State of California—Health and Human Services Agency
Department of Health Care Services

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DATE: *November 2, 2020*

ALL PLAN LETTER 20-016 *(REVISED)*
SUPERSEDES ALL PLAN LETTER 18-017

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: BLOOD LEAD SCREENING OF YOUNG CHILDREN

PURPOSE:
The purpose of this All Plan Letter (APL) is to provide requirements for blood lead screening tests and associated monitoring and reporting for Medi-Cal managed care plans (MCPs). This APL supersedes APL 18-017. *Revisions to this APL have been italicized for ease of reference.*

BACKGROUND:
According to the Centers for Disease Control and Prevention (CDC), protecting children from lead exposure is important to lifelong good health. Studies have shown that even low levels of lead in the blood can affect IQ, the ability to pay attention, and academic achievement.[1] Lead exposure can cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems. The most important step that can be taken is to prevent lead exposure before it occurs.

While lead paint has historically been the greatest source of lead exposure, children can be exposed to lead from additional sources such as lead smelters, leaded pipes, solder, plumbing fixtures, and consumer products. Lead can also be present in air, food, water, dust, and soil.

Federal law requires states to screen children enrolled in Medicaid for elevated blood lead levels as part of required prevention services offered through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.[2, 3] Accordingly, the Centers for Medicare and Medicaid Services (CMS) released an informational bulletin in

[1] CDC's Childhood Lead Poisoning Prevention information can be found at: https://www.cdc.gov/nceh/lead/about/program.htm
[2] 42 U.S. Code section 1396d(r) can be found at: http://uscode.house.gov/browse.xhtml
[3] For more information regarding EPSDT, see APL 23-005 titled, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21. APLs are searchable at: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx.

November 2016 that provides an overview of blood lead screening requirements for children enrolled in Medicaid.[4]

In addition, MCPs are contractually required to cover and ensure that Network Providers provide blood lead screening tests in accordance with the California Code of Regulations (CCR).[5] The CCR imposes specific responsibilities on doctors, nurse practitioners, and physician's assistants conducting periodic health assessments (PHAs) on children between the ages of six months and six years. The California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB) issues guidance for all California providers pursuant to the CCR,[6] and sets forth required blood lead standards of care.

Assembly Bill (AB) 2276 (Chapter 216, Statutes of 2020) added blood lead related requirements to state law to impose various contractual requirements on MCPs; require DHCS to develop and implement procedures to ensure MCP compliance with the requirements; authorize DHCS to impose sanctions for any violation of the requirements; and provide DHCS with express authority to implement, interpret, or make specific the requirements of the bill by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, without taking any further regulatory action.[7]

POLICY:

Blood Lead Anticipatory Guidance and Screening Requirements
MCPs must ensure that their Network Providers (i.e. physicians, nurse practitioners, and physician's assistants) who perform PHAs on child Members between the ages of six months to six years (i.e. 72 months) comply with current federal and state laws, and industry guidelines for health care providers issued by CLPPB, including any future updates or amendments to these laws and guidelines.

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[4] The 2016 CMS informational bulletin can be found at: https://www.medicaid.gov/federal-policy-guidance/downloads/cib113016.pdf
[5] Title 17, Division 1, Chapter 9, Articles 1 and 2, section 37100 of the CCR can be found at: https://govt.westlaw.com/calregs/index?__lrTS=20170821184818998&transitionType=Default&contextData=(sc.Default)
[6] CLPPB guidance for health care providers can be accessed at the following link: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx
[7] *AB 2276 can be found at: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2276*

MCPs must ensure that their Network Providers:

1) Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child Member that, at a minimum, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age.[8] This anticipatory guidance must be provided to the parent or guardian at each PHA, starting at 6 months of age and continuing until 72 months of age.

2) Order or perform blood lead screening tests on all child Members in accordance with the following:
   a) At 12 months and at 24 months of age.
   b) When the Network Provider performing a PHA becomes aware that a child Member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.
   c) When the Network Provider performing a PHA becomes aware that a child Member who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.
   d) At any time a change in circumstances has, in the professional judgement of the Network Provider, put the child Member at risk.
   e) If requested by the parent or guardian.

3) Follow the CDC Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines.

Network Providers are not required to perform a blood lead screening test if either of the following applies:
   a) In the professional judgment of the Network Provider, the risk of screening poses a greater risk to the child Member's health than the risk of lead poisoning.
   b) If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.

The MCP must ensure that the Network Provider documents the reason(s) for not performing the blood lead screening test in the child Member's medical record.[9] In

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[8] CLPPB anticipatory guidance includes information about other common sources of lead exposure for children. For the English version see: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-antguid(E)_ADA.pdf. For the Spanish version see: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-antguid(S).pdf.

