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Assembly California Legislature



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January 28, 2019

FEB 07 2019

Assemblymember Rudy Salas
Chair, Joint Legislative Audit Committee
Legislative Office Building, Room 107
Sacramento, CA 95814

RE: Audit of Department of Health Care Services and Department of Public Health's
Management of Blood Lead Tests and Services

Dear Chairman Salas and Members of the Committee,

I write to you to respectfully request that the Joint Legislative Audit Committee approve an audit regarding the state's success and systems as they relate to blood lead tests and associated services for Medi-Cal enrolled children. These tests, which are overseen by Medical Managed Care Providers under the California Department of Health Care Services (CDHCS), and associated services which are often administered by the California Lead Prevention Program (CLPP) overseen by the California Department of Public Health (CDPH), are imperative in ensuring children aren't suffering from harmful lead exposure and lead poisoning across the state.

Background

Current law requires Medi-Cal enrolled children to get tested for lead in their blood once they reach 12 months of age, and then again at 24 months. If a child on Medi-Cal older than 2.4 months has not been lead-tested, the child is to be tested before they reach 6 years of age.

Furthermore, once tested, existing regulations indicate that if a child has elevated blood lead levels (≥ 5 mcg/dl), a variety of services are to be provided in order to mitigate the lead exposure and its developmental effects. Recent data provided by CDHCS (who oversees testing and some services) and CDPH (who oversees a variety of services) indicates that the two agencies have a little over 30% of children who are eligible for blood lead tests actually receiving them. They argue, however, that due to inability to communicate data across departments, that the number is much higher. Additionally, there is no data available for how many of these children received all required blood lead tests and associated services.

The reality is 88% of California children who have elevated blood lead levels are enrolled in Medi-Cal. This lead exposure, which impacts low-income families greatest, is, in many cases, a

direct result of, and contributor too, the perpetuating cycle of poverty for many of these children. There is no safe level of lead in blood, and for infants and children, exposure can lead to damaging and developmental concerns - particularly as children's bodies are prone to more easily absorbing lead than adults (CDC factsheet).

Since we don't know for sure how many children there who should and have received these tests and life-saving services, it is imperative that we gather this important information to have the necessary tools to combat this potential public health crisis.

Need for Audit

During the last legislative session, the Assembly Committee on Environmental Safety and Toxic Materials (ESTM) held an oversight hearing on February 13th, 2018,

"Childhood Lead Poisoning Prevention Program: Status of Testing Low-Income Children for Lead Exposure." This hearing illustrated that CDHCS and CDPH were unable to provide any complete or concrete data to answer exactly how many children who should have been tested have actually received their required blood lead tests and associated services.

Considering that legal settlements and statutes required these tests since 1989 (federally), and 1991 (state), the roughly over 30% confirmed number of children who have received their tests (as reported at the ESTM informational hearing) is incredibly concerning. Since the informational hearing, CDHCS has claimed to be working with CDPH on a way to report more complete numbers, however have been unable to dictate a timeline or what this would look like. Furthermore, there is no data to indicate which children have received appropriate services as stipulated by guidelines and regulations.

Not only are the tests themselves crucial, but the strict following of the California Management Guidelines on Childhood Lead Poisoning for Health Care Providers dictates certain levels of elevated lead in children's blood necessitate a variety of services. Without these services, there is no way to mitigate the impact on children who are dealing with serious developmental and cognitive difficulties due to lead exposure.

Fully understanding the scope of California's success, or lack thereof, with blood lead testing and services as soon as possible is essential to adequately address our most vulnerable, the children in low income households, significant needs, and therefore I request that this audit be considered for prioritization.


Scope of Audit

An audit could investigate the following questions as it relates to the aforementioned programs:

1. According to CDHCS's and CDPH's records, how many Medi-Cal enrolled children (who were enrolled for at least 90 days) received their required blood lead tests?
2. How many children who tested positive for any elevated level of lead exposure are receiving the associated services that they are due? Which entity (CLPP through CDPH or Managed Care Providers through CDHCS) is providing which services to how many children in each blood lead level category?

3. How are the various programs designed to manage blood lead testing and lead exposure prevention with CDHCS and CDPH doing in succeeding in meeting their respective missions?
4. How can CDCHS and CDPH work better with each other for better data tracking of children, their tests, and their associated services?
5. Can CDHCS and CDPH better coordinate use of CLPP fee and federal Medicaid funds to more effectively provide case management services, such as tests and associated services?
6. What are some of the issues with data and reporting between CDCHS and Managed Care Plans in ensuring all children are receiving appropriate tests and services and how can they be addressed?
7. To what extent and in what ways is CDHCS and the entities it works and contracts with following existing state and federal law and regulation as it relates to blood lead testing and services? If requirements pertaining to blood lead testing and services are not being followed, why not? What are the systemic or practical obstacles that prevent or restrict compliance?
8. How is CDHCS and CDPH working together to enhance data and tracking of Medi-Cal enrolled children who may be in need of CLPP program services?
9. What efforts have CDHCS and CDPH undertaken, if any, to increase the number of children tested?
10. What is the geographic distribution of incidents of children testing positive for any elevated level of lead exposure? Provide this information in graphic(s) showing the geographic distribution of these incidents (e.g., by location of the children's homes or zip code in which they live). Analyze the results of the geographic distribution.
11. How do DCHCS and CDPH use the information they gather on children who tested positive for any elevated level of lead exposure? What else can they do with the information that can help these and other children?

We are requesting that the Committee prioritize this audit, because the audit is on such an important topic, the health and safety of children. Thank you for your consideration of this request. Should you have any questions or require additional information, please contact Amer Rashid at (916) 319-2047.



~~Epise Gomez Reyes~~
Assemblymember, 47th District

Rudy Salas
Assemblymember, 32nd District