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Provider Bulletin Number 698

General Providers

KAN Be Healthy Blood Lead Screenings

Blood lead level tests are mandatory for KAN Be Healthy (KBH) beneficiaries at 12 and 24 months of age. If a child between the ages of 36 and 72 months has not previously been tested, a blood lead level test is mandatory.

Additionally, a blood lead poisoning verbal screen must be conducted at each KBH screening beginning at six months and continuing through 72 months of age. For screening questions, refer to the Mandatory Blood Lead Screening Questionnaire provided in the Forms section of the *General Benefits Provider Manual*.

Any time a child screened has a minimum of one positive response, a blood lead level test is required.

Thank you for caring for KBH kids.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *General Benefits Provider Manual*, pages 2-12 and Mandatory Blood Lead Screening Questionnaire.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

2020. Updated 9/06

Blood Lead

All children ages six months to 72 months must be verbally screened for blood lead poisoning. When an answer to any verbal question is positive or “yes” (high risk), a blood lead level test must be obtained at that time. Any child identified as **high risk** must have a **blood lead test**. All children must receive a blood lead test at both 12 and 24 months of age. If a child between the ages of 36 and 72 months has not been previously tested, then obtain a blood lead level.

The six blood lead poisoning verbal screening questions are:

Does your child:

1. Live in or visit a house or apartment built before 1960? (This could include a day care center, preschool, the home of a baby-sitter or relative, etc.)
2. Live in or regularly visit a house or apartment built before 1960 with previous, ongoing, or planned renovation or remodeling?
3. Have a family member with an elevated blood lead level?
4. Interact with an adult whose job or hobby involves exposure to lead? (Furniture refinishing, making stained glass, electronics, soldering, automotive repair, making fishing weights and lures, reloading shotgun shells and bullets, firing guns at a shooting range, doing home repairs and remodeling, painting/stripping paint, antique/imported toys, and making pottery)
5. Live near a lead smelter, battery plant, or other lead industry? (Ammunition/explosives, auto repair/auto body, cable/wire striping, splicing or production, ceramics, firing range, leaded glass factory, industrial machinery/equipment, jewelry manufacturer or repair, lead mine, paint/pigment manufacturer, plumbing, radiator repair, salvage metal or batteries, steel metalwork, or molten metal (foundry work))
6. Use pottery, ceramic, or crystal wear for cooking, eating, or drinking?

One positive response to the above questions requires a blood lead level (BLL) test.

Ask any additional questions that may be specific to situations that exist in a particular community.

Results received from verbal blood lead screenings must be recorded on the KBH Mandatory Blood Lead Screening Questionnaire located in the Forms section of this manual and on the KMAP Web site under Publications, Forms. This form must be maintained in the beneficiary's medical record.

The Kansas Division of Health and Environmental Laboratories (DHDL) blood lead sample methodologies include: collection of a venous sample, collection of a capillary sample using a capillary tube (microtainer or vacutainer), collection of a capillary sample placing blood drops on filter paper, and collection of a capillary sample and using the Lead Care analyzer. Supplies must be ordered on a "Requisition for Laboratory Specimen Kits" available on the Kansas Childhood Lead Poisoning Preventive Program (KCLPPP) Web site at <http://www.unleadedks.com>.



Mandatory Blood Lead Screening Questionnaire

To be completed at each KBH screen from 6 to 72 months

Does your child: (circle response received)	DATE: (MM/DD/YYYY)						
1) Live in or visit a house or apartment built before 1960? (This could include a day care center, preschool, the home of a baby-sitter or relative, etc.)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
2) Live in or regularly visit a house or apartment built before 1960 with previous, ongoing, or planned renovation or remodeling?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
3) Have a family member with an elevated blood lead level?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
4) Interact with an adult whose job or hobby involves exposure to lead? (Furniture refinishing, making stained glass, electronics, soldering, automotive repair, making fishing weights and lures, reloading shotgun shells and bullets, firing guns at a shooting range, doing home repairs and remodeling, painting/stripping paint, antique/imported toys, and/or making pottery)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
5) Live near a lead smelter, battery plant, or other lead industry? (Ammunition/explosives, auto repair/auto body, cable/wiring striping, splicing or production, ceramics, firing range, leaded glass factory, industrial machinery/equipment, jewelry manufacturer or repair, lead mine, paint/pigment manufacturer, plumbing, radiator repair, salvage metal or batteries, steel metalwork, or molten (foundry work))	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
6) Use pottery, ceramic, or crystal wear for cooking, eating, or drinking?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
One positive response to the above questions <u>requires</u> a blood lead level test. Please, remember blood lead level tests are required at 12 and 24 months, regardless of the score. Was blood drawn for a blood lead level test?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
Interviewing Staff Initials:							
Staff Signature:							

Patient Name: _____ ID Number: _____