

Health Care Referrals

- I. Referrals represent an integral component of the WIC Program. The following types of referrals must be provided:
 - a. Local agencies shall maintain and make available for distribution to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children applying for and participating in the Program a list of local resources for drug and other harmful substance abuse counseling and treatment.
 - b. State and local agencies shall provide WIC Program applicants and participants with information on other health-related and public assistance programs, and when appropriate, shall refer applicants and participants to such programs.
 - c. The local agency shall, in turn, provide to adult individuals applying for or reapplying for the WIC Program for themselves or on behalf of others, written information about the Medicaid Program. The state agency will provide annually to each local agency materials showing the maximum income limits according to the family size, applicable to pregnant women, infants and children up to age 5 under the Medicaid program.
 - d. At least during the initial certification visit, each participant shall be advised of the types of health services available, where they are located, how they may be obtained and why they may be useful.
- II. In VISION, click on the Education/Care branch to find the panels “Referrals-Family” and “Referrals-Participant”. Enter referrals here as appropriate.
- III. Tobacco Cessation Referral.
 - a. Nutrition education will include information on drug abuse and other harmful substances. Local agencies must provide drug and other harmful substance abuse information to all pregnant, postpartum and breastfeeding women and to parents or caretakers of infants and children participating in the WIC program.
 - b. The purpose of this policy is to identify women who currently use tobacco (smoking or vaping) as well as others that use tobacco in the home who express interest in receiving information and assistance to quit.
 - c. Any participant who identifies themselves or anyone in the household as currently using tobacco during a certification appointment will be asked if they are interested in receiving help in quitting or helping the person in their household quit.
 - i. If the answer is “No”:

1. Document this response in the participant's care plan or comment screen of the computer system.
 2. Check the "Currently Smokes" box in the Blood panel if appropriate.
 3. If the participant uses tobacco, including vaping, indicate that in the participant's care plan or comment screen of the computer system.
 4. Provide general education and distribute materials on the Utah Tobacco Quit Line (1.800.QUIT.NOW) and waytoquit.org.
 5. Repeat the same question again during each subsequent certification appointment thereafter and at any other time the behavior is being discussed.
 6. Update answers in the "Life Style" tab under the Nutrition Interview as appropriate
- ii. If the answer is "Yes":
1. Enter the Tobacco Cessation Program referral in the "Referrals – Participant" panel and select the appropriate Tobacco Cessation program.
 2. Either the paper form needs to be faxed to the Utah Tobacco Quit Line or the electronic Utah Tobacco Quit Line provider referral form needs to be completed within the same business day.
 - a. The facsimile Utah Tobacco Quit Line provider referral form can be found at:
https://wtq.wpenginepowered.com/wp-content/uploads/2021/10/Utah_Provider_Fax_Referral-FY22.pdf
 - b. The electronic Utah Tobacco Quit Line provider referral can be found at:
<https://utah.quitlogix.org/en-US/Health-Professionals/Make-a-Referral>
 3. Check the "Currently Smokes" box in the Blood panel if appropriate.
 4. If the participant uses tobacco, including vaping, indicate that in the participant's care plan or comment screen of the computer system.
 5. For any participant that is referred for tobacco cessation services document this like all other referrals. Provide applicable education based on the assignment of risk factor 371 which refers to maternal smoking (see Nutrition Risk Manual) or risk factor 904 which refers to environmental tobacco smoke exposure (see Nutrition Risk Manual).

- d. On an annual basis, information must be provided to all levels of WIC staff about the harms of tobacco use and second-hand smoke, as well as cessation services and any new research findings in these areas.

IV. Immunization Screening and Referral.

- a. When scheduling participants for a certification appointment, remind the parent/guardian to bring in their immunization card as part of health screening process.
- b. Explain to the parent that WIC is making sure children are up to date on immunizations, but that immunization records are not required to obtain WIC benefits.
- c. At each certification visit for children under age 2, screen the infant/child's immunization status using the Utah yellow Immunization Record or other written or printed immunization history.
- d. Screen the infant/child's immunization status by counting the number of doses of DTaP they have received. Documentation as to the number of DTaP doses will be made in the computer system.
- e. Use the following table for screening:

Age of participant	Minimum # of DTaP
3 months	1 dose of DTaP
5 months	2 doses of DTaP
7 months	3 doses of DTaP
19 months	4 doses of DTaP

- f. If the infant/child is under-immunized:
 - i. Provide information on the recommended immunization schedule, and refer the participant to their primary medical provider.
- g. The Immunizations (USIIS) Release of Information Form must be read by the endorser and an electronic signature captured when immunization records obtained during the WIC appointment are to be shared with or input into USIIS.

- i. This release is valid for all family members and does not need to be repeated at subsequent certifications, but may be revoked at any time by the endorser.
 - ii. The release form states that the Utah Statewide Immunization Information System has been explained and the endorser agrees to have their child's immunization information entered into the statewide immunization registry and shared with other primary health care providers, as well as public health officials.
 - iii. The electronic signature capture for the USIIS Release form is completed within the Referrals- Family screen.
 - iv. If the USIIS Release of Information was signed by the endorser, all immunization cards or other immunization records from a physician's office can be copied and given to either nursing staff or other appropriate personnel at the local health department for entry into USIIS or another local immunization tracking system.
 - v. If the endorser refuses to sign the release, then document this and continue with the certification process.
- h. Refusal to sign for the USIIS Release, failure to provide immunizations records, or not being current on immunizations cannot be a barrier to certification and WIC benefits may not be withheld.
- i. If an immunization record is not provided to the WIC clinic:
- i. Provide a reminder list of what to bring at the next visit to the participant. Include a reminder to bring in a written immunization history.

V. Lead Screening and Referrals

- a. WIC agencies must assess the history of lead testing for each infant >9 months of age or child upon enrollment to the Utah WIC program. This is not required for women participants.
- b. Only one screening is required for each participant >9 months (includes out of state VOC infants and children).
- c. CPAs must inquire whether the infant or child has received a blood lead level test.
 - i. If yes, the CPA must inquire whether the parent or caregiver knows the result of the individual's blood lead level (BLL) test. Proof of a BLL test is not required.
 - ii. If no, the CPA must refer to a health care provider for lead screening.
 - iii. Documentation of these answers are required in the VISION Blood screen under Lead Level Measurement.

- iv. If education regarding lead or lead screening is needed and provided, the education topic and handout must be marked in the Nutrition Education screen in VISION.
- d. WIC staff must make a referral to the infant or child's health care provider for lead screening if the:
 - i. Infant or child has never received a blood lead level test.
 - ii. Child had an elevated BLL 12 months prior and has had no interim follow-up screening.
 - iii. Child is suspected by a parent or a health care provider to be at risk for lead exposure.
 - iv. Child has a sibling or frequent playmate with an elevated BLL.
 - v. Participant is a recent immigrant, refugee, or foreign adoptee.
 - vi. Breastfeeding or lactating woman, parent, or child's principal caregiver works professionally or recreationally with lead.
 - vii. Family has a household member who uses traditional, folk, or ethnic remedies; cosmetics; or who routinely eats unregulated/uninspected food imported from abroad.
 - viii. Family has been identified at increased risk for lead exposure by the health department because the family has local risk factors for lead exposure.