



State Health Care Delivery Policies Promoting Lead Screening and Treatment for Children and Pregnant Women (5.21.18)



Acronym Key

ACO - Accountable Care Organization	LPP - Lead Prevention Program
ASO - Administrative Services Organization	MCO - Managed Care Organization
BLL - Blood lead level	P4P - Pay for Performance
CHIP - Children’s Health Insurance Program	PCCM – Primary Care Case Management
DSRIP - Delivery System Reform Incentive Payment	PCP - Primary Care Provider
EBLL - Elevated blood lead level	PIP - Performance Improvement Project
EPSDT - Early and Periodic Screening, Diagnostic and Treatment	SHD - State Health Department
EQRO - External Quality Review Organization	SIM - State Innovation Model
HEDIS - The Healthcare Effectiveness Data and Information Set	SPA - State Plan Amendment
HMO - Health Maintenance Organization	WIC - Special Supplemental Nutrition Program for Women, Infants, and Children
HSI - Health Services Initiative	

The Centers for Medicare & Medicaid Services [require](#) blood lead tests for all children with Medicaid coverage at ages 12 months and 24 months. In addition, any child between ages 24 and 72 months with no record of a previous blood lead test must receive one.

Information not specific to Medicaid or CHIP is identified in [orange](#).

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
Alabama					Risk assessment for children with Medicaid starting at 9 months ¹ CHIP covers 3 screenings from 6 months to 6 years	-Mandatory reporting of blood lead test results to SHD -Home visits and case management -Medicaid will reimburse care coordination and environmental investigation for children with EBLL ²
Alaska					Universal ³ risk assessment recommended for all children under 18 years ⁴	-Mandatory reporting of blood lead test results to SHD ⁵ -Follow-up investigations for children and adults with EBLL ⁶
Arizona					Testing required for all children at risk. Risk assessment required for other children. ⁷	
Arkansas					Universal testing required ⁸	

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
California	Medi-Cal claims and encounter data		MCO contracts require lead screening and documentation ⁹		Testing required for all children at risk ^{10,11} Lead poisoning prevention counseling at every periodic health visit from ages 6–72 months	Case management provided to children with EBLL (Medicaid reimburses) ^{12,13}
Colorado					Testing recommended for at risk-children ¹⁴	Joint state and federal coalition ¹⁵
Connecticut		ASO performance bonus ¹⁶		Testing and treatment are covered services for children and pregnant women	Universal screening required ^{17,18}	-Mandatory reporting of blood lead test results to SHD ¹⁹ -Medicaid and CHIP medical ASO uses a file from SHD to contact children with EBLL ²⁰ -ASO provides lead information to pregnant members
Delaware	MCOs report on lead screening HEDIS measure ²¹				Universal testing required ²²	-Blood lead screening must be performed for pre-K or kindergarten entry ²³ -Mandatory reporting of blood lead test results to SHD, registry Risk assessment, case management for children with EBLL ²⁴ -Home assessment required for children with lead poisoning if home built prior to 1978 ²⁵
Florida	MCO performance metric ²⁶		MCO PIP (2016) ²⁷			
Georgia	MCO performance metric ²⁸	MCO performance on metric informs quality based auto-assignment (2016)			Universal testing recommended, especially for children at high risk ²⁹	

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
Hawaii					Universal risk assessment recommended ³⁰	Targeted home assessment for children with EBLL ^{31,32}
Idaho						Targeted home assessment for children with EBLL (billable under Medicaid) ³³
Illinois*		PCCM bonus payment (2016) ³⁴			Testing required for children at high risk. Risk assessment required for other children. ³⁵	-Mandatory reporting of blood lead test results to SHD. -Lead screening documentation requirement for kindergarten entry ³⁶
Indiana	MCO performance metric based on HEDIS	HEDIS performance metric tied to incentive payments (2018)	MCOs receive monthly information from SDH registry showing lead test results for their members	CHIP coverage for abatement ³⁷	An additional test required at the 6-month visit for high-risk children in Medicaid ³⁸	Mandatory reporting of blood lead test results to SDH
Iowa	Reports as part of the Child Quality Measures set		MCO PIP (2016) ³⁹		Universal testing required ⁴⁰	-Lead screening documentation required for kindergarten entry ⁴¹ -Data-sharing agreement between SHD and Medicaid allows lead test status to be reviewed when routine health services are accessed ⁴²
Kansas					Universal testing recommended ⁴³	
Kentucky	Required HEDIS measure reporting for MCOs ⁴⁴				Testing required for all children at risk ⁴⁵	
Louisiana	HEDIS measure calculated by Medicaid using claims data ⁴⁶	See endnote ⁴⁷	Documentation of mandatory lead screening, included in EQRO reports ⁴⁸		-Universal testing required ⁴⁹ -An additional risk assessment is required at 6 months for Medicaid ⁵⁰	-Mandatory reporting of blood lead test results to LPP ⁵¹ -Case management, including environmental inspection, for EBLL (Medicaid will reimburse) ⁵²

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
Maine		PCP incentive payment ⁵³			Universal testing required unless risk assessment result is negative ⁵⁴	
Maryland	MCO value-based purchasing measure ⁵⁵		MCO PIP; Medicaid partners with Dept. of Environment to distribute lead registry information to MCOs monthly instead of quarterly ⁵⁶	CHIP coverage for abatement ⁵⁷	Universal testing required ⁵⁸	Mandatory reporting of blood lead test results to lead registry ⁵⁹
Massachusetts	Required HEDIS measure reporting for MCOs		MCOs are required to follow the EPSDT schedule		-Universal testing required ⁶⁰ -EPSDT: Testing required between 9-12 months, 2 years, 3 years, 4 years if a child is at geographic risk, and at kindergarten entry if not screened before ⁶¹	-Mandatory reporting of blood test results to SHD ⁶² -SHD public reporting of lead screening and prevalence by community ⁶³
Michigan	SIM metric ⁶⁴ MCO performance measure ⁶⁵	MCO incentive (2016) ⁶⁶ Auto-assignment algorithm (2012) ⁶⁷		CHIP coverage for abatement in Flint and other areas in Michigan ⁶⁸	-Testing required for children in WIC and CHIP ⁶⁹ -Testing or risk evaluation required for children in high-risk zip codes ⁷⁰	Pending court approval, children in Flint will receive lead exposure screening and assessments of cognitive development, memory, and learning. ⁷¹
Minnesota		MCO incentive (2011) ⁷² MCO initiatives ⁷³			Testing required for children with CHIP, in certain geographic areas, or determined to be at risk ⁷⁴	-Environmental investigation required for children with EBLL ⁷⁵ -Medicaid covers one-time, on-site home investigation ⁷⁶