[9] Title 17 CCR section 37100.

cases where consent has been withheld, the MCP must ensure that the Network Provider documents this in the child Member's medical record by obtaining a signed statement of voluntary refusal.[10] If the Network Provider is unable to obtain a signed statement of voluntary refusal because the party that withheld consent*: 1) refuses or* declines to sign *it, or 2)* is unable to sign *it* (e.g., when services are provided via telehealth modality), the Network Provider must document the reason for not obtaining a signed statement *of voluntary refusal* in the child's medical record. DHCS will consider the *above mentioned* documented efforts that are noted in the child's medical record as evidence of MCP compliance with blood lead screening test requirements.

Current CLPPB-issued guidelines include minimum standards of care a Network Provider must follow when conducting blood lead screening tests, interpreting blood lead levels, and determining appropriate follow-up.[11] MCPs must ensure their Network Providers follow these CLPPB-issued guidelines. According to current CLPPB guidelines, blood lead screening tests may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up blood lead level testing must be performed using blood samples taken through the venous blood sampling method. While the minimum requirements for appropriate follow-up activities, including referral, case management and reporting, are set forth in the CLPPB guidelines, a provider may determine additional services that fall within the EPSDT benefit are medically necessary. MCPs must ensure that Members under the age of 21 receive all medically necessary care as required under EPSDT.

In addition to ensuring Network Providers meet requirements for testing, follow-up care, and documentation, as described above, starting no later than January 1, 2021, MCPs are required to identify, on at least a quarterly basis (i.e. January – March, April – June, July – September, October – December), all child Members *under the age of* six years (i.e. 72 months) who have no record of receiving a blood lead screening test *as* required by Title 17 CCR section 37100. MCPs must identify the age at which the required blood lead screenings were missed, including children without any record of a completed blood lead screening at each age. MCPs must notify the Network Provider who is responsible for the care of an identified child Member of the regulatory requirements to test that child and provide the required written or oral anticipatory guidance to the parent/guardian of that child Member. MCPs must also maintain records, for a period of no less than 10 years, of all child Members identified quarterly as having no record of receiving a

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[10] *Welfare and Institutions Code (W&I) section 14197.08(b)(2)*

[11] See the California Management Guidelines on Childhood Lead Poisoning for Health Care Providers publication, available at https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx.

required blood lead screening test and provide those records to DHCS, at least annually as well as upon request, for auditing and compliance purposes.[12, 13]

Reporting Requirements
According to the November 2016 CMS informational bulletin, there is concern that not all blood lead screening tests are coded correctly to be included in Medicaid screening data. MCPs must educate Network Providers, including laboratories, about appropriate Common Procedure Terminology coding to ensure accurate reporting of all blood lead screening tests.

In order to comply with Health Insurance Portability and Accountability Act requirements, MCPs must utilize the CMS-1500/UB-04 claim forms, or their electronic equivalents (837-P/837-I), to report confidential screening/billing to DHCS.

DHCS currently utilizes encounter data submitted through national standard file formats (837-P/837-I) for tracking the administration of blood lead screening. MCPs are required to submit complete, accurate, reasonable, and timely encounter data consistent with the MCP contract and APLs 14-019 and 17-005.[14] Additionally, MCPs must ensure that blood lead screening encounters are identified using the appropriate indicators, as outlined in the most recent DHCS Companion Guide for X12 Standard File Format, which can be obtained by emailing the Encounter Data mailbox at: MMCDEncounterData@dhcs.ca.gov.

California law requires laboratories performing blood lead analysis on blood specimens drawn in California to electronically report all results to CLPPB.[15, 16] This reporting must include specified patient demographic information, the ordering physician, and analysis data on each test performed. MCPs must ensure that Network Providers are reporting blood lead screening test results to CLPPB, as required.

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[12] *W&I section 14197.08*
[13] Title 42, Code of Federal Regulations (CFR), sections 438.3(u) and 438.604(b). 42 CFR, Part 438 is available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=0f2c3aa106d1878a7ec64feb9113640c&mc=true&node=pt42.4.438&rgn=div5#_top
[14] APLs are available at: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx
[15] Information on how to report blood lead screening test results to CLPPB can be found at: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report_results.aspx
[16] Health care providers using a point-of-care device are considered laboratories and must report. Health and Safety Code section 124130 can be found at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=124130

MCPs must review their contractually required policies and procedures (P&Ps) to determine if amendments are needed to comply with this APL. If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps procedures to the Managed Care Operations Division (MCOD) Contract Oversight SharePoint Submission Portal[17] within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must attach an attestation to the Portal within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The attestation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters.[18] These requirements must be communicated by each MCP to all Subcontractors and Network Providers. DHCS may impose Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. For additional information regarding administrative and monetary sanctions, see APL 23-012, and any subsequent iterations on this topic. Any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division

[17] The MCOD Contract Oversight SharePoint Portal is located at: MCOD-MCP Submission Portal - Home (sharepoint.com).
[18] For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.