Regular Meeting of the Health and Human Services Board

DATE: Monday, July 13, 2015
TIME: 8:30 a.m.
PLACE: Room – 017 Courthouse Basement

AGENDA

1. Was the meeting properly announced?
2. Roll Call and Introductions
3. Pledge of Allegiance
4. Approval of July 13, 2015, Health & Human Services Board Agenda and May 11, 2015, Health and Human Services Board Minutes
5. Public Participation
6. Report of Committee Members
   a. Reports of Official Meetings Held in Past Month
   b. Upcoming Events
7. Communication
8. Report of the Health and Human Services Department
   a. Introductions and Hiring/Staffing Updates
   b. Wisconsin Department of Health Services NEMT Audit-Attachment 1 & 2
   c. State Budget Update
   d. Public Health Preparedness-New Healthcare Coalition
9. Items for Action or Discussion from Health and Human Services Department
   a. 2015-2016 Vaccination Rates
   b. Public Health: Approval/Affirmation of Public Health Policies-Attachment 3-7
10. Set next meeting date – August 10, 2015 at 8:30 a.m.
11. Adjournment

So as not to disturb the meeting, all cell phones must be placed on vibrate and all calls taken outside the meeting room.

Any person wishing to attend who, because of a disability, requires special accommodation, should contact the (name of Department and phone number where they may call) at least twenty-four (24) hours before the scheduled meeting time so appropriate arrangements can be made.

This is a public meeting. As such, all members or a majority of the members of the County Board may be in attendance. While a majority of the County Board members, or the majority of any given County Board Committee may be present, only the above committee will take official action based on the above agenda.
The Department of Health Services (DHS) administers the State’s Medical Assistance program, which is also known as Medicaid. The program uses state and federal revenue to fund health care-related services, which include non-emergency medical transportation (NEMT) services for individuals with low and moderate incomes. Public transportation, taxis, and specially equipped vans with ramps or lifts are used to take recipients to and from covered Medical Assistance services when a recipient has no means of transportation or needs financial help to cover transportation costs. In fiscal year (FY) 2013-14, DHS spent $56.1 million in state and federal funds to provide NEMT services to those Medical Assistance recipients who did not receive long-term care services.

Concerns have been raised about the dependability, quality, and cost of NEMT since DHS began contracting with private vendors, known as transportation brokers, to coordinate the statewide provision of NEMT services in July 2011. Therefore, at the request of the Joint Legislative Audit Committee, we reviewed:

- changes in the administration of NEMT services over time;
- trends in expenditures and variations in the provision of services;
- program oversight;
- recipient and provider complaints;
- the level of satisfaction with the management and provision of NEMT services; and
- areas in which NEMT services can be improved.

Report Highlights

From August 2013 through June 2014, MTM provided 2.3 million trips to approximately 69,300 Medical Assistance recipients.

Data on NEMT expenditures are incomplete because of limitations in how they were collected and reported before FY 2011-12.

From July 2010 through January 2015, the Legislative Audit Bureau received a total of 386 complaints regarding NEMT services.

We recommend DHS take steps to reduce the extent to which transportation providers fail to arrive or arrive late for scheduled trips.

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We recommend DHS take steps to reduce the extent to which transportation providers fail to arrive or arrive late for scheduled trips.
Expenditures for NEMT Services

We compiled the best information available on NEMT expenditures from FY 2009-10 through FY 2013-14. However, these data are incomplete and do not always reflect actual costs, largely because of limitations in how data were collected and reported before FY 2011-12. We estimate that NEMT expenditures increased from $44.4 million in FY 2009-10 to $56.1 million in FY 2013-14 for those Medical Assistance recipients who did not receive long-term care services.

From August 2013 through June 2014, Medical Transportation Management (MTM), Inc., a transportation broker with which DHS has contracted, provided 2.3 million trips to approximately 69,300 Medical Assistance recipients and paid $39.8 million to transportation providers. A trip is generally defined as travel from a recipient’s home to the business, clinic, or hospital where a service covered by Medical Assistance will be provided, or travel from the health care provider back to the recipient’s home.

Oversight of NEMT Services

DHS included oversight provisions in its contract with MTM, such as ensuring callers speak to a customer service representative within an average of four minutes. In addition, DHS requires MTM to oversee transportation providers, including screening and credentialing drivers and their vehicles and providing for disciplinary and corrective actions in instances of transportation provider noncompliance.

