

Guide For States Interested in Transitioning to Targeted Blood Lead Screening for Medicaid-Eligible Children

May 2012

The Centers for Disease Control and Prevention (CDC) recommends a targeted screening approach for children eligible for Medicaid in States where data exists to support discontinuing universal screening of all Medicaid eligible individuals (CMCS Information Bulletin released March 30, 2012).¹ CDC and the Center for Medicare & Medicaid Services (CMS) have developed criteria² that States should consider when requesting to shift to a targeted screening plan for individuals covered by Medicaid. CDC and CMS will review the information provided to determine if it is sufficient to support the State's request.

If your State is interested in transitioning from universal blood lead screening for all Medicaid eligible children to a State-specific targeted approach, please submit a request to the EPSDT mailbox at EPSDT@cms.hhs.gov. You should consider submitting the following information with your request:

Part 1: Why is the request being made?

- Provide a justification for transitioning individuals covered by Medicaid to a targeted screening approach in your State.
- How does this transition fit with efforts already under way in your State to improve efforts to identify children with high risk for lead exposure and to reduce childhood lead poisoning?

Part 2: Information on Current State or Local Levels of Risk for Lead Poisoning

- What are the areas of local risk for elevated blood lead levels (EBLLs) in your State (this should include local zip codes, areas of occupational hazards, etc)?
- Please include a list of local jurisdictions/neighborhoods at highest risk for childhood lead exposure in your State (or a map).
- Provide information on current estimates of blood lead screening rates by local jurisdiction and area risk status.
- Provide information on current estimates of EBLLs in your State by local jurisdiction and screening rates. Describe the data sources used to determine the EBLLs in your States (including State survey data, GIS mapping, managed care data, Medicaid CMS-416 data, etc.).
- Describe any non-data-driven justifications for using targeted screening in your State.
- Describe your proposed blood lead screening strategy to focus available resources on the population at highest risk.
- Please provide applicable criteria used in updated policy to determine populations to be screened including but not limited to the criteria included below:

¹ See http://content.govdelivery.com/attachments/USCMS/2012/03/30/file_attachments/101869/CIB-03-30-12.pdf.

² For recommendations of criteria on which to base targeted screening policies, please refer to "Recommendations for Blood Lead Screening of Medicaid-Eligible Children Aged 1-5 Years: an Updated Approach to Targeting a Group at High Risk," MMWR, August 7, 2009; 58(RR09);1-11

- | | |
|---|---|
| <input type="checkbox"/> Residence in zip code | <input type="checkbox"/> Low-income/poverty |
| <input type="checkbox"/> Member of certain HMO | <input type="checkbox"/> Substandard housing |
| <input type="checkbox"/> Immigration, refugee, adoption status | <input type="checkbox"/> GIS mapped exposure |
| <input type="checkbox"/> State HEDIS measure information | <input type="checkbox"/> Census data |
| <input type="checkbox"/> Nutritional evaluation (WIC) | <input type="checkbox"/> Housing survey |
| <input type="checkbox"/> Adult and occupational registry data | <input type="checkbox"/> Identification of new product or local practices |
| <input type="checkbox"/> Local risk, please specify _____ | |
| <input type="checkbox"/> Other local risk, please specify _____ | |

- Please describe any alternative screening technologies/sites to be instituted? For example:
 - Capillary testing with portable device in clinic or physicians office, with lab confirmation;
 - On-site testing with use of filter paper, with lab confirmation;
 - Send capillary or venous sample to laboratory;
 - Cooperative agreement with Women Infant and Children Special Nutrition Project/Head Start or other organization to screen high risk children enrolled in these programs.

Part 3: Evidence of Collaboration and Communication with Key Stakeholders

- Evidence of collaboration by the State Medicaid Agency and the State Health Department should include a letter signed by both agencies;
- Evidence of communication with State partners involved in child health care, e.g., State American Academy of Pediatrics leadership; local Head Start; and
- A communication plan for implementing the new targeted screening approach in your State including messaging to parents, health care providers, Head Start programs, schools, etc.

Part 4: Evaluation Framework for State Targeted Blood Lead Screening³

- Please describe the State’s proposed evaluation strategy including a timeframe of periodic evaluation of the effectiveness of the new screening policy. Please attach appropriate documentation of an evaluation framework including logic model to be instituted with new targeted screening.

³ Reference, “Framework for Program Evaluation in Public Health,” MMWR, September 17, 1999; 48(RR11); 1-40.

**Process for State Proposals for Targeted Lead Screening
of Medicaid Eligible Children**

May 2012

Following are a series of steps that States may wish to follow in submitting proposals to CMS to transition to a targeted approach to lead screening for children eligible for Medicaid.

1. States who wish to move their Medicaid eligible children into a State targeted lead screening plan should submit a request along with supporting documentation to the EPSDT mailbox at EPSDT@cms.hhs.gov. The subject line should include: Request for Use of Targeted Lead Screening.
2. CMS will review materials submitted and disseminate the request to additional CMS staff, including RO staff, and CDC staff (need contact name(s)). If CMS has initial concerns with the request, they will let CDC staff know of those concerns at this time.
3. CDC will review the material and provide input to CMS within 30 days from the date they receive the request. If CDC believes the request provides sufficient information and evidence for permitting the State to move its Medicaid population into a targeted screening plan, CDC will notify CMS of that determination.
4. If CDC determines that the request contains insufficient information or data, CDC will provide detailed comments so that CMS may communicate those concerns with the State. If necessary, a conference call will be scheduled between CMS, CDC and the State partners to discuss outstanding issues or concerns.
5. The State will be asked to submit additional information per any comments from CDC/CMS. A final decision will be made once all information has been provided.
6. Once CDC and CMS agree that a State has provided sufficient information and evidence to support their request, CMS will issue a letter advising the State that they are no longer required to universally screen all Medicaid eligible children for lead poisoning. This letter will be signed by the Director of the Division of Quality, Evaluations and Health Outcomes within CMS' Center for Medicaid and CHIP Services.
7. CMS and CDC will follow up with States to ensure that the evaluations the State performs in support of this process continue to show that the children at highest risk of lead poisoning are being screened.