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## Introduction

The Awardee Lead Profile Assessment (ALPA) training manual is designed to provide Childhood Lead Prevention Program coordinators with specific instructions to successfully input data for the ALPA survey. This manual provides explanations and instructions for each question in the survey. If you are unable to answer a question after consulting this manual or have any other questions or concerns, contact your Project Officer.

## **Survey Best Practices**

- Read all questions within a section before responding to any question.
- Recipients should answer according to current policies and regulations. Future policy goals or upcoming legislation will be captured in subsequent surveys since the ALPA is a yearly requirement.
- You do not need to provide a source for your answer.
- For questions asking for a specific age, please only provide a number.
- If you select other as your answer option, please explain why in the space provided.
- Limit text box answers to 2 sentences.
- The term "screening and/or testing", used throughout this document, refers to capillary and venous blood lead testing.

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1	LIACTION	1
V	uestion	

**Intent:** This question obtains consent from the recipient to participate in the

survey.

**Instructions:** Answer whether you agree or disagree to participate in the survey.

## Section 1 Program Information

Question 2

**Intent:** This question identifies the program title for the recipient responding to

the survey.

**Instructions:** Type your program's name into the text box.

Question 3

**Intent:** This question identifies the city of the program headquarters for the

recipient responding to the survey.

**Instructions:** Type the city where your program is located into the text box.

Question 4

**Intent:** This question identifies the state for the recipient responding to the

survey

**Instructions:** Type the state where your program is located into the text box.

# Section 2

State Program Legal Governance

## **General Notes:**

- This section <u>only</u> collects information about state mandates and regulations, not federal or local mandates and regulations.
- All recipients, including local health departments or bona fide agents, should answer the questions in this section.

## Question 5

Intent:

This question determines if your state has legislation mandating blood lead screening and/or testing\* for Medicaid-enrolled children.

#### **Instructions:**

- For question 5a: answer "yes" if your state has legislation for either Medicaid-enrolled children only or a more comprehensive mandate that includes Medicaid-enrolled children. If you select answers "no" or "unknown," skip questions 5b and 5c and proceed to question 6a.
- For question 5b: answer with the best descriptor for your state's screening and/or testing\* strategy for Medicaid-enrolled children.
- For question 5c: answer with the best descriptor of what ages of

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.

Medicaid-enrolled children are covered by the state's legislation.

#### Question 6

Intent:

This question determines if your state has legislation mandating blood lead screening and/or testing\* for non-Medicaid-enrolled children.

#### Instructions:

- For question 6a: answer "yes" if your state has legislation for either non-Medicaid-enrolled children only or a more comprehensive mandate that includes non-Medicaid-enrolled children. If you select answers "no" or "unknown," skip questions 6b and 6c and proceed to question 7a.
- For question 6b: answer with the best descriptor for your state's screening and/or testing\* strategy for non-Medicaid-enrolled children.
- For question 6c: answer with the best descriptor of what ages of non-Medicaid-enrolled children are covered by the state's legislation.

#### Question 7

Intent:

This question determines if your state has legislation mandating blood lead screening and/or testing\* for pregnant women.

#### **Instructions:**

- For question 7a: answer "yes" if your state has legislation for pregnant women including as part of a more comprehensive mandate that includes other populations. If you select answers "no" or "unknown," skip question 7b and proceed to question 8.
- For question 7b: answer with the best descriptor for your state's screening and/or testing\* strategy for pregnant women children.

## **Question 8**

Intent:

This question determines if your state has legislation mandating the existence or operation of a childhood lead poisoning prevention program (CLPPP).

## Instructions:

- Answer "yes" if your state has legislation that specifically mandates the existence or operation of a CLPPP.
- Answer "no; it is allowed by legislation but not mandated" if your state 1) does not have mandated legislation for the existence or operation of a CLPPP, but otherwise does not prohibit the existence or operation of a CLPPP or 2) has other childhood lead poisoning prevention legislation (e.g. state legislation mentions childhood lead poisoning prevention activities or provides a lead poisoning prevention charge to a specific state agency or official).
- Answer "no; it is not allowed by legislation" if your state prohibits the existence or operation of a CLPPP.

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.

Intent:

This question determines if your jurisdiction has a state-wide blood lead level (BLL) reporting law (note: do not include federal requirements).

