

## **SD-WIC Policy**

## **Service Coordination and Outreach**

### **6.0 Service Coordination and Outreach**

#### **6.03 Referrals**

**PURPOSE:** Referring Program applicants, participants and designated proxies to other health, welfare and social services helps to meet the additional needs of participants and assists in improving health and/or achieving positive health outcomes. The referral process also informs applicants who are ineligible for the WIC Program of other programs and services that may benefit them.<sup>i</sup>

#### **POLICY**

**Referrals are required. Clinics will provide program applicants and participants with information on health-related and public assistance programs. Referral activities include:**

1. Provide and document, in SD WIC-IT, the delivery of relevant, updated and accurate referral information to health and social services based on the nutrition assessment for each participant and document appropriate follow-up referrals.<sup>ii iii</sup>
2. Provide written information when referring participants to the Medicaid Program.<sup>iv</sup> Medicaid referrals to be made to all adults and authorized persons who are
  - Uninsured/Underinsured
  - Potentially eligible for Medicaid, but who are not currently enrolled in the Medicaid program.
3. Provide information about other nutrition assistance programs and services to assist participants when a WIC Program waiting list has been established and/or to improve food security.<sup>vi</sup> Applicants ineligible for WIC shall be provided with information about other potential sources of nutrition assistance. Examples of other nutrition assistance programs and services include:
  - a. WIC Farmers Market Nutrition Program (FMNP)
  - b. Supplemental Nutrition Assistance Program (SNAP)/Food Distribution Program on Indian Reservations (Cheyenne River, Crow Creek, Lower Brule, Oglala Sioux, Rosebud, Sisseton-Wahpeton Oyate and Yankton Sioux) and other FNS nutrition programs
  - c. Commodity Supplemental Food Program (CSFP)<sup>vii</sup>
  - d. Food pantries, soup kitchens, human services, and other emergency feeding programs
  - e. Other health and human services programs
4. If, during a visit to the clinic, it is determined that a client may benefit from health or community services not provided by the clinic, staff shall provide specific referral information to clients related to their individual needs. Utilize the referral section of SDWIC-IT to provide referral information to clients and documentation of the referrals. Refer participants, as appropriate, to other resources and community organizations, including, but not limited to:
  - a. Child Protective Services (CPS)<sup>viii</sup>
  - b. Domestic violence programs
  - c. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services<sup>ix</sup>
  - d. Expanded Food and Nutrition Education Program (EFNEP)
  - e. Family Planning

- f. Early Head Start (EHS) and Head Start (HS)
- g. HIV testing services and treatment programs
  - All women should be encouraged to know their HIV status and will be referred to a South Dakota HIV testing site, if a HIV test is not completed during routine prenatal care.
- h. Homeless shelters
- i. Immunization providers <sup>x</sup>
- j. Oral health services
- k. Internal referrals (RD, Peer Counselors)
- l. Lactation support
- m. Lead screening for children
  - At time of enrollment, ask if the child has had a blood lead screening
  - If not, the CPA should ask the following questions to determine if a referral is necessary:
    - Does your child live in or regularly visit a house built before 1978?
    - Is there peeling or chipping paint in the home?
    - If yes, encourage the authorized person to contact the child's health care provider to obtain such a test
    - If child has had a test, the authorized person can self-declare what the level of the test was.
    - If the blood level was elevated, the child is determined to be at nutrition risk.
- n. Maternal and Child Health (MCH) programs including Baby Care and Home Visiting
- o. Children's Health Insurance Program (CHIP)
- p. Temporary Assistance for Needy Families (TANF)
- q. Supplemental Nutrition Program (SNAP)
- r. Medicaid
- s. Food pantries
- t. Drug and other harmful substance abuse counselling and treatment programs <sup>v</sup>

5. Establish a system to facilitate referrals within and between agencies
6. Refer and transfer participant to other WIC local agencies when there is a disruption of WIC services <sup>xi</sup>
7. At initial certification, when a client transfers into the clinic and thereafter as appropriate, each adult client or authorized person shall be advised in writing, through an accurate referral list, of the types of health and community services available, where they are located, how they may be obtained and why they may be useful.
  - a. A listing of local resources needs to be maintained in SDWIC-IT. If the community does not have a required resource locally (see below), the resource located in the nearest community must be included.
  - b. A listing of local resources, from SD WIC-IT, shall be printed and provided to participant
    - i. The notes area on the referral section in SDWIC-IT should include information about the services provided. Ex: Immunizations, homeless shelter, lead screening, etc., as well as any other pertinent information the

clinic wants listed on the printed referral list. (Name, address, phone number and notes will print on the referral list.)

