

Case Closure of Elevated Venous Blood Lead Levels Procedure

Purpose

The Michigan Department of Health and Human Services Child Lead Poisoning Prevention Program procedure to define criteria for local public health case management closure of an eligible or managed elevated venous blood lead case.

Background

There are two types of cases: eligible and managed. Eligible cases are children under the age of six years with a venous confirmed elevated blood lead level (EBLL), which is a BLL equal to or greater than 3.5 µg/dL who have not yet accepted case management. Children between six and fifteen years of age with venous confirmed EBLLs may be eligible for case management services upon notification to the MDHHS CLPPP Nurse Consultant. Managed cases are eligible cases that have accepted and are receiving case management services. Case management activities are reimbursable and non-reimbursable services provided by the local Public Health Nurse (PHN) and Community Health Worker (CHW). These activities include, but are not limited to, in-person, virtual or phone home visits; education; communication with family, providers, and community stakeholders; care coordination; physical and social assessment; and referrals. The goals of these activities are outlined in the Plan of Care and are achieved through individualized care addressing physical and social health while prioritizing safe environments for primary and secondary housing.

There are five reasons for case closure:

1). Refusal of case management services by legal parent or guardian; 2). Unable to contact legal parent or guardian or lost to follow-up; 3). Child moved out of Michigan or Local Health Department jurisdiction; 4). Plan of Care outcomes are achieved, and interventions as defined in the Plan of Care are complete; 5) Not an eligible case for nursing case management.

Procedure

There are different procedures pertaining to each of the five reasons for case closure. Select the applicable reason for closure, complete the listed activities and document in MICLEAR Case Management. See MICLEAR Case Management manual for instructions on documentation of events and case closure. Activities can be completed by a variety of roles such as administrative assistants or CHWs, according to their scope of practice. Both eligible and managed case must be reviewed and closed by a PHN; however, some activities of a case can be performed by other roles as deemed appropriate by local health policy and scope of practice.

- 1. Refusal of case management services by legal parent or guardian.**

- a. Legal parent or guardian has communicated refusal of acceptance of case management services after receipt of above education either verbally or in writing.
 - i. [Note]: If child's blood lead level is ≥ 20 $\mu\text{g}/\text{dL}$, contact Mi-CLPPP Nurse Consultant to discuss next steps and troubleshooting before closing case.
 - b. "[Family Opted Out of NCM](#)" letter mailed to legal parent or guardian with the enclosures: "[What Your Child's Blood Lead Test Means](#)," "Is Your Child Safe From Lead Poisoning," "[Well Fed Means Less Lead](#)" and [Lead Safe Home Application](#) .
 - c. "[Provider Case Management Declined](#)" letter mailed to primary care provider
 - d. In MICLEAR Case Management, under "Case Status (Dispositions)", select "Case Closed-Refused" for the reason for closure.
- 2. Unable to contact legal parent or guardian or lost to follow-up. This includes guardians that initially agree to nursing case management and then no longer participate.**
- a. If no response from contact attempts is received, mail letters listed below.
 - i. To parent or guardian: "[Family Unable to Reach](#)" letter with the enclosures: "[What Your Child's Blood Lead Test Means](#)," "[Is Your Child Safe From Lead Poisoning](#)," "[Well Fed Means Less Lead](#)" and [Lead Safe Home Application](#) .
 - ii. To Primary Care Provider: "[Provider- Unable to Reach](#)" letter
 - b. In MICLEAR Case Management, under "Case Status (Dispositions)", select "Case Closed-Unable to Contact" for the reason for closure.
- 3. Child moved out of Michigan or Local Health Department jurisdiction.**
- a. If the child moved out of Michigan:
 - i. In MICLEAR Case Management, under "Case Status (Dispositions)," select "Case Closed-Moved out of state" for a reason for closure.
 - b. If the child moved to another LHD jurisdiction:
 - i. In MICLEAR Case Management, under "Assignment History" in the "Case Health Department," select the LHD jurisdiction they moved into.
 - ii. Notify MDHHS CLPPP and provide case report to receiving LHD jurisdiction.
- 4. Plan of Care outcomes are achieved, and interventions as defined in the Plan of Care are completed and resolved.**
- a. Update Initial and follow-up home visit and Plan of Care documents ensuring all interventions are complete and upload to MICLEAR Case Management
 - b. Mail or provide "[Family Case Closure](#)" letter to legal parent or guardian with the enclosure, "[What Your Child's Blood Lead Test Means](#)."
 - c. Mail or fax letter and written summary report to primary care provider identifying case management goals, intervention services received, current status of goals, any ongoing care concerns and reasons for case closure. The template included in "[Provider CM Complete](#)" may be used.

- d. In MICLEAR Case Management, under “Case Status (Dispositions),” select “Case Closed-Criteria Met” for the reason for closure.
- 5. Not an Eligible Case for Nursing Case Management.**
- a. Define reason for not being an eligible case. Examples include:
 - i. Child’s BLL is no longer elevated (venous is preferred) before contact with family.
 - ii. Other administrative reasons, such as staff safety.
 - b. In MICLEAR Case Management, under “Case Status (Dispositions),” select “Case Closed-Other” for the reason for closure and specify the reason in the space provided.

Definitions

Case Management Services: Reimbursable and non-reimbursable services provided by the Local Public Health Nurse and Community Health Worker. These activities include, but are not limited to, in-person, virtual, or phone home visits; education; communication with family, providers, health plans, and community service organizations; care coordination; physical and social assessment; and referrals. The goals of these activities are outlined in the Plan of Care and are achieved through individualized care addressing physical and social health while prioritizing safe environments for primary and secondary housing.

Eligible Case: A child under sixteen years of age residing in Michigan with a venous blood lead level greater than or equal to the blood lead reference value whose caregiver has not accepted or declined case management services.

Managed Case: Eligible child whose caregiver has accepted and is receiving case management services.

Contact

For additional information on this procedure, contact MDHHS CLPPP at MDHHS-CLPPP@michigan.gov or (517)335-8885.