To monitor compliance with these requirements, MTM collects documentation from transportation providers, ensures drivers are subject to drug tests, and conducts annual inspections of providers’ vehicles. MTM may assess liquidated damages against transportation providers under certain circumstances. We found that MTM made 439 assessments against 85 transportation providers totaling $10,055 from August 2013 through June 2014.

In November 2014, DHS implemented a corrective action plan for MTM that remained in force through January 2015. It required MTM to undertake several corrective measures to ensure callers would be on hold for no more than four minutes, on average.

Complaints about NEMT Services

MTM is required under its contract with DHS to develop a formal written complaint process, provide a telephone line that is always staffed to receive complaints, and provide a website through which complaints may be submitted. Under the terms of its contract with DHS, at least 99.7 percent of the trips MTM provides are to be without a substantiated complaint. However, we found that MTM met the

<table>
<thead>
<tr>
<th>Key Facts and Findings</th>
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<tbody>
<tr>
<td><strong>MTM assumed responsibility as the statewide transportation broker for EMT services in August 2013.</strong></td>
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<tr>
<td><strong>Of 103,431 calls made to MTM’s call center in June 2014, 14.3 percent were abandoned before they were answered.</strong></td>
</tr>
<tr>
<td><strong>From August 2013 through June 2014, we found 4,154 instances in which transportation providers did not arrive for a scheduled trip.</strong></td>
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complaint-free standard during only three months from August 2013 through June 2014. In addition, we found that MTM did not send letters notifying complainants when it was going to exceed 30 business days to resolve their complaints. Approximately one-fourth of the 9,107 complaints that MTM substantiated from August 2013 through June 2014 involved drivers that never arrived for scheduled trips. Some recipients indicated their health care providers had discontinued seeing them because they missed too many appointments.

From July 2010 through January 2015, we also received a total of 386 complaints regarding NEMT services, and we were able to substantiate 65 complaints (16.8 percent). Common complaints we received, as well as those received by MTM, related to drivers not arriving to transport recipients or arriving late to take them to their appointments.

Satisfaction with NEMT Services

We conducted a survey of 5,000 randomly selected Medical Assistance recipients who received at least one trip arranged by MTM from January through June 2014, excluding those whose services were entirely limited to public transportation or mileage reimbursement.

Over 40 percent of respondents indicated they had experienced instances in which they missed or had to reschedule their appointments because drivers arrived more than 15 minutes late to pick them up or did not arrive at all. In addition, 56.8 percent of respondents indicated they or their children were picked up more than 15 minutes late for a return trip home, and 26.3 percent indicated they or their children were never picked up for a return trip home. However, 87.0 percent of respondents indicated that, overall, they were either “satisfied” or “very satisfied” with the NEMT services they received through MTM.

We also conducted a survey of 311 transportation providers. More than one-half of all respondents indicated dissatisfaction with the trip scheduling process, trip volume, and the amount of compensation provided.

Improving the Provision of NEMT Services

We found that from August 2013 through June 2014, MTM was unable to schedule 942 trips for recipients because no vehicle was available, including at least 164 trips in which recipients had called three or more business days in advance of their appointments. Beginning in February 2014, DHS required MTM to follow provisions of a corrective action plan to address instances in which no vehicles were available to provide trips. In January 2015, DHS assessed MTM $25,500 in liquidated damages based on the frequency with which no vehicle was available to provide trips in September 2014.

However, DHS did not impose liquidated damages on MTM when transportation providers failed to arrive to transport recipients. From August 2013 through June 2014, we found 4,154 instances in which a transportation provider did not arrive to transport a recipient to an appointment or to provide a ride home, including 2,026 trips (48.8 percent) that were scheduled three or more business days in advance. From August 2013 through June 2014, 5.8 percent of recipients who received trips experienced at least one instance of a transportation provider failing to arrive for a scheduled trip.

