

MI-WIC POLICY

Eligibility/Certification

6.0 Service Coordination and Outreach

Effective date: 05/31/2018

6.04 Lead Services

PURPOSE: To provide appropriate WIC services to clients regarding blood lead levels and comply with Michigan law, MCL § 400.1111, which requires that all children who participate in the WIC Program receive lead testing.

ABBREVIATIONS AND DEFINITIONS:

BLL: Blood lead level

CLPPP: Childhood Lead Poisoning Prevention Program

Test: Any blood draw (capillary, venous, or unknown sample type) that produces a quantifiable result. A blood lead test may be collected for screening, confirmation, or follow-up. (Source: CDC surveillance definition)

A. POLICY:

1. WIC staff shall assess all clients for history/diagnosis of an elevated blood lead level (BLL) during certification/recertification/mid-certification (IEVAL/CEVAL) appointments, and assign respective WIC risk code if applicable.
2. During infant certification appointments, WIC staff shall assess all formula-fed infants for safe water, including risk of lead contamination.
3. WIC staff shall refer caregivers concerned about lead levels in water to resources offering water testing, and encourage caregiver to discuss these concerns with their primary care provider.
4. During child certification/recertification and mid-certification (CEVAL) appointments, WIC staff shall assess the history of blood lead testing for every child. If a child has not had a blood lead test, s/he must be referred for blood lead testing. Prior to making the referral or performing a blood lead test, the parent or caregiver shall be asked if the child has had blood drawn for a lead test at the primary care provider's office in the past 30 days.

Note: Michigan law, MCL § 400.1111 requires all children who participate in the WIC Program receive lead testing. (See Exhibit A, MCL § 400.1111). Medicaid requires all children be tested at 12 and 24 months of age, and for children between 36 and 72 months not previously tested, to be tested at least once.

5. Referrals for blood lead testing can be internal (i.e., in a health department that offers this service independently, or in coordination with WIC services), or external (i.e., health provider).
6. Local agencies, when drawing blood for WIC eligibility determination (see MI-WIC Policy 2.16 Hematological Risk Determination), can draw additional blood for use in conducting lead testing in order to streamline client services and minimize invasive testing.

7. In cases where the local agency offers on-site lead testing, WIC shall collaborate with the local lead program regarding provision and coordination of these services. Refer to MI-WIC Policy 1.03 Exhibit, for the Memorandum of Understanding between MDHHS WIC and CLPPP.
8. Clients who have been tested in the local agency and have a capillary result ≥ 5 micrograms per deciliter shall be referred for a venous blood lead test.
9. Other referrals for retesting or follow-up lead testing may be indicated and shall be coordinated with or deferred to the local lead program. A maternal BLL ≥ 5 micrograms per deciliter during pregnancy or at delivery necessitates further monitoring of mother and infant. Note that specific practice recommendations exist related to both initiation and continuation of breastfeeding, based on both infant and maternal BLLs. These recommendations are summarized in the publication, "Breastfeeding & Lead Exposure: Issue Statement and Recommendations" available on the Michigan WIC website.
10. The local agency shall reinforce primary prevention strategies to avoid lead exposure and provide information about nutrition interventions, when appropriate.
11. All WIC clients with a venous BLL of ≥ 5 micrograms per deciliter within the past 12 months shall be identified as high risk. (See Policy 2.13A Michigan Risk Codes). High-risk clients must be offered the opportunity to meet with the dietitian to assess the need for development of an individual care plan. (See Policy 5.06 Required Services for High Risk Clients). WIC staff shall assist in the development of an appropriate nutrition care plan for clients identified as having an elevated BLL, including provision of nutrition counseling and referrals to treatment/other programs.
12. Local agencies using a portable blood lead specimen analyzer (e.g., Lead Care II) shall follow state requirements for reporting blood lead testing results. All blood lead levels, for both adults and children living in Michigan, must be reported to MDHHS CLPPP within five business days per Michigan Administrative Rule 325.9082-325.9083.
13. Elevated BLL case management services, which are generally provided by local health departments, may vary from area to area and are not the responsibility of WIC.
14. Blood lead testing is not an allowable WIC Program cost. Funds provided to local agencies for administration of the WIC Program shall not be used to provide blood lead testing or to purchase lead testing supplies or equipment, beyond costs WIC would have incurred to determine hematological risk.
15. Agencies may submit a request for reimbursement to Medicaid for the cost of lead testing supplies and analyses for clients enrolled in Medicaid. Agencies that charge a fee for blood lead testing shall inform clients whose fee is not covered by Medicaid, and who choose to have blood lead testing done, that fees incurred are for blood lead testing and not for WIC services.

