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.

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 How many times per year does this child see the dentist?	Date of the last dental visit (mm/dd/yy)
Financial The family reports not having enough money for: ☐ Food ☐ Shelter ☐ Clothing ☐ Medical needs	Assistance provided to the family to address family financial resources:

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)