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		Version 1.0	

DOCUMENT HISTORY


STATUS	DOCUMENT REVISION	EFFECTIVE DATE	DESCRIPTION
Baseline	1.0	7/1/2023	Initial version, EOHHS Medicaid Managed Care Manual Chapter 2.2, Childhood Lead Poisoning Prevention Program Referral Intervention Process
Revision			

DRAFT - Final Documents to be provided to awarded Contractor

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Guidelines for Actions

Blood Lead Level (BLL)	Interventions Offered
<5 µg/dL	<ul style="list-style-type: none"> BLL within acceptable range.
>5 µg/dL capillary test	<ul style="list-style-type: none"> Primary care provider (PCP) receives a letter recommending venous test confirmation.
5–9 µg/dL venous test	<ul style="list-style-type: none"> The family is referred to a lead center for an educational home visit about lead poisoning, nutrition, and cleaning practices that can protect them from further lead exposure. The New England Pediatric Institute of Neurodevelopment (NEPIN) offers a lead developmental surveillance clinic providing developmental assessment and monitoring services to children identified with blood lead levels of 5 µg/dL and higher. The staff includes developmental behavioral pediatricians, pediatric psychologists and neuropsychologists as well as speech/ language and occupational therapists. Children younger than 36 months of age will be evaluated through standardized testing for developmental problems in multiple domains by a developmental behavioral pediatrician, with additional assessments determined by individual case needs. Children 36 months and older will be evaluated by developmental behavioral pediatricians, as well as pediatric neuropsychologists to include detailed and standardized testing that will be useful for educational and therapeutic planning. Children with higher lead levels requiring medical management will continue to be monitored by NEPIN (401-729-2582). Providers interested in referring patients to NEPIN should contact the intake coordinator at intake.nepin@carene.org or send referral inquiries to: NEPIN 555 Prospect St. Pawtucket, RI 02860
> 10 µg/dL venous test	<ul style="list-style-type: none"> Follow same intervention for 5-9 µg/dL venous test. The property where the child primarily resides is referred to a certified lead inspector for a comprehensive environmental lead inspection. The primary care provider receives a letter with the blood lead result, contact information for the lead center to which the family was referred, and suggested actions to be taken.

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UNIVERSAL BLOOD LEAD SCREENING

Screen all children from nine months to six years of age (9 to 72 months) for lead poisoning at least once annually.

For a child between nine and 36 months of age:

- Screen once between nine and 15 months of age, and
- Screen again 12 months later, between 21 and 36 months of age.

If the child has an elevated blood lead level, follow the recommended actions.

For a child between 36 and 72 months of age:

- If a child was screened at least twice prior to 36 months of age, and any test was greater than or equal to 5 µg/dL, continue to order a blood lead test at least once a year until the child is six years old.
- If a child was screened at least twice prior to 36 months of age, and ALL tests were lower than 5 µg/dL, the Risk Assessment Questions below can be used instead of a blood lead test to screen for lead.
- If a child was NOT screened at least twice prior to 36 months of age, order a blood lead test. If the blood lead level is higher than or equal to 5 µg/dL, follow the recommended actions and screen annually.
- If the blood lead level is lower than 5 µg/dL, the Risk Assessment Questions below can be used instead of a blood lead test, to screen for lead, in the future.

Note: Children who are developmentally delayed should receive blood lead screening tests at intervals appropriate for their developmental age.

RISK ASSESSMENT QUESTIONS

If the answer to ANY of these questions is YES, order a blood lead test. If the answer to ALL of these questions is NO, blood lead testing can be discontinued, but the Risk Assessment Questions should be asked annually until the child is six years old.

1. Does your child live in or regularly visit a house built before 1978 with peeling or chipping paint (daycare center, pre-school, home of babysitter, friend, or relative)?
2. Does your child live in or regularly visit a house built before 1978 that has been renovated or remodeled in the last six months?
3. Does your child have a brother, sister, housemate, or playmate who has or did have lead poisoning?
4. Does your child live near an active smelter, battery recycling plant, or other industry likely to release lead?
5. Does your child live with an adult whose job (i.e., construction, painting) or hobby (i.e. pottery, stained glass, furniture refinishing, automotive bodywork, or boat refinishing) involves exposure to lead?

Schedule for Confirmation of Venous Test after Capillary Test

Capillary Screening Test Result	Perform Venous Test Within
0-4 µg/dL	No Confirmation needed
5-19 µg/dL	Three Months
20-44 µg/dL	One Week
45-69 µg/dL	48 Hours
> 70 µg/dL	Immediately

Criteria based on Venous BLL Recommended Actions for Primary Care Providers

<5 µg/dL	Provide lead education and continue to assess for lead exposure risk at every well-child visit using the Risk Assessment Questions.
5 – 19 µg/dL	<ul style="list-style-type: none"> • Retest in three months. • Explain child's lead level to parents. • Assess nutritional status. • Test siblings younger than age six. • Provide lead education (for brochures call, 401-222-5852). • Inform family that the Department of Health has referred them to a lead center for non-medical case management services and lead center will follow up.
20 – 44 µg/dL	<ul style="list-style-type: none"> • Follow same recommendations for venous BLL 5-19 µg/dL. • Refer for medical evaluation and treatment. • St. Joseph Lead Clinic: 401-456-4310 • NEPIN: 401-729-6200
≥ 45 µg/dL	<ul style="list-style-type: none"> • Follow same recommendations for services for venous BLL 5-19 µg/dL. • Repeat immediately as stat lab test. If test result is ≥ 45 µg/dL consider hospitalization. • Follow up test in one week

QUESTIONS?

RHODE ISLAND DEPARTMENT OF HEALTH
HEALTH INFORMATION LINE 401-222-5960
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
www.health.ri.gov/healthrisks/poisoning/lead
RHODE ISLAND DEPARTMENT OF HEALTH LABORATORY 401-222-5600

RHODE ISLAND LEAD CENTERS:

BLACKSTONE VALLEY COMMUNITY ACTION	401-732-5045
EAST BAY COMMUNITY ACTION	401-437-0006 X141
ST. JOSEPH LEAD CENTER	401-456-4310
WEST BAY COMMUNITY ACTION	401-732-4660 X148
RHODE ISLAND HOUSING	401-751-5566
RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (DEM)	401-222-1360
CHILDHOOD LEAD ACTION PROJECT	401-785-1310