HMA

HEALTH MANAGEMENT ASSOCIATES

Potential Medicaid Strategies to Improve Services to Children at Risk of Lead Exposure

PREPARED WITH

Green & Healthy Homes Initiative®

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Research and Consulting in the Fields of Health and Human Services Policy, Health Economics and Finance, Program Evaluation, Data Analysis, and Health System Restructuring

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Overview

The importance of detecting blood lead poisoning and abating underlying causes of exposure to lead for Medicaid beneficiaries is a federal priority. The Centers for Disease Control and Prevention (CDC) estimates that about 500,000 children between ages one and five have been poisoned by lead[1] and this is probably underestimating the number by about one-third due to under-testing.[2] The federal government has estimated that more than half of children with elevated blood lead levels are eligible for Medicaid,[3] yet a 2018 review of HEDIS data for Medicaid managed care organizations (MCOs) found that the screening rate was below 70%, despite federal Medicaid requirements.[4]

COVID-19 Impact

During the pandemic, blood lead level testing rates have fallen by more than 50% in some states and exposures are expected to increase if families are socially isolating in housing with lead contamination.

Low-income children are at disproportionate risk and the harm that can be caused is lifelong. Children can be exposed to lead from a variety of sources, including paint, water pipes, soil, and air. Children in low-income neighborhoods are at increased risk due to a strong correlation between poverty and living in areas with an aging housing supply that used lead-based paint (housing built before 1978) combined with community failures to require remediation. The current COVID-19 pandemic has exacerbated the problem. According to one estimate, some states' testing rates have fallen by more than 50 percent this year, compared to last year,[5] and exposures may be even higher if the source involves housing where children live and must socially isolate during the pandemic.[6]

As a federal priority, Medicaid contains important requirements, including universal lead screening for all Medicaid-eligible children, at ages 12 months and 24 months, and between ages 36 -72 months if not done previously.[7] Medicaid advises states to establish guidelines based on consultation with state medical organizations or to adopt recognized and accepted

[1] https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6213a3.htm
[2] https://www.phi.org/about/impacts/exposing-a-hidden-problem-through-groundbreaking-research-lead-poisoning-in-the-united-states/
[3] https://www.gao.gov/assets/90/87787.pdf
[4] https://www.ncqa.org/hedis/measures/lead-screening-in-children/
[5] https://khn.org/news/kids-are-missing-critical-windows-for-lead-testing-due-to-pandemic/
[6] Eighteen members of Congress sent a letter to the CDC expressing concerns about drops in lead testing for children during the pandemic, noting the disproportionate impact on children eligible for Medicaid and low-income communities of color: https://dankildee.house.gov/sites/dankildee.house.gov/files/10.8.20%20COVID%20Lead%20Testing%20Letter%20FINAL.pdf
[7] Medicaid Manual § 5123.2.D.1

clinical guidelines developed by the American Academy of Pediatrics, the American Medical Association, Bright Futures, or the Centers for Disease Control and Prevention (CDC).[8] The CDC guidelines require patient management and treatment for children with elevated blood lead levels (EBLLs) above 5ug/dL,[9] and has been recommended by the Centers for Medicare and Medicaid Services (CMS).[10]

Medicaid guidance states that follow-up services must be determined by the physician, using their professional judgment, "with reference to CDC guidelines covering patient management and treatment, including follow up blood tests and initiating investigations to determine the source of lead."[11] This includes investigating the source of lead in a child's home or primary residence. In addition, Medicaid requires providing outreach and information about required preventive care screens, including "case management" covering notifications and offering assistance with transportation to get to appointments.[12]

Despite these legal requirements, state Medicaid policy has not been applied consistently and reveals patterns of inadequacy. These include:

- Low screening rates by Medicaid MCOs
- Failure by state Medicaid agencies to engage in meaningful incentives and consequences to hold MCOs responsible
- Failure to maximize Medicaid case management dollars to ensure lead investigations
- Failure to maximize Medicaid data sharing to support population-based strategies for outreach, tracking, and community-based solutions
- Failure to require consistent coding and reporting to state health departments for inclusion in state lead screening surveillance data
- Lack of more frequent reporting even where state Medicaid contracts require annual reports on MCO activities would promote increased outreach to children who are missed, as well as, trigger follow-up services for identified children. Of note, while states can include lead screenings as a quality metric for its MCOs, they are not required to do so.

