

## Awardee Lead Profile Assessment (ALPA)

Survey #: 1111

Organization: CDC

Welcome to CDC Healthy Homes and Lead Poisoning Prevention Program 's annual assesment for state and local healthy homes and lead poisoning prevention programs.

9af6

Please save this pass code in reference to your survey response.

[Begin Survey](#)

Survey Starting Date: Tuesday, January 31, 2017 12:00 AM

Survey Closing Date: Tuesday, October 31, 2017 11:59 PM

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Form Approved  
OMB No.  
Expiration Date

Welcome to the Centers for Disease Control and Prevention's (CDC) annual assessment for state and local healthy homes and lead poisoning prevention programs.

You have been asked to take part in an annual assessment as a state or local public official operating in your official capacity as decision-maker within a lead and healthy homes program.

The purpose of the assessment is to identify 1) jurisdictional legal frameworks governing CDC-funded childhood lead poisoning prevention programs in the United States, and 2) strategies for implementing childhood lead poisoning prevention activities in the United States.

This information collection will allow the CDC Healthy Homes and Lead Poisoning Prevention Program to identify specific factors that may support or hinder the efforts of state and local public health agencies engaged in lead poisoning prevention. The information collection will inform guidance, resource development and technical assistance activities the CDC Healthy Homes and Lead Poisoning Prevention Program conducts in support of the ultimate elimination goal. Assessment findings will be shared in response to inquiries by the public, press, and Congress.

The data will be kept secure throughout the analysis and reporting process.

This assessment should take no more than 7 minutes to complete. You may stop taking the assessment and finish it at a later time. To re-enter the web survey, the tool will provide you with a unique link and passcode for return access. Please do not take this assessment on a mobile device while you are driving.

Please complete the assessment by BLANK DATE.

Participation is required for satisfactory performance. No individually identifiable information will be requested.

If you have programmatic questions, you can contact CDC Healthy Homes and Lead Poisoning Prevention Program Chief Adrienne S. Ettinger, ScD at [abe7@cdc.gov](mailto:abe7@cdc.gov) or 770-488-7492.

1. Please choose one option below to continue:

- I agree to participate in the online assessment.
- I would like to complete the assessment via email.

CDC estimates the average public reporting burden for this collection of information as 7 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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## Section 1: Program Information

2. Program Title (ex. New State Childhood Lead Poisoning Prevention Program)

\* This field is required

3. City of Program Headquarters

4. State of Program Headquarters

## Section 2: Program Legal Governance

5. Does your jurisdiction have legislation mandating blood lead screening and/or testing for Medicaid-enrolled children?

5a. If yes, please specify the ages covered by your jurisdiction's legislation

5b. If other, please specify.

6. Does your jurisdiction have legislation mandating blood lead screening and/or testing for non-Medicaid-enrolled children?

6a. If yes, please specify the ages covered by your jurisdiction's legislation

6b. If other, please specify

7. Does your jurisdiction have legislation mandating blood lead screening and/or testing for pregnant women?

7a. If other, please specify

8. Does your jurisdiction have legislation mandating the existence or operation of a childhood lead poisoning prevention program?

8a. If other, please specify.

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9. Does your jurisdiction have a reporting law for blood lead levels?

Select

9a. If yes, please specify the ages of patients who must have blood lead levels reported

9b. If yes, please specify which blood lead levels are required to be reported

9c. If other, please specify

10. Does your jurisdiction have an electronic reporting law for laboratories?

Select

10a. If other, please specify

11. Does your jurisdiction have a lead paint abatement law?

Select

11a. If yes, please describe the action(s) or blood lead level that triggers lead paint abatement.

11b. If other, please specify.

## **Section 3: Program Surveillance and Prevention Strategy**

12. What is your jurisdiction's mandated blood lead screening and/or testing strategy for Medicaid-enrolled children less than 6 years (72 months) of age?

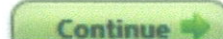
Select

12a. Please explain your jurisdiction's mandated screening strategy for Medicaid-enrolled children.

12b. If other, please specify.

 Previous

 Finish later

Continue 

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13. What is your jurisdiction's practiced blood lead screening and/or testing strategy for Medicaid-enrolled children less than 6 years (72 months) of age?

Select 

13a. Please explain your jurisdiction's practiced screening strategy for Medicaid-enrolled children.

^  
v

13b. If other, please specify.

