

## C3.2 – REFERRALS AND FOLLOW-UP

### Purpose

The purpose of this policy is to describe the Iowa HHS process for ensuring compliance (including SRs and service sites) for providing all Title X services identified as core FP services in the QFP either on-site, by prescription, or by referral. When required services are to be provided by referral, the SR and service site must establish formal arrangements with a referral agency for the provision of services and reimbursement of costs, as appropriate.

### Policy

All SRs will have processes for effective referrals to relevant social and medical services not available on-site such as childcare agencies, transportation providers, and Women, Infant and Children (WIC) programs. (Optimally signed written collaborative agreements.) The relevant agencies may also include emergency care, HIV/AIDS care and treatment, infertility, other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services supported by other federal programs. If SRs and/or service sites do not offer comprehensive primary health services on-site, it must have a robust referral linkage with primary health providers in order to promote holistic health and provide seamless care.

### Procedure

SRs must have written policies/procedures for documentation of and follow-up on referrals that are made as a result of client history, abnormal physical examination or laboratory test findings. These policies must be sensitive to clients' concerns for confidentiality and privacy.

For services determined to be necessary but which are beyond the scope of Title X, clients must be referred to other Clinical Services Providers for care. When a client is referred for non-FP or emergency clinical care, the agency must:

1. Make arrangements for the provision of pertinent client information to the referral Clinical Services Provider. The agency will obtain client's consent to such arrangements, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality.
2. Advise the client on their responsibility in complying with the referral.
3. Counsel the client on the importance of such referral and the agreed upon method of follow-up.

Efforts may be made to aid the client in identifying potential resources for reimbursement of the referral clinical services provider, but Title X is not responsible for the cost of this care. The SR will maintain a current list of providers, local health and human services departments, hospitals, voluntary agencies, and health services to be used for referral purposes. Whenever possible, clients should be given a choice of clinical services providers from which to select.

<b>Date Revised</b>	<b>September 2023</b>
References	<p>Title X Program Handbook, Section 3, Provision of High Quality Family Planning Services</p> <p>(<a href="https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf">https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf</a>)</p>
Additional Resources	<p>Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014]</p> <p>(<a href="https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html">https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</a>)</p>