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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-44771AA (09/2019) | **STATE OF WISCONSIN**  Bureau of Environmental Health  Wis. Stat. § 254.15  Phone: 608-266-5817  FAX: 608-267-0402 | | | |
| MEDICAID TARGETED CASE MANAGEMENT FACE SHEET – CHILDHOOD LEAD POISONING  This form should be completed when Medicaid Targeted Case Management will be provided to an eligible child. The face sheet provides documentation of additional assessments required for reimbursement for targeted case management that is not included on the Nursing Case Management Report, on Children with Elevated Blood Lead Levels, [F-44771A](https://www.dhs.wisconsin.gov/forms/f4/f44771a.pdf).  THIS PAGE DOES NOT NEED TO BE RETURNED TO THE WISCONSIN CHILDHOOD LEAD POISON PREVENTION PROGRAM | | | | |
| **CHILD INFORMATION** | | | | |
| Name of child receiving targeted case management | | | Date of birth (mm/dd/yy) | |
| Medicaid Number | | | | |
| **OTHER PROVIDERS INVOLVED IN ASSESSMENT OF THE CHILD** | | | | |
| Name and Title | Role in the assessment | | | |
| Name and Title | Role in the assessment | | | |
| Name and Title | Role in the assessment | | | |
| **OTHER HOUSEHOLD MEMBERS RECEIVING CASE MANAGEMENT** | | | | |
| Name of client | Name of Case Manager | | | |
| Name of client | Name of Case Manager | | | |
| Name of client | Name of Case Manager | | | |
| **ENVIRONMENTAL ASSESSMENT** | | | | |
| Date of lead hazard investigation (mm/dd/yy) | Lead hazard investigation report on file  Yes | | | |
| Identify any other safety / health issues in the home that are to be addressed: | | | | |
| **FAMILY RESOURCES** | | | | |
| **Dental care** | | Date of the last dental visit (mm/dd/yy) | | |
| How many times per year does this child see the dentist? | |  | | |
| **Financial**  The family reports not having enough money for: | | Assistance provided to the family to address family financial resources: | | |
| Food  Shelter  Clothing  Medical needs | |  | | |
| **Community**  The family would like more information on the following topics:  Recreation  Employment and training  Health care  Child development Parenting skills Coping with stress  Family resource center  Other | | | | |
| **SIGNATURE** - Medicaid Targeted Case Manager | | | | Date Signed (mm/dd/yy) |