Additionally, Medicaid is limited in its approach. It does not cover testing of substances (water, paint, etc.) sent to a laboratory for analysis, nor does Medicaid cover abatement or remediation. Further, Medicaid testing is not triggered by a population-based health approach,

[8] Id.
[9] https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm: requires environmental investigation of home and lead hazard reduction for EBLL above 20 ug/dL.
[10] See CMCS Informational Bulletin, "Coverage of Blood Lead Testing for Children Enrolled in Medicaid and the Children's Health Insurance Program" (Nov. 30,2016) at 1, https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/cib113016.pdf
[11] Medicaid Manual § 5123.2.D.1.a.
[12] Id. at § 5310.A & D.

Aligning with CHIP Health Services Initiatives

States can consider ways to align Medicaid efforts to address lead exposure with CHIP HSI's to maximize impact across a broader population of families.

such as prioritizing impacted neighborhoods.[13] However, while Medicaid cannot be used to abate or remediate environmental damage, Health Services Initiatives (HSIs), authorized under the Children's Health Insurance Program (CHIP) state plan, can be used for this purpose.[14] CMS has approved six HSIs that are focused on improving lead screening and paying for abatement, many through a population-based approach that prioritizes at risk neighborhoods.[15] These HSIs provide coordinated and targeted lead abatement services for eligible homes of Medicaid and CHIP eligible children.[16] ***Ideally, Medicaid strategies would be aligned with HSIs.[17]***

This paper has been prepared in partnership with the Green & Health Homes Initiative (GHHI), a national direct service, technical assistance and policy advocacy organization whose mission is to address the social determinants of health and racial equity by creating and advocating for healthy, lead safe and energy efficient homes. This paper includes a chart describing a variety of Medicaid-related strategies that advocates could recommend in order to improve and address the health status of children exposed to lead blood poisoning, followed by a state by state set of recommendations in states where GHHI has targeted a portion of its resources.[18] The following strategies can stand alone but would be most effective if combined with HSIs which can flexibly fund the abatement of lead hazards in the home:

[13] Targeted lead screening versus universal screening is an option under a specific request to CMS. Only one state (Arizona) has pursued and received this. See CMCS Bulletin, 11/30/16 at 3, http://www.snohd.org/DocumentCenter/View/2258/Medicare_Medicaid_Requirements?bidId=.

[14] HSIs are permitted under 42 U.S.C. § 1397ee(a)(1)(D)(ii); 42 CFR § 457.10 defines HSIs as "activities that protect the public health, protect the health of individuals, improve or promote a Sate's capacity to deliver public health services, or strengthen the human and material resources necessary to accomplish public health goals relating to improving the health of children (including targeted low-income children and other low-income children)." According to a 2019 report, five states have HSIs that support lead testing, prevention, or abatement services and related programs: https://www.macpac.gov/wp-content/uploads/2019/07/CHIP-Health-Services-Initiatives.pdf at 3.

[15] Id.

[16] https://nashp.org/wp-content/uploads/2019/09/faq11217.pdf at 2: Services can include removal of lead sources in paint, dust, water service lines, and soil and also can include training to ensure there are a sufficient number of qualified workers. Id.

[17] Notably, the HSIs use the CHIP federal matching rate, which is higher than the Medicaid rate, ranging from 65-82%. See https://www.manatt.com/getattachment/235604fe-5700-4ec1-a25e-7d51c4e347af/attachment.aspx at 2.

[18] We understand the focused areas consist of Detroit, Michigan; Milwaukee, Wisconsin; Newark, New Jersey; Memphis, Tennessee; and Durham, North Carolina. In addition, we understand GHHI is considering advocacy work in Louisiana (Baton Rouge and/or New Orleans; Pennsylvania; Syracuse, New York; and Atlanta, Georgia.

