### Screening Criteria:
- Screen children at 12 and 24 mos. of age who are receiving services from publicly supported programs for low-income children, such as Medi-Cal, CHDP, Women, Infants And Children (WIC), and Healthy Families (1).
- Screen children at 12 and 24 mos. of age, who are not in a supported program but found to be at-risk because a parent/guardian answers “yes” or “don’t know” to at least one of the two-risk assessment questions (2).
- Screen children between 24 and 72 months who were not previously tested or who missed the 24 month test (3) or any time thought indicated by provider (2).

### Reporting Guidelines:
- The analyzing lab (6) shall report to the Branch within three (3) working days of analysis all blood lead levels ≥15 µg/dL. If the blood lead level is <10 µg/dL, it shall be submitted within 30 calendar days (fax, mail, or electronically report)(6).

### Sampling Methods:
- A screening BLL may be capillary (fingerstick) (1,3) or venous sampling.
- A BLL used to confirm a case must be a venous (diagnostic) sampling.

### Initial Test Results by Blood Lead Level (BLL)

<table>
<thead>
<tr>
<th>BLL</th>
<th>Primary Care Providers Action</th>
<th>CLPPP-PHN Case Management Action</th>
<th>Child Health &amp; Disability Prevention Program (CHDP) Action</th>
<th>California Children’s Services (CCS) Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 9 µg/dL</td>
<td><strong>Give anticipatory guidance about lead hazards and lead poisoning. Re-screen at appropriate age, normally at ages 1 yr. and 2 yrs., unless circumstances change (confirmatory BLL is not required).</strong> Reinforce preventive measures, e.g. hand washing. <strong>PM 160 Documentation:</strong> For additional follow-up screening use code 3 or 5 in column “C” and enter BLL results in “comments/problems” section.</td>
<td>When test results are known, informational letter (IL) may be sent by CLPPP to health care provider to retest in 12 months based on risk status.</td>
<td>Maintain a provider reference manual that provides basic CHDP Provider policy requirements, health assessment guidelines, procedure test, &amp; provider responsibilities.</td>
<td>No Action.</td>
</tr>
<tr>
<td>10 to 14 µg/dL</td>
<td><strong>Give anticipatory guidance about lead hazards and lead poisoning. Perform a confirmatory test in 3 months</strong> (10). Take an environmental history. Conduct a physical exam. Screen and assess nutritional status. Provide nutritional education on USDA Food Pyramid. For children with iron-deficiency include foods high in vitamin C, calcium, and iron &amp; limit high fat intake. Refer to WIC. Provide lead awareness education which includes: source and hazard, effects of exposure, &amp; how to minimize lead exposures and hazards. <strong>PM 160 (09/01) Documentation:</strong> For additional follow-up screening use code 3 or 5 in column “C” and enter BLL results in “comments/problems” section.</td>
<td>When test results are known, informational letter may be sent by CLPPP to the health care provider to retest in 3 months.</td>
<td>Maintain a provider reference manual that provides basic CHDP Provider policy requirements, health assessment guidelines, procedure test, &amp; provider responsibilities.</td>
<td>No Action</td>
</tr>
<tr>
<td>15 to 19 µg/dL</td>
<td><strong>Perform a confirmatory (venous) test within 1-2 months.</strong> If the retest result (venous) is below (&lt;) 15 µg/dL, retest in 3 months. If the confirmatory BLL is ≥ 15 µg/dL, provide medical case management services described below (2) (10). <strong>Medical Case Management:</strong> A. Retest every 4 to 6 weeks. Refer to local health dept. for environmental investigation (EI). B. Screen and assess nutritional status. Provide nutritional education on USDA Food Pyramid. For children with iron-deficiency include foods high in vitamin C, calcium, and iron &amp; limit high fat intake. Refer to WIC. Initial lab work includes: hemoglobin and hematocrit. C. Conduct growth and developmental screening. Make referrals for early intervention programs. Track developmental status. D. Provide lead awareness education which includes: source and hazard, effects of exposure, &amp; how to minimize lead exposures and hazards. <strong>PM 160 (09/01) Documentation:</strong> For additional follow-up screening use code 3 or 5 in column “C” and enter BLL results in “comments/problems” section.</td>
<td>Case Management coordination is facilitated by the CLPPP-PHN who will refer the case to EHS and CHS for case management.</td>
<td>Maintain a provider reference manual that provides basic health assessment guidelines, provider responsibilities, referrals for services, and instructions on Medi-Cal reimbursement.</td>
<td>No Action</td>
</tr>
<tr>
<td>20 µg/dL</td>
<td>Screening Guidelines above apply. Two consecutive blood lead levels below 15 µg/dL shall be submitted within 30 calendar days of the report. (Priority 6)</td>
<td>Conduct periodic audits to ensure compliance.</td>
<td>Ensure that the CHDP Health Provider refers the child to local CLPPP for coordination of care, environmental investigation and lead hazard control.</td>
<td>Conduct periodic program audits to ensure compliance.</td>
</tr>
</tbody>
</table>
### Initial BLL Primary Care Provider Action

