

# 1 PURPOSE AND APPLICATION OF THE GUIDE FOR COMMUNITY HEALTH WORKER SERVICES FOR CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

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The purpose of this document is to provide guidance for the conduct of Community Health Worker (CHW) services for children with elevated blood lead levels, which are defined as levels meeting or exceeding the Centers for Disease Control and Prevention blood lead reference value (visit <https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm> for current blood lead reference value). CHW activities should support every child's continued health and safety. These activities include connecting the child/child's family with the local health nurse case manager, environmental, and community services.

The goal of CHW case management is to establish a relationship between the local health department and family of a child with an elevated blood lead level. The CHW will provide resources related to social determinants of health and assistance with completing an abatement program application.

To meet this goal, CHW services can be offered for all children under age 6 with a venous blood lead level (BLL) equal to or greater than 3.5 µg/dL, and for which parental consent has been obtained.

## 2 PROJECT DATA MANAGEMENT

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As a reminder each local health department should establish a system or systems for tracking CHW activities of children with EBLLs. Tracking on the FSR Supplemental Form is required to report on program activities quarterly.

The CHW Social Determinants of Health Assessment Form must be used for each home visit completed with family. The form must be uploaded to the CLPPP data system to be reimbursed.

### 2.1 REIMBURSEMENT REQUIREMENTS

Reporting requirements as stated in *FY23 Statewide Lead Case Management Comprehensive Agreement* include:

#### 2.1.1 Quarterly FSR and FSR Supplemental Attachment

Submit reimbursement request through the EGrAMS system based on the "fixed unit rate" method. The fixed rate for case management services is \$100 for community health worker visits, for up to 2 visits. Additionally, a FSR supplemental attachment form is required to be uploaded in EGrAMS that specifies the number of children and home visits for which reimbursement is being requested on. The FSR and the FSR supplemental attachment form must be submitted no later than thirty (30) days after the close of the quarter.

#### 2.1.2 Quarterly Case Management Logs

A complete spreadsheet of CM activities is due quarterly, submitted electronically through the CLPPP's secure DCH-File Transfer Site available through MiLogin, using a template provided by CLPPP. There are

two spreadsheets, one for nursing case management and one for community health worker visits. The quarterly spreadsheets must be submitted no later than thirty (30) days after the close of the quarter.

### 2.1.3 Annual Report

An annual report covering the reporting period for FY22 is May 1 – September 30. The format and due date for the submission will be determined by CLPPP and communicated to the local health departments.

### 2.1.4 Additional requirements for reimbursement

To receive the \$100 reimbursement per visit the following must be completed:

- Child has a venous blood lead level of 3.5 µg/dL or higher.
- CHW Social Determinants of Health Assessment Form is uploaded in HHLPSS under attachments
- An event is entered into HHLPSS, under Home Visit-Education/Outreach, indicating a home visit has been completed
- CHW visits for a sibling were not previously reimbursed

## 2.2 DOCUMENTATION IN CLPPP DATA SYSTEM

Documentation in Healthy Homes Lead Poisoning Surveillance System (HHLPSS) is required to receive reimbursement. The CHW Social Determinants of Health Assessment Form is to be uploaded for each visit.

### 2.2.1 Opening Cases

Refer to the *EBL Case Management Guide* for recommendations on engaging families, contact attempts and level of effort to contact the family. Use these recommendations as a guide to tailor engagement strategies based on community needs and staffing capacity. Continue to follow the below recommendations for contacting families based on the child's blood lead level:

- BLL 3.5 -14 µg/dL: Contact within 2 weeks:
- BLL 15 –44 µg/dL: Contact within one week:
- BLL 45 + µg/dL: Contact family and child's primary care provider (PCP) immediately to ensure that the child is medically evaluated, as chelation may be necessary. Coordinate with nurse case manager on case management activities.

### 2.2.2 Closing Cases

Please note some families may only receive a home visit from CHWs, in this instance, the supervisor or nurse case manager should assist with notifying the Medicaid Health Plan and child's provider when closing a case in this situation, and activities must be documented in HHLPSS.

Continue to follow the *EBL Case Management Guide* recommendations for case closure (medical, client refusal of services, and unable to locate).