<table>
<thead>
<tr>
<th>Instances in Which Transportation Providers Failed to Arrive for Scheduled Trips</th>
<th>August 2013 through June 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Instances</td>
<td>Recipients Affected</td>
</tr>
<tr>
<td>1</td>
<td>2,814(^1)</td>
</tr>
<tr>
<td>2</td>
<td>414</td>
</tr>
<tr>
<td>3</td>
<td>83</td>
</tr>
<tr>
<td>4</td>
<td>27</td>
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<td>6</td>
<td>4</td>
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<td>7</td>
<td>2</td>
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\(^1\) Excludes 102 recipients who scheduled a trip but never received one because transportation providers failed to arrive.
Transportation providers reported arriving more than 15 minutes late for 55,320 (8.7 percent) of the trips they provided from August 2013 through June 2014 to recipient appointments. Of these trips, 20.3 percent resulted in the recipients being more than 15 minutes late for their appointments.

**Recommendations**

We include recommendations for DHS to:

- consider developing additional performance standards related to caller hold times and abandoned calls (*p. 34*);
- discontinue certifying specialized medical vehicle (SMV) providers whose vehicles are not inspected under state statutes and alter its policies accordingly (*p. 42*);
- enforce contract provisions requiring MTM to provide every complainant with an update of the review being conducted within 10 business days (*p. 45*);
- amend its contract with MTM to formally establish the additional 14 business days it now permits for complaint review and notification (*p. 49*);
- amend its contract with MTM to require MTM to notify complainants by mail when it will take longer than 30 business days to review and respond to a complaint (*p. 49*);
- establish standards for the number or percentage of transportation provider no-shows that will be permitted each month (*p. 81*) and for the number or percentage of scheduled trips for which transportation providers arrive more than 15 minutes late that will be permitted each month (*p. 81*); and
- develop a corrective action plan that requires MTM to meet the new standards and report weekly to DHS on transportation provider no-shows and late arrivals (*p. 81*).

We also include recommendations for DHS to report to the Joint Legislative Audit Committee by December 1, 2015, on:

- its implementation of opioid treatment programs and the extent to which they may help reduce future NEMT costs (*p. 28*);
- the effectiveness of its corrective action plan for MTM in addressing caller hold times and the development of additional standards for hold times and abandoned calls (*p. 34*);
- its efforts to update SMV policies (*p. 42*); and
- the results of its efforts to establish standards for transportation provider no-shows and late arrivals, including the extent to which both no-shows and late arrivals have been reduced (*p. 81*).
Non-Emergency Medical Transportation  
*Department of Health Services*

**Background**

As directed by the Joint Legislative Audit Committee, we have completed a review of the provision of non-emergency medical transportation (NEMT) services to Medical Assistance recipients. The Department of Health Services (DHS) administers the State’s Medical Assistance program, which includes NEMT services for individuals with low and moderate incomes.

**Key Findings**

In fiscal year (FY) 2013-14, DHS spent **$56.1 million** to provide NEMT services to those Medical Assistance recipients who did not receive long-term care services. We found data on NEMT expenditures are incomplete because of **limitations** in how they were collected and reported before FY 2011-12. We also found:

- From August 2013 through June 2014, Medical Transportation Management (MTM), Inc., a transportation broker with which DHS has contracted, provided **2.3 million trips** to approximately 69,300 Medical Assistance recipients and paid **$39.8 million** to transportation providers.
- The 100 **highest-cost recipients** accounted for **8.8 percent** of all payments to transportation providers from August 2013 through June 2014.
- Of 103,431 calls made to MTM’s call center in June 2014, **14.3 percent** were **abandoned** before they were answered. From September 2014 through December 2014, MTM’s information indicates the rate of call abandonment and call hold times decreased.
- MTM substantiated **71.4 percent** of the **12,748 complaints** it received from August 2013 through June 2014.
- From July 2010 through January 2015, the Legislative Audit Bureau received **386 NEMT-related complaints**. In reviewing these complaints, we confirmed ongoing problems with NEMT services reported by some recipients. Common complaints we received, as well as those received by MTM, related to drivers not arriving to transport recipients (no-shows) or arriving late to take them to their appointments.
- From August 2013 through June 2014, we found **4,154 instances** in which transportation providers **did not arrive** to provide a scheduled trip and **55,320 instances** in which they **arrived more than 15 minutes late** to take recipients to their appointments.
- In assessing their overall experience with MTM, **87.0 percent** of those recipients responding to our independent **survey of randomly selected recipients** indicated they were “satisfied” or “very satisfied.”
- In January 2015, DHS assessed **liquidated damages** totaling **$25,500** based on MTM’s failure to meet performance standards.

