

Medicaid and CHIP Options to Identify and Respond to Elevated Blood Lead Levels

By [NASHP](#)

Childhood lead exposure is a serious problem for children’s development. Medicaid covers many low-income children who might be at high risk of lead exposure. Failing to address lead hazards and exposure can generate significant long-term costs for Medicaid and a lost opportunity to promote children’s healthy development. In addition to the federal Medicaid requirement for screening children’s blood lead levels at 12 and 24 months, state Medicaid and Children’s Health Insurance Program (CHIP) agencies utilize various [levers](#) to identify and treat children with elevated blood lead levels (EBLL). For example:

Lever	State Examples
<p>Medicaid Program and Managed Care Organization (MCO) Contract Requirements for Lead Screening</p> <p>When MCOs enter into a contract with the state Medicaid agency, Medicaid can include language to recommend or require the MCO to carry out certain activities to ensure access to high-quality care, e.g.,:</p> <ul style="list-style-type: none"> • Tracking performance measures for providers or MCOs • Extra payment for providers or MCOs that meet benchmarks for performance measures • Data sharing with state health departments, MCOs, and Special Supplemental Nutrition Programs for Women, Infants, and Children (WIC). 	<p>New Jersey</p> <ul style="list-style-type: none"> • The New Jersey Division of Medical Assistance and Health Services and New Jersey Department of Health participate in a bi-annual data match on blood lead screening information using the New Jersey Health Information Network (NJHIN). <p>Maryland</p> <ul style="list-style-type: none"> • Maryland Department of Health partners with Maryland Department of Environment to distribute Childhood Lead Registry information to MCOs monthly.
<p>Medicaid Reimbursement for Services</p> <p>State Medicaid programs can choose to reimburse specific services to improve the health of their constituents. Several services state Medicaid programs reimburse that address childhood EBLL include:</p> <ul style="list-style-type: none"> • Comprehensive environmental lead inspections • Case management for children with EBLLs 	<p>Indiana</p> <ul style="list-style-type: none"> • Indiana Medicaid reimburses for case management for children whose providers marked their elevated blood lead levels (EBLL =>5 mg/dL). <p>Iowa</p> <ul style="list-style-type: none"> • Iowa Medicaid reimburses Title V agencies for lead testing, home visits and screening & education.
<p>Performance Improvement Projects (PIPs)</p> <p>Federal law requires any state Medicaid agency with a managed care delivery system to ensure its MCOs conduct Performance Improvement Projects to improve quality of care.</p>	<p>Maryland</p> <ul style="list-style-type: none"> • In 2018, one of Maryland’s PIPs focused on lead screening for children, using HEDIS measures and Maryland data as baseline measurements in developing the intervention. The goal of the PIP was to support lead testing and ensure that

Lever	State Examples
	<p>providers and MCOs were aware of funds for both environmental lead investigation and lead abatement.</p>
<p>Children’s Health Insurance Program (CHIP) Health Services Initiatives (HSIs)</p> <p>CHIP HSIs are a tool that can be used to fund childhood health programs. States can request to use available /unspent CHIP administrative dollars to fund child health programs, including programs related to lead poisoning prevention and elevated blood lead levels.</p>	<p>Maryland</p> <ul style="list-style-type: none"> • Maryland submitted a CHIP SPA to implement an HSI to provide lead abatement services for Medicaid-eligible children with BLL >5 ug/dl through Healthy Homes for Healthy Kids.
<p>Additional provider guidelines</p> <p>States can implement additional provider guidelines, like additional screenings for targeted groups, to ensure they are able to screen and connect to further services for children with EBLLs.</p>	<p>Rhode Island</p> <ul style="list-style-type: none"> • Rhode Island Medicaid covers non-medical case management including educational home visits which provide education about lead hazards, nutrition, and cleaning techniques, as well as temporary lead hazard control measures to mitigate exposure for children with BLL >5ug/dl.

Considerations for Partnering with Medicaid and CHIP Programs

- Identify at least one shared goal (e.g., healthy children)
- Describe how your program or agency can support Medicaid/CHIP in meeting that shared goal (e.g., by providing another type of data, offering educational materials for Medicaid/CHIP beneficiaries, etc., all to promote child health)
- Understand that federal (and sometimes state) rules limit how states can spend Medicaid/CHIP dollars.
 - For example, federal law [prohibits](#) state Medicaid programs from paying for housing directly, however, under certain agreements with the federal government, state Medicaid programs can provide wraparound services to individuals experiencing homelessness, housing transition assistance, as well as long term care and tenancy supports.
- Connect with the state Medicaid staff member(s) with responsibility for the Early and Periodic, Screening, Diagnostic and Treatment ([EPSDT](#)) benefit in your state. Federal law requires states to provide EPSDT, which is the child and adolescent Medicaid benefit.