
Purpose

Describe models and options for coordinated service delivery

A. Coordination of WIC services with other health and social services is encouraged and desirable.

1. Coordination reduces barriers to care caused by fragmentation of services.
2. Coordination reduces costs and duplication of services.

B. Options and models for coordinating services should be explored and implemented to the fullest degree feasible in a local agency's service area. Possible options and models include:

1. Co-location

- a. WIC clinic sites could be located in the same building or neighborhood as services such as immunizations, prenatal care, well child care, family planning, social services, counselling services, food pantries, CSFP, or Head Start.
- b. At a minimum, schedule hours/days of WIC services to coincide with other key services provided in a neighborhood or community whenever feasible.

For example, if immunizations are offered in a town on the third Tuesday of each month, preferably, a WIC clinic day should also be scheduled that day. Or negotiate a day/time with the immunization staff that is workable for both programs.

- c. If space costs are being shared with another program, guidance on cost allocation may be found in Volume V Section E, of the Nebraska WIC Procedure Manual.

2. Use of medical data from other providers

- a. Medical data used in determining eligibility of a WIC applicant may be provided by a competent professional authority not on the staff of the local agency. Data must be less than 60 days old at time of certification and reflect the applicant's current category.

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- b. Applicant's may bring the documented data with them, signed and dated by their health care providers, or the WIC staff may contact the provider, if the applicant agrees to the release of information. See Volume I Section J.
3. Joint application forms and shared data systems may be considered only after consultation with and approval from the State WIC Office. Federal guidance in this area is specific and detailed, to assure that WIC Program confidentiality requirements are met.
 4. Cooperative agreements regarding shared staff, referral protocols, shared services/equipment/supplies, and other related aspects of service delivery
 - a. See Cost Allocation, Volume V Section E.
 - b. Consult with State WIC staff regarding confidentiality and other issues during the development of such agreements.
 - c. Routine release of WIC participant information to other programs for purposes of outreach by these programs can only be done through interagency agreements signed by the State Director of Health, in accordance with 246.26(d)(2). See Volume I Section J.
 5. WIC representation in community-based planning groups is highly desirable. Such groups may include:
 - a. Interagency coordinating groups for implementation of PL99-457 requirements (services to children with special health care needs)
 - b. Breastfeeding promotion coalitions
 - c. Hunger task forces
 - d. Shelter or homeless networks
 - e. Groups addressing pediatric and prenatal health care needs, including those dealing with special populations (minorities, adolescents, migrant workers, rural families, etc.)
 - f. Other groups working on important issues related to WIC service delivery in the agency's service area.
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