**Audit Recommendations**

We include **recommendations** for DHS to improve the provision of NEMT services by establishing standards for the number or percentage of provider no-shows and late arrivals that will be permitted and by considering the establishment of additional performance standards related to caller hold times and abandoned calls. We also recommend that DHS report to the Joint Legislative Audit Committee by December 1, 2015, on its efforts to implement our recommendations.
TITLE: Research Participation and Support

PURPOSE STATEMENT:
Calumet County Public Health sees value to the agency and benefit to the community through thoughtful participation in research. In doing so, Calumet County Public Health seeks to both contribute to and apply the evidence base for public health practice. Calumet County Public Health relies on evidence-based guidance of practice to assure programs and services provided are shown to have the outcomes desired. An evidence-based approach is key to assuring the most effective and efficient use of limited resources.

POLICY:
Calumet County Public Health is committed to both using available research to guide evidence-based practice, and to contribute to building additional evidence by participating in research. In addition, Calumet County Public Health supports the Healthiest Wisconsin (HW) 2020 priority focus area of public health research and evaluation. This support is demonstrated by participation in HW 2020 planning and implementation activities and the agency actively seeking opportunities to partner on research projects that benefit public health.

PERSONS AFFECTED:
Public Health Staff

REFERENCES:


LEGAL AUTHORITY:

PUBLIC HEALTH ESSENTIAL SERVICE
Provide research to develop insights into and innovative solutions for health problems.
TITLE: Research Participation and Support

PURPOSE STATEMENT:
Calumet County Public Health sees value to the agency and benefit to the community through thoughtful participation in research. In doing so, Calumet County Public Health seeks to both contribute to and apply the evidence base for public health practice. Calumet County Public Health relies on evidence-based guidance of practice to assure programs and services provided are shown to have the outcomes desired. An evidence based approach is key to assuring the most effective and efficient use of limited resources. Objectives include:

- Seeking out opportunities to partner with academic and other partners to design, conduct, and disseminate public health research and to add to the evidence base for effective public health services.
- Partnering with the Wisconsin Department of Health Services with regards to the implementation of the Healthiest Wisconsin 2020 focus area of public health research and evaluation.
- Assuring protection for human subjects participating in any research.
- Enhancing the capacity to apply the best available evidence in the health division’s practice.
- Enhancing the capacity to participate in research as a means to contribute to the evidence base.
- Seeking opportunities to communicate knowledge gained from research participation to community and public health system partners.

WHO PERFORMS ACTIVITIES:
Public Health Staff

PROCEDURE:
Agency Participation in Research Related Initiatives
1. The health officer or designee seeks out opportunities to partner with the Wisconsin Department of Health Services on the Healthiest Wisconsin 2020 research and evaluation priority area.
2. Staff routinely accesses resources to seek out evidence-based programs and services to address our local priorities. This evidence-based material is used to guide agency policy and procedure development and to implement and evaluate programs.
3. All persons or organizations hoping to conduct research using Calumet County Public Health clients, records, or staff, must submit a Research Request (Appendix A), prior to the start of research, to the health officer or designee.
4. The health officer or designee will consult with content experts within the department to determine if request is feasible and appropriate.
5. The health officer or designee will accept or deny the research request.
   a. The health officer or designee will contact the researcher to inform of acceptance, using the Accept Research Request (Appendix B), or Deny Research Request (Appendix C).
6. Staff will maintain a record of request and completed research in the “Research” file on the L:drive (shared drive).
7. The health officer or designee will monitor ongoing research projects to ensure researchers follow terms and conditions of the approved project.
8. The health officer or designee will report on research requests and ongoing research projects to the Health and Human Services Board.