#### Instructions:

- Answer "yes" if your state has legislation requiring BLL reporting. If you select answers "no" or "unknown," skip questions 9a and 9b and proceed to question 10.
- For question 9a: answer with the best descriptor of what age range is covered by the state's legislation.
- For question 9b: answer with the best descriptor of the lowest BLL required to be reported. Select the range that includes the lowest BLL required to be reported in your state.

## Question 10

Intent:

This question determines if your state has legislation mandating the electronic reporting of BLLs.

#### Instructions:

- Answer "yes" if your state has legislation that specifically requires electronic reporting of BLLs.
- Answer "no; it is allowed by legislation but not mandated" if your state does not have legislation specifically requiring electronic reporting of BLLs, but otherwise does not prohibit electronic reporting.
- Answer "no; it is not allowed by legislation" if your state prohibits electronic reporting of BLLs.

## Question 11

Intent:

This question determines which abatement and/or remediation activities are mandated by your state.

#### Instructions:

- Answer "yes" if your state has any regulations mandating abatement and/or remediation of lead paint hazards, including but not limited to regulations for specific facilities, regulations for the condition of the facility, and regulations for contractor and/or workers that perform lead paint hazard abatement and/or remediation. If you select answers "no" or "unknown," skip questions 11a, 11b, 11c, and 11d and proceed to question 12.
- For question 11a: answer with the best descriptor of the type of law.
- For question 11b: answer with the best descriptor of what initiates the abatement and/or remediation activities.
- For question 11c: answer with the best descriptor of what age range is covered by the state's legislation.
- For question 11d: answer with the best descriptor of the lowest BLL that initiates the abatement and/or remediation activities. Select the range that includes the lowest BLL required.

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.

## Section 3

Local Program Legal Governance

## **General Notes:**

- This section <u>only</u> collects information about local mandates and regulations, not federal or state mandates and regulations.
- It is intended to be answered by recipients who are city or county CLPPP; state CLPPPs do not have to answer questions 13-19.

## Question 12

**Intent:** This question determines whether the recipient should respond to the

remaining questions in section 3.

**Instructions:** Answer "no" if you are a state recipient and proceed to question 21.

## Question 13

**Intent:** This question determines whether the recipient has local legislations

regarding childhood lead poisoning prevention that differ from state

mandates.

**Instructions:** Answer "no" if you only follow state mandates for childhood lead

poisoning. If you select answer "no," skip section 3 and proceed to

question 21.

#### Question 14

**Intent:** This question determines if your local government has jurisdiction-specific

legislation mandating blood lead screening and/or testing\* for Medicaid-

enrolled children.

#### Instructions:

- For question 14a: answer "yes" if your local government has legislation for either Medicaid-enrolled children only or a more comprehensive mandate that includes Medicaid-enrolled children. If you select answers "no" or "unknown," skip questions 14b and 14c and proceed to question 15a.
- For question 14b: answer with the best descriptor for your local government's screening and/or testing\* strategy for Medicaid-enrolled children.
- For question 14c: answer with the best descriptor of what ages of Medicaid-enrolled children are covered by the local government's legislation.

## Question 15

**Intent:** This question determines if your local government has jurisdiction-specific

legislation mandating blood lead screening and/or testing\* for non-

Medicaid-enrolled children.

Instructions:

• For question 15a: answer "yes" if your county or local government has legislation for either non-Medicaid-enrolled children only or a more

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.

- comprehensive mandate that includes non-Medicaid-enrolled children. If you select answers "no" or "unknown," skip questions 15b and 15c and proceed to question 16a.
- For question 15b: answer with the best descriptor for your county or local government's screening and/or testing\* strategy for non-Medicaid-enrolled children.
- For question 15c: answer with the best descriptor of what ages of non-Medicaid-enrolled children are covered by the county or local government's legislation.

Intent:

This question determines if your local government has jurisdiction-specific legislation mandating blood lead screening and/or testing\* for pregnant women.

#### Instructions:

- For question 16a: answer "yes" if your county or local government has legislation for pregnant women including as part of a more comprehensive mandate that includes other populations. If you select answers "no" or "unknown," skip question 16b and proceed to question 17.
- For question 16b: answer with the best descriptor for your county or local government's screening and/or testing\* strategy for pregnant women children.

#### Question 17

Intent:

This question determines if your local government has jurisdiction-specific legislation mandating the existence or operation of a CLPPP.