<table>
<thead>
<tr>
<th>Initial BLL</th>
<th>Primary Care Provider Action</th>
<th>CLPPP-PHN Case Management Action</th>
<th>CHDP Action</th>
<th>CCS Action</th>
</tr>
</thead>
</table>
| 20 to 44 µg/dL | If initial BLL is a capillary sampling, perform a confirmatory (venous) test, based on the initial BLL below:  
- 20-24 µg/dL, retest in 1-3 months  
- 25-44 µg/dL, retest in 1 week - 1 month [1] | Coordinate care between the primary provider and the caregiver. Track until closure.  
- Initiate a home visit/interview as follows:  
  - 20-29 µg/dL within one week of report. (Priority #5).  
  - 30-44 µg/dL within 72 hours of report. (Priority #4).  
- Make a referral to EH to conduct an EI within ten (10) days of the referral [6].  
- Assist eligible patients in completing a CCS eligibility form (DHS #4480).  
- Complete pages 1-10 of lead follow-up forms including Appendix C.  
- Conduct nutritional assessment & counseling if needed.  
- Refer to other health care services.  
- Mail a copy of Appendix C to the primary care provider [for all defined cases].  
- Discuss results with the patient/family.  
- Complete CDC US Growth Chart and PHN Assessment form.  
- Refer to WIC. Lab work includes: hemoglobin and hematocrit. | Maintain a provider reference manual that provides basic health assessment guidelines, laboratory reporting & provider responsibilities, referrals for services & lead case management and instructions on Medi-Cal reimbursement.  
- Ensure that the CHDP provider (1) conducts a health assessment (2) knows how to initiate a rapid CCS Program Referral for authorization of health services & lead case management and (3) contacts the local CLPPP for coordination of care, environmental investigation, and lead hazard control. Conduct periodic audits to ensure compliance.  
- Maintain cross CCS eligibility application (DHS #4480)  
- Screen for medical and financial eligibility.  
- Contact parent/caregiver and (1) discuss the role of the CCS case manager (2) inform the parent that the Program PHN & CCS case manager will monitor lead & medical case management interventions and services until closure. |  
| ≥ 45 µg/dL | Perform a confirmatory (venous) test, based in the initial BLL below:  
- Within 24 hours if BLL is 60-69 µg/dL.  
- Immediately if BLL is ≥70 µg/dL (medical emergency) | Complete a referral to a CCS approved Special Care Center [4] immediately for medical evaluation and medical management (may include chelation).  
- Assist caregiver in completing an “Application to Determine Eligibility” (DHS 4480). Complete a CCS Program Referral (CC100) to CCS or CHDP billing form, PM160 or PM16. Mail both forms to CCS at the same time [2]  
- Collaborate with the CCS Special Care Center (Panelled Provider) [4] [7] in coordinating medical management and follow-up. Make a referral for EI investigation. | Maintain a reference manual that provides basic health assessment guidelines, laboratory reporting & provider responsibilities, referrals for services & lead case management and instructions on Medi-Cal reimbursement.  
- Ensure that the CHDP provider (1) conducts a health assessment (2) knows how to initiate a rapid CCS Program Referral for authorization of health services & lead case management and (3) contacts the local CLPPP for coordination of care, environmental investigation, and lead hazard control. Conduct periodic audits to ensure compliance.  
- Maintain cross CCS eligibility application (DHS #4480)  
- Screen for medical and financial eligibility.  
- Contact caregiver and discuss the role of the CCS case manager. Inform parent that the (1) Program PHN & CCS case manager will monitor lead & medical case management interventions until closure and (2) Update Program PHN p.r.n. |  
| ± 45 µg/dL | If the confirmatory BLL is ≥45 µg/dL [2] (a) | Complete a referral to a CCS approved Special Care Center [4] immediately for medical evaluation and medical management (may include chelation).  
- Assist caregiver in completing an “Application to Determine Eligibility” (DHS 4480). Complete a CCS Program Referral (CC100) to CCS or CHDP billing form, PM160 or PM16. Mail both forms to CCS at the same time [2]  
- Collaborate with the CCS Special Care Center (Panelled Provider) [4] [7] in coordinating medical management and follow-up. Make a referral for EI investigation. | Maintain a reference manual that provides basic health assessment guidelines, laboratory reporting & provider responsibilities, referrals for services & lead case management and instructions on Medi-Cal reimbursement.  
- Ensure that the CHDP provider (1) conducts a health assessment (2) knows how to initiate a rapid CCS Program Referral for authorization of health services & lead case management and (3) contacts the local CLPPP for coordination of care, environmental investigation, and lead hazard control. Conduct periodic audits to ensure compliance.  
- Maintain cross CCS eligibility application (DHS #4480)  
- Screen for medical and financial eligibility.  
- Contact caregiver and discuss the role of the CCS case manager. Inform parent that the (1) Program PHN & CCS case manager will monitor lead & medical case management interventions until closure and (2) Update Program PHN p.r.n. |  

### References:
1. Providers interested in providing capillary screening method can contact CLPPP at (323) 869-7171.
3. CLPPP, 555 Ferguson Dr., Ste. 210-02, Commerce, CA 90022 (323) 869-7195.
4. To obtain a list of expert resources on chelation, call CLPPP at (323) 869-7195: CLPPP, 555 Ferguson Dr., Ste. 210-02 Commerce, CA 90022.
5. To obtain CC100 or a DHS 4480 forms, call CCS at 1-800-288-4584; 9320 Tealstar Avenue, El Monte, California 91731.
6. The analyzing lab must be a laboratory qualified as proficient in blood lead analysis. Check the website at www.dhs.ca.gov/eh/hlbiochem at 1-800-288-4584.
7. To become a CCS paneled provider, verify a provider's status, or obtain names of CCS approved providers and contact CCS.
8. CHDP Provider Information Notice: #2-02, February 6, 2002.

EFF: 10/92 Rev: (10/09/03, 4/5/04, 6/1/05) @sections/caseasgmt/mainw2.wpd