**Policy, Priority, and Role Considerations for Participation in Research**

1. Calumet County Public Health will consider research participation when the agency initiates participation in a research project or in response to a request from a researcher to involve the agency in a project.
2. The health officer or designee will assure a consistent internal process to assess the priority, value, and feasibility of participation in the particular research project.
3. The health officer or designee will identify the potential role the agency, or groups of people served by the agency, could play in particular research projects. Policy and priority considerations may include:
   a. The priority of the research advancing health promotion, early detection and/or prevention of disease.
   b. The degree to which the research project is deemed to align with priorities for the Calumet County Public Health.
   c. The degree to which the research project is deemed to have benefit to the population served by Calumet County Public Health or is deemed to be an important contribution of practice based evidence to the public health field.
   d. Calumet County Public Health may participate at different levels in a research project, such as consultation on relevance, project design, logistical considerations, provision of data, participation of staff in surveys, or ranging up to full collaboration as an agency or the involvement of populations served by the agency as study participants. The level of involvement is understood to influence the nature and range of issues to be considered as part of participation.
   e. Assessment of whether financial or other conflicts of interest exist, and how they might be resolved.
   f. Assessment of any effect on the equity of services provided and how such issues will be resolved, or preclude participation.
   g. Whether Calumet County Public Health has the capacity in time, staff, and other resources to participate in the project, or is able to receive financial or other resources as needed.
   h. Whether Calumet County Public Health has the skills or can access any training needed in order to participate in the project, including whether training in human subject protections is needed for any agency personnel.
   i. Whether Calumet County Public Health is able to participate in the design of the research project in order to provide feedback on important issues such as linguistic access, culture or community sensitivity, or other areas of expertise with specific populations.
   j. How well Calumet County Public Health is able to participate in planning for aspects of the project issues that affect daily operations.
   k. The interest and feasibility of sustaining any new intervention or protocol or benefit after the project has been completed.
   l. Plans for how Calumet County Public Health/community partners/participants will be presented with research findings and/or have a role in interpreting findings.
   m. The interest and feasibility of Calumet County Public Health’s role in communicating research findings to community and/or public health stakeholders.
n. Involvement of Calumet County Public Health in developing plans for data management and data use, including the use of data for Calumet County Public Health or population health benefit.

**Assurance of Human Subjects Protections**
2. Calumet County Public Health will have the following expectations of an academic partner/researcher:
   a. Has organizational affiliation with an institution that has the infrastructure to manage and apply human subject considerations (an internal review board [IRB]).
   b. Has primary responsibility for assuring human subject considerations.
   c. Plans collaboratively with Calumet County Public Health for meeting human subject considerations.
   d. Considers agency input into research project design (practical and logistical considerations, “real world” implications).
   e. Involves Calumet County Public Health in plans for data management and data use, including storage, release of information, use of names or other identifiers, destruction of data at the conclusion of the research, or any use of audio or video materials or transcripts.
3. Calumet County Public Health will specifically ask about and document the process by which the researcher will assure human subject protections through the IRB of their home institution.
4. Calumet County Public Health will not have its own IRB, but will follow the guidance of the IRB of the research partner. The health division values the purpose of an IRB to approve, monitor, and review research involving human subjects, and is committed to protecting the rights and welfare of research subjects. Calumet County Public Health will consider the specific activities of the proposed research project to assure ethical public health practice is maintained as the project is conducted:
   a. Participation of agency staff or clients will be voluntary, and the ability to discontinue participation at any time will be assured.
   b. Informed consent for participation will be assured.
   c. Potential participants will be given information about the research or study. Printed materials, including any consent forms, will be available in the primary language of the participant, and/or arrangements for use of an interpreter will be made by the researching or the health division.
   d. Informational materials about the project will include whom to contact with questions.
   e. Informational materials about the project will include any estimated benefits or costs/negative effects and will be clear about confidentiality, and any use of personal health data.
   f. Individual clients or families will not be specifically recruited, but all members of a defined population (people with asthma, uninsured immigrants, etc.) can receive informational materials about the recruitment.
   g. When participating in research activities, confidentiality will be assured as required by all applicable laws, regulations, and internal and research partner policies.
   h. Efforts will be made to avoid or resolve any real or perceived conflicts of interest with funding sources or others.
   i. Corporation Counsel will be consulted as needed.
   j. Calumet County Public Health will consider whether its own documentation of decisions related to human subjects’ considerations is beneficial for any given project.
   k. Calumet County Public Health will provide or otherwise assure training in human subjects’ protections as needed for personnel for whom such training would ordinarily be deemed appropriate for their role in the project.

