

## 10.03 WIC/EPSDT Program Referral

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### **POLICY:**

The purpose of this policy is to outline the procedure for providing referrals between the West Virginia WIC Program and the West Virginia Maternal and Child Health Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and to prevent the duplication of the hemoglobin test for the child participating in both programs.

### **PROCEDURE:**

#### **A. Referrals from the EPSDT Program to WIC**

The WIC Program will receive referrals from the EPSDT Program with the use of the **Partners in Growing Healthy Kids Referral Form (OR-19)**.

1. The WIC Local Agency will:
  - < Include the local WIC clinic address and telephone number on the referral forms;
  - < Distribute the referral forms to each EPSDT provider in the Local Agency service area;
  - < Accept the completed referral from the WIC applicant/participant;
  - < Enter the hemoglobin or hematocrit reading and date performed into the **STORC Health Surveillance Screen** if it was taken less than sixty (60) days prior to the WIC certification appointment; and
  - < Assist the State Agency, as requested, with data gathering for referral feedback to the EPSDT Program.
2. The EPSDT Program will:
  - < Provide current lists of EPSDT providers and addresses for distribution to the WIC Local Agencies;
  - < Complete the referral form, including the hemoglobin or hematocrit reading and date performed, and give it to the applicant to take to the WIC clinic; and
  - < Make periodic requests to the State Agency for feedback on the WIC referrals given.

#### **B. Referrals from WIC to the EPSDT Program**

The EPSDT Program will receive referrals from the WIC Program with the use of the **WIC Program Referral Form (WIC-35)**.

1. The WIC Local Agency will:

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- < During each certification appointment, question the parent/guardian of the WIC applicant/participant with a Medical Card about their child's medical provider and the date of the most recent visit to the physician. The date of the most recent physician visit will be documented in the **STORC Health Surveillance Screen**. The source of medical care will be documented on the top of the child's **Growth Chart (WIC-43, WIC-44, WIC-45, or WIC-46)**;
  - < Complete the referral form when the child does not have a medical provider. Include the most recent hemoglobin value on the referral, if obtained. Direct the referral to the EPSDT Program. A parent/guardian signature is not required for referral to the EPSDT Program;
  - < Mail the completed referral form to the State Agency Outreach Coordinator. The State Agency Outreach Coordinator will send the referral to the State EPSDT Program; and
  - < Document the referral to EPSDT on the **STORC Demographic Screen**.
2. The EPSDT Program will:
- < Contact the participant to inform, enroll and schedule them with a provider should health care services be accepted;
  - < Accept the completed referral from the WIC Program and use the WIC participant information included according to EPSDT policy; and
  - < Restrict the use or disclosure of the WIC participant information as stipulated in the Agreement between the West Virginia Department of Health and Human Resources Office of Maternal and Child Health, Bureau for Medical Services and Office of Nutrition Services (see **Policy 10.02, Coordination of Program Services**).