

Lead Screening & Treatment in Medicaid & CHIP





Potential health impacts for children with exposure to lead: 1 • Decreased hearing and cognitive

- performance
- Lower IQ scores, delayed puberty, decreased academic achievement
- Increased behavioral problems & attention related behaviors

Sources of lead contamination:

- Paint in housing built before 1978
- Leaded pipes which can contaminate drinking
- Imported items such as toys, cooking containers & beauty products.



25%

of all U.S. housing units have significant lead based paint. 2



Young children live in homes with significant lead based paint.

535.000

children between 1 and 5 enrolled in Medicaid with blood levels high enough to damage their health.

5 micrograms per deciliter



CDC recommends public health actions be taken when blood lead levels exceed this amount.

CMS & Bright Futures Guidelines For Lead Screening & Treatment

Medicaid 5

- Through the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, CMS requires all children enrolled in Medicaid receive blood lead screenings at 12 and 24 months.
- CMS also requires any child enrolled in Medicaid and between the ages of 24 and 72 months with no record of a previous blood lead screening test receive one.
- Medicaid provides treatment services for children with elevated blood lead levels through the EPSDT benefit, which covers any service that is medically necessary to correct or ameliorate defects in physical and mental illnesses or conditions identified by the screening services, whether or not such service is otherwise covered under the state plan.
- Medicaid can provide reimbursement for environmental lead investigations in the home of a child with a positive lead screening. Medicaid funds can also cover case management services provided to children with elevated blood lead levels.

CHIP 6

- Many states use the Bright Futures periodicity schedule for their CHIP programs. Bright Futures, recommends blood lead screenings at 12 months and 24 months for children in Medicaid or in high risk areas.
- Separate CHIP programs are not held to the same lead screening requirements as Medicaid, although CMS encourages states to align their CHIP and Medicaid screening policies.
- States must designate a periodicity schedule and establish screening guidelines for their separate CHIP program.

Bright Futures

- The Bright Futures guidelines are a set of evidence-informed preventive care and screening guidelines led by the American Academy of Pediatrics.
- The Bright Futures guidelines recommend that lead screenings are performed at 1 year and 2 year well-visits if the child is in high prevalence area or enrolled in Medicaid which aligns with CMS requirements.
- The Bright Futures guidelines also recommend that providers conduct risk assessments for lead poisoning at 6-, 9- and, 18-month, as well as 3-, 4-, 5- and 6-year-old well-visits with a lead screening if the risk assessment indicates potential exposure.

For more information visit www.nashp.org

State Options for Improving Lead Screening & Treatment Under Medicaid & CHIP

Health Service Initiatives (HSIs) 8

Health Service Initiatives are an option available to states under CHIP, which allow the use of CHIP administrative funds to improve the health of low-income Medicaid or CHIP enrolled children. These funds can be used for direct services and public health initiatives - including lead screening and treatment related services.

· Missouri received approval from CMS to use HSI funds to support local public health departments in providing lead screening tests, lead case management services and lead outreach and education for children in high risk areas.

Targeted Lead Screening Plan

In 2012, the Centers for Medicaid and Medicare Services (CMS) introduced an option that allows states to change their universal lead screening policies to an approach that targets children in high risk geographic areas. ¹⁰ CMS has released guidance 11 on how to develop and submit targeted screening plans. Medicaid agencies must work closely with their state health departments to create an appropriate targeting methodology.

 Arizona is currently the only state that has a CMS approved targeted lead screening policy. Arizona's plan includes an ongoing goal of increasing lead screening rates to 85 percent in the targeted areas.12

Lead Screening Performance Improvement Projects

States can use HEDIS or other performance information, and compare plan level performance data and consider requiring managed care plans to implement performance improvement projects (PIPs) focusing on improving blood lead screening rates. In addition, managed care plans can provide incentives to providers to increase screening rates at the clinical level.

 The states highlighted in a recent NASHP map have state performance improvement or incentive projects in place for lead screening.

Additional Resources:

- CMS Lead Screening Webpage https://www.medicaid.gov/medicaid/benefits/epsdt/lead-screening/index.html
- CMCS Information Bulletin: Coverage of Blood Lead Testing for Children Enrolled in Medicaid and the Children's Health Insurance Program, November 2016 https://www.medicaid.gov/federal-policy-guidance/downloads/cib113016.pdf
- CMCS Informational Bulletin: Targeted Lead Screening Plans, June 2012 https://www.medicaid.gov/federal-policyguidance/downloads/cib-06-22-12.pdf
- CMS Guide for States Interested in Transitioning to Targeted Blood Lead Screening for Medicaid Eligible Children, May 2012 https://www.medicaid.gov/medicaid/benefits/downloads/targetedleadscreening.pdf
- CDC Lead Webpage https://www.cdc.gov/nceh/lead/
- CDC Policy Guide Preventing Lead Poisoning in Children https://www.cdc.gov/nceh/lead/publications/books/plpyc/chapter6.htm
- EPA Webpage Basic Information about Lead in Drinking Water https://www.epa.gov/ground-water-and-drinkingwater/basic-information-about-lead-drinking-water

Sources

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 2. David C. Cox, et al., American Healthy Homes Survey Lead and Arsenic Findings (Washington DC: U.S. Department of Housing and Urban Development Office of Healthy Homes and Lead Hazard Control, April 2011), https://portal.hud.gov/hudportal/documents/huddoc?id=AHHS_REPORT.pdf
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 7. § 457.410
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 9. Missouri Department of Social Services, "Missouri Application for the State Health Children's Health Insurance Program Revised 6/2012", accessed January 27, 2017, https://www.medicaid.gov/CHIP/Downloads/MO/MO-CSPA-8-INITIAL.pdf
 10. Cindy Mann, CMCS Information Bulletin: Targeted Lead Screening Plans. (Washington DC: U.S. Department of Health and Human Services, Center for Medicaid and CHIP Services, June 22, 2012), https://www.medicaid.gov/federal-policy-guidance/downloads/cib-06-22-12.pdf
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 12. Arizona Department of Health Services Office of the Environment, Targeted Lead Screening Plan for the Prevention of Childhood Lead Poisoning, (Phoenix, AZ: Arizona Department of Health Services, Office of the Environment, December 2014), http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/childhood-lead/targeted-lead-screening-plan.pdf