

Documenting Referrals in Crossroads

Referrals are a required component of a WIC nutrition care plan. Based on the nutrition assessment, the CPA should refer each participant to appropriate health and social services. This referral should be documented in Crossroads, as well as later follow-up on the referral.

Documenting referrals in Crossroads occurs on the **Referral Program** screen.

Referral Search Container Default Settings:

- **View only System suggested** box is checked
- **Program name** = All
- **Refer Close to** = Home
- **Search Type** = Proximity
- **Miles** = 5

Referral Search

Program Name: All | Refer Close To: Home | Search Type: Proximity | Miles: 5

Outgoing Referral Service: View only System suggested

Program Name	Provider Name	Contact Person	Miles
Status Message: No results found.			

Recommended Search Criteria

Scenario 1: To view ALL Referral Programs for the Current County

- UNCHECK the **View only System suggested** box
- **Program name** = All
- **Refer Close to** = Other
- **Search Type** = County
- **County** = (user default)

Referral Search

Program Name: All | Refer Close To: Other | Search Type: County | County: EDGECOMBE

Outgoing Referral Service: View only System suggested

Recommended Search Criteria

Scenario 2: To view a Specific Program in Another County

- UNCHECK the **View only System suggested** box
- **Program name** = (user choice)
- **Refer Close to** = Other
- **Search Type** = County
- **County** = (user choice)

Referral Search

Program Name: Pediatrician | Refer Close To: Other | Search Type: County | County: WILSON

Outgoing Referral Service: View only System suggested

Program Name	Provider Name	Contact Person	Provider Address
Pediatrician	Eastern Carolina Pediatrics		1702 Medical Park Dr. WILSON 27893

Refer Individuals to program

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Completing the Referral

1. In the Search Results container, select the green PLUS sign.

The **Refer Individual(s)** container will pop up.

NOTE: Selecting the green PLUS sign does **not** communicate with the referral agency. A form must be printed and contact made by the participant, as described below.

	Program Name	Provider Name	Contact Person	Provider Address
<input type="checkbox"/>	Medicaid	Edgecombe County DSS-Main Office		122 E. James Street TARBORO 27886
<input type="checkbox"/>		Edgecombe County DSS-Rocky Mount Office		301 South Fairview Road ROCKY MOUNT 2

2. Select the ALL box, or check off the individuals to refer.
3. Select **OK**.

You will be returned to the **Referral Search** screen.

4. Scroll down to the **Referred Individuals Container**. The individual(s) you selected will now be in this container.
5. Review the name(s) in the container.
6. Use the **red X** to delete if needed.
7. Select **Save**.

The individual(s) name(s) will populate in the **Referral History** container.

Individual Name	Program Name	Organization Name
X Amanda Alaska	Medicaid	Edgecombe County DSS-Main Office

Individual Name	Notification Date	Provider Name	Result	Refused Reason

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Printing a Referral Notification Form

1. Select the Referral Notification Form button in the **Referral History** container to print a referral form for the participant's reference and use.

The referral form auto-populates:

- Referral provider name
- Participant
- Parent/Guardian
- Date
- Birth Date
- Address

There are spaces/lines to write in (manually, after printing):

- Organization phone number
- Reason for referral
- Measurement Date
- Height/weight
- Hgb

NOTE: Selecting the green PLUS sign in the Referral Search container of the Referral Screen does **not** communicate with the referral agency. This form must be printed and contact made by the participant.

	Individual Name	Notification Date	Provider Name	Result	Refused Reason	
		Amanda Alaska	02/11/2016	Smoking Cessation Prograr	Referred	Not interested

Total Items: 3

Referral Notification Form

Save Cancel

NC WIC PROGRAM REFERRAL FORM

To (Agency/Physician): Edgecombe County DSS-Main Office Date: 2/25/2016__

Organization Phone: _____

Participant: Alaska Amanda Birth Date: 5/6/1990__

Parent/Guardian: Alaska Amanda Phone: ()-

Address: 145 Arctic Way _____

Reason for Referral: _____

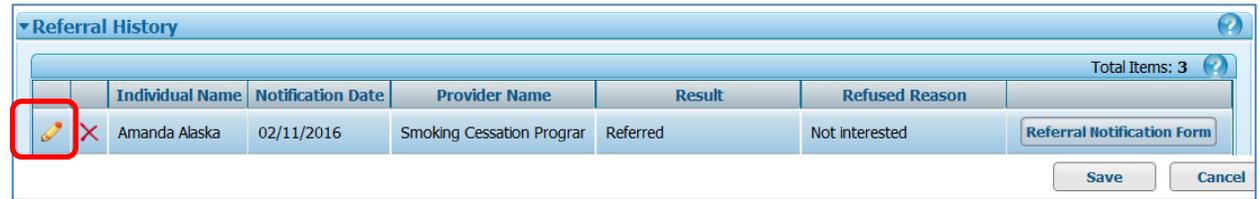
Measurement Date: _____ Ht: _____ Wt: _____

Print Cancel

Documenting Referrals in Crossroads

Following up on Referrals at a Later Visit

Select the **pencil** in the **Referral History** container to access the **Referral Follow-Up** screen.



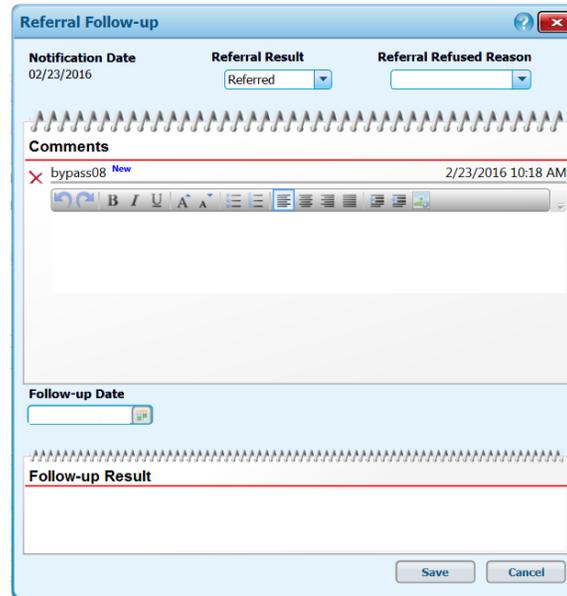
	Individual Name	Notification Date	Provider Name	Result	Refused Reason	
	Amanda Alaska	02/11/2016	Smoking Cessation Prograr	Referred	Not interested	Referral Notification Form

Total Items: 3

Save Cancel

On the **Referral Follow-up** screen, the local user can record:

1. The referral result. Results include:
 - Referred (default)
 - Kept
 - Not kept
2. A refused reason, if any. Refused reasons include:
 - Financial barrier
 - Lack of child care
 - Lack of support
 - Not interested
 - Transportation issues
3. Comments.
4. Follow up date.
5. Follow up results.



Referral Follow-up

Notification Date: 02/23/2016

Referral Result: Referred

Referral Refused Reason: [Empty]

Comments

by pass08 New 2/23/2016 10:18 AM

Follow-up Date: [Empty]

Follow-up Result

Save Cancel