### 3 COMMUNITY HEALTH WORKER (CHW) SOCIAL DETERMINANTS OF HEALTH (SDOH) ASSESSMENT FORM

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#### 3.1 FIRST HOME VISIT

##### 3.1.1 The objectives of the first home visit are to:

- Conduct assessment of the affected child and family through the housing, food, transportation, and utility questions on the CHW SDoH assessment.
- Provide education and guidance for the family on decreasing risk of exposure to lead.
- Provide education and guidance on the appropriate abatement application.

##### 3.1.2 Social Determinants of Health (SDoH) Assessment Form

###### 3.1.2.1 *Demographic Information*

- Complete the demographic information on the top of the CHW SDoH Assessment form.
- Include Race and Ethnicity

###### 3.1.2.2 *Complete the Housing Assessment Questions listed on the form*

- What is your living situation today?
  - Provide appropriate resources based on the caregiver's response. The following resources may be applicable:
    - [Lead Safe Home Program Application \(michigan.gov\)](https://www.michigan.gov/lead-safe-home)
    - State Emergency Relief Program (SER) [MDHHS - Emergency Relief: Home, Utilities & Burial \(michigan.gov\)](https://www.michigan.gov/mdhhs/emergency-relief)
    - MI State Housing Development Authority [Renters \(michigan.gov\)](https://www.michigan.gov/renters)
- Think about the place you live. Do you have problems with any of the following?
  - MDHHS Assistance Programs [Assistance Programs \(michigan.gov\)](https://www.michigan.gov/assistance)
- Do you own or rent the residence you are currently living in?
  - [Landlord/Tenant \(michigan.gov\)](https://www.michigan.gov/landlord-tenant)
- Additional housing resources
  - [Healthy Homes Basics on the App Store \(apple.com\)](https://www.apple.com/healthy-homes)

##### 3.1.3 Complete the Food Assessment Questions listed on the form

- Within the past 12 months, have you worried that your food would run out before you got money to buy more?
  - Provide appropriate resources based on the caregiver's response. The following resources may be applicable:
    - Food Assistance Program:
      - Temporary food assistance [MDHHS - Food Assistance \(michigan.gov\)](https://www.michigan.gov/mdhhs/food-assistance)
      - WIC [MDHHS - Women, Infants & Children \(michigan.gov\)](https://www.michigan.gov/mdhhs/women-infants-children)

### 3.1.4 Complete the Transportation Assessment Questions listed on the form

- In the past 12 months, have you had difficulty accessing or affording transportation to get your child's doctor appointments, including follow up lead testing appointments?
  - Provide appropriate resources based on the caregiver's response. The following resources may be applicable:
    - Medicaid Health Plan Transportation [2013 Info 9-attach Revised2 Copy of MHP Contacts Transportation List page 2 012213 418473 7.pdf \(michigan.gov\)](#)
    - McKinney-Vento [Title IX - McKinney-Vento Homeless \(michigan.gov\)](#)

### 3.1.5 Complete the Utility Assessment Questions listed on the form

- In the past 12 months, has the electric, gas, oil or water company threatened to shut off services in your home?
  - Provide appropriate resources based on the caregiver's response. The following resources may be applicable:
    - Low-income Households Water Assistance Program [MDHHS - Low-income Households Water Assistance Program \(LIHWAP\) \(michigan.gov\)](#)
    - Michigan Energy Assistance Program [Michigan Energy Assistance Program](#)

## 3.2 REFERRALS

The objective of the referrals section is to document the referrals provided to the caregiver during the visit. Include referrals not listed on the form in the other option. When documenting referrals under "other" please include the name of the organization or name of the resource provided.

## 3.3 EDUCATIONAL DOCUMENTS

Educational documents distributed to the caregiver during each visit can be documented under the *Educational Documents Provided* section. The documents listed in this section can be accessed from the [MICLPPP – Childhood Lead Poisoning Prevention Program](#) site, under the *Lead Education* tab. This site is not to be distributed to outside organizations or caregivers. This site is for local health department staff providing lead case management services. Educational documents can also be ordered from the MDHHS clearinghouse website, [MDHHS Health Promotions \(healthymichigan.com\)](#). When documenting educational documents under "other" please include the name of the document provided.

