

2024 Program Quality Criteria

Childhood Lead Consolidated

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Contractees should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

- a. Grantee must assess local blood lead surveillance data for lead poisoning prevalence and risk factors.

Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

- a. Grantees 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:

(1) WI Statute and Administrative Rules:

- WI Stat 254 (Environmental Health,

<http://docs.legis.wi.gov/statutes/statutes/254.pdf>),

- WI Admin Rule 181 (Reporting of Blood Lead Test Results,

http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/181.pdf), and

- WI Admin Rule 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

(2) Practice standards presented in:

- CDC's Blood Lead Reference Value and Recommended Actions (Oct 2021)

<https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm>

- Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention* (https://www.cdc.gov/nceh/lead/docs/final_document_030712.pdf, CDC, January 4, 2012),

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- Wisconsin Childhood Lead Poisoning Prevention and Control Handbook (<https://www.dhs.wisconsin.gov/lead/ph-intervention.htm>, under the Handbook tab; rev. 2014), 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).
- b. Grantees must assure the availability and accessibility of blood lead tests for children under age 6, as referenced in the boundary statement.
- c. Grantees must provide a nurse home visit and environmental investigation within two weeks of the referral date for children with an elevated blood lead level. A note must be added to the patient and/or address record in the Healthy Homes and Lead Poisoning Surveillance System (HHL PSS) regarding any delay. For instructions, use HHL PSS Job Aids 3.13: Patient Notes and 4.2: Entering Property Notes (<https://www.dhs.wisconsin.gov/lead/hhlps-jobs-aids.htm>).
- d. Grantees must not discriminate on the basis of the child or guardian's race, ethnicity, religion, sex, gender identity and expression, sexual orientation, primary language, disability, marital status or national origin in any of its activities related to this grant.

Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

- a. Grantee must have a system for maintaining records to track follow-up of children with blood lead levels greater than or equal to 3.5 µg/dL and all properties associated with elevated blood lead levels, including the findings and outcomes of interventions and environmental investigations.

Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

- a. Grantee must provide information within the community about lead hazards, lead hazard reduction methods, primary prevention of lead poisoning, and blood lead

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testing, as referenced in the boundary statement.

Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- a. Grantee must build partnerships with local health care providers and agencies involved in health, social services, housing, and childcare to incorporate lead hazard awareness into their activities with, or services to, families at risk for lead exposure.
- b. Grantee must provide information, consultation and technical assistance to health care providers or other programs to assure that treatment of children with lead poisoning is efficient and effective, and to assure that lead-safe environments are available to children with lead poisoning.

A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

- a. Grantee must assess the need for, and provide timely and appropriate referrals for, supportive services to families of lead poisoned children.

Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

- a. Grantee must assure that local childhood lead poisoning prevention program staff has access to, are knowledgeable of and in compliance with the state statutes and administrative rules and practice standards listed in Number 2. Delivery of Public Health Services.

Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

- a. Grantee 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 greater than or equal to 5 µg/dL.

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Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

- a. Grantee must regularly collect and analyze local data to determine the adequacy of blood lead testing for children, timely follow-up of lead poisoned children, timely completion of environmental investigations and lead hazard reduction work, and community lead poisoning prevention education.
- b. Grantee must complete the following nursing and environmental reports. Template forms can be found at <https://dhs.wisconsin.gov/lead/ph-intervention.htm>; under the Forms and Templates tab. When you click on a template, if a window appears asking you to log in, click on the "X" in the right hand corner to go to the document.
 - Nursing Case Management Report (F-44771A)
 - Nursing Case Closure Report (F-44771B)
 - Property Investigation Report (F-44771C)
 - Property Investigation Closure Report (F-44771D)
 - Risk Assessment Report (template)
 - Work Specification Language for Lead Hazard Reduction (list of work spec options)
 - Work Orders Letter (template)
 - Scope of Work (template)
 - Clearance Report (template)
- c. Grantee must promptly attach the completed forms and documents above to the pertinent patient or address record in HHL PSS. For instructions use HHL PSS Job Aids 3.14: Patient Attachments and 4.3: Adding Attachments (<https://www.dhs.wisconsin.gov/lead/hhlps-job-aids.htm>).