Healthcare Referrals

I. Providing referrals is a key component of WIC program services. It connects participants with additional resources and support beyond what WIC directly provides. Referrals help address participants' broader health, nutritional, and social needs by linking them to services such as healthcare providers, dental care, mental health counseling, housing assistance, childcare programs, and other community resources.

II. Drug and other harmful substance abuse information must be provided to WIC participants when certified on the WIC program.

    a. 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.
        i. Other harmful substances means other substances such as tobacco, prescription drugs and over-the-counter medications that can be harmful to the health of the WIC population, especially the pregnant woman and her fetus.
        ii. Participants who do not currently use drug or other harmful substances should be encouraged to continue to avoid them.

III. The following types of referrals should be made whenever needed.

    a. Health-related and public assistance programs.
        i. 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.

    b. Medicaid (if uninsured or underinsured).
        i. 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, 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.

IV. Document referrals in VISION.

    a. Document any referrals provided to the participant in the “Referrals-Family” or “Referrals-Participant” screen. These are found under the “Education and Care” branch in VISION.

V. Tobacco Cessation Referral.

a. Any participant who identifies themselves or anyone in their 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. Check the “Currently Smokes” box in the Blood screen if appropriate.
        2. Answer all questions regarding nicotine and tobacco use in the Nutrition Interview.
        3. Provide general education and materials on the Utah Tobacco Quit Line (1.800.QUIT.NOW) and waytoquit.org.
        4. Repeat the same question again during each certification appointment and at any other time the behavior is being discussed.
    ii. If the answer is “Yes”:
        1. Check the “Currently Smokes” box in the Blood screen if appropriate.
        2. Answer all questions regarding nicotine and tobacco use in the Nutrition Interview.
        3. Enter the Tobacco Cessation Program referral in the “Referrals–Participant” or “Referrals-Family” screen.
        4. 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 Utah Tobacco Quit Line provider referral facsimile form can be found at: ~~https://wtq.wpenginepowered.com/wp-content/uploads/2021/10/Utah_Provider_Fax_Referral-FY22.pdf~~ https://utah.quitlogix.org/getattachment/0705ac10-52a5-4cf9-aace-ad20eec47148/Utah_Provider_Fax_Referral.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

VI. Immunization Screening and Referral.

a. When scheduling certification appointments for children under the age of 2 years old, advise parents and caretakers of infant and child WIC applicants that immunization records are requested or reviewed as part of

the WIC certification and health screening process. Explain to the parent or caretaker the importance that WIC places on making sure that children are up to date on immunizations, but assure applicants that immunization records are not required to obtain WIC benefits.

b. At each certification visit for children under age 2 years old, screen the infant or child's immunization status using a parent's hand-held immunization record (from the provider), an immunization registry (i.e., USIIS), an automated data system, or a client chart (paper copy).

c. At a minimum, screen the infant or child's immunization status by counting the number of doses of DTaP (diphtheria and tetanus toxoids and acellular pertussis) vaccine they have received in relation to their age. Document this in the Nutrition Interview (Immunizations tab).

d. 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

e. If the infant or child is under-immunized:
    i. Provide information on the recommended immunization schedule, and refer the participant to their primary medical provider.

f. 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 (USIIS) 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 healthcare 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, document this and continue with the certification process.

g. 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.

h. If an immunization record is not provided, encourage the participant to bring it with them to their next WIC appointment.

VII. 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. To assess the history of lead testing, CPAs must ask whether the infant or child has received a blood lead level test.
i. If yes, the CPA must ask 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 healthcare 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 healthcare 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 healthcare 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 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.