

# **Section 5.7: Referrals**

10/2024

References: 7 CFR 246.6 (b)(3); 246.7(b); Immunization Screening and Referral in WIC

**Policy:** Local agencies must provide program applicants and participants information on health and social service programs to meet individual and federal requirements and document those referrals.

**Purpose:** To promote the health and well-being of WIC participants by ensuring awareness of and referral to available resources.

## **Procedures**

- Establish consistent procedures for making and documenting referrals.
- Assess and determine the necessity of sending referrals.
- Discuss referrals with participants or parent/guardians, who retain the right to decline them.

# Medical referrals for High Risk participants

Local agency staff must provide health care referrals for participants who meet criteria for high risk conditions and who do not have health care or lack a health care provider who is aware of and/or following their high risk condition.

- Refer to:
  - Exhibit 6A: High Risk and Medical Referral Criteria
  - Section 6.6: High Risk Individual Nutrition Care Plans
  - Exhibit 5-Y: Request for Medical Follow Up, for a sample referral form
- Document the following items. The documentation should be in the participant record and/or on the scanned correspondence with the Health Care Provider and show:
  - That a written referral was made and to whom or the reason a referral was deemed unnecessary or declined by the participant
  - Contents of the medical referral if not scanned into the participant record
  - Goals specific to the high risk condition
  - Plans for follow-up
  - Response from the medical provider, if any

#### SECTION 5.7: REFERRALS

- Follow-up must be provided to assess outcome of the referral and the need for further counseling, referral, and follow-up.
  - The timeframe for follow-up must be based on the participant's risk condition and urgency of the issue, such as a low hemoglobin or weight loss during pregnancy.
  - Participants may not automatically be given tri-monthly benefits.
- Send referrals directly to the medical provider rather than requesting that participants take them to the provider. The participant may also be given a copy if requested.

## Drug and harmful substance abuse referrals

- Maintain a list of current and local resources for drug and other harmful substance abuse counseling and treatment.
- Provide resources to each family at their first certification, as well as whenever appropriate.
   Document that the resources were provided in the Information System.
- Refer to <u>Section 6.4: Drug and Harmful Substance Use Education</u> for nutrition education guidance.

## Medical Assistance referrals

Local agencies must provide to all adult participants and parents/caregivers of infant and child participants written information about Medical Assistance and make referrals if a participant might be eligible and is not enrolled in the program.

- This includes participants who have other insurance coverage, but would also be eligible for Medical Assistance.
- Document in the participant record that Medical Assistance information was provided when applicable.

# Immunization and blood lead testing referrals

Local agencies must screen for (at a minimum, ask about) the current immunization and blood lead testing status of infants and children. Refer to <u>Section 5.3.3: Health and Nutrition Information</u>.

- If a child's immunization status is not current, refer to immunization program(s). Document the referral in the Information System. If the family declines an immunization referral, note that in the participant record.
- If a child's blood lead testing is not current, refer to blood lead testing program(s).

  Document the referral in the Information System. If the family declines a blood lead test referral, document that in the participant record.

# Referrals to other community resources

Local agencies must maintain a current list (at a minimum, phone numbers) of local community resources for health services, social services, and food assistance programs. Referrals, with adequate contact information, should be made to these programs when there is an identified need or upon participant request.

Document referrals to other community resources in the Information System.

## Child abuse or child endangerment reporting

Local agencies must follow local agency policies and procedures for reporting and documenting of child abuse or child endangerment identified by WIC staff. Child abuse or child endangerment reports initiated by WIC staff do not need to be discussed with or accepted by the child's parent/guardian. Also see <u>Section 1.7: Data Privacy</u>.

## Release of information required for some referrals

- A Release of Information consent form signed by the participant:
  - Is required if the local agency is sharing the participant's name and/or personal information with any person or entity outside of the WIC program. Refer to <u>Section 1.7:</u> <u>Data Privacy</u>.
  - Is not required when WIC staff give participants information about community resources or programs that the participant may then choose to contact on his/her own initiative.

## **Guidance**

1. To be most useful to participants, the resource list should include other written information about the various programs (e.g., addresses, brief descriptions). Review resource lists annually to ensure that contact information is still current.

The list of local resources should include but is not limited to:

- Health programs
  - MNsure Minnesota's health insurance coverage marketplace
  - Free or sliding fee medical clinics
  - Child and Teen Checkup Program
  - Immunization Program
  - Lead Screening
  - Early Childhood Screening Program
  - Head Start
  - Family Planning services

#### SECTION 5.7: REFERRALS

- HIV testing services
- Postpartum Depression support services
- Mental health services
- Dental clinics that accept Medical Assistance
- Food programs: SNAP, EFNEP, food shelves, and other emergency food programs
- Housing
  - Housing Assistance Programs
  - Homeless Shelters
  - Battered Women's Shelters
- Human Services
  - Social services
  - Crisis Nurseries
  - Child Abuse Counseling centers
- Unemployment offices
- 2. Local agencies can obtain program brochures from their local county health and social service offices.
- 3. Local agencies should establish a process to facilitate referrals within and between programs.

# **Reference – Complete Listing of Hyperlinks**

<u>Immunization Screening and Referral in WIC (https://www.fns.usda.gov/wic/immunization-screening-referral)</u>

### Exhibit 6A: Minnesota WIC Program High Risk and Medical Referral Criteria

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex6/6a.pdf)

### Section 6.6: High-Risk Individual Care Plans

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sct n6\_6.pdf)

#### Exhibit 5-Y: Request for Medical Follow Up

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex5/5y.pdf)

### Section 6.4: Drug and Harmful Substance Abuse Education

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sct n6 4.pdf)

### SECTION 5.7: REFERRALS

### Section 5.3.3: Health and Nutrition Information

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sct n5\_3\_3.pdf)

### Section 1.7: Data Privacy

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch1/sct  $n1_7.pdf$ )

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