

July 18, 2003

CHDP Program Letter No.: 03-16  
CLPP Program Letter No.: 2003-02

**TO:** ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF, CHILDHOOD LEAD POISONING PREVENTION (CLPP) PROGRAMS, CLPP COORDINATORS, AND CLPP BRANCH STAFF

**SUBJECT:** CHDP PROVIDER INFORMATION NOTICE NO.: 03-16 AND CLPP PROVIDER INFORMATION NOTICE 2003-A - UPDATED GUIDANCE FOR SCREENING FOR AND MANAGEMENT OF CHILDHOOD LEAD POISONING

Enclosed is CHDP Provider Information Notice No.: 03-16 and CLPP Provider Information Notice No. 2003-A advising providers of CHDP policy on blood lead testing and anticipatory guidance and the new laboratory reporting requirements for blood lead test results.

The Blood Lead Test and Anticipatory Guidance guidelines (Section 704) in the CHDP Health Assessment Guidelines, including Table 704.1 and Appendix T, have been revised to reflect the changes in policy. Also, please distribute the Provider Information Notice and CLPP Program enclosure without any changes, to providers in your local program area. Complete and return the enclosed "Report of Distribution" after you have distributed the documents.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

Children's Medical Services Branch  
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320  
(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcf/cms>

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Please update all Health Assessment Guidelines you use and have on hand with the revisions enclosed with this Notice.

If you have any questions, please contact your Regional Office Nurse Consultant or your CLPP Regional Program Manager.

**Original Signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

**Original Signed by Valerie Charlton, M.D.**

Valerie Charlton, M.D., M.P.H., Chief  
Childhood Lead Poisoning Prevention Branch

Enclosures

Department of Health Services  
Children's Medical Services Branch  
Child Health and Disability Prevention (CHDP) Program  
REPORT OF DISTRIBUTION REPORT FORM

**Purpose of form and instruction for use:**

- The purpose of the report form is to confirm distribution of CHDP policy information to providers participating in the CHDP program by the Local Health Department CHDP Program. Submission of the report form provides documentation to the State of California, Department of Health Services, Children's Medical Services Branch, CHDP Program, of the date of distribution of Provider Information Notices.
- This form is to be completed after you have distributed the CHDP Provider Information Notice.
- The Report of Distribution report form is to be mailed to the address shown below within 45 days of this letter.

**PLEASE NOTE THAT NO CHANGE IS TO BE MADE IN THIS PROVIDER INFORMATION NOTICE OR ATTACHMENT.**

**THANK YOU.**

**Report of Distribution of:**

CHDP Program Letter No. 03-16, CLPP Program Letter No. 2003-02, and CHDP Provider Information Notice No. 03-16, CLPP Provider Information Notice No. 2003-A

THIS PROVIDER INFORMATION NOTICE WAS SENT TO PROVIDERS IN

\_\_\_\_\_ COUNTY/CITY on \_\_\_\_\_ DATE

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Program Representative (Print)

SIGNATURE OF SENDER: \_\_\_\_\_ Date: \_\_\_\_\_

Mail the completed form to: Report of Distribution Clerk  
Children's Medical Services Branch  
Child Health and Disability Prevention  
P.O. Box 942732  
Sacramento, CA 94234-7320

**Please note:** To update local program contact information (e.g., address, telephone, director or deputy director name), please follow the instructions on page one of the **Children's Medical Services Directory**. The directory can be found under "Forms and Publications" at [www.dhs.ca.gov/chdp](http://www.dhs.ca.gov/chdp). To open the directory, enter the case-sensitive password: CMS#directory.