



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
HCY LEAD RISK ASSESSMENT GUIDE

This Guide **must** be used to complete the Lead Risk Assessment component of HCY full or partial screen for all MO HealthNet eligible children from 6 to 72 months. This guide may also be used to screen any child for lead poisoning regardless of insurance.

NAME		MO HEALTHNET #	DATE OF BIRTH				CMS/MO HEALTHNET DIVISION REQUIRES BLOOD TESTING OF ALL MO HEALTHNET DIVISION ELIGIBLE CHILDREN AT 12 AND 24 MONTHS. A BLOOD TEST IS REQUIRED ANNUALLY IN HIGH RISK AREAS.				
		INSURANCE #									
Any child ages less than 72 months with a positive response to any of the following questions is at risk and must receive a blood lead test immediately.	DATE										
	NAME*										
	AGE	6-8 MO.	9-11 MO.	12-14 MO.	15-17 MO.	18-23 MO.	24 MO.	3 YRS.	4 YRS.	5 YRS.	6 YRS.
Have siblings or playmates with lead poisoning?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live in or regularly visit a house or day care built before 1950?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reside in or visit a house built before 1978 with chipping paint or remodeling within the last six months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
**Mouth or eat non-food items (pica)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Play in bare soil or reside in a lead smelting area?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reside with an individual that works with or has hobbies using lead?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
***Receive unusual medicines or folk remedies?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Between 12 & 72 months, and has never received a blood lead test?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live in an area of the state at high-risk for lead poisoning? (list published annually)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If parent/guardian refused this questionnaire, please have them sign in box.		SIGN	SIGN	SIGN	SIGN	SIGN	SIGN	SIGN	SIGN	SIGN	SIGN

**Person doing verbal questionnaire signs name above age column. **A perversion of appetite with craving for substances not fit for food, such as dirt, starch, clay, ashes or plaster. If the parent/guardian refused blood lead testing based on a positive response, have them fill out the Refusal of Blood Lead Testing form in the MO Lead Manual.*

EXPOSURE PATHWAYS

Plumbers, pipe fitters
 Brass/copper foundry
 Lead Miners
 Lead smelters and refiners
 Auto repairers
 Bridge reconstruction workers
 Glass manufacturer
 Shipbuilders
 Printers
 Plastics manufacturers
 Steel welders and cutters
 Construction workers
 Battery manufacturers
 Gas station attendants
 Chemical and chemical preparation
 Industrial machinery and equipment operators

*****TRADITIONAL MEDICINES AND COSMETICS**

(such as)
 Asian-Chuifong tokuwan, pay-loo-ah, ghassard, bali goli, and kandu
 Mexican-azarcon and greta (also known as liga, Maria Luisa, alarcon, coral and rueda)
 Middle Eastern-alkohl, koh, surma, saoott, cebagin

SUBSTANCE USE

Gasoline Huffing
 Health foods
 Cosmetics
 Moonshine Whiskey

HOBBIES AND RELATED ACTIVITIES

Glazed pottery making
 Target shooting at firing ranges
 Reloading cartridges
 Lead soldering (electronics)
 Painting
 Preparing lead shot, fishing sinkers, bullets
 Stained glass making
 Car or boat repair
 Home remodeling
 Furniture refinishing
 Casting lead figures (toy soldiers, etc.)

ENVIRONMENTAL

Mini-blinds
 Crayons (imported)
 Lead painted homes
 Leaded gasoline
 Lead soldered cans (imported)
 Lead crystal
 Proximity to lead related industries
 Paint containing lead
 Soil/dust near industries/roadways
 Plumbing leachate
 Ceramic-ware/pottery
 Jewelry (metal based)

PHYSICIAN NAME
PHONE
PARENT/GUARDIAN
ADDRESS
PHONE

NAME	MO HEALTHNET #	DATE OF BIRTH
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TESTING REQUIREMENTS FOR MO HEALTHNET FOR KIDS

- An annual blood lead test is required if residing in a high risk area (*list published annually*)
- A blood lead test is required at 12 and 24 months of age if residing in non-high risk area.
- Children between the ages of 12 months and 72 months of age must receive a blood lead test if they have not been previously tested for lead.
- A blood lead test is required for a positive response to any questions on the reverse side.

