

# Wisconsin Childhood Lead Poisoning Prevention Program (WCLPPP)

## Program Quality Criteria

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

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

Contractee must assess local blood lead surveillance data for lead poisoning prevalence and risk factors.
2. **Delivery of 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.
  - a. 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:
    - (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](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](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/163.pdf)) and
    - (2) Practice standards presented in:
      - *Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention\** ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf), CDC, January 4, 2012),
      - Wisconsin Childhood Lead Poisoning Prevention and Control Handbook (<https://www.dhs.wisconsin.gov/publications/p00660.pdf>, 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](https://www.hud.gov/program_offices/healthy_homes/lbp/hudguidelines)).
  - b. Contractees must assure the availability and accessibility of blood lead tests for children in the target populations, as referenced in the boundary statement.
  - c. Contractees 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 should be added to the patient or address record in the Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) regarding any delay.
  - d. Contractees 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 contract.
3. **Record keeping** for individual focused services that assure documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

Contractee must have a system for maintaining records that track follow-up of children with blood lead levels  $\geq 5$  mcg/dL and all properties associated with elevated blood lead levels, including the investigation and intervention findings and outcomes.
4. **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.

Contractee must provide information to one or more target audiences within the community about lead hazards, lead hazard reduction methods, primary prevention of lead poisoning, and blood lead testing, as referenced in the boundary statement.

5. **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. Contractee must build partnerships with local health care providers and agencies involved in health, social services, housing, and child care to incorporate lead hazard awareness into their activities with, or services to, families living in pre-1978 housing.
  - b. Contractee 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.
6. **A referral network** sufficient to assure the timely and appropriate provision of services to address identified client health care needs.

Contractee must assess the need for, and provide timely and appropriate referrals for, supportive services to families of lead poisoned children.
7. **Provision of guidance to staff** through program and policy manuals and other means sufficient to assure quality client care and cost-effective program administration.

Contractee 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*.
8. **Financial management practices** sufficient to assure accurate eligibility determination, pursuit of third-party insurance and Medicaid coverage of services provided, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and appropriate use of state and federal funds.

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  $\geq 5$  mcg/dL.
9. **Data collection, analysis, and reporting** to assure program outcome goals are met or to identify program management problems that need to be addressed.
  - a. Contractee 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. Contractee must complete the following nursing and property investigation forms and environmental investigation documents (<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. Contractee must promptly attach the completed forms and documents above to the pertinent patient or address record in the HHLPSS using HHLPSS Job Aids [3.14: Patient Attachments](#) and [4.3: Adding Attachments](#) (<https://www.dhs.wisconsin.gov/lead/hhlps-job-aids.htm>).