NCM Reimbursement Requirements for FY 26

NCM Initial Home Visit:

- Child's blood lead test result must be an elevated venous ≥ 3.5 µg/dL.
- Parent/Guardian must accept NCM services.
    - Refer to local policy regarding consent to treat and release of protected health information.
- Initiate or complete an Initial Home Visit form in MICLEAR.
- Initiate the Plan of Care in MICLEAR.
- Communication in person or via phone with the parent/guardian
- Refer to Nursing Case Management Documentation Standards-Procedure Pilot V1.1 for documentation requirements.

NCM Follow up Visit:

- Ongoing established NCM relationship.
- Complete Follow-Up Visit event in MICLEAR.
- Communication in person or via phone with the parent/guardian.
- Move the Plan of Care forward.
- Plan of Care interventions that do not independently qualify for home visit reimbursement:
    - Healthcare Access and Quality:
        - Facilitate blood lead testing per CLPPP Provider Quick Reference Guide recommendations with health care team.
        - Monitoring the blood lead level trend.
        - Facilitate lead testing of other children associated with primary address.
        - Facilitate lead testing of breastfeeding parent if indicated.
        - Monitor blood lead level trend.
        - Coordinate follow-up care with Primary Care Provider.
        - Notify Primary Care Provider of pica-like behavior.
    - Social and Community Context:
        - Provide reassurance to caregiver regarding management of lead poisoning and support of case management team.
        - Access translation services to conduct home visit and provide interventions.
        - Encourage parent/guardian to identify support system for childcare as indicated.

    - Education Access and Quality:
        - Encourage caregiver to discuss Autism Spectrum screening as appropriate.
    - If the only intervention covered is an "other" intervention, reimbursement will be approved on a case-by-case basis.
- Refer to Nursing Case Management Documentation Standards-Procedure Pilot V1.1 for documentation requirements.

Community Health Worker Visits:

- Child's blood lead test result must be an elevated venous ≥ 3.5 µg/dL.
- Ongoing established relationship
    - Refer to local policy regarding consent to treat and release of protected health information.
- Initiate or complete Social Determinants of Health Assessment (SDOH) form.
- Communication in person or via phone with the parent/guardian
- A home visit event must be created for each CHW visit.
- Referral events must also be documented for each home visit, including new referrals and updates to existing referrals.
- CHW follow up visits must include a Home Visit Event with education provided and/or a Referral Event to qualify for reimbursement.
- Refer to Community Health Worker Documentation Standards Procedure New Pilot V1

Number of Visits

Nurse Case Management:

- 6 visits per child. Additional visits must be requested and will be reviewed on a case-by-case basis.
    - To request additional visits, email your CLPPP nurse consultant, include the following information:
        - MICLEAR ID.
        - Rationale for requesting additional visits.
        - Brief plan for interventions.
- If case management relationship is closed, due to meeting one of the case closure criteria and child comes back with an elevated BLL, and a NCM relationship is reinitiated, then an additional 6 visits are allotted.
    - NCM must initiate new Initial Home Visit form and Plan of Care.

Community Health Worker:

- 4 visits per household.

- If case management relationship is closed, due to meeting one of the case closure criteria and child comes back with an elevated BLL, and a case management relationship is reinitiated, then an additional 4 visits per household is allotted, bringing the total to 8 visits.
    - CHW must initiate a new SDOH form.

Siblings

Nurse Case Management:

- Initial home visits can be billed individually, even if conducted on the same day.
- Siblings within the same primary home:
    - Follow up visits combined under one sibling, until 6 visits are exhausted, then combined billing can be switched to sibling.
    - Unique situations will be considered on a case-by-case basis, contact your nurse consultant.
        - Examples of unique situations:
            - Guardians living in two different homes, requiring separate home visits.
            - Multiple families living in one primary residence.

Community Health Worker:

- Siblings within the same primary home:
    - Initial and follow-up visit can be billed under one individual.
    - Unique situations will be considered on a case-by-case basis, contact your nurse consultant.
        - Examples of unique situations:
            - Guardians living in two different homes, requiring separate home visits and referrals to lead remediation program.
            - Multiple families living in one primary residence.