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
Mississippi					Risk assessment required at each EPSDT visit beginning at 6 months to 6 years ⁷⁷	-Mandatory reporting of blood lead test results to LPP ⁷⁸ -Lead testing data maintained in the Systematic Tracking of Elevated Blood Lead Levels and Remediation (STELLAR) Database, supported by CDC ⁷⁹ -Lead screening rate included in legislatively-required 2017 Medicaid cost effectiveness study ⁸⁰
Missouri*		MCO performance withhold program ⁸¹	EQRO—special project on case management including EBLL (2015) ⁸² MCO PIP (2013) ⁸³		Testing required annually for all children in high-risk areas, risk assessment required for all other children ⁸⁴	-Mandatory reporting of blood lead test results to SHD ⁸⁵ -CHIP funds education about lead poisoning, testing, and case management services ⁸⁶ -Public Health System provides environmental investigations for children with EBLL ⁸⁷
Montana					-Medicaid covers screening for all, including pregnant women ⁸⁸ -CHIP covers screening for all	Mandatory reporting of blood lead tests to local public health officials; providers must report on the circumstances and nature of the exposure ⁸⁹
Nebraska	Required HEDIS measure reporting for MCOs ⁹⁰				-Testing required for all children at risk. Risk assessment for other children. ⁹¹ -Providers required to assess Medicaid children's risk starting at 6 months ⁹²	-Mandatory reporting of blood lead tests to SHD ⁹³ -Environmental investigations for children with EBLL (Medicaid covers) ⁹⁴

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
Nevada	-Performance tracked in quality assessment and performance improvement strategy (2015-16) ⁹⁵ -Required HEDIS measure reporting for MCOs 2010-15 ⁹⁶					Mandatory reporting of blood lead tests to SHD
New Hampshire*					Testing recommended for all children at high risk; risk assessment required for low-risk children between ages 1-2 years ⁹⁷	
New Jersey	HEDIS lead screening in children	Lead screening sanction if screening rates are below 80% ⁹⁸	MCO contracts require: lead case management program, monitoring providers' screening rates, outreach to caregivers of children who have not been screened, action plan for MCOs with low HEDIS lead screening rate ^{99,100}		Universal testing required ¹⁰¹	-Mandatory reporting of blood lead test to SHD ¹⁰² -Local health departments provide education, connection to medical care, and/or home inspection ¹⁰³
New Mexico	Requires HEDIS measure reporting for MCOs				Testing required for refugee children and other children at risk ^{104,105}	

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
New York*	-Lead testing included in quality strategy for Medicaid managed care ¹⁰⁶ -First 1,000 Days on Medicaid proposal includes lead screening PIP ¹⁰⁷	DSRIP P4P metric ¹⁰⁸			Universal testing required for all children; annual risk assessment required for all children; risk assessment required for pregnant women ¹⁰⁹	Mandatory reporting of blood lead test to SHD ¹¹⁰ Lead screening documentation required for preschool and child care providers ¹¹¹
North Carolina	Included in State Medicaid HEDIS Measures Dashboard ¹¹²				Testing required for children in CHIP, WIC, and refugee children ¹¹³	-Reporting required to SHD; state lab offers analysis at no charge ¹¹⁴ -Home investigation conducted by SHD (Medicaid will reimburse) ¹¹⁵ -If the residence has lead poisoning hazards, remediation is required ¹¹⁶
North Dakota					See endnote ¹¹⁷	
Ohio				CHIP coverage for abatement ¹¹⁸	Testing required for children at risk ¹¹⁹	-Lead-safe housing registry ¹²⁰ -Environmental investigation required for children with EBLL (Medicaid reimburses) ¹²¹
Oklahoma	EQRO report included lead screening HEDIS measure (2010) ¹²²	EPSDT incentive to PCPs that meet or exceed the compliance rate for well-child visits (2016) ¹²³			Universal risk assessment required for all children ¹²⁴	-Mandatory reporting of blood lead test results to LPP ¹²⁵ -Environmental inspection provided (Medicaid will reimburse) ¹²⁶ -SIM: Use case will be developed for lead reporting in the Health-e Oklahoma data system ¹²⁷
Oregon					Risk assessment required for Medicaid during each EPSDT exam beginning at 1 year ¹²⁸	-Mandatory reporting of all blood lead test results to SHD ¹²⁹ -Home environmental investigation (Medicaid will reimburse) and case management provided for children with EBLL ¹³⁰

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
Pennsylvania			CHIP MCO PIP ¹³¹ Medicaid MCO must cover environmental lead investigations ¹³²		Testing required for children in CHIP ¹³³	Quarterly memo for blood lead data exchange with SHD
Rhode Island*	-SIM-Aligned ACO Measure and Primary Care Measure ¹³⁴ -EQRO Report contains lead screening HEDIS measure (2013) ¹³⁵	MCO P4P Incentive Payment (2016)		Medicaid covers cost of replacement windows in residences of lead-poisoned children ¹³⁶	Universal testing required for all children ¹³⁷	-Mandatory reporting of blood lead test results to SHD ¹³⁸ -Lead screening documentation requirements for kindergarten, preschool, child care facilities ¹³⁹ -Foster care homes must be lead-safe or lead-free ¹⁴⁰ -Lead monitoring in school water ¹⁴¹ -Medicaid reimburses for case management, lead inspections ¹⁴²
South Carolina	Lead screening included in Medicaid performance reports (2012, 2014) ^{143,144}	MCO performance withhold (2012) ¹⁴⁵			See endnote ¹⁴⁶	-Mandatory reporting of blood lead test results to SHD ¹⁴⁷ -Environmental assessment offered for children with EBL ¹⁴⁸
South Dakota*						Medicaid covers case management by PCP and environmental investigation for children with EBL ¹⁴⁹
Tennessee	Required MCO reporting on HEDIS measure	P4P incentive payment ¹⁵⁰			Universal screening required by all providers ¹⁵¹	-Mandatory reporting of blood lead test results to SHD -SHD provides case management, follow-up, environmental investigations for children with EBL (by provider request) ¹⁵²

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
Texas			MCOs required to educate providers about Medicaid coverage for lead screening, follow-up testing, and environmental lead investigations ¹⁵³		Universal screening required for children in targeted areas with high lead risk ¹⁵⁴	-Mandatory reporting of blood lead test results to lead registry ¹⁵⁵ -Case management and home assessments provided for children with EBLL (Medicaid will reimburse) ¹⁵⁶
Utah*					Complete risk assessment for all Medicaid-eligible children ages 6 to 72 months at each EPSDT screening ¹⁵⁷	-Mandatory reporting of blood lead test results to SHD ¹⁵⁸ -Case management provided for children with EBLL ¹⁵⁹
Vermont					Universal testing required ¹⁶⁰	Mandatory reporting of blood lead test results to SHD ¹⁶¹
Virginia					Testing required for all children at risk ¹⁶²	-Mandatory reporting of blood lead test results to SHD ¹⁶³ -Medicaid covers environmental investigation for children with EBLL ¹⁶⁴
Washington					Universal risk assessment required. Testing recommended for children at risk ¹⁶⁵	
Washington, DC	Required HEDIS measure reporting for MCOs ¹⁶⁶				-Testing required for all children at risk ¹⁶⁷ -Annual letter to providers on DC and federal Medicaid requirements for lead screening ¹⁶⁸	
West Virginia*	MCO measure ¹⁶⁹					

State	Metrics	Incentives	Other MCO Guidance or Requirements	Medicaid/CHIP Eligibility and Coverage for Abatement	Provider Guidelines in Addition to Federal Medicaid Requirements	Other: Non-Medicaid Except When Noted (e.g., lead registry, reporting requirements, home assessment)
Wisconsin	Core reporting measure for Medicaid HMOs ¹⁷⁰		HMOs are required to meet national 75 th percentile (Quality Compass), or pay \$10,000 penalty			-Mandatory reporting of blood lead test results to LPP ¹⁷¹ -Medicaid covers an environmental inspection for children with EBLL ¹⁷² -WIC and Medicaid link blood lead testing data. Blood lead testing is conducted at WIC sites. ¹⁷³
Wyoming*						

*The information NASHP compiled about this state has not yet been confirmed by the state's Medicaid agency.

Not all information in the chart is current. Historical information is included in the chart for context with the year noted in parentheses.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UJ9MC31105 - Maternal and Child Environmental Health Collaborative Improvement and Innovation Network (CollIN) for \$849,999. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

¹ http://www.medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.2G_Apr2018/Apr18_A.pdf

² Home visits may include the taking of paint, dust, soil, water or other samples for laboratory analysis. Case management may include lead testing and follow-up for others in the household who are at risk for poisoning, and coordination of secondary preventive measures such as remediation or patient relocation.

<http://www.alabamapublichealth.gov/acldpp/index.html>; http://www.medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.2G_Apr2018/Apr18_A.pdf Medicaid will reimburse care coordination for children with BLL > 10 µg/dL, environmental investigation if BLL is > 15 µg/dL.

³ Universal denotes all children regardless of risk level and insurance type.

⁴ In addition to recommending health care providers to test all Medicaid-eligible children for lead exposure at ages 12 and 24 months, Alaska also recommends health care providers to assess all children aged <18 years. http://www.epi.alaska.gov/bulletins/docs/b2017_06.pdf. Educational materials encourage women who are of child bearing age, pregnant, or breastfeeding to talk to their providers if they have questions about lead exposure; however, there are no requirements. <http://dhss.alaska.gov/dph/Epi/eph/Pages/lead/default.aspx>

⁵ All health care providers and laboratories are required to report all BLLs to the Section of Epidemiology and include the patient's date of birth, sex, race, and community of residence, as well as the provider's name. Reporting of levels 5 µg/dL or higher in children aged <18 years and levels 10 µg/dL or higher for adults ≥18 years of age is required within 1 week of receiving the result. All other levels are required within 4 weeks of receiving the result. For occupational exposures, Occupational Safety and Health Administration requires follow-ups when BLLs exceed 40 µg/dL. <http://dhss.alaska.gov/dph/Epi/eph/Pages/lead/default.aspx>

⁶ Follow-up investigations are conducted for children with EBLL > 5 µg/dL and for adults with BLL > 25 µg/dL. <http://dhss.alaska.gov/dph/Epi/eph/Pages/lead/default.aspx>

⁷ The Arizona Medicaid policy change effective April 2015 required all children living in a high-risk zip code to have a blood lead test at 12 and 24 months of age. Children between 36 and 72 months of age are required to receive a screening blood lead test if they were not previously screened for lead poisoning. Children living outside targeted high-risk zip codes are

required to receive an individual risk assessment according to the Arizona Medicaid periodicity schedule (when the child is 6, 9, 12, 18, and 24 months of age and then annually through age 6 years), with appropriate follow-up action taken for those children deemed high-risk. 2018 Arizona Targeted Lead Screening Plan:

<http://azdhs.gov/documents/preparedness/epidemiology-disease-control/childhood-lead/2018-targeted-lead-screening-plan.pdf>.

⁸ Blood lead tests are required for all children at 12 months and again at 24 months of age, regardless of the child's risk assessment level. A screening blood test also is required for any Medicaid-eligible child 36 to 72 months of age who has not previously been screened for lead poisoning.

https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/Manuals/epsdt/EPSTDT_II.doc

⁹ MCO contracts require documentation of attempts to provide the screening, receipt of the test, or refusal in the beneficiary's medical record.

¹⁰ [AB 1316](#) (10/5/17) also changes the definition of "lead poisoning." Statutory mandates are administered by the California Department of Public Health.

¹¹ Universal screening and follow-up care for all Medi-Cal children. These recommendations align with AAP's Bright Futures. Title 17 California Code of Regulations, Section 37100 requires screening for all children receiving public assistance at 12 and 24 months, between 2 and 6 years if there is no record of a previous screening, and whenever a provider believes a child is at risk.

¹² California State Plan, Supplement 1g to Attach 3.1-A, <http://www.dhcs.ca.gov/formsandpubs/laws/Documents/StatePlan%20Supplement%201g%20to%20Attachment%203.1-A.pdf>

¹³ The California Department of Public Health is the primary agency for lead screening and treatment for children. The California Department of Health Care Service, which administers Medi-Cal, actively works with the California Department of Public Health to increase awareness and is currently amending the State Plan to increase the quality of care and expand access to services, in accordance with Centers for Disease Control and Prevention recommendations. See webpage, Childhood Lead Poisoning Prevention Branch,

<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/CLPPBhome.aspx>. For a list of California statutes related to lead poisoning prevention, see

<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/leg.aspx>.

¹⁴ <https://www.colorado.gov/pacific/cdphe/lead-health-professionals>

¹⁵ <https://www.colorado.gov/pacific/cdphe/lead-colorado-coalition>

¹⁶ The Department of Social Services contracts with ASOs to administer medical, behavioral health, dental and non-emergency medical transportation services. ASOs administer the patient centered medical home and quality improvement program and are paid an incentive to create improvements in service that include continuously improved provider adherence to expectations such as Bright Futures. There is an ASO performance bonus for meeting HEDIS quality compass benchmarks for well child screenings and prenatal care.

¹⁷ All healthcare providers in Connecticut are required to conduct annual blood lead testing for children between 9 to 35 months of age and report to SHD. http://www.portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/lead/Case-Management/SCREENING_REQUIREMENTS-2013_7-23-15.pdf?la=en

¹⁸ CT providers are provided with the AAP Bright Futures guidelines which recommends risk assessment during well visits beginning at 6 months and screening at 1 and 2 years of age.

"Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas"

¹⁹ The CT Department of Public Health has maintained a blood lead surveillance system since 1994. Connecticut General Statutes Section 19a-110 requires laboratory reporting of blood lead tests for all individuals.

²⁰ Medicaid and CHIP medical ASO uses a file from SHD to contact ≥ 5 years old with BLL of ≥ 10 ug/dL.

²¹ <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/lead-screening>

²² Delaware requires primary care providers to test for lead poisoning at or around 12 months of age. In addition, providers can use criteria from the SHD to determine whether to screen at or around 24 months of age. See Delaware's Childhood Lead Poisoning Prevention Act (69 Del. Laws, c. 310, §2602): <http://delcode.delaware.gov/title16/c026/index.shtml>.

²³ Blood lead screening must be performed during the child's pre-school or prekindergarten physical, if there is no documentation that a test was performed prior to that age.

²⁴ Risk assessment for children with BLL > 5 ug/dL. Case management for children with BLL > 20 ug/dL

²⁵ All blood lead test results are either electronically or manually entered into the Delaware Registry known as the Healthy Homes & Lead Poisoning Surveillance. All providers who test children for lead (i.e. labs, physicians, clinics or state public health clinics) with Lead Care Analyzer II machines are required to report the results to SHD Healthy Homes & Lead Poisoning Prevention Program, regardless of the level attained. Any child who has an BLL 5 ug/dL or above can receive a lead risk assessment, with precedence given to children 10 ug/dL and above due to funding. Children who has an open lead poisoning case with SHD are required to have their homes assessed if they reside in a home built prior to 1978. Children who has a BLL of 20 ug/dL drawn from the vein are automatically opened for case management, which requires a home nurse assessment and lead risk assessment if applicable.

²⁶ Lead screening in children is a Florida Medicaid performance measure in reporting years 2015 and 2016:

http://ahca.myflorida.com/Medicaid/quality_mc/pdfs/Annual_Technical_Report_of_External_Quality_Review_Results_April_2017.pdf.

²⁷ Florida's lead screening PIP has concluded.

-
- ²⁸ Measure: Lead Screening in Children. https://dch.georgia.gov/sites/dch.georgia.gov/files/GA2016-17_EQR_AnnRpt_F1.pdf.
- ²⁹ See Georgia's lead screening guidelines for children: <https://dph.georgia.gov/lead-screening-guidelines-children>.
- ³⁰ See Hawaii's guidelines for lead testing/screening and follow-up: <https://health.hawaii.gov/cshcn/files/2013/05/Guidelines-testing-screening-followup2017.pdf>.
- ³¹ Ibid. A public health nurse does home visit to interview, provide education, conduct a visual inspection, assess potential lead hazards through using a questionnaire, and coordinate follow-up with child's health care provider for children with BLL > 14 µg/dL.
- ³² Hawaii Medicaid is working with the SHD and community partners to increase understanding of lead screening, develop strategies (i.e. strengthening blood lead testing, surveillance of populations to identify high risk areas), promote stakeholder and public awareness, and increase resources to enhance current efforts to promote lead screening for these populations.
- ³³ Blood lead tests are available by request for any person residing in Idaho, however the focus of testing are Idaho Medicaid eligible children. A home visit and environmental analysis is conducted by the Public Health District for children with BLL >15 µg/dL. <http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/LeadCareIIManual.pdf>.
- ³⁴ The PCCM program has ended. Illinois Department of Healthcare and Family Services Annual Report: Medical Assistance Program Fiscal Years 2013, 2014, and 2015, Illinois Department of Healthcare and Family Services, April 1, 2016, http://www.illinois.gov/hfs/SiteCollectionDocuments/FY2015_Annual_Report_3-31-16_final.pdf
- ³⁵ High-risk children include those living in high-risk zip code areas and all refugee children. http://www.idph.state.il.us/envhealth/Lead_PhysiciansGuide.pdf.
- ³⁶ Ibid.
- ³⁷ See Indiana's SPA approved September 29, 2017 (effective July 1, 2016): <https://www.medicaid.gov/CHIP/Downloads/IN/IN-17-0000-0002.pdf>. This permits Indiana to implement a HSI to provide lead abatement services in the homes of low-income children and pregnant women.
- ³⁸ Children between the ages of 36 months and 72 months of age must receive a blood lead screening if they have not been previously tested for lead poisoning. A blood lead test result equal to or greater than 5 µg/dl obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample. <http://provider.indianamedicaid.com/media/155529/epsdt.pdf>.
- ³⁹ Iowa's lead screening PIP has concluded.
- ⁴⁰ In Iowa, all children are required to have had at least one blood lead test prior to entering kindergarten. See <https://idph.iowa.gov/Portals/1/userfiles/88/Blood%20Lead%20Testing%20Guidelines.pdf>.
- ⁴¹ <https://idph.iowa.gov/lpp/blood-lead-testing>
- ⁴² Iowa Medicaid established a data sharing agreement with the Iowa Department of Public Health Bureau of Family Health to provide lead testing data to the TAVConnect database utilized by Iowa Medicaid Title V service contractors. When other routine health services are accessed, a child's lead test status can be reviewed and the family can be informed of a child's need for testing or follow up, creating another layer of service referral.
- ⁴³ In Kansas, all children are recommended to be tested at 12 and 24 months. After a child has a confirmed BLL of 10 µg/dL or above, case management begins. See the *2009 Kansas Blood Lead Testing and Case Management Guidelines for Children and Adults* for more information: <http://www.kdheks.gov/lead/download/CMG2009.pdf>.
- ⁴⁴ MCOs required to Report the following HEDIS measures: LSC. http://chfs.ky.gov/NR/rdonlyres/E8B5C195-6480-41DE-A84D-205D6665664C/0/KY_2017_Tech_Report_FINAL42017.pdf.
- ⁴⁵ Kentucky requires providers to provide blood lead test at 12 & 24 months for all at-risk patients and anytime 25-72 months of age where there is not a documented blood test. At-risk patients include Medicaid enrolled children and those living in a targeted zip code area. <http://chfs.ky.gov/NR/rdonlyres/7695CFF9-CD72-4EBA-9D48-062F60384BE6/0/ChildhoodLeadPoisoningPreventionPrimaryCareProviderBrochureJUNE2016.pdf>.
- ⁴⁶ <http://new.dhh.louisiana.gov/index.cfm/page/244> This is not a required metric for the MCOs. The data is collected and reported to CMS as part of the EPSDT reporting.
- ⁴⁷ The MCO contracts contain the option to use quality-based auto assignment, but Louisiana has not deployed this option.
- ⁴⁸ <http://www.dhh.louisiana.gov/index.cfm/page/2753>
- ⁴⁹ Medical providers offering routine care to children ages 6 months to 72 months must screen children in accordance with Medicaid. <http://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/genetic/LEAD/NewsandUpdates/LouisianaLeadCampaignFlyerMedicalVersion.pdf>
- ⁵⁰ Medicaid requires 1) risk assessment conducted at 6 mo., 2) screen of all children at 1 & 2 years with a blood test, 3) test of children between 3 - 6 years if they have not been previously tested. https://www.lamedicaid.com/provweb1/Recent_Policy/Lead_Week.pdf
- ⁵¹ Reporting requirement applies to providers and labs. <http://new.dhh.louisiana.gov/assets/oph/Center-PHCH/Center-PH/genetic/LEAD/NewsandUpdates/LouisianaLeadCampaignFlyerMedicalVersionUpdate.pdf>
- ⁵² Case management, including environmental inspection, at levels ≥ 10 µg/dL. Medicaid will reimburse the Office of Public Health for case management. <http://new.dhh.louisiana.gov/assets/oph/Center-PHCH/Center-PH/genetic/LEAD/NewsandUpdates/LouisianaLeadCampaignFlyerMedicalVersionUpdate.pdf>

-
- ⁵³ Primary Care Provider Incentive Payment Update, https://www.maine.gov/dhhs/oms/pdfs_doc/pccm/pccm_enroll/pcpip_measures.pdf.
- ⁵⁴ http://www.maine.gov/dhhs/mecdc/environmental-health/eohp/lead/documents/screening_followup_guidelines_2015.pdf.
- ⁵⁵ Measure: Lead Screenings for Children Ages 12-23 Months. See <https://mmcp.health.maryland.gov/healthchoice/Documents/2016%20Annual%20Technical%20Report.pdf>.
- ⁵⁶ MCOs in Maryland are currently focused on two PIPs including: 1) lead testing for children; and 2) asthma medication ratios. See https://mmcp.health.maryland.gov/Documents/JCRs/2017/Lead%20Poisoning-Asthma%20Reducing_Final.pdf.
- ⁵⁷ See Maryland's SPA approved June 15, 2017 (effective July 1, 2017): <https://www.medicaid.gov/CHIP/Downloads/MD/MD-17-0001-LEAD.pdf>. This permits Maryland to implement a HSI to provide lead abatement services for Medicaid-eligible children with EBLLs ($\geq 5 \mu\text{g/dL}$). This is a state-wide initiative through a partnership with the Environmental Health Bureau in the Maryland Department of Health, the Department of Housing and Community Development, and local health departments. A subset of counties also participate in a second program under this CHIP HSI which provides environmental case management, home assessment, and educational outreach services to families of children with EBLL. In addition, Maryland is working over the next year to expand the classes of lead risk assessors who can provide reimbursable lead risk assessment services to Medicaid beneficiaries.
- ⁵⁸ The entire state of Maryland is now considered "at risk" for lead exposure, for children born on or after 1/1/15. See <https://phpa.health.maryland.gov/OEHFP/EH/Pages/LeadTesting.aspx>.
- ⁵⁹ See <https://mmcp.health.maryland.gov/epsdt/healthykids/Section%203/C.-Laboratory-Tests.pdf>.
- ⁶⁰ <https://www.mass.gov/service-details/learn-about-lead-testing-for-all-children-in-massachusetts>.
- ⁶¹ Screen for lead poisoning more than once a year if the child meets one of the high-risk criteria set forth by the Massachusetts Childhood Lead Poisoning Prevention Program or, in the sound medical judgment of the health care provider, the child is at high risk of lead poisoning. A list of high-risk communities and additional information about screening may be found at www.mass.gov/dph/clppp. https://www.mass.gov/files/documents/2017/09/27/appx-w-all_0.pdf
- ⁶² <https://www.mass.gov/news/changes-to-the-lead-regulation-for-pediatric-healthcare-providers>
- ⁶³ <https://www.mass.gov/lists/view-lead-statistics-for-your-community>
- ⁶⁴ https://www.michigan.gov/documents/mdhhs/Final_State_Innovation_Model_Operational_Plan_2016_533997_7.pdf
- ⁶⁵ http://www.michigan.gov/documents/mdhhs/MI2015-16_PH-MHP_EQR-TR_F1_603012_7.pdf
- ⁶⁶ In addition a provider incentive for BLL is offered by 1 MCO. <https://www.mymeridiancare.com/ContentDocuments/default.aspx?x=aAjp/MP4jEgaEEYkq4XtjnDqk1OmUnh432EGFKnFFQm61ZmC+tXjSPPp8K4Ao6JPT65mtkzFbW+3nCj7AvfJvQ==>
- ⁶⁷ Auto-assignment algorithm included rotating HEDIS measures such as lead testing https://www.michigan.gov/documents/mdch/1853_3_1_12_378505_7.pdf
- ⁶⁸ SPA allows MI to use a CHIP HSI to abate and ameliorate lead hazards in Flint and other areas in MI. Services are for CHIP children and low-income pregnant women. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-11-14-3.html>
- ⁶⁹ http://www.michigan.gov/lead/0,5417,7-310-65226_65240---,00.html Requirements for CHIP are now the same as Medicaid.
- ⁷⁰ https://www.michigan.gov/documents/mdch/MI_Surgeon_Gen_Pb_Ltr_Jun-01-2007_216965_7.pdf
- ⁷¹ <https://www.nytimes.com/reuters/2018/04/09/us/09reuters-michigan-water.html>
- ⁷² There is no longer a lead screening incentive in the MCO contract. http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_143939~4.pdf
- ⁷³ MCO initiatives include: monitoring provider performance on blood lead testing and incorporate results in provider training opportunities, reporting to local public health agencies on a quarterly basis regarding eligible members who have not had blood lead screenings as according to the EPSDT periodic screening schedule / MN's Child and Teen Checkups Periodicity Schedule, providing gift card incentives to eligible members when blood lead screening has been completed according to the EPSDT periodic screening schedule and providing an enhanced payment to local public health agencies for each blood lead screening tests they either complete or coordinate for a member.
- ⁷⁴ <http://www.health.state.mn.us/divs/eh/lead/rule.html>
- ⁷⁵ Environmental investigations are required for children with BLL $> 15 \mu\text{g/dL}$. <http://www.health.state.mn.us/divs/eh/lead/rule.html>
- ⁷⁶ Medicaid covers a one-time on-site investigation of a recipient's home to determine the existence of lead if the recipient is under 21 and has a specified BLL. Assessment does not include testing of environmental substances such as water, paint, or soil or any other laboratory services. <https://www.revisor.mn.gov/statutes/?id=256B.0625>
- ⁷⁷ https://msdh.ms.gov/msdhsite/_static/resources/7088.pdf
- ⁷⁸ Mandatory reporting for labs, clinics, and hospitals required to report all BLLs for children < 6 years to the Mississippi Lead Poisoning Prevention and Healthy Homes Program. https://msdh.ms.gov/msdhsite/_static/resources/7088.pdf
- ⁷⁹ https://msdh.ms.gov/msdhsite/_static/resources/7088.pdf

-
- ⁸⁰ <https://medicaid.ms.gov/wp-content/uploads/2017/12/Cost-Effectiveness-Study-Report-for-MississippiCAN-to-DOM-122817.pdf>
- ⁸¹ Release of withheld capitation payment if MCO meets the measure.
- ⁸² <https://dss.mo.gov/mhd/mc/pdf/2015-external-quality-review-report-mohealthnet-managed-care.pdf>
- ⁸³ 2013 MissouriCare PIP: Increase the percent of members aged 2 who have had a lead test. <https://dss.mo.gov/business-processes/managed-care-2017/bidder-vendor-documents/2017-quality-strategy-2013-final-with-attachments.pdf>; Lead poisoning prevention reports collected from MCOs monthly for Quality Improvement Strategy (2013) <https://dss.mo.gov/business-processes/managed-care-2017/bidder-vendor-documents/2017-quality-strategy-2013-final-with-attachments.pdf>
- ⁸⁴ <http://health.mo.gov/living/environment/lead/pdf/updatedtestplan.pdf>
- ⁸⁵ <http://health.mo.gov/living/environment/lead/>
- ⁸⁶ Funds are provided to local public health agencies. <https://www.medicaid.gov/CHIP/Downloads/MO/MO-CSPA-8-INITIAL.pdf>
- ⁸⁷ Missouri Public Health System provides environmental investigations to detect the hazardous sources of lead exposure in children's homes. This service is provided free of charge for all children under the age of 6 who have a confirmed BLL of 20 µg/dL or greater, or two confirmed BLLs of 15 µg/dL or greater that are taken at least 3 months apart.
- ⁸⁸ Medicaid covers follow-up services within the scope of the Federal Medicaid statute, including medically necessary diagnostic or treatment services.
- ⁸⁹ BLL ≥ 5 µg/dL is reported to local public health officials. The health officer or health-care provider must provide: (a) counseling about health consequences of lead poisoning; (b) information about ways to eliminate lead exposure; and (c) referral of the case and household members potentially at risk of exposure to a health-care provider for additional follow-up and blood-lead testing as appropriate.
- ⁹⁰ Measure: Lead Screening in Children. MCOs required to report performance measures identified in RFPs, including a HEDIS measure on lead screening in children. <http://dhhs.ne.gov/medicaid/Documents/Quality%20Strategy%20for%20Heritage%20Health%20and%20the%20Medicaid%20Dental%20Benefit%20Program%202017.pdf>
- ⁹¹ <http://dhhs.ne.gov/publichealth/Documents/DHHSBloodLeadTestingPlan.pdf>
- ⁹² http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-33.pdf
- ⁹³ According to Nebraska Regulations, 173 NAC 1, health care providers and/or laboratories are required by law to submit reports of all blood lead tests, including capillary and venous tests, within seven days of detection. <http://dhhs.ne.gov/publichealth/Pages/LeadHealthcare.aspx>
- ⁹⁴ Environment investigations for children with BLL > 20 µg/dL (Medicaid covers) http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-33.pdf
- ⁹⁵ http://dhcfnv.gov/uploadedFiles/dhcfpnavgov/content/Members/BLU/NV2016-17_QAPIS_Report_F1.pdf
- ⁹⁶ HEDIS lead measures was used to enhance education, awareness and reduce the percent of lead found in some geographic regions of Nevada.
- ⁹⁷ See New Hampshire Childhood Lead Poisoning Screening and Management Guidelines: <https://www.dhhs.nh.gov/dphs/bchs/clpp/documents/screening.pdf>.
- ⁹⁸ Lead Screening Sanction if lead rates are below 80%. Between 80-60% a corrective action plan is required; below 60% is a refund of capitation paid. Contract Between State of New Jersey Department of Human Services Division of Medical Assistance and Health Services and HMO Contractor, July 2015, <http://www.state.nj.us/humanservices/dmahs/info/resources/care/hmo-contract.pdf>
- ⁹⁹ The NJ FamilyCare Managed Care Contract changed in July 2017 to reflect the new requirement reducing the BLL to 5 µg/dL to be followed up for blood testing and enrolled into the MCOs lead case management program. MCOs to monitor individual providers' screening rates on a semi-annual basis, and if not at 80% for two consecutive 6 month periods, the MCO is required to submit an action plan to Medicaid agency including interventions made to educate providers with low screening rates. MCO outreach on a semi-annual basis to caregivers of children who have not received their lead screen and documentation of action plans for all children who have not been lead screened, which describes the interventions to be taken to outreach parents/caregivers who do not respond to the MCO's letters and outreach, is submitted to the Medicaid agency annually. MCOs whose HEDIS lead screening rate is less than the NCQA 75th percentile must submit an action plan including past and upcoming member and provider lead focused interventions and analysis of outcomes.
- ¹⁰⁰ MCO PIPs in 2015. 80% screening (HEDIS measure) rate in contract. http://www.state.nj.us/humanservices/dmahs/news/NJ_FamilyCare_2015_Annual_Report.pdf; <http://www.state.nj.us/humanservices/dmahs/info/resources/care/hmo-contract.pdf>
- ¹⁰¹ NJ law requires testing for: all children at both 12 and 24 months, any child 25 to 72 months who has never previously been tested, any child up to 72 months who has been exposed to a known or suspected source of lead. <http://www.state.nj.us/health/childhoodlead/testing.shtml>
- ¹⁰² The New Jersey Department of Health collects data on all blood lead screenings of New Jersey children. Clinical laboratories licensed by the state are required to report these data to the state. <http://www.state.nj.us/health/ceohs/public-health-tracking/human-exposure/>

-
- ¹⁰³ Depending on availability, local health department sends a public health nurse for education and to help the family get medical attention; alerts the Prevention Oriented System for Child Health Project in the county the child lives; and/or sends an inspector to identify the lead hazards. Based on inspector report, the property owner is legally required to remove the hazards. http://www.nj.gov/dcf/policy_manuals/_CPP-V-A-5-900_issuance.shtml
- ¹⁰⁴ New Mexico requires all refugee children 6 months to 16 years old at entry to the United States and other at-risk children to be tested for lead poisoning: <https://nmhealth.org/publication/view/general/350/>.
- ¹⁰⁵ <http://164.64.110.239/nmac/parts/title08/08.320.0002.htm>, http://www.hsd.state.nm.us/uploads/files/Providers/Resources/Supplements/MAD%20Supplement%20No_%2017-11_EPSDT%20Svc.pdf,
- ¹⁰⁶ https://www.health.ny.gov/health_care/managed_care/docs/quality_strategy.pdf
- ¹⁰⁷ https://www.health.ny.gov/health_care/medicaid/redesign/1000_days/docs/2017-12-01_proposal_desc.pdf
- ¹⁰⁸ New York Delivery System Reform Incentive Payment (DSRIP) Strategies Menu and Metrics, New York State Department of Health, April 14, 2014 https://www.health.ny.gov/health_care/medicaid/redesign/docs/strategies_and_metrics_menu.pdf
- ¹⁰⁹ NY law requires: all children be tested for lead at or around age 1 year and again at or around age 2 years; all children ages 6 months to 6 years be assessed for lead exposure using a risk assessment tool at least annually, with blood lead testing for children identified as at risk; and all pregnant women be assessed for lead exposure using a risk assessment tool at the initial prenatal visit, with blood lead testing for women identified as at risk. https://www.health.ny.gov/environmental/lead/health_care_providers/blood_lead_testing_reporting_guidance.htm
- ¹¹⁰ All laboratories that conduct blood lead testing are required to report all results. https://www.health.ny.gov/regulations/public_health_law/article_13/title_10/index.htm
- ¹¹¹ Child care providers, public and private nursery schools and pre-schools are required to obtain from a parent or guardian evidence that the child has been screened for lead, prior to or within 3 months after initial enrollment of a child under 6 years old. https://www.health.ny.gov/regulations/public_health_law/article_13/title_10/index.htm
- ¹¹² HEDIS measure for lead screening for children in Medicaid reported on state Medicaid dash board. <https://dma.ncdhs.gov/reports/dashboards#HEDIS>
- ¹¹³ All children in Medicaid, CHIP or WIC are required to have a blood lead test at 12 and 24 months. Children between 36-72 months must be tested if they have not yet been. All refugee children 6 months to 16 years are to be tested at the time of arrival in the US and again 3 to 6 months after placement in a permanent residence regardless of initial test results. <http://ehs.ncpublichealth.com/hhccehb/cehu/lead/docs/2016ClinicalTrainingManualFINAL042116.pdf>
- ¹¹⁴ All labs in NC must report to State Health Dept. all environmental lead test results and blood lead test results for children less than six years and for individuals whose ages are unknown at the time of testing. The State Lab offers analysis at no charge. <http://ehs.ncpublichealth.com/hhccehb/cehu/lead/docs/2016ClinicalTrainingManualFINAL042116.pdf>
- ¹¹⁵ NC Medicaid pays for environmental investigations using T1029. NC Medicaid does not pay for abatement.
- ¹¹⁶ If confirmed lead poisoning, SHD conducts an investigation to identify the lead poisoning hazards to children, including the child's residence. If the residence has confirmed lead poisoning hazards, remediation is required. <http://ehs.ncpublichealth.com/hhccehb/cehu/lead/docs/2016ClinicalTrainingManualFINAL042116.pdf>
- ¹¹⁷ <https://www.nd.gov/dhs/info/mmis/docs/health-tracks.pdf>
- ¹¹⁸ See Ohio's SPA approved December 5, 2017 (effective July 1, 2017): <https://www.medicaid.gov/CHIP/Downloads/OH/OH-17-0038.pdf>. This SPA permits Ohio to implement a HSI to provide lead abatement services in the homes of low-income children and pregnant women and to establish an online lead-safe housing registry.
- ¹¹⁹ Ohio law requires all health care providers to administer blood lead tests to children at age 1 and 2, or up to age 6 if no previous test has been completed based on the following criteria: the child is on Medicaid, the child lives in a high-risk zip code, or the child has certain other risk factors. <http://codes.ohio.gov/oac/3701-30-02>; A public health lead investigator is required to complete a comprehensive questionnaire on a form prescribed by the director for children with BLL ≥ 5 $\mu\text{g}/\text{dL}$ and < 9.9 $\mu\text{g}/\text{dL}$. <http://codes.ohio.gov/oac/3701-30-07>.
- ¹²⁰ See Ohio's SPA: <https://www.medicaid.gov/CHIP/Downloads/OH/OH-17-0038.pdf>.
- ¹²¹ Ohio law requires a public health lead investigation to determine the source of the child's lead exposure for children with a confirmed BLL ≥ 10 $\mu\text{g}/\text{dL}$. <http://codes.ohio.gov/oac/3701-30-07>. Ohio law requires that structural lead hazards identified as part of a public health lead investigation be controlled within 90 days of the completed inspection report/lead hazard control order. <http://codes.ohio.gov/oac/3701-30-09>
- ¹²² <http://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=9104>
- ¹²³ <https://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=17916&libID=16898>. Oklahoma's EPSDT periodicity schedule requires blood lead testing at 12 and 24 month well-child visits. See <http://www.okhca.org/xPolicyPart.aspx?id=540&chapter=30&subchapter=3&part=4&title=EARLY%20AND%20%20PERIODIC%20SCREENING>

-
- ¹²⁴ State Board of Health rules require all children 6-72 months be assessed for blood lead exposure using the risk assessment, and a blood lead test should be done at 12 and 24 months, follow up of children with EBLL must be provided.
[https://www.ok.gov/health/Community & Family Health/Screening & Special Services/Oklahoma Childhood Lead Poisoning Prevention Program/](https://www.ok.gov/health/Community%20&%20Family%20Health/Screening%20&%20Special%20Services/Oklahoma%20Childhood%20Lead%20Poisoning%20Prevention%20Program/)
- ¹²⁵ State Board of Health rules require that all labs report results of blood lead tests performed on children 6-72 months of age to the OK Childhood Lead Poisoning Prevention Program
[https://www.ok.gov/health/Community & Family Health/Screening & Special Services/Oklahoma Childhood Lead Poisoning Prevention Program/](https://www.ok.gov/health/Community%20&%20Family%20Health/Screening%20&%20Special%20Services/Oklahoma%20Childhood%20Lead%20Poisoning%20Prevention%20Program/)
- ¹²⁶ Environmental inspection provided for children 6-72 months with persistent BLL of > 15 µg/dL or a single BLL of > 20 µg/dL.
[https://www.ok.gov/health/Community & Family Health/Screening & Special Services/Oklahoma Childhood Lead Poisoning Prevention Program/](https://www.ok.gov/health/Community%20&%20Family%20Health/Screening%20&%20Special%20Services/Oklahoma%20Childhood%20Lead%20Poisoning%20Prevention%20Program/) The Oklahoma Medicaid program reimburses for environmental lead inspections; the state provides this service under EPSDT and through 42 CFR 440.130(a). Environmental lead inspections are provided through the SHD upon notification from providers or labs and is then reimbursed by Medicaid. The reimbursement code used for the inspection is T1029 and it reimburses at \$193.50.
- ¹²⁷ [https://www.ok.gov/health2/documents/Oklahoma%20State%20Health%20System%20Innovation%20Plan%20\(SHSIP\)%20Final%20Draft.pdf](https://www.ok.gov/health2/documents/Oklahoma%20State%20Health%20System%20Innovation%20Plan%20(SHSIP)%20Final%20Draft.pdf)
- ¹²⁸ In addition to federal Medicaid requirements, beginning at 1 year, the Lead Risk Assessment Questionnaire must be used at each EPSDT exam to determine whether child should receive a screening blood lead test. <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=85423>
- ¹²⁹ By law, Oregon labs and clinicians must report all blood lead test results to the Oregon Health Authority
<http://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/HEALTHYNEIGHBORHOODS/LEADPOISONING/COUNTYHEALTHDEPARTMENTS/Documents/Diseaseguidelines.pdf>
- ¹³⁰ Children with a confirmatory BLL test of > 10 µg/dL are eligible for a one-time environmental lead investigation, not including lab analysis, of the child's home. The child may also receive follow-up case management services. <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=85423> When reimbursed by Medicaid, home environmental investigation is carved out from the managed care contract and paid fee-for service when a client is enrolled in managed care.
- ¹³¹ http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_260569.pdf
- ¹³² http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_241999.pdf, http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_040149.pdf
- ¹³³ CHIP policy requires all children are to be screened for EBLLs at ages 1 and 2 years, and between the ages of 3 and 6 if there is no confirmed prior lead blood test.
http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_260569.pdf
- ¹³⁴ <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/State%20Innovation%20Model/RISIMOperationalandIPHPlan.pdf>
- ¹³⁵ <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/2013%20RI%20Aggregate%20EQR%20Technical%20Report%20FINAL.pdf>
- ¹³⁶ <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=9214>
- ¹³⁷ Rhode Island healthcare providers are required by law to conduct at least 2 blood lead screening tests on all children by 3 years of age. Children should then be screened annually through 6 years of age. <http://www.health.ri.gov/healthrisks/poisoning/lead/for/providers/>
- ¹³⁸ <http://www.health.ri.gov/healthrisks/poisoning/lead/for/providers/>
- ¹³⁹ Public and private K, day care, preschools, ECC, child care facilities require a statement from the child's provider at enrollment indicating compliance with state lead screening requirements. <http://www.health.ri.gov/healthrisks/poisoning/lead/for/schoolsanddaycarecenters/>
- ¹⁴⁰ <https://custom.cvent.com/024D0492CF3C4ED1AEDC89C0490ECDEE/files/event/02A978D2532C47828E117BD62C4A8468/d0b1d4c11ba94df39c12122e280035fctmp.pdf>
- ¹⁴¹ <https://custom.cvent.com/024D0492CF3C4ED1AEDC89C0490ECDEE/files/event/02A978D2532C47828E117BD62C4A8468/d0b1d4c11ba94df39c12122e280035fctmp.pdf>
- ¹⁴² Lead Investigations Program provides environmental assessment and case management for children with EBLL (>5 µg/dL)
<http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/RehabilitativeService/RehabilitationServicesPolicy.aspx>
- ¹⁴³ <http://ifs.sc.edu/MPR/Reports/CY2011SCMedicaidHealthCarePerformanceReportW.pdf>
- ¹⁴⁴ https://www.scdhhs.gov/sites/default/files/33.16%20FY%2014-15%20-%20CY2013_SCMedicaidProvisoPlanPerformanceReport.pdf
- ¹⁴⁵ MCO must demonstrate improvement in least 3 of 5 measures (lead screening in children is one) or incur a 0.25% withhold.
<https://www.scdhhs.gov/sites/default/files/Withholds%20and%20Incentives%20Initiatives.pdf>
- ¹⁴⁶ <https://www.scdhhs.gov/internet/pdf/manuals/Physicians/Section%202.pdf>
- ¹⁴⁷ All blood lead testing results are reportable to SC Department of Health and Environmental Control from doctor's offices, hospitals and labs.
http://www.scdhec.gov/HomeAndEnvironment/Docs/SC_ChildhoodLeadTestingInfo.pdf
- ¹⁴⁸ An environmental assessment can be offered when a child has either a BLL result >20 mcg/dL or persistent EBLL (2 BLL results between 15 and 19 mcg/dL at least 3 months apart).
http://www.scdhec.gov/HomeAndEnvironment/Docs/SC_ChildhoodLeadTestingInfo.pdf