1. Medicaid strategies that leverage current state authority

    - Utilize "performance improvement projects" or alternatively, value-based payments, to improve rates of lead screening and follow-up, including case management, home and environment lead investigations, and linkages to abatement resources
    - Update Medicaid MCO contract requirements to increase reporting, include sanctions for failure to screen or link eligible children to services addressing lead exposure, and require that they include parallel provisions with their contracting providers
    - Improve state oversight and monitoring to include more frequent audits and meaningful enforcement of corrective action plans

2. Medicaid strategies that require federal engagement

    - Adopt targeted case management or Section 1115 waiver to focus on impacted communities and support home lead and environmental investigations in impacted communities
    - Increase scope of case management to include specialized outreach, scheduling assistance, and transportation support in order to increase testing rates
    - Combine state Medicaid information technology improvements with improved tracking and data sharing with state registries that are utilized by companion public health and housing inspection agencies that are equipped to remediate environmental hazards

Summary of Potential Medicaid Strategies

Medicaid strategies	Potential uses	Legal Authority	Examples
1. Performance Improvement Projects (PIPs)	To improve rates of lead screenings and follow-up, including case management for home and environment lead investigations and linkage to abatement resources, states can mandate types of PIPs that MCOs must implement	42 CFR § 438.330: States can use HEDIS or other performance information to compare plan level performance and can require MCOs to implement PIPs to increase rates of lead screening[19]	Tennessee: If Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening rate falls below 80%, PIP required Pennsylvania: PIPs must include environmental lead investigations Georgia: To improve rate of pediatric preventive well-visits, MCOs must use PIPs
2. Value Based Bonus Payments	To improve rates of lead screenings and follow-up, including case management for home and environment lead investigations and linkage to abatement resources, states could provide financial incentives to MCOs or providers	Subject to federal approval under a variety of waivers or federal delivery system reforms[20]	Medi-Cal (California Medicaid program): Providers receive additional payments for completion of blood lead screenings[21]
3. Update MCO contract requirements	• To require monthly reporting of lead screens and include sanctions for failure to perform • To require MCOs to include these provisions in their contracts with providers	42 CFR § 438.3 & 438.66; and see CMCS Bulletin, 11/30/16 at 6: "States are encouraged to consider using the following managed care tools to effectively partner with managed care plans to improve blood screening tests… [CMS recommends] including lead screening requirements in managed care contracts in order to emphasize its importance and ensure that additional	Medi-Cal Corrective Action Plan to incorporate into its MCO contracts (beginning June 2020) monthly reporting of all children with no record of a required test, pending CMS approval[22]

[19] CMCS Bulletin, 11/30/16 at 6
[20] https://www.kff.org/report-section/implementing-coverage-and-payment-initiatives-emerging-delivery-system-and-payment-reforms/
[21] https://www.auditor.ca.gov/pdfs/reports/2019-105.pdf (hereinafter referred to as DHCS Audit Report # 2019-105), DHCS Response, page 1
[22] Id. at DHCS Response, page 2.

Medicaid strategies	Potential uses	Legal Authority	Examples
		monitoring occurs through the annual state report…."	
4. Improve state oversight and monitoring	Require auditing more than one time per year and meaningful enforcement of corrective action plans, such as graduated penalties and loss of contracting	42 CFR § 438.66	Medi-Cal: State legislative audit found deficiencies in state Medicaid agency's auditing of plans respecting lead blood screenings and required corrective actions to include monthly reporting by plans and imposing corrective action plans on all plans that identify plan non-compliance.[23]
5. Targeted case management to include home lead and environmental investigations in impacted communities	Can be used without regard to federal Medicaid statewide-ness or comparability requirements to support home lead and environmental investigations as part of case management	42 C.F.R. § 440.169(b);[24] CMS Bulletin dated November 30, 2016;[25] requires state plan amendment	• Michigan uses this in Flint[26] • Oregon uses this, including Medicaid supporting investigations for home investigations[27]
6. Section 1115 waivers to target impacted communities	• Expand income standards for impacted communities • Expand outreach and follow-up activities in impacted communities, including expanding investigations beyond home to soil, air, and water	42 U.S.C. § 1315	Michigan example (cited above), combined with HSI, and included services to children and pregnant women up to 400% of FPL and targeted face-to-face case management for individuals living in areas affected by Flint water poisoning

[23] Id.

