



Stay Compliant with State-Issued Blood Lead Requirements

No level of lead in the blood is known to be safe. Protecting children from lead exposure is important for lifelong good health. CalOptima Health has developed this guide to summarize requirements issued by the state of California for providers and the standard of care for screening for childhood lead poisoning.

Anticipatory Guidance is a Requirement

At each periodic health assessment between 6 and 72 months of age, providers must give oral or written anticipatory guidance to the parent/guardian of a child that, at minimum, informs them that children can be harmed by exposure to lead, especially from chipping lead-based paint and the dust from it, and are at risk for lead poisoning from the time the child crawls (around 6 months) until 72 months of age.

Documenting Anticipatory Guidance

Lead-specific anticipatory guidance must be documented in the child’s medical record. General age-based anticipatory guidance does not meet this state requirement.

Examples 1 and 2 below meet the anticipatory requirement for lead. The medical record clearly documents that education on the risks associated with lead exposure was provided.

Example 1

Anticipatory guidance: Counseling reviewed on nutrition, physical activity, weight management, sleep, oral hygiene and safety if applicable. Family was also counseled on potential lead exposures, avoidance measures and how lead could affect the child’s health.

Example 2

LEAD EXPOSURE ADVISORY

Exposure to lead can harm a child’s development and health. Old, broken, peeling lead based paint and its dust can be a risk factors for high lead in the blood. Children are at high risk of lead poisoning from when they begin to crawl until they are 6 years old. Because of this, our clinic checks lead levels from around the ages of 1 year and between 2-7 years.

Example 3 below demonstrates deficient documentation in the medical record. Age-based anticipatory guidance was provided, but there is no evidence of guidance specific to lead exposure and health effects.

Example 3

Anticipatory Guidance:

Age Group	Anticipatory Guidance	Category
2 Years	Intimate partner violence	Social Determinants of Health
2 Years	Living situation and food security	Social Determinants of Health
2 Years	Tobacco, alcohol, and drug use	Social Determinants of Health
2 Years	Parental well-being	Social Determinants of Health
2 Years	Techniques	Toilet Training
2 Years	Personal hygiene	Toilet Training
2 Years	Development	Temperament and Behavior

Blood Lead Testing Requirements for Health Care Providers

Order or perform blood lead testing:

- At 12 months and again at 24 months of age
- Between 12 and 24 months of age if there is no evidence that a test was completed at 12 months of age
- Between 24 and 72 months of age if there is no evidence that a test was completed at 24 months of age
- If requested by the parent or guardian
- For all refugee infants and children 0–16 years of age

TIP: Ensure that the medical record indicates the blood lead test date and results. For lab orders, institute a follow-up process with the parent/guardian to ensure testing.

Did you know? Eligible Medi-Cal members can receive two no-cost \$25 health rewards for completing a lead test at 12 months and again at 24 months of age. For more information, visit www.caloptima.org/healthrewards.

Blood Lead Test Refusals

Document blood lead test refusals by obtaining a signed statement from the parent/guardian. If unable to obtain a signed statement, document the reason why (e.g., telehealth, parent declined to sign).

TIP: Use CalOptima Health’s Anticipatory Guidance and Blood Lead Refusal Form. Access at www.caloptima.org > Providers > Common Forms.

Follow California Management Guidelines on Childhood Lead Poisoning

The new Centers for Disease Control and Prevention (CDC) blood lead reference value at which health care providers are recommended to provide follow-up care is 3.5 mcg/dL. The California Department of Public Health’s Childhood Lead Poisoning Prevention Program issues guidance on the steps providers should take based on the test results.

Access the California Management Guidelines on Childhood Lead Poisoning at <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx>, scroll down to “Resources” and click on “Publications.”

Optimize Your EMR Processes to Stay Compliant

Documentation abilities can vary across electronic medical record (EMR) systems and versions (e.g., NextGen, Allscripts, Epic, etc.). However, you can utilize existing features in your EMR to support compliance with these state requirements. Below are some of the immediate and long-term steps that network providers and office or compliance managers can take to stay compliant.

Short Term	<ol style="list-style-type: none"> 1. During rooming, ensure the correct visit type is selected in your EMR (e.g., well-child visit vs. acute visit). The visit type can impact the fields or content the EMR displays. 2. Check the anticipatory guidance section of your EMR to see if it includes a checkbox/statement related to lead. <ul style="list-style-type: none"> • If your EMR does not include a checkbox or statement for lead based anticipatory guidance, save a version of the well-child visit template with lead-specific language and apply that template for future visits. • Alternative: Add lead-specific anticipatory guidance language as a "favorite" plan statement (e.g. "my phrase" or "smart phrase") and add that phrase to your note.
Long Term	Ask your EMR vendor or hosting partner to include a checkbox specific to anticipatory guidance for lead.