## 3.4 NOTES

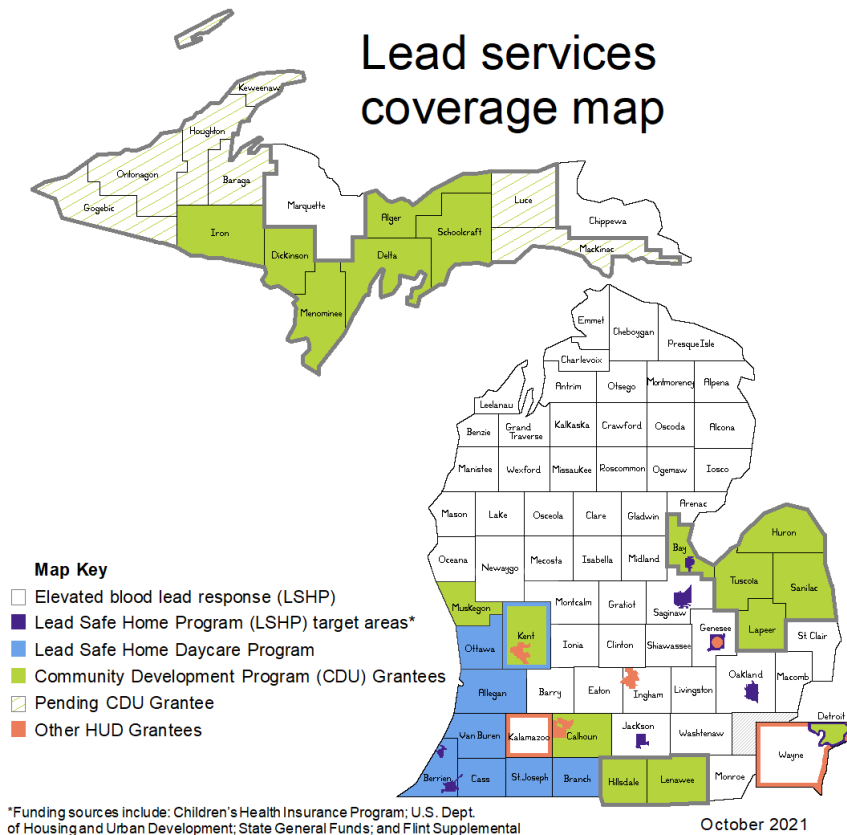
Additional notes from the visit are to be documented under the *Notes* section. Include the date of the visit and other pertinent information related to the visit.

## 3.5 SIGNATURES

Caregiver must sign the CHW SDoH Assessment Form during the visit to be considered for reimbursement. Include the date the visit occurred.

### 3.6 HOME LEAD SERVICES (LEAD SAFE HOME PROGRAM/ABATEMENT APPLICATION)

An objective of the initial home visit and second home visit is to assist the caregiver in completing the abatement application. The Lead Safe Home Program (LSHP) in the MDHHS Lead Services Section, Division of Environmental Health provides environmental investigations services to assess lead hazards in the homes and financial support for abatement of lead in homes for qualifying families/homes. It is a statewide program; however, specific communities receive funding to provide an abatement program locally. Use the map below and find more information by city or county at [Lead Services \(michigan.gov\)](https://www.michigan.gov/lead-services).



### 3.7 SECOND HOME VISIT

In the second home visits, CHWs should provide additional resources as needed and continue to assist family with completing a lead abatement application when applicable. If the family does not qualify for abatement services, additional information such as lead-safe contractors can be provided. Use the resources above and contact the Lead Safe Home Program at 517-335-9390 for additional information.

## 4 MONITORING BY MDHHS CLPPP

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The MDHHS CLPPP team will review records in HHPSS and on the spreadsheet to confirm the number of home visits for which reimbursement is being requested and that all reimbursement requirements are met.

### **QUESTIONS AND CONCERNS SHOULD BE DIRECTED TO:**

MDHHS CLPPP

[MDHHS-CLPPP@michigan.gov](mailto:MDHHS-CLPPP@michigan.gov)

(517) 335-8885