



Wisconsin Department of Health Services
Division of Public Health
for
Childhood Lead Poisoning Prevention

I. SCOPE OF WORK (GRANT VIA GEARS)

A. OVERVIEW

Program:	Childhood Lead
Profile(s):	157720
Period of Performance:	01/01/2026 – 12/31/2026
GEARS Contract Year:	2026

B. BACKGROUND AND/ OR CONTEXT

The mission of the Wisconsin Department of Health Services is to protect and promote the health and safety of the people of Wisconsin. The context of this scope of work is to protect children from lead poisoning and its harmful effects. Children most at risk include those 0 – 5 year of age who meet one or more of the following criteria:

- live in high-risk neighborhoods,
- live, or spend significant time, in a house built before 1950.
- live in a house built before 1978 with recent or ongoing renovations
- are enrolled in the Medicaid or WIC program,
- have a sibling or playmate with lead poisoning.

The ultimate goal is to eliminate childhood lead poisoning in Wisconsin. We can accomplish this by slowly lowering the intervention threshold and continuing to work towards primary prevention



where a child never becomes poisoned.

C. COMMUNICATIONS

It is the responsibility of the Grantee to provide this Scope of Work document to appropriate agency staff responsible for programmatic and financial reporting requirements.

The expectation is a minimum of **monthly** communications between DHS and the Grantee. DHS reserves the right to request more frequent communications as deemed necessary. Communications may include but are not limited to:

- Email providing or requesting information.
- Documentation in HHL PSS. Refer to the [Childhood Blood Lead Level Case Management Guidelines](#)
- Programmatic or contractual meetings.
- Reporting including status updates and the submission of GEARS expense reports.

D. POINTS OF CONTACT

The Grantee is responsible for notifying DHS at DHSLeadPoisoningPrevention@dhs.wisconsin.gov if there are any changes in contact information within ten (10) business days.

1. TABLE 1: DPH CONTACT AND ROLE

Name and Contact Information	Role
General Inbox DHSLeadPoisoningPrevention@dhs.wisconsin.gov	Program Contact
Kimberly Schneider Kimberly.schneider@dhs.wisconsin.gov	Contract Manager
Jessica Maloney Jessica.Maloney@dhs.wisconsin.gov	Fiscal Contact



E. GEARS EXPENSE REPORT(S) AND PAYMENT SCHEDULE

The funds will be reimbursed through the Grant Enrollment, Application and Reporting System (GEARS). GEARS expenses must be submitted as actual monthly expenses (either paid or incurred) and these expenses must align with the approved budget and terms and conditions of this Agreement/Contract.

- **GEARS Expense Report(s) and Payment Schedule:** Grantee must report costs incurred on the GEARS Expenditure Report Form ([f-00642](#)) and submit the GEARS Expenditure Report by the **2nd week** of the month via email to the GEARS Unit (dhs600RCars@dhs.wisconsin.gov) with a copy to the DHS program staff (DHSLeadPoisoningPrevention@dhs.wisconsin.gov)
- The GEARS Unit is responsible for issuing payment. The DHS program staff are responsible for ensuring claimed expenses are allowable and agree with approved budgets and scopes of work.
- Final GEARS Expense Reports are due no later than **forty-five (45) days** from the end of the contract period on **12/31/2026**

Failure to follow the GEARS Expense Report(s) and Payment Schedule could result in a dispute(s) whereby DHS can delay or deny payment(s). Reference the [GEARS Payment Processing Schedule](#) and further guidance on [How to Submit GEARS Expenditure Reports](#).

Direct any questions related to the technical aspects of expenditure report processing, monthly payment reports, and reimbursements can email DHSDESBFSGEARS@dhs.wisconsin.gov. Direct all other questions regarding expense reports to the DHS program area DHSLeadPoisoningPrevention@dhs.wisconsin.gov.

F. REPORTING REQUIREMENTS

1. FINANCIAL REPORTING

Additional financial reporting must be provided by the Grantee upon request by DHS. This may include (but not limited to) expenses associated with salaries, supplies, travel, contractual, or other (including copies of receipts documenting the purchase of specific items and timesheets for salaries).



2. PROGRAMMATIC REPORTING

Annual reports are required to be submitted by the first business day of February following the end of the contract term. Grantee will be provided a report form from the DHS program area.

Documentation in HHL PSS will be used as your reporting requirements and should be completed within 2 weeks of each event. Required documentation is outlined below in Additional Information and/or Requests.

Direct all questions regarding reports to the DHS program area (DHSLeadPoisoningPrevention@dhs.wisconsin.gov). Failure to meet a reporting requirement(s) can result in a dispute(s) for noncompliance, default, and/or breach of the agreement terms and conditions.

G. UNALLOWABLE COSTS

Any services provided that are reimbursable by Medicaid are not allowed to be billed to the contract.

Direct all questions regarding eligible expenses to the DHS program area (DHSLeadPoisoningPrevention@dhs.wisconsin.gov).

Contractee must pursue third party payment and/or other funding sources for service provision to children who are eligible for third party payment. This includes billing Medicaid fee-for-service or the appropriate managed care organization for blood lead testing of Medicaid-enrolled children. This also includes billing Medicaid for nurse home visits and environmental investigations for children with blood lead levels ≥ 3.5 $\mu\text{g/dL}$.

