

NCM Reimbursement Requirements for FY 26

NCM Initial Home Visit:

- Child's blood lead test result must be an elevated venous ≥ 3.5 $\mu\text{g}/\text{dL}$.
- 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 $\geq 3.5 \mu\text{g/dL}$.
- 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
- 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:

- 2 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 2 visits per household is allotted.
 - 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.