The agency (local or state) confirming WIC participation shall notify the other agency.



7. The state or local agency shall follow the procedures below:
- a. Contact the WIC participant to provide notification that the head of household or a proxy:
    - i. May not sell or give away infant foods or infant formula purchased with WIC benefits.
    - ii. In a timely manner, must return to the local agency/clinic any non-perishable food and/or formula provided by WIC that they do not need or are not able to use.
    - iii. Must immediately remove the advertisement from the applicable site(s).
    - iv. If applicable, will be sanctioned in accordance with Policy and Procedure 4.23 *Program Abuse and Sanctions* (i.e., warning letter or 1 month disqualification).
  - b. Document the contact with the participant in the notes section of the participant's record and the tracking log shall be updated.
  - c. Once the WIC items have been returned to the local agency, it shall be documented in the notes section of the participant's record and a notice sent to the state agency via email. If formula is returned, it shall be donated or discarded per Policy and Procedure 3.05 and entered on the Formula Inventory/Tracking Log (Policy and Procedure 3.05A). If nonperishable foods are returned, they shall be donated to a food bank or shelter.

**Attachments:**

**Revisions:**

- |         |  |
|---------|--|
| 10/2015 | Changed policy to direct all findings to the state office for follow up. Clarified the procedure for handling the WIC food items once they are returned to the local agency/clinic.                      |
| 11/2023 | Updated the policy to clarify procedures on how and who should be contacting the participants and documenting the files. Revised title: <i>Internet Monitoring for WIC Infant Food and Formula Fraud</i> |
| 3/2024  | Added that review activity must be tracked for review purposes. Clarified the disposition of foods/formula procedures.   |

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.29  
Effective Date: January 8, 2016  
Revised Date: December 9, 2019**

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**SECTION:       FOOD DELIVERY SYSTEM**

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**SUBJECT:       Compliance Inventory Audits**

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**A.       POLICY**

A compliance inventory audit is conducted when a vendor is suspected of buying WIC benefits, allowing substitutions or non-approved WIC foods to be purchased with WIC benefits, redeeming WIC benefits for another vendor, or when a vendor is designated as high risk. A compliance inventory audit is conducted to determine if the store is redeeming WIC benefits without having adequate WIC approved food items in stock to satisfy the WIC benefits redeemed.

**B.       PROCEDURE**

1.       A compliance inventory audit encompasses a multi-month period. The initial compliance inventory audit visit is the start date of the audit and the follow-up compliance inventory audit visit, conducted two or more months from the initial audit visit or the first workday after two or more months, is the end date of the audit.
2.       A WIC Program representative will conduct the initial and follow up compliance inventory audit visit. Each compliance inventory audit visit will also encompass a routine monitoring visit.
3.       The following forms will be used:
  - a.       Inventory Audit Monitoring Form Instructions
  - b.       Food and Formula Inventory Audit Monitoring Forms
  - c.       Inventory Audit Analysis Form
  - d.       Vendor Monitoring Report (4.16C)
4.       At each compliance inventory audit visit, an inventory count of all WIC approved audit item(s) located anywhere on the premises of the store including the cashier's office, sales floor, stock rooms, attic, basement and any other storage areas will be documented on the Inventory Audit Monitoring Forms (attachments 4.29A and 4.29B),

according to the Inventory Audit Monitoring Form Instructions (attachment 4.29C).