#### Instructions:

- Answer "yes" if your local government has legislation that specifically mandates the existence or operation of a CLPPP.
- Answer "no; it is allowed by legislation but not mandated" if your local government 1) does not have mandated legislation for the existence or operation of a CLPPP, but otherwise does not prohibit the existence or operation of a CLPPP or 2) has other childhood lead poisoning prevention legislation (e.g. local government legislation mentions childhood lead poisoning prevention activities or provides a lead poisoning prevention charge to a specific office or official).
- Answer "no; it is not allowed by legislation" if your county or local government prohibits the existence or operation of a CLPPP.

## Question 18

Intent:

This question determines if your jurisdiction has a local government-wide BLL reporting law (note: do not include requirements besides a local law)

**Instructions:** 

 Answer "yes" if your local government has legislation requiring BLL reporting. If you select answers "no" or "unknown," skip questions 18a

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.

- and 18b and proceed to question 19.
- For question 18a: answer with the best descriptor of what age range is covered by the local government's legislation.
- For question 18b: answer with the best descriptor of the lowest BLL required to be reported. Select the range that includes the lowest BLL required to be reported in your local government.

Intent:

This question determines if your local government has jurisdiction-specific legislation mandating the electronic reporting of BLLs.

#### Instructions:

- Answer "yes" if your local government has legislation that specifically requires electronic reporting of BLLs.
- Answer "no; it is allowed by legislation but not mandated" if your local government does not have legislation specifically requiring electronic reporting of BLLs, but otherwise does not prohibit electronic reporting.
- Answer "no; it is not allowed by legislation" if your local government prohibits electronic reporting of BLLs.

#### Question 20

Intent:

This question determines which jurisdiction-specific abatement and/or remediation activities are mandated by your local government.

#### Instructions:

- Answer "yes" if your government has any regulations mandating abatement and/or remediation of lead paint hazards, including but not limited to regulations for specific facilities, regulations for the condition of the facility, and regulations for contractor and/or workers that perform lead paint hazard abatement and/or remediation. If you select answers "no" or "unknown," skip questions 20a, 20b, 20c, and 20d and proceed to question 21.
- For question 20a: answer with the best descriptor of the type of law.
- For question 20b: answer with the best descriptor of what initiates the abatement and/or remediation activities.
- For question 20c: answer with the best descriptor of what age range is covered by the county or local government's legislation.
- For question 20d: answer with the best descriptor of the lowest BLL that initiates the abatement and/or remediation activities. Select the range that includes the lowest BLL required.

# Section 4

**Program Surveillance and Prevention Strategy** 

#### **General Notes:**

State CLPPPs should answer according to state mandate and practice.
 City or county CLPPPs should answer according to local mandate and practice - if the local has jurisdiction-specific mandates and practices that differ from the state.

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.

Intent:

This question identifies if your jurisdiction's practices for blood lead screening and/or testing\* for Medicaid-enrolled children less than 6 years (72 months) of age differ from what is mandated.

#### Instructions:

- For question 21a: answer "yes" if your jurisdiction practices blood lead screening and/or testing\* for Medicaid-enrolled children differently than what is mandated (e.g. your jurisdiction triggers interventions for Medicaid-enrolled children at a different BLL than what is mandated in your jurisdiction or targets a different age group than what is mandated in your jurisdiction.) If you select answer "no" or "unknown," skip questions 21b and 21c and proceed to question 22.
- For question 21b: select all applicable reasons for how your practiced screening and/or testing\* strategy for Medicaid-enrolled children differs from what is mandated in your jurisdiction.
- For question 21c: select all applicable barriers for practicing screening and/or testing\* for Medicaid-enrolled children.

## Question 22

Intent:

This question identifies if your jurisdiction's practices for blood lead screening and/or testing\* for non-Medicaid-enrolled children less than 6 years (72 months) of age differ from what is mandated.

#### Instructions:

- For question 22a: answer "yes" if your jurisdiction practices blood lead screening and/or testing\* for non-Medicaid-enrolled children differently than what is mandated (e.g. your jurisdiction triggers interventions for non-Medicaid-enrolled children at a different BLL than what is mandated in your jurisdiction or targets a different age group than what is mandated in your jurisdiction.) If you select answers "no", "unknown", or "there is no mandate", skip questions 22b and 22c and proceed to question 23.
- For question 22b: select all applicable reasons for how your practiced screening and/or testing\* strategy for non-Medicaid-enrolled children differs from what is mandated in your jurisdiction.
- For question 22c: select all applicable barriers for practicing screening and/or testing\* for non-Medicaid-enrolled children.

