Date

Provider Name

Address

City, State ZIP

Re: **<<Insert Child’s name>>**, **<<Insert Date of birth>>**:

Dear Dr. **<<Insert Physician Name>>**:

The **<<Insert LHD>>** has offered Elevated Blood Lead Nursing Case Management (EBL NCM) for **<<Child’s name>>**. who has a blood lead level of **<<Insert BLL>>**. The family for the child referenced above has declined EBL NCM services at this time. We are writing to ask that you encourage the child’s family to accept these services, so that steps can be taken to bring the child’s lead level down below 4.5 ug/dL.

EBL NCM encompasses a range of activities designed to educate families about the dangers of lead poisoning and to connect them to supportive services. It includes:

* Conducting in-home nursing and developmental assessments to gain an understanding of the child and his/her family’s needs;
* Educating the family about sources of their child’s lead exposure and steps to minimize future exposure;
* Developing of a plan of care to reduce the child’s blood lead level;
* Coordinating an environmental investigation of the family’s home;
* Providing referrals for services, including home lead abatement services for eligible families;
* Educating the family to ensure follow-up testing until the child’s blood lead level is <4.5 ug/dL.

If you have questions or concerns about the status of this child, or would like additional information about the services provided, please call us at **<<Insert LHD Phone Number>>**.

Sincerely,

**<<Signature>>**

**<<Typed Name>>**

**<<Title>>**

**<<LHD>>**

**<<Phone Number>>**

[cc/ Medicaid Health Plan if appropriate]

Revised 04/21/2020