5. After the follow-up compliance inventory audit visit, the Program representative will request the store's WIC purchase records/receipts for the inventory audit time frame. The Program representative will:
  - a. Complete the Inventory Audit Analysis Form by entering the beginning inventory, inventory purchases and ending inventory numbers from the inventory audit. See attachment 4.29C.
  - b. Add the beginning inventory and inventory purchases of the applicable audit food items.
  - c. Subtract the ending inventory from the sum found in (b)
  - d. Compare (c) to the store's WIC redemptions for each food item.
6. Once the inventory audit analysis has been finalized, the following shall be determined:
  - a. If the inventory audit results show that the vendor owes less than \$500, the vendor passes the audit and any deficiency balance of undocumented inventory shall be paid back to the Program.
  - b. If the inventory audit results show that the vendor owes greater than \$500, the vendor is disqualified from the Program for three years for claiming reimbursement for the sale of a food item that exceeds its documented inventory of that item, and the deficiency balance of undocumented inventory shall be paid back to the Program.
7. Once the results of the audit have been determined, the applicable notification will be sent to the vendor and the case closed, unless an appeal has been requested. For the policy on appeals, refer to 4.26 Vendor Appeals.
8. The vendor may be offered a civil money penalty if it is determined that there would be a participant hardship if the vendor is no longer accepting WIC benefits. For the policy on participant hardship, refer to 4.20 Participant Hardship and Civil Money Penalty, and COMAR 10.54.03.19.

9. If the routine monitoring review identifies program violations, a formal warning letter will be sent to the vendor outlining the results from the review. A follow-up review will be conducted by the Program representative within two weeks of the monitoring review.

Attachments:

1. 4.29A Inventory Audit Monitoring Form - Formula
2. 4.29B Inventory Audit Monitoring Form - Foods
3. 4.29C Inventory Audit Monitoring Form Instructions
4. 4.29D Inventory Audit Analysis Form

References: COMAR 10.54.03.15 and .19

Revisions: 10/20 Revised checks to benefits to conform with eWIC and edited language so that additional WIC approved food items can be audited. Reorganized attachments, renamed attachment A to Inventory Audit Monitoring Form – Formula, and added new attachment B titled Inventory Audit Monitoring Form – Foods. To allow for margin of errors, added thresholds for severity of sanction.



**Date of Review:**

**Reviewer(s):**

**WIC Authorization Number:**

**Vendor Information:**

Name	
Address	
City/State	
Zip	
Phone	

**Vendor Authorization Details:**

Vendor Peer Group		Time Entered Store:
Vendor Type		
Monthly Store Volume		Time Exited Store:
Year to Date Volume		

**Inventory Audit Details:**

Quantity (#of cans)	Type of Formula
	8 oz. Boost
	14.1 oz. EleCare Infant DHA/ARA, Powder, Unflavored
	14.1 oz. EleCare Jr., Powder, Any flavor
	14.1 oz. EleCare Jr., Powder, Unflavored
	32 oz. EnfaCare, RTF
	12.8 oz. EnfaCare w/Iron, Powder
	15.1 oz. EnfaCare w/Iron, Powder
	21 oz. Enfagrow Toddler Transitions Soy, Powder
	8 fl. oz. Ensure Plus (6 pack)
	8 fl. oz. Ensure (6 pack)
	12.9 oz. Good Start Soy, Powder
	12.1 oz. Good Start Soy, Concentrate
	4 Pack Good Start Soy, RTF
	14 oz. Neocate Infant, Powder
	14.1 oz. Neocate® Junior, Powder
	12.6 oz. Nutramigen, Powder
	13 oz. Nutramigen, Concentrate (1 quart can)
	32 oz. Nutramigen, RTF
	12.6oz. Nutramigen Toddler, Powder
	8 oz. Pediasure w/Iron, RTF (6 pack)

	8 oz. Pediasure w/Fiber, RTF (6 pack)
	8 oz. Pediasure Peptide 1.0 cal, RTU, any flavor
	1 pound can, Pregestimil, Powder
	14.1 oz. PurAmino
	12.4 oz. Similac Advance, Powder (blue can)
	13 oz. Similac Advance, Concentrate
	32 oz. Similac Advance, RTF
	32 oz. Similac Expert Care Alimentum, RTF
	12.1 oz. Similac Expert Care Alimentum, Powder (purple can)
	12.4oz Similac Isomil Soy, Powder (pink can)
	13oz Similac Isomil Soy, Concentrate
	12.3 oz. Similac for Spit Up, Powder (green can)
	12.0 oz. Similac Sensitive for Fussiness and Gas, Powder (orange can)
	32 oz. Similac Expert Care Neosure, RTF
	13.1 oz. Similac Expert Care Neosure, Powder (yellow can)
	2 oz. bottle Similac Special Care Advance w/iron, 24 cal/oz

IF ANY OF THESE FORMULAS ARE NOT IN STOCK OR THE STORE DOES NOT STOCK THESE ITEMS AT THE TIME OF THIS REVIEW, ENTER "N/A" IN "QUANTITY".

