

PERFORMANCE AUDIT

Work in progress: Audit description

Lead Testing for Children Enrolled in Medicaid

Lead can affect almost every organ and system in the human body, at any age. Children under the age of six are at greatest risk because their brains and nervous systems are more sensitive to the damaging effects of lead. Elevated blood lead levels have been associated with lower IQ and behavioral and learning problems. Since most children exposed to lead do not look or act sick, a blood test is the only way to confirm if they have elevated blood lead levels. Federal law requires that children enrolled in Medicaid receive two blood lead tests within the first two years of life, one at 12 months and another at 24 months, or once before three years of age if no previous test took place.

Washington's Health Care Authority (HCA), as the state's Medicaid agency, is responsible for ensuring Medicaid providers perform the required lead testing. HCA also works with providers to coordinate care for children whose tests results show elevated levels of lead. However, our preliminary review of data and discussions with agency officials suggest that many Medicaid-enrolled children are not receiving the required tests.

The state Department of Health (DOH) also plays a key role in improving lead testing rates for these children. All laboratories and facilities that perform blood lead tests are required to report results to DOH. When a test confirms a child's blood has elevated levels of lead, DOH works with local health jurisdictions to provide case management and connect the family with needed services. DOH also publishes information about the risks of lead exposure and helps promote lead testing statewide. The agency has developed maps that identify areas in the state with the highest risk of lead exposure.

Both HCA and DOH have advocated for a targeted approach to child blood lead testing. In 2015, DOH convened an expert panel to review lead testing practices. The panel and DOH recommended that healthcare providers assess all children for risk of lead poisoning at 12 and 24 months of age but perform a test only if certain risk indicators are present, Medicaid enrollment being one of the indicators. The Centers for Medicare and Medicaid Services (CMS) is not opposed to targeted testing, but requires states receive a waiver from its requirement that all children enrolled in Medicaid be tested for lead. In 2015 and 2019, HCA requested a waiver for the universal testing requirement, but it has not yet been approved.

Preliminary scope and objectives

This audit seeks to answer the following questions:

- To what extent are children enrolled in Medicaid receiving the required lead testing?
- If eligible children are not receiving required tests, what are the causes for this?
- What should the state do to ensure children at the highest risk receive tests?



Office of the
Washington
State Auditor
Pat McCarthy

**Director of
Performance and
IT Audit:**
Scott Frank

(564) 999-0809

Scott.Frank@sao.wa.gov

**Principal
Performance Auditor:**
Melissa Smith

(564) 999-0832

Melissa.Smith@sao.wa.gov

**Lead Performance
Auditor:**
Erin Catterlin

(564) 999-0844

Erin.Catterlin@sao.wa.gov

Office of the
Washington State
Auditor

P.O. Box 40021

Olympia, WA

98504-0021

www.sao.wa.gov

@WASateAuditor

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