**RELATED POLICY**
L:\Comm-HS\HHSD Board\2015 Agendas, Minutes, Attachments\07-2015 July\2015 07 13 Research Participation Support PP-Attachment 3.doc
Research Participation and Support
Research Request

Date:

Contact Information
Name:

Institution:

Telephone:

Email Address:

Project
Title of Project:

Subject Population:

Hypothesis:

Method of data collection or analysis, including instruments used:

Names of researchers:

How do you perceive your research and related data being disseminated?
What are you expectations of the role of Calumet County Public Health staff in your research?

Staff Use Only

Reviewed by:
Date:
Accepted:
Denied:
Reason Denied:
Date

Name
Institution
Address
City, State, Zip

RE: Research Request Form

Dear:

Calumet County Public Health is pleased to support your research project entitled:

The project fits well with the mission of the ______________ program of the agency. The research has potential to provide us with valuable information that could________. To assist you, Calumet County Public Health will ____.

Sincerely,

Name, Title
I regret to inform you that Calumet County Public Health has determined that we will not be able to support your research project entitled _______. This project does not fit well with our mission to promote health and prevent illness and injury in partnership with our community or other rational for denial—could be lack of available staff time or many other potential reasons.

Good luck to you as you pursue other opportunities.

Sincerely,

Name, Title
TITLE: LEAD POISONING PREVENTION PROGRAM

PURPOSE STATEMENT
Lead exposure in young children can cause reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects. Most exposures occur in homes or daycares built before 1978 from chipping and peeling lead based paint and the lead-tainted dust it creates or where lead hazards have been created through renovation done without using lead-safe work practices. Prevention of lead poisoning can be accomplished by eliminating lead-based paint hazards before children are exposed. Calumet County Health and Human Service Department (CCHHSD) and Wisconsin’s goal is to help eliminate this disease by making Calumet County and Wisconsin’s housing lead-safe and by improving the detection and treatment of lead poisoning in children. This program is intended to provide lead screening by request to children under six years of age who are uninsured or underinsured.

POLICY
The CCHHSD will follow the guidelines in the Wisconsin Childhood Lead Poisoning Prevention Program Guidelines for lead screening, follow-up, abatement and prevention.

PERSONS AFFECTED
Lead Program Coordinator
Public Health Registered Nurses
WIC Staff
Support Staff

REFERENCES
Wisconsin Childhood Lead Poisoning Prevention Program Guidelines
MMWR/ May 25 2012/ Volume 61
Lead Hazard Investigation and Clearance 2014-Memorandum of Agreement

LEGAL AUTHORITY
Wisconsin State Statute 254

RELATIONSHIP TO THE STATE HEALTH PLAN: Healthiest Wisconsin 2020:
Overarching Focus Areas:
• Health disparities
• Economic and educational factors that affect health
Infrastructure Focus Areas:

- Access to high-quality health services
- Collaborative partnerships for community health improvement
- Diverse, sufficient and competent workforce that promotes and protects health

Health Focus Areas:

- Environmental and occupational health
- Healthy growth and development
- Injury and violence

PUBLIC HEALTH ESSENTIAL SERVICE

Monitor the health status of populations to identify and solve community health problems.
Investigate and diagnose community health problems and health hazards.
Inform and educate individuals about health issues.
Mobilize public and private sector collaboration and action to identify and solve health problems.
Develop policies, plans, and programs that support individual and community health efforts.
Enforce laws and rules that protect health and ensure safety.
Link individuals to needed personal health services.
PROCEDURE TITLE: Lead Poisoning Prevention Program  
EFFECTIVE DATE: 02/01/2005  
DATE REVIEWED/REVISED: 02/01/2013, 06/09/204  
AUTHORIZED BY: Calumet County Health and Human Services Board

TITLE: Lead Poisoning Prevention Program

PURPOSE STATEMENT
Lead exposure in young children can cause reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects. Most exposures occur in homes or daycares built before 1978 from chipping and peeling lead based paint and the lead-tainted dust it creates or where lead hazards have been created through renovation done without using lead-safe work practices. Prevention of lead poisoning can be accomplished by eliminating lead-based paint hazards before children are exposed. Calumet County Health and Human Service Department (CCHHSD) and Wisconsin’s goal is to help eliminate this disease by making Calumet County and Wisconsin’s housing lead-safe and by improving the detection and treatment of lead poisoning in children.