B. GUIDANCE

1. WIC staff can assess a client's blood lead history by reviewing the MI-WIC MCIR interface record or directly accessing the MCIR application.
2. For more information on reduction of environmental lead exposure risk, best practices for blood level retesting, parent handouts and references for health professionals, visit [MDHHS Childhood Lead Poisoning Prevention Program](#). Note this site also includes client information for pregnant and nursing mothers.
3. The health professional reference: "Breastfeeding & Lead Exposure: Issue Statement and Recommendations" is available on the Michigan WIC website. Note that a rise in maternal BLL may occur immediately after delivery due to fluid shifts and hemo-concentration. A mother's milk lead levels rise in a fairly linear fashion, with respect to maternal plasma levels, until maternal BLLs rise above 40 micrograms per deciliter.
4. Identify local health programs and/or local initiatives designed to address lead exposure prevention and treatment, water testing, etc. and ensure referral information is readily available to staff providing client counseling.
5. Use appropriate client nutrition education materials, such as the "Well Fed Means Less Lead" brochure available on the Michigan WIC website. Encourage consumption of foods with nutrients that help minimize absorption of ingested lead and assist in preventing adverse consequences (with an emphasis on foods in WIC food package).
6. When blood lead testing is performed by WIC Program staff, all costs associated with the blood lead testing (staff, lab fees, etc.) and associated revenues (Medicaid and other) must be removed from the WIC Program Financial Status Report (FSR) to ensure the WIC Program is not charged for the blood lead testing. Alternatively, if the costs associated with the blood lead testing are fully covered by non-WIC Program revenues (Medicaid, fees, local), the costs may be reported on the WIC Program FSR, as long as all associated revenues that fully cover the blood lead testing are also reported on the FSR and no MDHHS WIC Program funding is used to fund the blood lead testing.

References:

MCL § 400.1111

CDC Surveillance Definition [Online] Available at: <https://www.cdc.gov/nceh/lead/data/definitions.htm> [Assessed 05 September 2017].

Michigan Department of Health and Human Services (MDHHS). 2017. Michigan Medicaid Manual, “Early and Periodic Screening, Diagnosis and Treatment,” Section 9.5, p. 16. [ONLINE] Available at: <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf> [Accessed 06 September 2017].

WIC Policy Memoranda 93-3 and 93-3A, WIC’s Role in Screening for Childhood Lead Poisoning
USDA WIC Risk Code 211: Elevated Blood Lead Levels (Version 05/2015)

Advisory Committee on Childhood Lead Poisoning Prevention, Low level lead exposure harms children: a renewed call for primary prevention. Atlanta, GA: US Department of Health and Human Services, CDC, Advisory Committee on Childhood Lead Poisoning Prevention; 2012.

Breastfeeding & Lead Exposure: Issue Statement and Recommendations, Michigan Breastfeeding Network, January 2016.

Cross References:

- 1.03 Exhibit: Memorandum of Understanding between Childhood Lead Poisoning Prevention Program (CLPPP) and Women, Infants and Children Division (WIC), effective 12-13-2010
- 2.13 Nutritional Risk Criteria
- 2.13A Michigan Risk Codes
- 2.16 Hematological Risk Determination
- 5.06 Required Services for High Risk Clients

Exhibit:

Exhibit A: MCL § 400.1111