

Staff Tool: Referrals



Referrals

This tool lists high level policy requirements for making and documenting referrals and information about how to document in Cascades. Please review <u>Volume 1, Chapter 12 – Referrals</u> for more information and details.

- 1. Offer referrals at each certification (Initial, Subsequent, and Complete Assessment for PE participants), Mid-Certification Health Assessment, and when a participant or applicant is ineligible for WIC.
 - Staff are encouraged to make and document referrals at any time during the eligibility period.
- 2. Assess for the following **mandated referrals** and refer as appropriate.
 - Social and Health Services refer all participants to public assistance and health related programs using the following options:
 - **Help Me Grow WA Network: 1-800-322-2588**: The Help Me Grow WA Network meets the federal regulation to assure all participants have information about social services, public assistance and health related programs.
 - **Local Referral List**: List of current local health-related and public assistance programs in the area.
 - **Medicaid** refer participants and families who aren't currently on Medicaid and appear eligible.
 - Immunizations refer infants and children to age 24 months who aren't up-to-date. Select "Immunization Status" on the Health Information screen and enter the infant's or child's immunization status as follows.
 - **Unknown:** the caregiver didn't bring the immunization record or staff can't determine if the child is up-to-date.
 - Up-to-date: the child is up-to-date with immunizations.
 - o Not up-to-date: the child isn't up-to-date with immunizations. This includes when the family chooses not to immunize.
 - Lead testing refer all children who haven't received a blood lead test to the health care provider for testing.
 - Alcohol and drug abuse counseling and treatment refer when appropriate.

At a minimum a participant would have a referral to the Help Me Grow WA Network, if no other referrals apply or are needed.

For example, if staff assess for the mandated referrals and the participant is on Medicaid (or wouldn't be eligible), is current with immunizations (to 24 months of age), has been tested for lead, and doesn't need drug/alcohol treatment information, the only referral staff must document is the Help Me Grow WA Network referral line or a local referral list.

3. Make additional referrals as appropriate by sharing a local referral line phone number, provide verbal or written referrals to programs or services, or provide a community resource handout (local referral list).



Staff Tool: Referrals



- 4. Document all participant referrals in Cascades on the **Referral Program** in the **Care Plan** Quick Link.
 - Document mandated referrals and any additional general referrals made. See full list of Cascades referrals below.
 - See the following pages for more information about documenting in Cascades.

General referrals available in Cascades		
Alcohol and Drug Counseling	Immunizations	
Breastfeeding Peer Counselor	Lead testing	
• Dentist	Local referral list	
Domestic Violence	Medicaid	
• FDPIR	Medical Provider	
Food bank	• MSS	
Head Start	• Other*	
Help Me Grow WA Network	• SNAP	
Homeless shelter	• TANF	

* Select "Other" when referring to a program or service not entered in Cascades.
 Staff have the option to edit the referral to document the specific referral made.

5. It's best practice and recommended to follow-up on referrals to assess outcomes and document in Cascades. See <u>page 4</u> for an example.

This institution is an equal opportunity provider. Washington WIC doesn't discriminate.

To request this document in another format, call 1-800-841-1410. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email <u>WIC@doh.wa.gov</u>.



ວີເປ





Cascades referrals

- Document all participant referrals on the **Referral Program** screen in the **Care Plan** Quick Link.
 - Cascades has <u>mandated referrals</u> and general referrals. Referrals are to <u>types</u> of health care providers (medical provider, dentist), programs (Medicaid, MSS, Head Start), and organizations or services (food bank, homeless shelter, etc.).
 - We use a generic address of 100 Main Street for each WIC clinic's ZIP code.
- The **Referral Program** screen is for <u>documenting only</u>. Referrals don't forward electronically to the referral organization.
 - Staff can print the **Referral Notification Form** and add information for the participant to take to the organization if needed.

Steps	Cascades Screen	
 Access all Cascades referrals Program Name = All Refer Close to = Clinic 	REFERRAL Family Family Di: F2000000220 123 STATE STREET COLFAX, WA 99111	
 Search Type = ZIP Code View only System suggested = Uncheck Use other search criteria as appropriate. 	v Referral Search Image: Conse To Search Type Al Image: Conse To Search Type Outgoing Referral Service View only System suggested Search Outgoing Referral Service View only System suggested Image: Conse Total Rems: 17 Total Rems: 17	
 Select the referral Press the next to the referral 	Image: Second context of the second	
 Select family members being referred Select All to refer all family members Select Individual(s) when the referral only applies to some family members Press OK 	All family members referred to Medicaid NHANT REFERRAL C HILD REFERRAL	
 Save the referral(s) Selected referrals go into the Referred Individual(s) container Press Save 	Referred Individual(s) Individual Name Organization Name X DirANT REFERSAL Other Heip Ne Grow WA Network X DirANT REFERSAL Doctor (MO) Medical Provider X DirANT REFERSAL Doctor (MO) Medical Provider X DirANT REFERSAL Doctor (MO) Medical A X DirANT REFERSAL Immunization Immunization X DirANT REFERSAL Save Cancel	





Steps	Casca	ades Screen
Referral History		
 All saved referrals appear in the Referral History container Optional Referral Notification form: Print the form and fill out additional information for the participant to take to the provider or service as needed Edit or delete referrals: Use the × to delete Use the pencil icon to edit 	Individual Name Voltication Date Provider Name X NFANT REFERRAL 02/01/2021 Immunization Referre X NFANT REFERRAL 02/01/2021 Medicaid Referre X INFANT REFERRAL 02/01/2021 Medicaid Referre X INFANT REFERRAL 02/01/2021 Help Me Grow WA Network Referre X INFANT REFERRAL 02/01/2021 Hedicaid Provider Referre	ed Referral Notification Form ed Referral Notification Form
 Edit referrals Use the icon to edit the referral Optional/Recommended - Edit the referral to document: Information about required referrals, for example if the family already has resources or isn't interested. For example: Has Resources: Family is eligible for Medicaid but has medical insurance Not Interested: Infant or child not up-to-date on immunizations, but the family doesn't immunize "Other" – list the specific referral Follow-up to referrals at future appointments 	Examples of recommendations of the second se	Notification Date Referral Result Referral Refused Reason 02/01/2021 Kept Image: Comments Comments Image: Comments Image: Comments M Image: Comments Image: Comments M Image: Comments Image: Comments M Image: Comments Image: Comments Image: Comments Image: Comments