By initializing this form, I attest that I am the store representative responsible for serving the WIC participants. I confirm that the inventory above accurately states the total quantity of formula located anywhere on the store premises at the time of the review, and total formula available for sale to WIC participants. This total does not include expired formula/stock.

Initial: \_\_\_\_\_

This form and its contents has been explained to me

Initial: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
Store Personnel Name/Title

\_\_\_\_\_  
Store Personnel Signature

\_\_\_\_\_  
Reviewer's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Reviewer's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Date of Review:**

**Reviewer(s):**

**WIC Authorization ID Number:**

Name		Vendor Peer Group	
Address		Vendor Type	
City/State		Monthly Store Volume	
Zip		Year to Date Volume	
Phone		Time Entered Store:	Time Exited Store:

**Inventory Audit Details:**

<b>Quantity (# of bottles)</b>	<b>Juice - 64 oz. (apple, grape, orange, pineapple, tomato, vegetable)</b>
<b>Quantity</b>	<b>Whole Milk</b>
<b>Gallons</b>	
<b>Half Gallons</b>	
<b>Quarts</b>	
<b>Quantity</b>	<b>Skim/Non Fat/Fat Free/1% Low Fat Milk</b>
<b>Gallons</b>	
<b>Half Gallons</b>	
<b>Quarts</b>	
<b>Quantity</b>	<b>2% Reduced Fat Milk</b>
<b>Gallons</b>	
<b>Half Gallons</b>	
<b>Quarts</b>	
<b>Quantity</b>	<b>Lactose Reduced/Lactose Free (Whole/Skim)</b>
<b>Half Gallons Whole</b>	
<b>Half Gallons Skim</b>	

<b>Quantity</b>	<b>Ultra High Temperature (UHT) Whole Milk (24 and 32 oz), Ultra High Temperature (UHT) 2% Reduced Fat Milk (24 and 32 oz), Ultra High Temperature (UHT) Skim/Non Fat/Fat Free/1% Low Fat Milk (24 and 32 oz)</b>
<b>Ounces/Containers</b>	
<b>Quantity</b>	<b>Evaporated Whole Milk (12 oz) Ultra High Temperature (UHT) 2% Reduced Fat Milk (24 and 32 oz), Evaporated 2% Reduced Fat Milk (12 oz), Evaporated Skim/Non Fat/Fat Free/1% Low Fat Milk (12 oz)</b>
<b>Cans</b>	
<b>Quantity</b>	<b>Soy Beverage (Half Gallon)</b>
<b>Half Gallons</b>	
<b>Quantity</b>	<b>Dry Skim/Non Fat/Fat Free/1% Low Fat Milk (25.6 oz)</b>
<b>Package</b>	
<b>Quantity</b>	<b>Dry Whole Milk (31.7 oz)</b>
<b>Package</b>	
<b>Quantity</b>	<b>Additional Stock:</b>

IF ANY OF THESE FOODS ARE NOT IN STOCK OR THE STORE DOES NOT STOCK THESE ITEMS AT THE TIME OF THIS REVIEW, ENTER "N/A" IN "QUANTITY".

By initializing this form, I attest that I am the store representative responsible for serving the WIC participants. I confirm that the inventory above accurately states the total quantity of foods located anywhere on the store premises at the time of the review, and total formula available for sale to WIC participants. This total does not include expired foods/stock.

