

Year 2024 Template Objectives for Childhood Lead Consolidated

Legend

A	Objective Statment	D	Input Activities	G	For your Information
B	Deliverable	E	Base Line for Measurement		
C	Context	F	Data Source for Measurement		

1.

- A. Objective 1: By December 31, 2024, (INSERT NUMBER) children who reside in (INSERT NAME OF JURISDICTION) will receive an age-appropriate blood lead test.
- B. A report to document each of the following measures:
1. The number of unduplicated children residing in (INSERT NAME OF JURISDICTION) who received an age-appropriate blood lead test.
 2. The number of children with a capillary blood lead level greater than or equal to 3.5 micrograms per deciliter and the number who received a confirmation test within 90 days after the capillary test.
 3. The number of children with a confirmed blood lead level greater than or equal to 3.5 micrograms per deciliter.
 4. Who completed the blood lead testing and any activities the local health department provided to increase testing.

This report should be emailed [send secure] to the Childhood Lead Poisoning Prevention Program
DHSLeadPoisoningPrevention@wi.gov by February 1, 2025.

- C. Acceptable value for this objective is up to \$27.33 per blood lead test [If using Point of Care Device Office Visit: \$12.19 | Capillary blood draw: \$3.03 | Assay of lead: \$12.11] and \$2500 for purchasing point of care blood lead testing system. Age-appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments must seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See reference: Centers for Disease Control and Prevention Recommended Actions Based on Blood Lead Level <https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm>.
- C.
- D. [SPECIFY WHERE TESTING WILL BE DONE AND HOW THE LOCAL HEALTH DEPARTMENT WILL PROMOTE AGE-APPROPRIATE TESTING.]
- E. In 2022 [INSERT NUMBER] children were tested in [JURISDICTION]. (This baseline must be included for perspective on future objectives being proposed.)
- F. An agency-generated report.
- G.

2.

- A. Objective 2: Comprehensive Follow-up for Low Level Lead Exposure
Throughout the 2024 contract period, residents from the jurisdiction of the [INSERT NAME OF AGENCY] will receive comprehensive follow-up services, including:
- A nurse home visit at a confirmed blood lead level greater than or equal to [INSERT BLOOD LEAD LEVEL] micrograms per deciliter; and
 - An environmental lead hazard investigation at a confirmed blood lead level greater than or equal to [INSERT BLOOD LEAD LEVEL] micrograms per deciliter.
- [INSERT ADDITIONAL SERVICES OFFERED AT LOWER BLOOD LEAD LEVELS]

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- B. A report to document the extent to which the two components of this objective were provided, specifically:
1. The number of children with a confirmed blood lead level greater than or equal to [INSERT BLOOD LEAD LEVEL SELECTED IN OBJECTIVE STATEMENT] micrograms per deciliter and the number who received a nurse home visit to provide information on lead poisoning prevention; and
 2. The number of children with a confirmed blood lead level greater than or equal to [INSERT BLOOD LEAD LEVEL SELECTED IN OBJECTIVE STATEMENT] micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and all secondary properties, including accompanying risk assessment reports, work orders and property clearance.

For reporting purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort but should be reported separately.

This report should be faxed to the Childhood Lead Poisoning Prevention Program (confidential fax line: 608-267-0402) or emailed to DHSLeadPoisoningPrevention@wi.gov by February 1, 2025.

- C. There is no designated value range for this objective. This objective is intended to assure that the local health department is providing nursing and environmental interventions for children with low level lead exposure. Providing these interventions for children with lower level lead exposure is intended to prevent ongoing lead exposure and more severe lead poisoning.

C.

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- D. 1. NURSING: For this objective, a home visit must be conducted for all children with one or more confirmed blood lead levels greater than or equal to [INSERT BLOOD LEAD LEVEL SELECTED IN OBJECTIVE STATEMENT] micrograms per deciliter. After the initial home visit, the Nursing Case Management Report must be completed. The Nursing Case Closure Report must be completed when the case is closed. Links to report forms can be found at <https://www.dhs.wisconsin.gov/lead/ph-intervention.htm> under the Forms and Templates tab.

Completed nursing forms must be promptly attached to the pertinent patient record in the Healthy Homes and Lead Poisoning Surveillance System (HHL PSS). See HHL PSS Job Aid 3.14: Patient Attachments (<https://www.dhs.wisconsin.gov/lead/hhlps-job-aids.htm>). A note must be added to the patient record in HHL PSS regarding any delay. See HHL PSS Job Aid 3.13 Patient Notes.

2. ENVIRONMENTAL: For this objective, a full environmental lead hazard investigation meeting the requirements of DHS 163 and using the DHS templates must be completed for all children with one or more confirmed blood lead levels greater than or equal to [INSERT BLOOD LEAD LEVEL SELECTED IN OBJECTIVE STATEMENT] micrograms per deciliter. This includes, within 10 working days after receiving all sample results, completion of the Property Investigation form, a risk assessment report, issuance of a property owner work order letter with work specifications to address the identified lead hazards and a scope of work. Also, when the work orders are finished, this must include within 10 working days after receiving all sample results completion of the Property Investigation Closure form and a clearance report indicating that the hazards have been controlled. Links to forms, reports and templates can be found at <https://www.dhs.wisconsin.gov/lead/ph-intervention.htm> under the Forms and Templates tab.

The completed environmental forms and documents above must be promptly attached to the pertinent address records in HHL PSS. See HHL PSS Job Aid 4.3: Adding Attachments (<https://www.dhs.wisconsin.gov/lead/hhlps-job-aids.htm>). A note must be added to the address record in HHL PSS regarding any delay. See HHL PSS Job Aid 4.2 Entering property Notes.

The environmental lead hazard investigation must include a child's primary residence and all pertinent secondary residences, and other areas where the child may be exposed to lead hazards. The procedure for the investigation is outlined in Chapter 7 and Appendix B of the WCLPPP Handbook for Local Health Departments. <https://www.dhs.wisconsin.gov/lead/ph-intervention.htm> under the Handbook tab.

Local health departments must seek third party reimbursement for nurse home visits and environmental lead hazard investigations and clearances for Medicaid-enrolled children by billing Medicaid for these services.

For more information visit <https://www.dhs.wisconsin.gov/lead/medicaid-reimbursement.htm>

- E. [BASELINE MUST BE INCLUDED]
- F. An agency-generated report.
- G.