TESTING REQUIREMENTS FOR ALL CHILDREN

- An annual blood lead test is required if residing in a high risk area (*list published annually*)
- In non high risk areas, a blood lead test is required for a positive response to any questions on the reverse side. NOTE - child living in non-high risk area but is spending more than 10 hrs. a week in high risk area requires blood lead test annually.

LEAD LEVEL Circle (C) Capillary (V) Venous ▶	C V	C V	C V	C V	C V	C V	C V	C V	C V	C V
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DATE OF BLOOD LEVEL TEST ▶										
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LEAD LEVEL Circle (C) Capillary (V) Venous ▶	C V	C V	C V	C V	C V	C V	C V	C V	C V	C V
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DATE OF BLOOD LEVEL TEST ▶										
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DIAGNOSIS, TREATMENT and FOLLOW-UP – If a child is found to have blood lead levels equal to or greater than 10 mcg/dL in an initial blood test result obtained by capillary specimen (finger stick) confirmation by a venous sample must be completed as indicated. Providers are encouraged to implement patient management and treatment, including follow-up blood tests and referral for environmental assessments when appropriate or where indicated. **NOTE:** Results above 20 mcg/dL require special intervention (see below).

CHILDHOOD BLOOD LEAD TESTING AND FOLLOW-UP GUIDELINES

(Recommendations by the Centers for Disease Control and the American Association of Pediatrics and agreed to by the Missouri Department of Health and Senior Services and the MO HealthNet Division)

INITIAL BLOOD LEAD TEST RESULT	CONFIRM USING VENOUS BLOOD WITHIN:	VENOUS RETEST INTERVALS	FOLLOW-UP
<10 mcg/dL)	N/A	Reassess or re-test within 1 year.	No action required unless exposure sources change
10-19 (mcg/dL)	2 months	2-3 month intervals Note: If 2 venous tests, taken at least 3 months apart, both result in elevations of 15 mcg/dL or greater, proceed with retest intervals and follow-up for BLLs of 20-44.	1. Provide family lead education. 2. Provide follow-up testing. 3. Refer for social services, if necessary.
20-44 (mcg/dL)	*2 weeks	1-2 month intervals until the following 3 conditions are met: 1. BLL remains less than 15 mcg/dL for at least 6 months. 2. Lead hazards have been removed. 3. There are no new exposures.	Same as 1-3 above, plus: 4. Assure coordination of care (case management) either through the HMO, Provider or the Local Public Health Agency. 5. Provider assures medical management. 6. Call Local Public Health Agency to provide environmental investigation and to assure lead-hazard control.
45-69 (mcg/dL)	*2 days	When the above conditions have been met, proceed with retest intervals and follow-up for BLLs 10-19.	Same as 1-6 above, plus: 7. Within 48 hours, begin coordination of care (case management), medical management, environmental investigation , and lead hazard control. 8. A child with a confirmed BLL >44 mcg/dL should be treated promptly with appropriate chelating agents and not returned to an environment where lead hazard exposure may continue until it is controlled.
70+ (mcg/dL)	*IMMEDIATELY		9. Hospitalize child and begin medical treatment immediately. Begin coordination of care (case management), medical management, environmental investigation , and lead hazard control immediately. 10. BLLs >69 mcg/dL should have an urgent repeat venous test, but chelation therapy should begin immediately (not delayed until test results are available.)

• ***NOTE:** The higher the screening level, the more urgent the need for a confirmatory test. IF YOU HAVE ANY FURTHER QUESTIONS REGARDING CHILDHOOD LEAD POISONING PREVENTION, PLEASE CONTACT THE DEPARTMENT OF HEALTH AND SENIOR SERVICES AT 573-526-4911. To order more forms access online @ www.dhss.mo.gov/ChildhoodLead or <http://www.dss.mo.gov/mhd/providers/index.htm> and look for "MO HealthNet forms".

• No alterations of this document can be made without prior consent of both the Department of Social Services/MO HealthNet Division or the Missouri Department of Health and Senior Services.