[24] "Targeted case management services may be offered to individuals in any defined location of the State or to individuals within targeted groups specified in the State plan." Case management benefits include services that assist eligible individuals gain access to needed medical, social, educational, and other services. They must include all of the following: comprehensive assessment of an eligible individual; development of a specific care plan; referral to needed services; and monitoring activities. CMCS Bulletin, 11/30/16, at page 8.

[25] https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/cib113016.pdf:

[26] https://www.kff.org/medicaid/fact-sheet/michigans-medicaid-section-1115-waiver-to-address-effects-of-lead-exposure-in-flint/

[27] https://www.oregon.gov/oha/ph/HealthyEnvironments/HealthyNeighborhoods/LeadPoisoning/CountyHealthDepartments/Pages/CaseManagement.aspx

Medicaid strategies	Potential uses	Legal Authority	Examples
	• Expand follow-up to link impacted families to abatement resources and community mitigation strategies that are not limited to where eligible consumers reside		
7. Administrative claiming to promote data-sharing	• To identify communities at risk • To improve tracking of children and hold plans and subcontracting providers accountable • To support publicly accessible online registries of residences build before 1978 with information about abatement	42 U.S.C. § 1396b(a)(7): 50% matching funds available for "proper and efficient administration of the State [Medicaid] plan." (See also 42 CFR § 433.15(b).) Costs may not include "general public health initiatives that are made available to all persons, such as public health education campaigns."[28] 75% match is available for IT and systems maintenance.[29] These costs require advance approval by CMS.	• Wisconsin Medicaid and Wisconsin Childhood Lead entered a data sharing agreement to encourage screening of Medicaid children and improve blood lead surveillance data quality.[30] Effective use of Medicaid data (enrollment, claims, encounters) helped identify children not receiving required blood tests, triggered notifications to providers, enabled targeted outreach and education to providers and at risk families, and permitted evaluation of reporting practices. • See also New York state initiative to require point of care testing for pregnant women and children under age 6, at physician's offices and clinics, which is part of a bigger initiative to coordinate agencies through data sharing in a statewide registry that will enable building inspections in high risk communities[31]

[28] https://www.cms.gov/Regulations-and-Guidance/Legislation/DeficitReductionAct/downloads/SMDAdminCosts0001.pdf
[29] https://www.medicaid.gov/State-Resource-Center/FAQ-Medicaid-and-CHIP-Affordable-Care-Act-Implementation/Downloads/FAQs-by-Topic-75-25-Eligibility-Systems.pdf
[30] https://journals.lww.com/jphmp/pages/articleviewer.aspx?year=2019&issue=01001&article=00009&type=Fulltext
[31] https://empirejustice.org/medicaid-to-pay-for-point-of-care-blood-tests-for-lead-poisoning/

Medicaid strategies	Potential uses	Legal Authority	Examples
8. Administrative claiming to support State Medicaid agency expenses or contracting for specialized outreach to children in need of lead screens or follow-up	• State Medicaid agencies could pay for local CBOs or public agencies for Medicaid "patient navigation," such as specialized outreach, including telephonic outreach/scheduling assistance, reminders and annual notifications, and transportation support, separate from what it pays the MCOs and to support the MCOs • To improve distribution of information to aid in outreach and education	42 U.S.C. § 1396b(a)(7): 50% matching funds available for "proper and efficient administration of the State [Medicaid] plan." (See also 42 CFR § 433.15(b).) Costs may not include "general public health initiatives that are made available to all persons, such as public health education campaigns."[32]	States have leveraged administrative matches to support enrollment efforts by schools, "no wrong door" access to long term services and supports, and translation and interpretation services to promote Medicaid enrollment and retention[33]

[32] https://www.cms.gov/Regulations-and-Guidance/Legislation/DeficitReductionAct/downloads/SMDAdminCosts0001.pdf
[33] https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/index.html

State by State Recommendations

State	HSI	PIP	MCO contract provisions	Recommendations
Michigan	Yes	No	Requires EPSDT screens, sets minimum standard at greater than 80%	1. Require PIPs for failure to meet minimum standards 2. Increase frequency of plan reporting of screens 3. Evaluate existing HSI to evaluate need for augmented case management, including cause of lead exposure, and outreach 4. Evaluate state monitoring
Wisconsin	Yes	No	Requires EPSDT Screens	1. Use provider and MCO contracts to set minimum standards 2. Increase frequency of plan reporting of screens 3. Evaluate existing HSI to evaluate need for augmented case management, including cause of lead exposure, and outreach 4. Evaluate state monitoring
New Jersey	No	Yes	Requires screens, case management, action plans for MCOs with low rates	1. New Jersey decided not to pursue an HSI because of other priorities but perhaps advocates could review efficacy of MCO action plans 2. Review gaps to determine further needs for outreach
Tennessee	No	Yes	Requires PIPs for less than 80% screening rate and additional outreach; MCO contracts require environmental lead investigation	1. Pursue HSI to include federal financing of abatement measures 2. Evaluate need for case management 3. Evaluate state monitoring
North Carolina	No (proposal never funded)	No	Requires screens	1. Pursue HSI to include federal financing of abatement measures 2. Require PIPs and use provider and MCO contracts to set minimum standards 3. Require plans to conduct environmental lead investigations 4. Evaluate need for case management, including cause of lead exposure, and outreach 5. Evaluate state monitoring
Louisiana	No	No	Lead blood screening and services administered by Title V Maternal and Child Health Block Grant program; language to continue services for	1. Pursue HSI to include federal financing of abatement measures

State	HSI	PIP	MCO contract provisions	Recommendations
			screened children who move from managed care to fee-for-service	2. Require PIPs and use provider and MCO contracts to set minimum standards 3. Require plans to conduct environmental lead investigations 4. Evaluate need for case management, including cause of lead exposure, and outreach 5. Evaluate state monitoring
Pennsylvania	No but one has been submitted[34]	Yes	Includes comprehensive environmental lead investigations	1. Pursue HSI to include federal financing of abatement measures 2. Require PIPs and use provider and MCO contracts to set minimum standards 3. Evaluate need for case management, including cause of lead exposure, and outreach 4. Evaluate state monitoring
New York	No	No	Requires lead screenings and reporting to lead screening registry; MCO must ensure follow up; must work with local public health agency to assure environmental investigation, risk management and reporting	1. Pursue HSI to include federal financing of abatement measures 2. Evaluate state monitoring, whether PIPs are necessary, and whether case management should be improved
Georgia	No	Yes	Requires screens, case management, treatment	1. Pursue HSI to include federal financing of abatement measures 2. Require PIPs and use provider and MCO contracts to set minimum standards 3. Include environmental investigation 4. Evaluate state monitoring

[34] https://www.media.pa.gov/pages/DHS_details.aspx?newsid=477

Appendix A

	Michigan	Wisconsin	New Jersey	Tennessee	North Carolina
Managed Care Contracts (Statewide)	MCO Contract - Blood lead testing in accordance with Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) policy - Children at the age of 2 years old receive at least one blood lead test on/before 2nd birthday – Minimum Standard ≥ 81%	MCO Contract-*2020/2021 HMO Contract* - Lead Investigations as defined in s. 254.11(8s), of persons having lead poisoning or lead exposure, as defined in s. 254.11(9) - Comprehensive HealthCheck screens for children through two years of age generally include both blood lead toxicity testing and age appropriate immunizations - Providers may contract with HMOs for blood lead poisoning screenings performed during a WIC appointment	MCO Contract - 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 - Lead screening using blood lead level determinations must be done for every Medicaid-eligible and NJ FamilyCare child - The Contractor shall provide a screening program for the presence of lead toxicity in children which shall consist of two components: verbal risk assessment and blood lead testing. - Lead Case Management Program - Follow EPSDT and HEDIS measures	MCO Contract - All children are considered at risk and shall be screened for lead poisoning - The contractor shall provide follow up for elevated blood lead levels and environmental lead investigation - EPSDT screening/services. Contractor shall use the name "TennCare Kids" when describing EPSDT	MCO Contract - Shall provide Laboratory tests (including blood lead screening appropriate for age and risk factors) associated with well-child routine physical examinations - Blood Lead Level Screening falls under AMH Preventative Health Requirements – (Section VII. Attachment M.2. Table 1: Required Preventative Services)
Lead screening HSI	Michigan developed an HSI to fund lead abatement activities in eligible homes—owner-occupied, rental and residential structures—inhabited or visited regularly by Medicaid or CHIP-eligible children or	CHIP Lead Abatement Program Federal funding for the development and implementation of a lead abatement program through the use of a CHIP HSI	New Jersey decided not to submit an HSI for lead abatement	No HSI Identified	North Carolina CHIP HSI – appears that this was never funded. Draft form of the State Plan Amendment 2017

	Michigan	Wisconsin	New Jersey	Tennessee	North Carolina
	Medicaid or CHIP-eligible pregnant women.				
PIP	No PIP Identified	No PIP Identified	MCO PIPs Reduction in MCO Capitation Rates if fail to meet performance standards	Based on the State's CMS-416 MCO report, if the CONTRACTOR has an overall rate below eighty percent (80%) the CONTRACTOR shall submit a PIP on EPSDT Screening and Community outreach plans in addition to the above required PIP's	No PIP Identified
Municipal Level Information	Detroit Lead Poisoning Prevention Task Force - focus primarily on lead paint in children's homes. Lead paint is the well-known primary cause of lead poisoning in Detroit, where most homes were built well before 1978. Based in **Detroit**	HUD Grant –The $5 million came from HUD's Lead Based Hazard Reduction Program and $600,000 came from its Healthy Homes Production Grant Program. The grant comes after the **Milwaukee** Mayor proposed over $21 million in lead abatement and reduction funding in his 2020 budget	Healthy Homes and Communities – Housing and Community Development Website of **Newark**	Lead Safe Memphis- Housing and Community Development Program in **Memphis**	The **Durham** County's Lead Education and Assessment Program (LEAP)- is working to change this problem in our community by offering several services to increase lead education and awareness Lead Surveillance Data
Other Prevention Programs	The Lead Safe Home Program uses CMS CHIP funds for lead inspection and abatement Michigan Model Application Template for the State Children's Health Insurance Program	Primary Prevention of Childhood Lead Poisoning Through Community Outreach – A study from 2001 were targeted based on their ZIP code and Home Visits were done to identify children with possible elevated BLL Sixteenth Street- The Department has partnered with the WI Department of Health Services and the	Childhood Lead Prevention Program- conducts screening through WIC	Getting the Lead Out- EPA launched a lead prevention pilot program in Shelby County. Le Bonheur Children's Hospital came to the table as an original stakeholder and primary health partner along with housing, legal services, and early education leaders	Lead Safe Housing Program- Specifically Greensboro 2010 Strategic Plan to Eliminate Lead

	Michigan	Wisconsin	New Jersey	Tennessee	North Carolina
		Milwaukee Health Department to develop and implement a one-of-a-kind, bilingual community lead outreach program that combines free home-based outreach and testing, education, and follow-up medical care for children with lead poisoning Childhood Lead Poisoning - Handbook **(Statewide)**			

	Louisiana	Pennsylvania	New York	Georgia
Managed Care Contracts (Statewide)	MCO Contract - Programs, services, and initiatives administered through the State's Title V, Maternal and Child Health Block Grant Program: Childhood Lead Poison Prevention Program - Transitioning Between MCOs or to FFS – special consideration for Enrollees who have conditions requiring ongoing monitoring or screening such as elevated blood lead levels and enrollees who	MCO Contract - The PH-MCO must provide for necessary comprehensive environmental lead investigations as part of covered blood lead treatment services. The PH-MCO must contract with the necessary number of MA-enrolled Comprehensive Lead Investigation Providers to ensure access to this service in all HealthChoices zones in which the PH-	MCO Contract (draft version) - For purposes of reporting to SDOH on quality metrics and internal performance improvement projects pursuant to Sections 18.5 v) and x) of this Agreement, the Contractor shall obtain immunization and lead screening data from the New York State Immunization Information System (NYSIIS) and, where available, the Lead Screening Registry	MCO Contract - Contractor shall ensure Providers perform all components of the EPSDT schedule - The Supplier shall have a lead Case Management program for EPSDT eligible children and their households when there is a positive blood lead test equal to or greater than ten (10) micrograms per deciliter - Diagnosis, Treatment, and Follow-Up for Lead Toxicity: If a child is found to have blood lead levels equal to or greater than 10 ug/dL, Providers are to use their

