



2.5 AVAILABILITY AND USE OF REFERRALS

POLICY:

A Title X project must provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, to promote access to services and provide a seamless continuum of care. (42 CFR § 59.5(b)(8))

If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of acceptable and effective medically approved family planning methods and services. Title X service sites that cannot provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested. 42 CFR § 59.5(a)(1)

PROCEDURE:

Subrecipient and service sites must develop and implement plans to coordinate with and refer clients to other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.

See Policy 2.10 Pregnancy Diagnosis and Counseling for procedures for pregnancy referral options.

Service sites must have evidence of a process for effective referrals to relevant agencies including emergency care, HIV/AIDS care and treatment agencies, infertility specialists, and chronic care management providers, and providers of other medical services not provided on-site (optimally signed, collaborative agreements)

Service sites will ensure that the client can choose health care providers and service agencies when possible. A referral information list of local health providers, hospitals, health and social service agencies is maintained, reviewed and revised as necessary.

Service sites should provide a written referral or formal clinical documentation to a medical or social service site for the client when applicable. This information should include reason for the referral, copies of applicable records and test results. Efforts should be made to facilitate the referral and, when appropriate, to obtain follow-up information to support continuity of care. Follow-up recommendations from the referral agency are included in the ND FFP SFN 08624 form but are not a required element of the patient medical record.

[https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Family%20Planning/Grantees/Forms/Referral For Family Planning Related Medical and Social Services.pdf](https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Family%20Planning/Grantees/Forms/Referral%20For%20Family%20Planning%20Related%20Medical%20and%20Social%20Services.pdf)



Referrals for conditions that are not urgent or life-threatening require written documentation in the chart noting that the client is aware of the need for follow-up.

Referrals for non-required services (including but not limited to such services as colposcopy, HIV testing, hypertension evaluation) or for complications resulting from procedures or medications provided by the program are the client's financial responsibility. It is recommended that the service site help the client identify available financial resources.

If a client refuses a recommendation for further medical/social care, a Refusal to Accept Referral/Recommended Follow-up form should be completed.

https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Family%20Planning/Grantees/Fo rms/Rufusal_to_Accept_Referral_Recommended_Follow-up.pdf

The refusal should be clearly documented in the medical record if the discussion occurs over the phone.

Examples of medical referrals may include, but are not limited to:

- Medical problems or preventative health services beyond the scope of the agency
- Problems noted at the time of the history taking, physical exam, or laboratory testing
- Problems arising because of contraceptive method
- Positive or suspicious cervical cytology
- Hemoglobinopathies (e.g., sickle cell)
- Positive tuberculin tests
- Prenatal care, including further testing and counseling
- Sexual dysfunction and human sexuality counseling
- Infertility work-up and/or therapy of an extensive nature
- Clients or partners of clients requesting information about and/or procedure for sterilization, if that service is not available on site
- Clients request additional referrals to other providers
- Social services and social casework not appropriately handled by project personnel
- Linkage to care for individuals living with HIV or Hepatitis
- PrEP and PEP community providers
- Natural family planning counseling

Subrecipient and service site referral resource list must be comprehensive, including pregnancy options, medical services and social services.

Oversight of subrecipients/service sites compliance will be monitored by QA components of the Policy Manual and annual submission of resource lists to state office.



RESOURCES:

ND FPP policy 2.4 Availability of Social Services

ND FPP policy 2.10 Pregnancy Diagnosis and Counseling

Establishing and Providing Effective Referrals for Clients: A Toolkit for Family Planning Providers | Reproductive Health National Training Center (rhntc.org)

Subrecipient Reporting Schedule

<https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Family%20Planning/Grantees/References/Subrecipient%20Reporting%20Schedule%208.2024.pdf>

RHNTC Resource List template [rhntc_local_resources_list_3-12-2025.docx](#)