

General Volume
Management Section

Participant Referrals (1.01800)

ER# 1.01800

Authority 2018 7 CFR 246.7(a), 246.7(b)(1), 246.7(b)(3), 246.6(b)(5), Policy Memo #2001-7, Policy Memo #2001-1, and WIC Local Agency Nutrition Services Scope of Work

Issued 1/81

Revised 10/18

POLICY: At each certification and mid-certification assessment (MCA), the local agency (LA) shall provide to all applicants and participants, or their designated proxies, information on other health-related and public assistance programs and, when appropriate, shall refer applicants and participants to such programs. The LA should follow up with participants on referrals made during the last certification period.

The LA shall provide a current list of local resources for drug and other harmful substance abuse counseling and treatment to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children applying for or participating in the program.

The LA shall provide written information or brochures about the [MO HealthNet](#) program.

The LA shall review a documented immunization record to determine the status of each infant and child and refer to the Bureau of Immunizations as needed. All WIC staff shall complete an [ASAP](#) form for access to the ShowMeVax registry. Non-local health departments shall initiate a Memorandum of Agreement (MOA) with immunization providers if an agreement is not already in place and attach to the Local Agency Plan (LAP).

At each child certification, the parent or caretaker must be asked if the child has had a blood lead screening or lead test as determined appropriate for age and risk factors. If the child has not had a screening or test, a referral must be made to a program(s) where a lead screening or test can be performed.

The nondiscrimination statement is required for all participant referral materials.

The LA shall develop written agreements with health care providers and health care organizations in their service area for referral acceptance and service provision.

PROCEDURES:

- A. Maintain and make available a current list of state and local resources for:
 - 1. Drug and substance abuse treatment programs.

- a. Drug and substance abuse resources are available from the Missouri Department of Health and Senior Services (DHSS) warehouse.
 2. Other DHSS programs and/or community resources.
 - a. Medical services
 - b. Dental health services
 - c. Special Health Care Needs
 - d. Newborn Screening program
 - e. Homeless and abuse shelter(s)
 3. Other health services offered at the LA.
 - a. Immunizations
 - b. Lead screening
 - c. Family planning
 4. Other sources of food assistance.
 - a. Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps)
 - b. Area food pantries
 5. Free Registered Dietitian (RD) services to refer participants to for medical nutrition therapy.
 - a. If free RD services are not available in the area/community, document this fact, review and update annually, and retain on file at the LA.
 6. Provide written information about [MO HealthNet](#).
 - a. The LA shall refer all WIC program applicants to [MO HealthNet](#) who are not currently participating but appear to be below the maximum income limits provided by the state agency.
 - i. Include the referral of infants and children for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.
 - ii. Include the referral of pregnant women to determine presumptive eligibility for [MO HealthNet](#).
- B. Local agencies shall, at a minimum, assess all WIC-eligible infants and children for immunization status at certification and MCA visits by reviewing the documented immunization record. The immunization schedule can be found on the DHSS's [immunization](#) web site.
1. The agency shall not refuse WIC services to any infant or child who does not have an immunization record.
 2. Screening of immunization records shall be done by the health professional or the clerical staff.

3. An immunization screening shall consist of the following:
 - a. Reviewing the record in the ShowMeVax immunization database. If there is no immunization record in ShowMeVax or if the participant has immunization records that are not entered into ShowMeVax, submit the participant's record to the immunization nurse or fax the record to the Bureau of Immunizations (FAX: 573-526-0238) for entry into ShowMeVax.
 - b. Reviewing an infant's/child's paper immunization record from the health care provider.
4. Immunization education and referral information should be provided at birth. Screening for immunizations in infants is required by 2 months of age.

Note:

- a. Some infants may receive a Hepatitis B immunization soon after birth. This will vary depending on the healthcare provider.
 - b. A documented immunization record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent's hand-held immunization record (from the health care provider or ShowMeVax), an immunization registry, an automated data system, or a client's chart (paper copy). Screening for immunization status using documented immunization records allows WIC to conduct more accurate immunization screenings for referral.
5. When an infant or child is not adequately immunized, the agency:
 - a. Shall provide a brochure/flyer with information on the recommended immunization schedule appropriate to the current age of the infant/child.
 - b. Shall provide referral for immunization services, ideally to the child's usual source of medical care. If the referral is not to the usual source of medical care, it should be specific and should include the address, phone number, and hours of operation of the health care provider.
 - c. May offer immunizations on-site, if available.
6. The agency must document the immunization status in MOWINS by selecting one of the following options:
 - a. "Up to date"
 - b. "Not up to date"

Note:

- i. For those infants who may have received a Hepatitis B immunization soon after birth, document that immunization as "Up to date" in MOWINS.

- ii. If a signed Medical Immunization Exemption form or Parent/Guardian Immunization Exemption form is presented, scan the document in MOWINS and document as “Not up to date”.
 7. When the participant record is not up to date, the participant will be encouraged to bring the record during the next appointment through the regular reminder process the LA uses for other WIC appointments.
 8. Appropriate information regarding specific childhood preventable diseases, the benefits of immunization, and the Centers for Disease Control and Prevention (CDC’s) recommended schedules for vaccinations for infants and children shall be provided to each parent, guardian, or proxy of a WIC participant, by WIC and/or the immunization staff according to the established policy at the local agency.
 9. WIC allowable cost for immunization screening and referral services:
 - a. Personnel costs for screening and referrals may be charged to WIC. This can include personnel time for making appointments. Personnel costs for providing the immunization shall not be charged to WIC.
 - b. Immunization supply costs shall not be charged to WIC.
 10. The LA shall provide all new staff with the immunization training **within 60 days** of the date of hire or rehire. The LA must also train all staff **annually** using the state provided training materials. Refer to [ER# 1.01550](#) for LA training documentation requirements.
- C. At each child certification, the parent or guardian must be asked if the child has had a blood lead screening or lead test as determined appropriate for age and risk factors.
1. The health professional or the clerical staff may do a verbal assessment of blood lead test.
 - a. Children who have not had a blood lead screening or test must be referred to a testing program, based on recommendations issued by the Missouri Department of Health and Senior Services, available at <http://health.mo.gov/living/environment/lead/guidelines.php>.
 - b. Refer the child with an elevated blood lead level as defined in [ER# 2.03500](#). Referral data must be documented when risk factor 211 is assigned.
 - c. WIC allowable cost for lead screening and referral services:
 - i. Allowable personnel time includes staff time to provide information about lead poisoning prevention to WIC participants, develop an appropriate care plan for children identified as having elevated blood lead levels, provide nutrition education and counseling, and make health care referrals.
 - ii. If blood is drawn and tested for WIC eligibility and lead screening at the same time, WIC and the lead screening program must each pay its fair share of the total cost.

- iii. WIC's share of the total cost will not exceed the amount it would pay if it conducted the hematological test for anemia for WIC eligibility separately.
- D. Written agreements shall be developed with health care providers and health care organizations in the LA's service area for referral services (i.e., types of services offered, types of clients served, fees, etc.). The agreement can be with the administrative agency, not just the WIC program. However, if it is not feasible to develop a written agreement with each health care provider/organization in the service area, the LA must have a written protocol describing how the LA has contacted the providers to ensure the LA can refer WIC participants to them.
- E. Document all referrals in MOWINS.