- c. A listing of local resources, from SD WIC-IT, shall be printed and available in the waiting area of the clinic.
  - d. At a minimum, the following should be included in SDWIC-IT and on the printed SD WIC-IT referral list:
    - South Dakota Department of Social Services Programs including
      - Child Protective Services
      - Children's Health Insurance Program (CHIP)
      - Temporary Assistance for Needy Families (TANF)
      - Medicaid Program
      - Supplemental Nutrition Assistance Program
    - South Dakota Department of Human Services Programs
    - South Dakota Department of Health including
      - Family Planning
      - HIV testing services and treatment programs
      - Registered Dietitians
      - Peer Counselors
      - Maternal and Child Health Bureau programs including Baby Care, Home visiting
    - Oral Health Services
    - Immunization providers
    - Early Head Start and Head Start
    - Domestic Violence Program
    - Homeless Shelter
    - Early and Periodic Screening, Diagnosis, and Treatment services (Birth to 3)
    - Expanded Food and Nutrition Education Program (County Extension Services)
    - Lactation Support
    - Lead Screening for children (medical provider/physicians)
    - Food Distribution Program on Indian Reservations (Cheyenne River, Crow Creek, Lower Brule, Oglala Sioux, Rosebud, Sisseton-Wahpeton Oyate and Yankton Sioux), food pantries, soup kitchens, human services, and other emergency feeding programs
    - Drug and other harmful substance abuse counseling and treatment programs.<sup>i</sup>
    - Affordable care act
  - e. 6.03A Resource Referral List is provided as a reference resource. This document outlines recommended and required referrals within SD WIC-IT, a summary of the services provided and information on how to obtain contact information for local offices. Recommended referrals are in black. Required referrals are in red. Do not use this as the agency's printed referral list. This is for agency reference purposes only. The local clinic may include additional community resources in SD WIC-IT.
8. Clinics shall ensure that nutritional high risk clients are identified and scheduled/referred for the appropriate nutrition care according to Policy 5.03 Required Services for Nutritional High Risk Clients.
  9. If referrals are made directly to the referral agency, the clinic must obtain a signed Release of Health Information. The Release of Health Information form shall specify which clinic is to have the information and what information is to be released. The Release of Health

Information must be scanned into SDWIC-IT in the client's record for documentation purposes.

10. The Central Office will conduct quality assurance activities that include, but not limited to:
  - Referral activities (including follow-up), as well as documentation, to ensure that applicants and participants receive accurate resource and referral information that is relevant to their individual needs.
  - Review of the printed referral/resource list to ensure that information is accurate and up to date.

#### **GUIDANCE**

- Referrals may be made directly by contacting the referral agency or indirectly, by providing written information to the clients of services that are available and providing information on how to obtain them.

#### **References:**

**FNS Instructions 800-1**  
**Federal Regulations 246.6 (b) (3), 246.7 (a), (b)(1)-(3), (j)(4)**  
**Nutrition Services Standards, U.S. Department of Agriculture, Food and Nutrition Services, October 2001, August 2013**  
**P.A. #298, 1975**

#### **Cross-Reference:**

**1.09 Confidentiality**  
**5.03 Required Services for Nutritional High Risk Clients**  
**1.07 Child Abuse Reporting**  
**6.03A Resource Referral List Template**

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- i 7 CFR 246.7(b)(1) and (3)
  - ii 7 CFR 246.7(e)
  - iii U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2006-5, VENA WIC Nutrition Assessment Policy
  - iv 7 CFR 246.7(b)(1)
  - v 7 CFR 246.7(a)
  - vi 7 CFR 246.7(b)(3)
  - vii U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2000-5, Collaboration Between WIC and CSFP State and Local Agencies
  - viii 7 CFR 246.26(d)(3)
  - ix 7 CFR 246.7(b)(1)
  - x U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2001-7, Immunization Screening and Referral in WIC
  - xi 7 CFR 246.5(e) (3) (i)