Initial: \_\_\_\_\_

This form and its contents have been explained to me

Initial: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
Store Personnel Name/Title                      Store Personnel Signature

\_\_\_\_\_  
Reviewer's Name                      Signature

\_\_\_\_\_  
Reviewer's Name                      Signature

\_\_\_\_\_  
Date





## INVENTORY AUDIT MONITORING FORMS INSTRUCTIONS

\* Complete the heading information as indicated

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- These forms are completed on-site by a Program representative during both the initial and follow-up Inventory Audit visits.
- This inventory will include stock of WIC foods subject to the audit located anywhere on the store premises, which includes the cashier's office, sales floor, stock rooms, attic, basement and storage areas for the WIC foods specified on the Inventory Audit Monitoring Forms.
- Do not include any outdated or damaged foods that were not or will not be for sale in the store.
- Enter the TOTAL number of WIC foods in the "Quantity" section of this form (list out cases by "number of containers"; add together inventory found in a different location, etc. to come up with one TOTAL).
- If there is no current inventory for a WIC food listed on this form, do not note anything in the Quantity section of this form.
- After all inventory has been documented, secure store personnel signature(s).
- After store personnel have signed, the on-site reviewer signs the form.
- The original of this form is filed in the WIC vendor's inventory audit file.
- White out is not permitted. Any form corrections/changes must be made by drawing a single line through the error; writing the correct information above or below the error and securing the initial of store personnel prior to leaving the Retail Store premises.
- Findings must be discussed with store personnel. Store personnel must sign the form acknowledging that the findings were discussed with them. If obtaining a signature from store personnel is not possible, explain why in the comments section.
- Ensure all information is appropriately completed prior to leaving the store premises.

Effective 10/04/2017

## INVENTORY AUDIT ANALYSIS FORM

Vendor Number #:

Initial Inventory Audit Review Date:

Retail Store Name &amp; Address:

Follow-up Inventory Audit Review Date:

FORMULA	Beginning Inventory	Inventory Purchases	Ending Inventory	Difference Between Beginning Inventory and Ending Inventory	Redeemed Quantity	Redemptions which exceed the Store's Documented Inventory Sold	Unit Price	Amount Due to WIC
8oz. Boost				0		0		\$ -
								\$ -
14.1 oz. EleCare Infant DHA/ARA, Powder, Unflavored				0		0		\$ -
14.1 oz. EleCare Jr., Powder, Any flavor				0		0		\$ -
14.1 oz. EleCare Jr., Powder, Unflavored				0		0		\$ -
								\$ -
32oz. EnfaCare RTF				0		0		\$ -
12.8oz. EnfaCare w/Iron Powder				0		0		\$ -
15.1oz. EnfaCare w/Iron Powder				0		0		\$ -
21oz. Enfagrow Toddler Transitions Soy, Powder				0		0		\$ -
								\$ -
8 fl. oz. Ensure Plus (6 pack)				0		0		\$ -
8 fl. oz. Ensure (6 pack)				0		0		\$ -
								\$ -
12.1oz. Good Start Soy Concentrate				0		0		\$ -
33.8oz. Good Start Soy RTF - Blue-4 count, 8.45oz.				0		0		\$ -
12.9oz. Good Start Soy Powder				0		0		\$ -
								\$ -
14 oz. Neocate Infant, Powder				0		0		\$ -
14.1 oz. Neocate® Junior, Powder				0		0		\$ -
								\$ -
12.6oz. Nutramigen Toddler, Powder				0		0		\$ -
13oz. Nutramigen Lipil Concentrate				0		0		\$ -
32oz. Nutramigen Lipil RTF				0		0		\$ -
12.6oz. Nutramigen Lipil w/Enflora Powder				0		0		\$ -
								\$ -
8oz. Pediasure w/Iron RTF				0		0		\$ -
8oz. Pediasure w/Fiber RTF				0		0		\$ -
8 oz. Pediasure Peptide 1.0 cal, RTU, any flavor				0		0		\$ -
								\$ -
1 pound can, Pregestimil, Powder				0		0		\$ -
								\$ -
14.1 oz. PurAmino				0		0		\$ -
								\$ -
12.4oz. Similac Advance w/Iron Powder				0		0		\$ -
13oz. Similac Advance Concentrate				0		0		\$ -
32oz. Similac Advance RTF				0		0		\$ -
32oz. Similac Alimentum Advance RTF/32oz. Similac Expert Care Alimentum RTF				0		0		\$ -
16oz. Similac Alimentum Advance Pwd/16oz. Similac Expert Care Alimentum Pwd				0		0		\$ -
13.1 oz. Similac Expert Care Neosure, Powder				0		0		\$ -
12.4oz Similac Isomil Soy, Powder				0		0		
13oz Similac Isomil Soy, Concentrate				0		0		
32oz. Similac NeoSure Advance RTF / 32oz. Similac Expert Care NeoSure RTF				0		0		\$ -
12.0 Similac Sensitive for Fussiness and Gas, Powder				0		0		\$ -
12.3 Similac for Spit Up, Powder				0		0		\$ -
2 oz. bottle Similac Special Care Advance w/iron, 24 cal/oz				0		0		\$ -
								\$ -
Total Redemptions for the Period								\$ -
Margin of Error								\$1.00 0.00%

**MARYLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
POLICY AND PROCEDURE MANUAL**

**Policy and Procedure Number: 4.30  
Effective Date: November 8, 2017  
Revised Date: November 8, 2017**

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**SECTION: FOOD DELIVERY SYSTEM**

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**SUBJECT: Food Instrument Issuance and Replacement**

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**A. Policy**

Each family with at least one active participant certified to receive food benefits in the program shall be issued a food instrument (eWIC card). Only one food instrument shall be issued to the family at any given time. The food instrument shall be issued to a cardholder who shall be either the head of household or a proxy chosen by the head of household.

**B. Procedure**

**1. Food Instrument Issuance**

- a. The Local Agency shall issue one active food instrument to a cardholder at the time of initial certification to access the household's benefits.
  - i. In the event that an active food instrument cannot be issued during an initial certification, such as during a power outage, the participant shall be informed that a food instrument cannot be issued at that time. The participant may be given the option of returning to clinic when a food instrument can be assigned or having a food instrument mailed.
  - ii. Food instruments that are mailed by the Local Agency shall be sent via US Postal Service first class mail, return service requested. Participants should be told to expect a maximum of seven days for receipt of the card.
- b. The cardholder shall be given an opportunity to select a Personal Identification Number (PIN) at the time of issuance.

## 2. Food Instrument Replacement

- a. Any time there is a change in the cardholder, a replacement food instrument shall be issued.
- b. Local Agencies shall respond to the report of a lost, stolen, or damaged food instrument within one business day. Requests for replacement food instruments or PIN changes shall be directed to one of the eWIC Processor's Customer Service outlets unless the replacement reason meets one of the conditions in B.2.d.
- c. Replacement food instruments requested via the eWIC Processor's Customer Service outlets will be sent via U.S. Postal Service first class mail, return service requested. Participants can expect a maximum of seven days for receipt of the replacement food instrument. In rare cases of extreme hardship, the State WIC office can be contacted to request that the eWIC Processor mail the food instrument overnight. As this is cost prohibitive it shall be rarely used and only after all other resources have been evaluated.
- d. Replacement food instruments issued by the Local Agency shall be accompanied by proof of identification (Refer to P&P 2.23 for acceptable forms of identification) and only allowed under the following circumstances:
  - i. A homeless, transient, or migrant participant;
  - ii. Change in cardholder;
  - iii. Foster child change in caregiver;
  - iv. Malfunctioning food instrument;
  - v. Natural disaster;
  - vi. With documentation showing proof of theft or loss due to a fire;
  - vii. Domestic/intimate partner violence prohibiting access to the food instrument;
  - viii. Family member with a medical issue requiring an immediate replacement;
  - ix. Replacement food instrument not received within seven days after a request to the eWIC Processor's Customer Service.

Attachment(s):

References:

7 CFR 246.12 (bb) (2) [Final Rule Federal Register Vol. 81 No.40 page 10444]

Revisions: