



Referrals

This tool lists high level policy requirements for making and documenting referrals and information about how to document in Cascades. Please review Volume 1, Chapter 12 – Referrals 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.
 - **Help Me Grow WA Network: 1-800-322-2588 refer all participants** to assure they have access to information about important resources for the family.
 - 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.
 - o **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.
 - 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 four mandated referrals and finds the participant is on Medicaid (or wouldn't be eligible), is current with immunizations (to 24 months of age), and doesn't need drug/alcohol treatment information, the only referral staff must document is the Help Me Grow WA Network referral line.

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).





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

General referrals available in Cascades	
Breastfeeding Peer Counselor	 Local referral list
• Dentist	Medical Provider
Domestic Violence	• MSS
• FDPIR	• Other*
Food bank	• SNAP
Head Start	• TANF
Homeless shelter	

- * 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 page 4 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>.



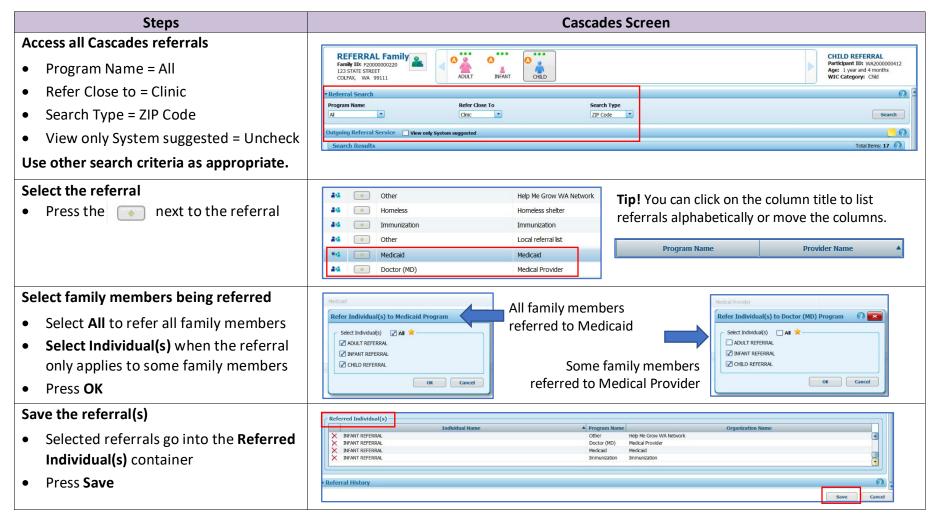






Cascades referrals

- 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.).
 - o 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.



Referrals – February 2021





Cascades Screen Steps **Referral History** • All saved referrals appear in the **Referral History** container Total Items: 11 Individual Name ▼ Notification Date • Optional Referral Notification form: INFANT REFERRAL 02/01/2021 INFANT REFERRAL 02/01/2021 Referred Print the form and fill out additional Help Me Grow WA Network information for the participant to take INFANT REFERRAL 02/01/2021 Referred Medical Provide to the provider or service as needed Edit or delete referrals: Use the to delete Use the pencil icon to edit **Edit referrals Examples of recommended Referral Follow-up** Use the icon to edit the referral Required Referral – Has resources **General Referral - Follow-up at future appt** Optional/Recommended - Edit the referral to document: Referral Follow-up Referral Follow-up Information about required Notification Date Referral Result Referral Refused Reason Referral Refused Reason Notification Date

- 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

