

## **Providing Access to Health Services**

### **Policy**

The Program shall serve as an adjunct to good health care during critical times of growth and development, in order to prevent the occurrence of health problems, including drug and other harmful substance abuse, and to improve the health status of these persons.

(b) Provisions of agreement. The agreement between the State agency and each local agency shall ensure that the local agency-

(3) Makes available appropriate health services to participants and informs applicants of the health services which are available;

(5) Has a plan for continued efforts to make health services available to participants at the clinic or through written agreements with health care providers when health services are provided through referral.

(d) Health and human service agencies. When a health agency and a human service agency comprise the local agency, both agencies shall together meet all the requirements of this part and shall enter into a written agreement which outlines all Program responsibilities of each agency. The agreement shall be approved by the State agency during the application process and shall be on file at both the State and local agency. No Program funds shall be used to reimburse the health agency for the health services provided. However, costs of certification borne by the health agency may be reimbursed.

(e) Health or human service agencies and private physicians. When a health or human service agency and private physician(s) comprise the local agency, all parties shall together meet all of the requirements of this part and shall enter into a written agreement which outlines the inter-related Program responsibilities between the physician(s) and the local agency. The agreement shall be approved by the State agency during the application process and shall be on file at both agencies. The local agency shall advise the State agency on its application of the name(s) and address(es) of the private physician(s) participating and obtain State agency approval of the written agreement. A competent professional authority on the staff of the health or human service agency shall be responsible for the certification of participants. No Program funds shall be used to reimburse the private physician(s) for the health services provided. However, costs of certification data provided by the physician(s) may be reimbursed.

(f) Outreach/Certification In Hospitals. The State agency shall ensure that each local agency operating the program within a hospital and/or that has a cooperative arrangement with a hospital:

(1) Advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services; and

(2) To the extent feasible, provides an opportunity for individuals who may be eligible to be certified within the hospital for participation in the WIC Program.

(2) State agencies shall provide WIC services at community and migrant health centers, Indian Health Services facilities, and other federally health care supported facilities established in medically underserved areas to the extent feasible.

## Authority

7CFR Part 246.1 *excerpt*

7 CFR Part 246.6(b)(3,5)

7 CFR Part 246.6(d-f)(1-2)

7 CFR Part 246.7(b)(2)

## Procedures

All agencies should refer participants to hawk-i or Medicaid as outlined in the Referrals to Medicaid and hawk-i policy.

As an adjunct to the health care system, the WIC Program provides program participants with an opportunity to obtain comprehensive health services through integrated clinics or referrals to other agencies, programs, or providers. Each WIC agency must make arrangements to provide health services to participants.

- If the WIC agency is a health agency, then
  - refer participants to appropriate programs or services within the local agency or the community and document in the data system.
- If the WIC agency is not a health agency, then
  - coordinate WIC services with local Child Health and Maternal Health services,
  - complete written referral agreements with other agencies, organizations, or private providers as needed, and
  - document in the data system.

Note: A combination of arrangements may be necessary, based on the availability of Child Health and Maternal Health services in each county.

WIC agencies are expected to coordinate services with Maternal Health and Child & Adolescent Health services, immunizations, lead screening, I-Smile, and other health services for women, infants and children regardless of funding source. The decision to integrate clinic services should

be based on community needs assessment and availability of providers.

Coordinated clinics are held in many counties in the state. In some counties, one agency holds the contracts for multiple programs. In other counties, different agencies administer the programs. In the latter situation, memorandums of understanding are required to ensure coordination of services.