

**IOWA DEPARTMENT OF PUBLIC HEALTH
HEALTHY HOMES AND LEAD POISONING PREVENTION PROGRAM**

**APPLICATION PACKAGE FOR STATUS AS APPROVED PROGRAM FOR
CONTRACT YEAR OF JULY 1, 2013 TO JUNE 30, 2014
DUE DATE: MAY 15, 2013**

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**APPLICATION FORMS ARE LOCATED AFTER TABLE 2
DUE DATE: 4:00 PM on MAY 15, 2013**

Applications that are not RECEIVED by 4:00 PM on May 15, 2013, will not be eligible for funding for the period of July 1, 2013, through June 30, 2014.

INTRODUCTION

The Iowa Code and Iowa Administrative Code sections regarding the Iowa Department of Public Health (DEPARTMENT) healthy homes and lead poisoning prevention grant program require the DEPARTMENT to contract with local boards of health (CONTRACTOR) for this program.

CURRENT CONTRACTS

Table 1 shows the groupings of counties and the CONTRACTOR for each local healthy homes and lead poisoning prevention program (HHLPPP) for Fiscal Year 2013.

TABLE 1 - FY13 HHLPPP Contractor Service Areas

HHLPPP	COUNTIES IN SERVICE AREA	CONTRACTOR
ADLM HHLPPP	Appanoose, Davis, Lucas, Monroe	Lucas County Board of Health
Black Hawk	Black Hawk, Bremer, Buchanan, Grundy	Black Hawk County Board of Health
Cedar County	Cedar	Cedar County board of Health
Clinton County	Clinton	Clinton County Board of Health/
Clayton County	Clayton	Clayton County Board of Health
Des Moines County	Des Moines	Des Moines County Public Health.
Dubuque County	Dubuque	Dubuque County Board of Health
East Central Iowa	Benton, Hardin, Marshall, Tama	Marshall County Board of Health
Henry County	Henry	Henry County Board of Health
Jasper County	Jasper	Jasper County Board of Health
Lakes Region	Clay, Emmet, Palo Alto	Emmet County Board of Health
Lee County	Lee	Lee County Board of Health
Linn County	Linn	Linn County Board of Health
Mahaska County	Mahaska	Mahaska County Board of Health
Mills County	Mills	Mills County Board of Health
Muscatine County	Muscatine	Muscatine County Board of Health
North Central Iowa	Cerro Gordo, Hancock, Worth	Cerro Gordo County Board of Health
Northeast Iowa	Allamakee, Howard, Winneshiek	Winneshiek County Board of Health
Northwest Iowa	Lyon, O'Brien, Osceola, Plymouth, Sioux	Sioux County Board of Health
Polk County	Polk	Polk County Board of Health
Poweshiek County	Poweshiek	Poweshiek County Board of Health
Scott County	Scott	Scott County Board of Health
South Central Iowa	Marion	Marion County Board of Health
Story County	Story	Story County Board of Health
Taylor County	Fremont, Montgomery, Taylor, Page	Taylor County Board of Health
Wapello County	Wapello	Wapello County Board of Health
Warren County	Clarke, Madison, Warren	Warren County Board of Health
Webster County	Hamilton, Humboldt, Webster, Wright, Calhoun, Greene, and Pocahontas	Webster County Board of Health
West Central Iowa	Audubon, Carroll, Dallas, Guthrie, Sac	Carroll County Board of Health
Western Iowa	Cass, Crawford, Harrison, Monona, Shelby	Monona County Board of Health
Woodbury County	Woodbury County	Siouxland District Board of Health

ELIGIBLE APPLICANTS

A local board of health must now apply to the DEPARTMENT each year and receive designation as an "approved program" in order to receive funding for the healthy homes and lead poisoning prevention program. For the period of July 1, 2013, through June 30, 2014, eligible applicant requirements for the healthy homes and lead poisoning prevention program grant are:

1. An individual local board of health representing a geographic area with a population of at least 15,000. The individual board of health must represent a geographic area of at least one county; or
2. A group of local boards of health representing a geographic area with a total population of at least 15,000 may apply for status as an approved program by designating an individual local board of health to apply on behalf of the group.

Table 2 on pages 17 to 18 shows the population of each county from the 2010 Census. Please note that an individual local board of health may submit or be included in only one application for status as an approved program.

Funding Sources

For the program period July 1, 2013 to June 30, 2014 the healthy homes and lead poisoning prevention program contracts will be funded from state general funds. There is currently no required local match for these funds.

Projected Funding

Table 2, on pages 17 to 18, shows the funds that are projected to be available **if** all 99 counties apply for the healthy homes and lead poisoning prevention program and **if** all funding remains at the current level. There are currently 68 counties with local healthy homes and lead poisoning prevention programs. It appears unlikely that all 99 counties will apply for healthy homes and lead poisoning prevention program funds. If fewer than 99 counties apply, the funds available to each local board of health that applies will increase.