H. BUDGET MANAGEMENT

Cost deviation or change from approved budget categories, or the addition of a new category, will require submission of a new budget and will require revised budget approval from DHS prior to incurring costs. The DHS may proactively recommend a revision should spenddown tracking suggest the need to redistribute remaining funds.

Grantee must receive prior approval for any equipment purchases that exceed \$5,000 per the [DHS Allowable Cost Policy Manual \(Section 10a\)](#). Direct all questions regarding budget management or



equipment purchases to the DHS program area
(DHSLeadPoisoningPrevention@dhs.wisconsin.gov.).

I. ADDITIONAL INFORMATION AND/OR REQUIREMENTS

Contractee must deliver public health services to residents by qualified health professionals in a manner that is family centered, unbiased, culturally appropriate, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

Contractees must provide services that support the elimination of childhood lead poisoning and the early detection and treatment of children with lead poisoning including compliance with:

- WI Statute and Administrative Rules:
 - WI Stat 254 (Environmental Health, <http://docs.legis.wi.gov/statutes/statutes/254.pdf>),
 - WI Admin Rule DHS 181 (Reporting of Blood Lead Test Results, http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/181.pdf),
 - WI Admin Rule DHS 163 (Certification for the Identification, Removal and Reduction of Lead-Based Paint Hazards, http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/163.pdf), and
 - WI Admin Rule DHS 157 (Radiation Protection, https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/157), as well as
- Practice standards presented in:
 - CDC's Blood Lead Reference Value and Recommended Actions (Oct 2021) <https://www.cdc.gov/lead-prevention/hcp/clinical-guidance/index.html>
 - Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention* (https://www.cdc.gov/lead-prevention/about/index.html?CDC_AAref_Val=https://www.cdc.gov/nceh/lead/docs/final_document_030712.pdf, CDC, January 4, 2012),
 - Wisconsin Childhood Lead Poisoning Prevention and Control Handbook (<https://www.dhs.wisconsin.gov/lead/ph-intervention.htm>, under the Handbook tab; rev. 2024), and
 - U.S. Dept of Housing and Urban Development, Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing. (2012 Edition; https://www.hud.gov/program_offices/healthy_homes/lbp/hudguidelines).

Additionally, contractees may borrow equipment from the DHS program area to help them



complete their work under this contract. Contractees are responsible for the equipment while it is in their possession, including:

- HEPA vacuums: Contractee may borrow HEPA vacuums from the DHS program area, for use by families of lead poisoned children, to reduce dust in homes. Contractee ensures the vacuum is cleaned before returning it to the DHS program area.
- XRF devices: If the contractee requests to borrow an XRF device from the DHS program area to conduct the lead investigation, the contractee will be responsible for the device during the time it is in their possession, including following all requirements for the transfer, storage and use of the device per WI Admin Rule DHS 157 and the DHS program area as outlined in the handbook. Contractee must return XRF devices to the DHS program area within 21 days of borrowing.

Contractee must document the use of any loaned equipment in their annual report to the DHS program area.

J. PROJECT DELIVERABLES

Option 3: Increase blood lead testing, provide nursing case management for confirmed blood lead level of 10 µg/dL or greater, and provide environmental investigation for a venous blood lead level of 10 µg/dL or greater.

Blood Lead Testing

Deliverable: Contractee will work to ensure children are tested according to the Wisconsin Blood Lead Testing Recommendations. Including:

- Monitoring blood lead testing percentages in the current jurisdiction for 1 year olds, 2 year olds, and 3 – 5 years olds not previously tested.
- Ensuring children with a capillary blood lead level greater than or equal to the blood lead reference value receive a confirmatory test within 90 days. Preferably a venous draw.

Tasks:

- Send letters to families with education and reminders for confirmatory blood draws.
- Call families and/or providers to encourage confirmatory blood draws.
- Provide 2by2 campaign materials to clinics and providers.

Nursing Case Management

Deliverable: Provide case management services to children with a blood lead level of 10 µg/dL or greater.

Tasks: For any child with a blood lead level greater than or equal to 10 µg/dL each of the following will be completed within 2 weeks of notification and documented in HLPSS:

- A nurse home visit



- Documented developmental assessment (completed by LHD or child's provider)
- Fill in the [Nursing Case Management Report](#) (F-44771A) and upload into patient attachments in HHLPSS
- If anything cannot be completed within 2 weeks a note must be entered into HHLPSS to explain the delay
- Complete and upload the [Nursing Case Closure Report](#) (F-44771B) once the child has meet closure criteria

Environmental Investigation

Deliverable: Provide environmental investigations on properties of children with a blood lead level of 10 µg/dL or greater.

Tasks: Follow statute 254.164 by completing an environmental investigation for any child with a blood lead level at or above 10 µg/dL. Each of the following will be completed and documented in HLPSS within the specified timelines:

- Environmental investigation at the child's primary residence and all secondary properties within 24 hours – 2 weeks, depending on the blood lead level. (See [Childhood Blood Lead Level Case Management Guidelines](#) Table E for timeframes)
- [Property Investigation Report](#) (F-44771C) and [Risk Assessment Report](#) completed and uploaded into HHLPSS within 2 weeks of receiving test results from the lab related to the environmental investigation.
- [Clearance Report](#) and [Property Investigation Closure Report](#) (F-44771D) completed and uploaded into HHLPSS within 2 weeks of receiving the clearance test results from the lab related to the environmental investigation.