This program is intended to provide lead screening by request to children under six years of age who are uninsured or underinsured and to provide accurate capillary blood lead test results to the parent(s) and physician; including education, referral, and follow-up as indicated.

WHO PERFORMS ACTIVITIES
Lead Program Coordinator
Public Health Registered Nurses
WIC Staff
Support Staff

PROCEDURE
The CCHHSD will follow the guidelines in the Wisconsin Childhood Lead Poisoning Prevention Program Guidelines and Tools for Public Health for lead screening, follow-up, abatement and prevention. Wisconsin State Lab of Hygiene Manual

The CCHHSD additional guidelines:
1. Staff will schedule the child for capillary lead screening according to the following guidelines:
   Child must have no health insurance or are underinsured (this will be determined by the screener)
   Child must be between six months and six years of age.
   Screen child approximately at 12 months and 24 months of age.
   Screen child one time between 36-72 months of age if no history of blood lead screening done.

L:\Comm-HS\HHS Board\2015 Agendas, Minutes, Attachments\07-2015 July\2015 07 13 Lead Poisoning Prevention PP-Attachment 7.doc
2. Interview parent using lead screening risk assessment – Appendix 1
3. Collect the capillary sample according to Wisconsin State Lab of Hygiene (SLOH) collection Procedure.-Appendix 2
4. Complete risk assessment forms and give to Public Health office secretary.
5. Receive results from SLOH. The Secretary will attach SLOH results to Lead Screening Risk Assessment Form and give to area PHN.
6. Staff will determine follow up according to the guidelines in the Wisconsin Childhood Lead Poisoning Prevention Program Guidelines as noted above including:
   - Notify family and provide dietary and environmental lead education as requested and/or based on local resources and as agency staffing allows.
   - Complete Blood Lead Report form-Appendix 3
   - A copy of Blood Lead Report form to be mailed to the primary medical provider.
   - Give results to support staff to enter into Sphere Data Collection System.
   - File completed Blood Lead Report form or enter data into TCM as indicated.
7. If a venous blood lead result is 20 mcg/dL or greater or a child has two venous blood lead results of >15 mcg/dL the CCHHSD worker will contact the Calumet County Health Officer and/or the Public Health Supervisor and assure contact of the Appleton City Health Department for assistance with services and duties as agreed upon in the 2014 Lead Hazard Investigation and Clearance Memorandum of Agreement.

REFERENCES
Wisconsin Childhood Lead Poisoning Prevention Program Guidelines
Wisconsin State Lab of Hygiene Manual

LEGAL AUTHORITY
Wisconsin Statute Chapter 254

RELATED POLICY
Appendix 1

Calumet County Health Division
Lead Screening Risk Assessment and Consent Form for Blood Lead Testing

I hereby give permission to the Calumet County Health Division personnel to perform the finger/toe stick blood test on my child and to notify my doctor, the local health division personnel, as well as myself of blood lead test results.

| Child’s name (please print): _______________________________ | First | Last |
| Address where child lives: _______________________________ | Street Address | City | State | Zip |
| Phone number: _______________________________ | Parent’s Name: _______________________________ |
| Name of child’s doctor: _______________________________ | Clinic name: _______________________________ |
| Clinic address: _______________________________ | Clinic phone number: _______________________________ |
| Signature of Parent/Guardian: _______________________________ | Parent/Guardian name-Please print _______________________________ |

Does this child now live in or visit a house or building built before 1950 or have they ever in the past? Include places such as day care, home of friends, grandparents or other relatives. Yes No

Does this child now live in or visit a house or building built before 1978 with recent or ongoing renovations (remodeling) or have they ever in the past? Include places such as day care, home of friends, grandparents or other relatives. Yes No

Does this child have a brother, sister or playmate who has/had lead poisoning? Yes No

Has the doctor ever said that this child has a medical, behavioral or emotional condition? Yes No If yes, what? _______________________________

Does this child receive SSI? Yes No

Does this child have Forward Health or Badger Care? Yes No

Does this child have health insurance? Yes No

Does this child have dental insurance? Yes No

Does this child go to the dentist? Yes No

Have you ever received a copy of the EAP Lead Pamphlet “Protect Your Family from Lead in Your Home?” Yes No
Collection Procedure for Capillary Blood Lead

Caution must be taken throughout the procedure to prevent environmental contamination of the specimens. This contamination most often occurs due to insufficient cleansing of the child’s digit or contact between the Multivette capillary tip and a contaminated surface.

