Maine Center for Disease Control and Prevention
WIC Nutrition Program

Effective: October 1, 2012 Policy No. NS-5
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Nutrition Services Referrals

Authority

7CFR §246.4(a)(6); (7); (8) and (19); §246.7 (b)

WIC Policy Memorandum #2001-7, Immunization Screening and Referral, August 30, 2001

Policy

1. Local Agency staff shall provide and document the delivery of relevant, updated and accurate referral information to health and social services based on the nutrition assessment for each participant and document appropriate follow-up on referrals.
2. Local Agencies shall have referral materials for community service providers available for distribution to participants as needed.
3. Referral materials shall include substance abuse providers within the coverage area.

Procedure

1. Local Agencies are required to coordinate services with and train staff in referral practices including but not limited to the following:
    - 1.1. Food and Nutrition Service (FNS) programs such as Supplemental Nutrition Assistance Program (SNAP) and the Summer Food Service Program
    - 1.2. Health and Human Services (HHS) programs such as Temporary Assistance for Needy Families (TANF) and Head Start/Early Head Start
    - 1.3. MaineCare
    - 1.4. Family Planning
    - 1.5. Prenatal care
    - 1.6. Immunization and lead screening
    - 1.7. Dental services
    - 1.8. Health care providers
    - 1.9. Rural/Migrant health centers
    - 1.10. Children with special health care needs
    - 1.11. Expanded Food and Nutrition Education Program (EFNEP)/University of Maine Cooperative Extension

1.12. Other food assistance programs (e.g., local food pantries, general assistance, etc.)

1.13. Breastfeeding promotion and support

1.14. Child Protective Services

1.15. Child abuse counseling

1.16. Homeless facilities

1.17. Substance abuse programs

1.18. Maine Families

1.19. Local Healthy Maine Partnership programs

1.20. 211

2. Referrals shall be made based on needs identified during participant/family appointments.

3. Local Agencies shall use the following referral methods to other health and social service programs:

3.1. State agency developed referral forms

3.2. Telephone call to referring agency

3.3. Verbal referral to participants (primary method of referral

3.4. Written literature on referral program(s)

3.5. Staff follow-up for monitoring

3.6. Maintaining list of local resources for drug and other harmful substance abuse counseling

4. All Program applicants and participants shall be provided a list of local resources for drug and other harmful substance abuse counseling and treatment at initial certification and all recertifications.

4.1. Resources shall also be provided in all situations of authorized representative changes.

5. Individual participant referrals to health care providers, social service and community programs shall be documented in the participant electronic record.

6. Staff shall follow up on referrals given at the next appointment. Additional referrals shall be provided if the first referral did not meet the need(s) of the individual or family.

6. Local Agency program managers and State Agency staff monitor referrals and follow-up during routine file reviews to assure compliance with Federal WIC regulations.

7. When the State Agency has assessed an agency to have reached maximum caseload, staff must make referrals to food banks, food pantries, soup kitchens or other emergency meal

providers, SNAP, or the Emergency Food Assistance Program. The State agency will oversee this referral process.

8. The WIC program shall coordinate services with MaineCare as follows:

   8.1 The Maine WIC certification process includes informing the applicant of the coordination of medical formula/supplement requests for elemental, metabolic and/or tube feeding formulas with MaineCare and the Children with Special Health Needs Program. This information is located with the participant rights and responsibilities in the WIC ID folder (see Appendix CE-1-A).

   8.2 Prescription requests for elemental, metabolic and/or tube feeding medical formula/foods received by MaineCare for children 0-5 years are automatically referred to WIC. Once approved for issuance, MaineCare will pay for these medical formula/foods needed by the participant if the medical formula/food is approved for coverage by that program.

9. The WIC program shall collaborate with the Children with Special Health Needs Program as follows:

   9.1 The Children with Special Health Needs program is designed to help families who have a child with a chronic, long term disease or condition that needs subspecialty physician treatment and whose condition can be improved by such treatment.

   9.2 A diagnosis does not automatically qualify a child for services.

   9.3 The program will pre-authorize payment for formula or special medical foods under certain specific conditions. Staff should call the Children with Special Health Needs Program at 207-287-5139 or 1-800-698-3624 x5139 to discuss a referral.

10. The State Agency oversees Local Agency compliance that all children and infants ≥ six (6) months of age are screened for immunizations as follows:

    10.1 When scheduling WIC certification appointments for children and infants ≥ six (6) months of age, advise parents and caretakers of child and infant WIC applicants that immunization records are requested as part of the WIC certification and health screening process.

    10.2 WIC staff must explain to the parent/caretaker the importance that WIC places on making sure that children and infants ≥ six (6) months of age are up to date on immunizations, but that immunization records are not required to obtain WIC food benefits.

    10.3 At initial certification, subsequent certification and mid-certification assessment visits for children and infants ≥ six (6) months of age, immunization status should

be screened using a documented record until all recommended doses of DTaP (diphtheria, tetanus toxoids and acellular pertussis) are administered.

10.4 At a minimum, the infant/child's immunization status should be assessed by counting the number of doses of DTaP vaccine they have received in relation to their age, according to the following schedule:

10.4.1 By three (3) months of age, the infant/child should have at least one (1) dose of DTaP.

10.4.2 By five (5) months of age, the infant/child should have at least two (2) doses of DTaP.

10.4.3 By seven (7) months of age, the infant/child should have at least three (3) doses of DTaP.

10.4.4 By nineteen (19) months of age, the infant/child should have at least four (4) doses of DTaP.

10.5 If the infant/child is under-immunized, WIC program staff must:

10.5.1 Provide information on the recommended immunization schedule appropriate to the current age of the infant/child

10.5.2 Provide referral for immunization services, ideally to the child's usual source of medical care.

10.5.3 If a documented immunization record is not provided by the parent/caretaker, staff may obtain the record from the ImmPACT registry, or:

10.5.3.1 Provide information on the recommended immunization schedule appropriate to the current age of the infant/child

10.5.3.2 Provide referral for immunization services, ideally to the child's usual source of medical care

10.5.3.3 Encourage the parent/caretaker to bring the immunization record to the next certification visit.

10.6 Immunization status and follow-up must be documented in the participant electronic record.

11. *The Early Periodic Screening, Diagnosis, and Treatment* (EPSDT) program requires that children receive lead screening at twelve (12) and twenty-four (24) months. WIC staff shall address this at appointments around the ages of twelve (12) and twenty-four (24) months as well as at enrollment for any children older than twenty-four (24) months. See Policy CE-3 Nutrition Risk Determination for more information.

12. The local agency conducts a systematic review of referral activities, including follow-up and documentation, to ensure that applicants and participants receive accurate resource and referral information that is relevant to their individual needs. This review shall be completed, at a minimum, on an annual basis.

13. The local agency shall annually review referral/resource lists to ensure that information is accurate and up to date.