¹⁴⁹ SD Medicaid covers any diagnostic or treatment services within the scope of Federal Medicaid regulations, including case management by the primary care provider and a one-time investigation to determine the source of lead. Medicaid funds are not available for testing of substances such as water, paint, soil.

<http://dss.sd.gov/formsandpubs/docs/MEDSRVCS/Professional.pdf>

¹⁵⁰ <https://www.tn.gov/content/dam/tn/tenncare/documents/hedis17.pdf>

¹⁵¹ Tennessee state guidelines for lead screening stipulate that children under all coverage types should receive screening: 1) at 12 and 24 months old, 2) at 36-72 months old if they do not have a documented BLL, 3) when a parent/guardian requests a blood lead level, 4) when a parent/guardian answers “yes” or “don’t know” to any questions on the risk assessment questionnaire used at well-child checks between 6-72 months of age or when child’s risk status changes. Medicaid follows AAP Bright Futures Schedule.

¹⁵² SHD provides case management and follow-up for BLLs > 5 µg/dL. SHD and Dept. of Environment and Conversation conduct environmental investigations for children with BLL > 20 µg/dL or by request from health care provider.

¹⁵³ MCOs are contractually required to educate providers about Medicaid coverage for lead screening, follow-up testing, and environmental lead investigations, whether as non-capitated services or covered Services. <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/UniformManagedCareContract.pdf>

¹⁵⁴ https://www.dshs.texas.gov/lead/pdf_files/child_screening_2015.pdf

¹⁵⁵ Physicians, labs, hospitals, clinics, healthcare facilities are required to report all blood lead tests for children under 15 years to the Texas Child Lead Registry

<https://www.dshs.texas.gov/lead/child.shtm>

¹⁵⁶ If patient BLL tests at 20µg/dL once or at a 10-19µg/dL within 12 weeks apart, providers are required to request an environmental lead investigation. An assessor takes samples of soil, dust, potential food sources, does home risk assessment, recommends ways to reduce exposures, and provide education. <http://www.waco-texas.com/userfiles/cms-healthdepartment/file/Texas%20Lead%20Program%20and%20Actions.pdf> Environmental lead investigations are a required Texas Health Steps (Texas’ EPSDT program) benefit for clients birth through 20 years of age with EBLL. Medicaid reimburses for the certified lead risk assessor's time and activities during an on-site investigation of a client’s home or primary residence. Medicaid also pays for case management services for eligible children referred to Medicaid case management. In addition, children with EBLL may receive service management, an administrative function in which the managed care organization works with the member, the family or legal guardian, and providers, to ensure the child's specialty service needs are met.

¹⁵⁷ [https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Child%20Health%20Evaluation%20And%20Care%20\(CHEC\)/Archive/2015/CHEC1-15.pdf](https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Child%20Health%20Evaluation%20And%20Care%20(CHEC)/Archive/2015/CHEC1-15.pdf)

¹⁵⁸ <https://rules.utah.gov/publicat/code/r386/r386-703.htm#E4>

¹⁵⁹ Case management is provided for children with EBLL by local health departments. https://ibis.health.utah.gov/indicator/complete_profile/BloLeaChild.html

¹⁶⁰ Vermont law requires that all children are tested for lead at 12 months and 24 months. See <http://www.healthvermont.gov/health-environment/chemicals-childrens-products/prevent-lead-poisoning-providers>.

¹⁶¹ Ibid.

¹⁶² See guidelines: <http://www.vdh.virginia.gov/content/uploads/sites/20/2017/01/Guidelines-rev-2016.pdf>.

¹⁶³ The Virginia Regulations for Disease Reporting and Control require doctors and labs to submit data on all positive blood level tests > 5 µg/dl to the state health department, which uses the data to create the Annual Lead-Safe Virginia Summary Surveillance Report.

¹⁶⁴ Environmental investigations are a service offered by Medicaid through Lead-Safe Virginia and local health departments and are reimbursed to local health departments enrolled with Medicaid or contracted with a Virginia Medicaid MCO. Medicaid funds are not available for the testing of environmental substances such as water, paint, or soil.

¹⁶⁵ Healthcare providers should assess all children for risk of lead poisoning at 12 and 24 months of age. The Department of Health recommends performing a blood lead test on children with the following risk factors: lives in or regularly visits any house built before 1950; lives in or regularly visits any house built before 1978 with recent or ongoing renovations or remodeling; from a low income family (income <130% of the poverty level); known to have a sibling or frequent playmate with an EBLL; is a recent immigrant, refugee, foreign adoptee, or child in foster care; has a parent or principal caregiver who works professionally or recreationally with lead (examples: remodeling and demolition; painting; works in or visits gun ranges; mining; battery recycling; makes lead fishing weights or shotgun pellets; hobbies involving stained glass, pottery, soldering, or welding); uses traditional, folk, or ethnic remedies or cosmetics. (Examples: Greta, Azarcon, Ghasard, Ba-baw-san, Sindoor and Kohl).

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/ProfessionalResources/BloodLeadTestingandReporting>.

¹⁶⁶ See https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/2016%20DC%20ATR_FINAL_508c_0.pdf.

¹⁶⁷ All children 36-72 months not enrolled in Medicaid require a test unless assessed as low lead risk. Lead level of concern: greater than or equal to 5 ug/dL.

<https://www.dchealthcheck.net/trainings/documentation/epsdt/index.html>; <https://code.dccouncil.us/dc/council/code/sections/7-871.03.html>

¹⁶⁸ <http://www.dchealthcheck.net/documents/Transmittal-17-27.pdf>; <https://www.dchealthcheck.net/trainings/labs/lead.html>;

¹⁶⁹ Aetna and UniCare did outreach related to lead screening. <http://dhr.wv.gov/bms/BMSPUB/Documents/WV%20MHT%20Annual%20Report%20-%20FY2017%20Final.pdf>

¹⁷⁰ BadgerCare+ HMOs only. <https://www.dhs.wisconsin.gov/dms/managedcarequalitystrategy-draft.pdf>

¹⁷¹ Providers required to report all on-site blood lead test results. <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=24&s=2&c=61&nt=>

¹⁷² Defined as ≥ 5 μg /dl. <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=24&s=2&c=61&nt=>

¹⁷³ <https://www.dhs.wisconsin.gov/publications/p00660-5.pdf>