# Section 5 General Notes:

**Primary Prevention Strategy** 

State CLPPPs should answer according to state mandate and practice.
 City or county CLPPPs should answer according to local mandate and practice - if the local has jurisdiction-specific mandates and practices that differ from the state.

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.

Intent: Instructions:

This question determines if your CLPPP conducts primary prevention. Select all applicable activities that your CLPPP engages in, regardless if the activity is mandated or not.

Question 24

Intent:

This question determines if lead elimination is a strategy used by your CLPPP.

Instructions:

- Select answer "no" if your CLPPP does not have a lead elimination plan or goal. If you select answers "no", or "unknown," skip questions 24a and 24b and proceed to question 25.
- For question 24a: select all applicable measures that your lead elimination plan or goal includes.
- For question 24b: select all applicable components that your lead elimination plan or goal includes.

Question 25

Intent:

This question determines if your CLPPP targets high-risk areas and/or

populations.

Instructions:

Select the answer that best matches your CLPPP's strategy. If you select answers "no" or "unknown," skip question 26 and proceed to question 27.

Question 26

Intent:

This question determines if your CLPPP uses Geographic Information Systems (GIS) as a tool to target high-risk areas and/or populations.

Instructions:

Answer "no" if your jurisdiction does not use GIS as a tool to target highrisk and/or populations or if the maps are not published to the public.

## Section 6 **General Notes:**

**Program Services** 

State CLPPPs should answer according to state mandate and practice. City or county CLPPPs should answer according to local mandate and practice - if the local has jurisdiction-specific mandates and practices that differ from the state.

**Question 27** 

Intent:

This question determines which BLLs trigger initiation of specific administrative program services.

Instructions:

Select the answer with the best descriptor of the lowest BLL that initiates the program service for children less than 6 years (72 months) of age using the Section 4: Program Services Answer Key. Select the range that includes the lowest BLL required to initiate the program

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.

- service in your jurisdiction.
- The first column collects information for the mandated BLL and the second column collects information for the practiced BLL.

Intent:

This question determines which BLLs trigger initiation of specific environmental assessments and remediation of residential lead exposures.

#### Instructions:

- Select the answer with the best descriptor of the lowest BLL that
  initiates the program service for children less than 6 years (72 months)
  of age using the Section 4: Program Services Answer Key. Select the
  range that includes the lowest BLL required to initiate the program
  service in your jurisdiction.
- The first column collects information for the mandated BLL and the second column collects information for the practiced BLL.

## Question 29

Intent:

This question determines which BLLs trigger initiation of specific medical assessments and interventions.

#### Instructions:

- Select the answer with the best descriptor of the lowest BLL that
  initiates the program service for children less than 6 years (72 months)
  of age using the Section 4: Program Services Answer Key. Select the
  range that includes the lowest BLL required to initiate the program
  service in your jurisdiction.
- The first column collects information for the mandated BLL and the second column collects information for the practiced BLL.

#### Question 30

Intent:

This question determines which BLLs trigger initiation of specific nutrition assessments and interventions.

## **Instructions:**

- Select the answer with the best descriptor of the lowest BLL that
  initiates the program service for children less than 6 years (72 months)
  of age using the Section 4: Program Services Answer Key. Select the
  range that includes the lowest BLL required to initiate the program
  service in your jurisdiction.
- The first column collects information for the mandated BLL and the second column collects information for the practiced BLL.

#### Question 31

Intent:

This question determines which BLLs trigger initiation of specific developmental assessments.

Instructions:

Select the answer with the best descriptor of the lowest BLL that

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.

initiates the program service for children less than 6 years (72 months) of age using the Section 4: Program Services Answer Key. Select the range that includes the lowest BLL required to initiate the program service in your jurisdiction.

• The first column collects information for the mandated BLL and the second column collects information for the practiced BLL.

Question 32

**Intent:** This question determines which actions, if any, are implemented at the

level of the local health departments.

**Instructions:** Select all applicable activities.

Question 33

**Intent:** This question determines if actions are implemented at different BLLs at

the state versus local health department level and, if so, how.

**Instructions:** Select the answer with the best descriptor of how the action(s)

implemented by the local health department differ from levels set by the

state health department.

Question 34

**Intent:** This question identifies which, if any, services the recipient receives

Medicaid reimbursement for.

**Instructions:** Select all applicable activities.

<sup>\*</sup>The term "screening and/or testing" refers to capillary and venous blood lead testing.