

Provider Bulletin

Molina Healthcare of California

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July 15, 2024

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Technical Change - APL 20-016: Blood Lead Screening Of Young Children

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

This notification is based on All-Plan Letter (APL) 20-016, which can be found in full on the Department of Health Care Services (DHCS) website at:

dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL-20-016.pdf

What you need to know:

Technical Update: The Blood Lead Testing & Anticipatory Guidance document has been retired and subsequently removed from APL 20-016. The APL has been updated to reflect this adjustment, as well as other minor technical edits.

BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), protecting children from lead exposure is important to lifelong good health. Studies have shown that even low levels of lead in the blood can affect IQ, the ability to pay attention and academic achievement. Lead exposure can cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems. The most important step that can be taken is to prevent lead exposure before it occurs.

Federal law requires states to screen children enrolled in Medicaid for elevated blood lead levels as part of required prevention services offered through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

POLICY

Blood Lead Anticipatory Guidance and Screening Requirements

MHC will ensure that Network Providers who perform periodic health assessments (PHA) on child Members between the ages of six months to six years comply with current federal and state laws, and industry guidelines for health care providers issued by Childhood Lead Poisoning Prevention Branch (CLPPB), including any future

Provider Action

Please take a few moments to participate in our Communication Preference Survey. Your feedback will directly influence Molina's engagement with providers, creating a more seamless and efficient communication experience for our network.

Take the survey at
[molinahealthcare.surveymonkey.com/r/V55RGTG!](https://molinahealthcare.surveymonkey.com/r/V55RGTG)



POLICY CONT.

MHC will ensure that Network Providers:

- 1) Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child Member that, at a minimum, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age. This anticipatory guidance must be provided to the parent or guardian at each PHA, starting at 6 months of age and continuing until 72 months of age.
- 2) Order or perform blood lead screening tests on all child Members in accordance with the following:
 - a) At 12 months and at 24 months of age.
 - b) When the Network Provider performing a PHA becomes aware that a child Member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.
 - c) When the Network Provider performing a PHA becomes aware that a child Member who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.
 - d) At any time, a change in circumstances has, in the professional judgment of the Network Provider, put the child Member at risk.
 - e) If requested by the parent or guardian.
- 3) Follow the Centers for Disease Control and Prevention (CDC) Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines.

Network Providers are not required to perform a blood lead screening test if either of the following applies:

- a) In the professional judgment of the Network Provider, the risk of screening poses a greater risk to the child Member's health than the risk of lead poisoning.
- b) If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Christian Diaz Daniel Amirian Anita White	562-517-1014 562-549-3550 562-549-4809 562-980-3947	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Princess.White@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi Marina Higby	279-895-9354 916-561-8550	Johonna.Eshalomi@molinahealthcare.com Marina.Higby@molinahealthcare.com

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email mhcproviderbulletin@molinahealthcare.com. Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
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Riverside County	Patricia Melendez	562-549-3957	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Salvador Perez Dolores Ramos Lincoln Watkins	562-549-3825 562-549-4900 858-300-7722	Salvador.Perez@molinahealthcare.com Dolores.Ramos@molinahealthcare.com Lincoln.Watkins@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Imperial, San Diego & Sacramento	Teresa Suarez	562-549-3782	Teresa.Suarez2@molinahealthcare.com
Los Angeles & Orange	Laura Gonzalez	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
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