^  
v

14. What is your jurisdiction's mandated blood lead screening and/or testing strategy for children less than 6 years (72 months) of age not enrolled in Medicaid?

Select 

14a. Please explain your jurisdiction's mandated screening strategy for non-Medicaid-enrolled children.

^  
v

14b. If other, please specify.

^  
v

15. What is your jurisdiction's practiced blood lead screening and/or testing strategy for children less than 6 years (72 months) of age not enrolled in Medicaid?

Select 

15a. Please explain your jurisdiction's practiced screening strategy for non-Medicaid-enrolled children.

^  
v

15b. If other, please specify.

^  
v

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## Section 4: Program Services

Indicate your program's assessment and intervention services for each of the following categories.

### 16. Administrative

At what confirmed blood lead level do you initiate the following actions according to your jurisdiction's case definition for elevated blood lead levels in children <6 years (72 months) of age?

16a. Phone call to patient

16b. Mail letter and brochure

16c. Refer patient for services

16d. Begin coordination of services

16e. Does your program receive Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention related services: phone call, mail letter and brochure, refer patient for services, begin coordination of services?

16f. Is your program pursuing Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention related services: phone call, mail letter and brochure, refer patient for services, begin coordination of services?

### 17. Assessment and Remediation of Residential Lead Exposure

At what confirmed blood lead level do you initiate the following actions according to your jurisdiction's case definition for elevated blood lead levels in children <6 years (72 months) of age?

17a. Environmental Investigations

17b. Inspection of the child's home and other sites

17c. Obtain a history of the child's exposure

17d. Measure environmental lead levels in the home and other sites

17e. Interventions to reduce ongoing exposure

17f. Does your program receive Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention services: environmental investigations, inspection of the child's home and other sites, obtain a history of the child's exposure, measure environmental lead levels in the home and other sites, interventions to reduce ongoing exposure?

17g. Is your program pursuing Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention services: environmental investigations, inspection of the child's home and other sites, obtain a history of the child's exposure, measure environmental lead levels in the home and other sites, interventions to reduce ongoing exposure?

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## 18. Medical Assessment and Interventions

**At what confirmed blood lead level do you initiate the following actions according to your jurisdiction's case definition for elevated blood lead levels in children <6 years (72 months) of age?**

18a. Caregiver lead education (nutritional and environmental)

18b. Follow-up blood lead monitoring and testing

18c. Complete history and physical exam

18d. Complete neurological exam

18e. Labwork (eg. hemoglobin or hematocrit, iron status)

18f. Lead hazard reduction

18g. Neurodevelopmental monitoring

18h. Abdominal x-ray with bowel decontamination

18i. Chelation therapy

18j. Does your program receive Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention services: caregiver lead education, follow-up blood lead monitoring and testing, complete history and physical exam, labwork, lead hazard reduction, neurodevelopmental monitoring, abdominal x-ray with bowel decontamination, chelation therapy

18k. Is your program pursuing Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention services: caregiver lead education, follow-up blood lead monitoring and testing, complete history and physical exam, labwork, lead hazard reduction, neurodevelopmental monitoring, abdominal x-ray with bowel decontamination, chelation therapy?

## 19. Nutritional Assessment and Interventions

**At what confirmed blood lead level do you initiate the following actions according to your jurisdiction's case definition for elevated blood lead levels in children <6 years (72 months) of age?**

19a. Diet evaluation

19b. Referral to WIC

19c. Referral to nutritionist

19d. Does your program receive Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention services: diet evaluation, referral to WIC, referral to nutritionist?

19e. Is your program pursuing Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention services: diet evaluation, referral to WIC, referral to nutritionist?

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## 20. Developmental Assessment

At what *confirmed* blood lead level do you initiate the following actions according to your jurisdiction's case definition for elevated blood lead levels in children <6 years (72 months) of age?

20a. Conduct developmental assessment

20b. Refer for diagnostic evaluation for neurodevelopmental issues

20c. Refer for early intervention/stimulation programs

20d. Does your program receive Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention services: developmental assessment, refer for diagnostic evaluation for neurodevelopmental issues, refer for early intervention/stimulation programs?

20e. Is your program pursuing Medicaid reimbursement for one or more of the following healthy homes and lead poisoning prevention services: developmental assessment, refer for diagnostic evaluation for neurodevelopmental issues, refer for early intervention/stimulation programs?

## 21. Comments

Thank you for participating in this assessment.