From: Debbie <dbrinconsulting@gmail.com>
Sent: Friday, April 04, 2014 9:23 AM
To: Peeler, Nancy (DCH)
Subject: RE: Blood Lead Nursing Assessment

Absolutely. Just want to reach out to him. Lets meet next week. Good times for you?

From: Peeler, Nancy (DCH) [mailto:PeelerN@michigan.gov]
Sent: Friday, April 04, 2014 9:22 AM
To: Debbie
Subject: RE: Blood Lead Nursing Assessment

Yes, but I do want talk about and agree on the approach/strategy.

From: Debbie [mailto:dbrinconsulting@gmail.com]
Sent: Friday, April 04, 2014 5:35 AM
To: Peeler, Nancy (DCH)
Subject: RE: Blood Lead Nursing Assessment

Great. I know Brad are you ok if I reach out to him?

From: Peeler, Nancy (DCH) [mailto:PeelerN@michigan.gov]
Sent: Thursday, April 03, 2014 5:29 PM
To: Debbie Brinson (dbrinconsulting@gmail.com)
Subject: FW: Blood Lead Nursing Assessment
Importance: High

OK, help! Seems like maybe a door is open, but I'm not sure that's really the case.

1. Strategy – should we even try to argue for more nursing visits via this route (e.g. as 'nursing assessment visits'). I know we really want case management visits, which we have learned from you is NOT the same thing.
2. Documentation – if we respond, what would you suggest we provide?

Thanks for your help with thinking through this! I did let him know that we will put something together and asked him if there is a timeline for responding...will let you know what he says.

nancy

From: Barron, Brad (DCH)
Sent: Wednesday, April 02, 2014 11:11 AM
To: Peeler, Nancy (DCH)
Subject: RE: Blood Lead Nursing Assessment

Hi Nancy –

I hope all is well. I would like to re-open this discussion of nursing assessment visits. In 2012 we spoke about the need to increase these in-home visits and I wanted to see if you or someone from your section could provide me with additional information or justification for why the limit of 2 visits is an unrealistic expectation and should be increased?

Thanks in advance,

-Brad

From: Peeler, Nancy (DCH)
Sent: Friday, October 05, 2012 11:33 AM
To: Barron, Brad (DCH)
Cc: Lishinski, Karen (DCH)
Subject: Re: Blood Lead Nursing Assessment

Thanks, Brad, good to know where to find this information. Yes. I think we can think about justification for changing what is currently offered, and how best to move forward in the future.

Sent from my iPhone

On Oct 5, 2012, at 11:29 AM, "Barron, Brad (DCH)" <BarronB@michigan.gov> wrote:

> I found this today within the Practitioner chapter of the Medicaid Provider manual:
>
> **Nursing Assessment/ Investigation Visits**
> MDCH covers up to two nursing assessment/investigation visits per episode of blood lead poisoning. If more than one child in the home has blood lead poisoning, the nursing assessment/investigation visits are covered for each child. Blood lead nursing visits must be provided in the child's home. For FFS beneficiaries, an enrolled home health agency, a LHD or other medical clinic, or a physician may conduct the visits. This procedure is not covered for Maternal Infant Health Program (MIHP) providers. Blood lead nursing visits provided through a MHP are covered by the individual MHP.
>
> The first nursing assessment/investigation visit focuses on:
> · Assessment of the growth and developmental status of the child, including any symptomatology that may be present in the child.
> · Behavioral assessment of the child, including any aggressiveness and/or hyperactivity.
> · Nutritional assessment of the child.
> · Assessment of typical family practices that may produce lead risk (e.g., hobbies, occupation, cultural practices).
> · Limited physical identification of lead hazards within the dwelling.
> · Identification and planning for testing for any other family member at risk for sequelae of lead hazard exposure.
> · Education and information regarding lead hazards and ways to minimize those risks in the future.
> · Development of a family plan of care to increase the safety of the child from lead hazards.
>
> The second blood lead nursing visit focuses on:
> · Reinforcement of the educational information presented to the family during the first visit.
> · Validation of the family's ability to carry out activities to minimize risks of continued lead exposure.
> · Modifications of the plan to minimize lead risks, as needed.
>
> So, it is correct that a limit of 2 visits has been established. Would you be able to provide additional information or justification for why the limit of 2 visits is an unrealistic expectation? I know I have heard these complaints from Health Departments before. I have not looked in to the federal regulations related to this yet.
>
> -Brad
>
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> Department of Community Health
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