

MI-WIC POLICY

Service Coordination and Outreach

6.0 Service Coordination and Outreach

Effective Date: 6/1/09

6.04 Lead Screening

PURPOSE: To comply with Michigan Public Act 286 of 2006, which requires that all children who participate in the WIC Program receive lead testing, and Federal Public Law 106-387 requiring determination of the lead testing status of all children enrolling in the program.

A. POLICY:

1. All children who participate in the WIC Program shall be blood tested for lead poisoning (See Exhibit A, Michigan Public Act 286 of 2006)
2. Federal funds provided for administration of the WIC Program shall not be used to provide blood lead testing for children or to purchase lead testing equipment.
3. Blood lead testing is not an allowable WIC cost. When blood lead testing is performed in WIC by WIC staff, a mechanism for reimbursement of the costs and time involved shall be assessed to the appropriate cost center.
4. WIC funds may be used to determine whether the child has received blood lead screening.
5. Having a blood lead test performed is not a requirement for participation in the WIC Program or for receiving food benefits.
6. Agencies who charge a fee for blood lead testing shall inform clients who do not have Medicaid, and who choose to have blood lead testing done, that fees incurred are for blood lead testing and not for WIC services.
7. At the enrollment visit of a child, the parent or caretaker must be asked if the child has had a blood lead screening test. If a child has not had a blood lead test, s/he must be referred to a program/primary care provider where a test can be obtained.
8. Infants and children who have a reported venous blood lead level of ≥ 10 , shall be identified as at nutritional high risk and scheduled to see the dietitian to assess the need for a nutritional care plan. (See Policy 5.02 Required Services for Nutritional High Risk Clients).
9. Follow-up of WIC children who have been lead tested is the responsibility of the MDCH/LHD Childhood Lead Prevention Program.

B. GUIDANCE

1. The local agency is encouraged to:
 - a. Identify local health programs or local initiatives designed to address lead poisoning.
 - b. Establish referral systems for lead screening with identified programs.

- c. Provide information about lead poisoning prevention to clients.
 - d. Inform clients that blood lead testing is not required for participation in the WIC Program or to receive WIC food benefits, if blood lead testing is performed in the WIC clinic.
2. The local agency may facilitate child blood lead testing by:
- a. Performing blood lead testing at visits when a hemoglobin level is being assessed, providing it has been longer than one year since the child's last blood lead test.
 - i. Hemoglobin assessments generally occur at certification visits at or around 12 months and again at 18 months of age, then at the 30-month visit if the 18-month hemoglobin level is at or above the cut-off value. (See Policy 2.13 Nutritional Risk Criteria and Policy 2.16 Hematological Risk Determination).
 - ii. Testing is recommended at certification visits where hemoglobin is being assessed for three to five year old children who have never had blood lead testing.
 - b. Informing parents/authorized persons that results of blood lead testing will be available from their physician or local health department lead liaison.
 - c. Referring the client to the private provider, local health department or other facility that performs blood lead testing.
 - d. Entering into written agreements or subcontracts with other departments/programs/organizations to coordinate lead screening activities. When doing so, those agreements should contain clarification of the roles and responsibilities of each organization.
 - e. Using the Michigan Care Improvement Registry (MCIR) to assess a child's blood lead screening status. If no blood lead testing information appears on the MCIR, prior to performing a blood lead test, the parent or caretaker shall be asked if the child has had blood drawn at the primary care provider's office in the past month.

References:

Public Law 106-387
Michigan Public Act 286 of 2006
WIC Final Policy Memoranda 93-4 and 2001-01

Cross References:

2.13 Nutritional Risk Criteria
2.16 Hematological Risk Determination
5.02 Required Services for Nutritional High Risk Clients

Exhibits:

Exhibit A: Excerpt of Act 280 of 1939 (Act 286 of 2006)