Note: Powder-free gloves should be worn during collection procedures. Follow appropriate blood borne pathogen guidelines.

1. Gather Supplies
   - Isopropal alcohol 70% individually wrapped pads
   - Band-Aid
   - Gauze square
   - Disposable nonsterile vinyl gloves
   - Red label Sharps container
   - Retractible or self sheathing lancet
   - Test instrument - Microcuvette

2. Label the Multivette with the child’s name. Avoid allowing the capillary tip to contact environmental surfaces.

3. The finger is the preferred site for children and adults because there is less chance of dripping on the participant’s clothes and the participant can see the procedure, reducing apprehension. The big toe is the preferred site for infants because it reduces the risk of nerve damage to the finger and reduces risk of an infant swallowing or choking on a Band-Aid.

4. Wash, rinse, and dry the child’s digit. Following washing, the digit to be punctured must not be allowed to touch any surface, including the other digits.

5. Scrub the digit with an alcohol pad.

6. Blot the sampling area once with a dry gauze pad.

7. Puncture the digit, nail side up, using the sterile lancet. The puncture should be slightly to the side of the pad of the digit.

8. Absorb the first drop of blood with the corner of a gauze pad.

9. Touch the capillary tip of the Multivette to the second blood drop, minimizing direct contact with the skin surface. The Multivette should be horizontal or angled slightly downward for proper blood flow. Blood will be drawn into the tip.

10. If necessary, gently massage the base of the digit to improve blood flow. Do not ‘milk’ the digit as this may dilute the blood with tissue fluids.
11. Fill the capillary tip with blood. Unscrew the capillary assembly and remove. Blood will be drawn from the tip into the Multivette tube.
12. Screw the cap onto the Multivette, and shake vigorously to mix. You should be able to hear the mixing doughnut while shaking.
13. Place the labeled tube and absorbent material into a zip lock bag.
14. Place the specimens and completed test request forms in mailing containers. For convenience, several labeled Multivettes may be placed in one zip lock for mailing.
15. Remove gloves and wash or disinfect hands.
16. Package the specimen.
   a. Label specimen bag with white tape.
   b. Fill in SLOH form completely
   c. Wrap carefully with absorbent pad and place in zip lock bag.
   d. Place form in bag pocket.
   e. Give to secretary in the styro-foam container to package and mail.
17. Document the procedure and health education.

Appendix 3

BLOOD LEAD REPORT

Name of Child  ___________________________  Date of Birth  ___________________________

Parent/Guardian ___________________________  Address  ___________________________

Phone Number  ___________________________  ___________________________

A. Results of Lead Screening

Date Specimen Collected  ___________________________

B. Recommended Action*

_____ 1. Within acceptable range (0-4 mcg/dL)
   Rescreen as directed.

_____ 2. Borderline range (5 mcg/dL to 9 mcg/dL)
   Rescreen venous blood lead by MD in 1 - 3 months.

_____ 3. Elevated range (10 mcg/dL to 19 mcg/dL)
   Rescreen venous blood lead by MD in 1 month.

_____ 4. High lead level (20 mcg/dL or greater)
   Refer to Physician immediately:
C. Family notified

1. Phone Call  Yes  No  Date ________________
2. Mailed  Yes  No  Date ________________

D. Physician notified  

Physician’s Name ________________

1. Phone Call  Yes  No  Date ________________
2. Mailed  Yes  No  Date ________________

For Agency Use Only

A. Results of venous sample

___________

Date Specimen collected ________________

B. Recommended action

_____ 1. Health Education

_____ 2. Environmental Assessment

Comments:

_________________________  __________________________

PHN  Date

Copies:  Parent  MD  Other Agency ________________

*Centers for Disease Control and Prevention (CDC), Recommended Actions Based on Blood Lead level (BLL). Taken from Lead Poisoning Education and Intervention: A toolkit with recommendations and resources. (P-00554 10/23/2013)