	Louisiana	Pennsylvania	New York	Georgia
	were in the NICU after birth	MCO operates.	- Provide health education on lead prevention - Contractor is responsible for carrying out and ensuring that its Participating Providers comply with lead poisoning screening and follow-up as specified in 10 NYCRR Sub-part 67-1 and 67-1.5 (MMC Program & FHPlus Program) - Lead Screening and follow-up of pregnant women by prenatal care providers. The Contractor shall require its Participating Providers to coordinate with the LPHA to assure appropriate follow-up in terms of environmental investigation, risk management and reporting requirements. - Matching to immunization and Lead Data Files	professional judgment regarding patient management and treatment. - The Contractor shall provide for a blood lead screening test for all EPSDT eligible children at twelve (12) and twenty-four (24) months of age. Children between thirty-six (36) months of age and seventy-two (72) months of age should receive a blood lead screening test if there is no record of a previous test.
Lead screening PIPs	No PIP Identified	CHIP MCO PIP Medicaid MCO must cover environmental lead investigations. For 2015, CHIP's PIP topics aligned with MA's goals of reducing potentially	No PIP Identified	Bright Futures PIP- Georgia's performance improvement project (PIP) for pediatric preventive care well-visits is called the "Bright Futures PIP." MCOs follow a defined framework based on the model of rapid cycle improvement (plan-do-

	Louisiana	Pennsylvania	New York	Georgia
		avoidable admissions and increasing access to pediatric preventive dental services. Contractors are required to conduct a Root Cause Analysis, action plan, and monitoring plan for all measures that are below the CHIP weighted average and/or are trending downwards. These include contractor barriers, actions, and monitoring plans.		study-act) to guide their efforts. Incorporated into the PIP process is a SMART data collection methodology to distinguish successful and unsuccessful efforts and to expand successful interventions. MCO performance metric
Lead Screening HSI	No HSI Identified	Submitted an HSI that is under review[35]	Poison Control Center-This HSI supports two regional poison control centers, the NYCPCC and the Upstate New York Poison Control Center. The centers provide free, daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances as well as medicine safety.	No HSI Identified
Municipal Level Information	No programs identified	Philadelphia Childhood Lead Poisoning Prevention Advisory Group - In June 2017, Mayor Jim Kenney released the final	An Update on New York State Lead Initiatives and New Regulatory Requirements (**Statewide**)	Lead Safe Atlanta - The purpose of the Lead-Based Paint Hazard Control (LHC) and the Lead Hazard Reduction (LHRD) grant programs is to identify and control

[35] https://www.media.pa.gov/pages/DHS_details.aspx?newsid=477

	Louisiana	Pennsylvania	New York	Georgia
		report and recommendations from the Philadelphia Childhood Lead Poisoning Prevention Advisory Group. This report supplements the commitments the City made to reduce lead poisoning in its Lead-Free Kids: Preventing Lead Poisoning in **Philadelphia** report.		lead-based paint hazards in eligible privately-owned housing for rental or owner-occupants. The Lead-Based Paint Hazard Control Grant program is the largest program in terms of dollar amount and number of grants. Based in **Atlanta.**
Other Prevention Programs	Louisiana Healthy Homes Childhood Lead Poisoning Prevention Program - to eliminate childhood lead poisoning in Louisiana	Lead and Healthy Homes Program - The Lead and Healthy Homes Program (LHHP) works to improve the health and safety of housing in Philadelphia Lead Disclosure Law Briefing Paper -PCCY	Lead Poisoning Prevention Programs - The NYS DOH has strong programs, plans and laws working to prevent childhood lead poisoning statewide. These programs also help those children who have lead poisoning. Local health departments identify new cases, provide care coordination and environmental case management and in-home visits to help families reduce their environmental risks.	Health Homes and Lead Poisoning Prevention