The DEPARTMENT determines the amount of funding available to each county through a formula that predicts the expected number of cases of childhood lead poisoning in each county. The formula includes the number of children under the age of six years in the service area, the percentage of children in poverty, the percentage of housing built before 1950, and the combined percentage of minority and Hispanic population. The DEPARTMENT reserves the right to increase the amount of funding given to a small, single-county program to an amount larger than that shown in Table 2. The DEPARTMENT reserves the right to increase the amount of funding for areas that have demonstrated that the number of cases of lead poisoning in their service area is larger than that predicted by the DEPARTMENT formula. The DEPARTMENT also reserves the right to decrease the amount of funding for areas that have demonstrated that the number of cases of lead poisoning in their service area is smaller than that predicted by the DEPARTMENT formula or for areas that have not met performance requirements in previous contract years.

Notification of Status as an Approved Program

The DEPARTMENT will notify applicants by May 24, 2013, whether they have met the requirements for status as an approved program and are, therefore, eligible for funding.

Contracts

On June 3, 2013, the DEPARTMENT will upload a proposed contract to SharePoint for each CONTRACTOR that has met the requirements for being an "approved program" for the healthy homes and lead poisoning prevention program. Each CONTRACTOR can review the contract and sign it or determine that it does not wish to participate in the program. If a local board of health chooses not to participate, the funding for this contract will be used to increase the funding for the remaining contracts. **There is no penalty if a local board of health applies to be an "approved program" and then decides after reviewing the proposed contract that it does not wish to participate in the program.**

General Procedures

The CONTRACTOR may contract with the local health department or a private, non-profit agency (DESIGNATED AGENCY) to implement the healthy homes and lead poisoning prevention program within its service area. The CONTRACTOR must designate one agency (DESIGNATED AGENCY) to have primary responsibility for the program. The DESIGNATED AGENCY may contract with other agencies to implement, for example, the environmental case management portion of the program. The DESIGNATED AGENCY may complete the expenditure reports, vouchers, and documentation required by the DEPARTMENT and submits these to the CONTRACTOR. Either the CONTRACTOR or DESIGNATED AGENCY will upload the documentation to SharePoint, enter claims into the electronic expenditure worksheet (EEW), and start a workflow process.

APPLICATION PROCESS

If the local board of health intends to apply for status as an approved program so that your service area can receive funding for the healthy homes and lead poisoning prevention program, for the period of July 1, 2013 to June 30, 2014, please complete pages 1 to 5 of the attached application form. All materials submitted as part of the application for status as an approved program is public record.

Applications must be received by 4:00 p.m. (CST) on May 15, 2013 by the DEPARTMENT SharePoint Service Contract Application Center in compliance with the following requirements:

- Email application documents as a single zipped file OR a single PDF, no larger than 20MB, to applications@idph.iowa.gov. The preferred submission is a single zipped file.
- The subject line of the email must read **“RFA 588-Healthy Homes and Lead Poisoning Prevention Program-01”**. Do not include anything else in the subject line of the email.
- The single zipped file or single PDF must be named **“RFA 588-Healthy Homes and Lead Poisoning Prevention Program-01 (County Name) Board of Health”**.
- Do not include additional information or text in the body of the email as it will not be available to DEPARTMENT staff.

Applications submitted to the DEPARTMENT in any manner other than through the DEPARTMENT SharePoint Service Contract Application Center (e.g. electronic mail to any other address, faxed, hand-

delivered, mailed or shipped or courier-service delivered versions) will be rejected, not reviewed by the DEPARTMENT and a notice will be sent to the applicant. Any information submitted separately from the application will not be considered in the review process.

Applications will be rejected and not reviewed by the DEPARTMENT for the following reasons:

- If the application is received by the SharePoint Service Contract Application Center after the stated due date and time.
- If the application is submitted in any manner other than by email to applications@idph.iowa.gov.
- If the application is not submitted as a single zipped file or a single PDF file.

The due date and time requirements for receipt of the proposal by the SharePoint Service Contract Application Center are mandatory requirements and will not be subject to waiver as a minor deficiency.

The application that is attached to the applicant's email is automatically removed from the email upon receipt by the server and is filed in the SharePoint Service Contract Application Center. The application is date and time stamped upon filing in the SharePoint Service Contract Application Center. The time that is automatically documented on the submitted and filed application within the SharePoint Service Contract Application Center is slightly delayed from the time the email is received by the server, and is not the time that the applicant sent the email. Although the delay is minimal, it may be increased when server traffic is high or other uncontrollable internet traffic circumstances, encryption issues, firewall issues, or server issues, etc.

The date and time stamp by the SharePoint Service Contract Application Center shall serve as the official time of receipt of the application.

It is the applicant's sole responsibility to submit emailed applications in sufficient time so the application is received by the Service Contract Application Center prior to the stated due date and time. Applicants are strongly encouraged to submit emailed applications as early as possible to allow sufficient time for any unforeseen issues to be resolved prior to the deadline, if they occur. Applications received by the SharePoint Service Contract Application Center after the stated due date and time will be rejected, not reviewed by the DEPARTMENT and a notice sent to the applicant.

An electronic notification of receipt of the applicant's application within the SharePoint Service Contract Application Center will be generated automatically and emailed to the sender of the emailed application. If the electronic notification is not received within ten (10) minutes of the applicant's email, please contact the SharePoint Helpdesk at 1-866-520-8987 to confirm delivery (available prior to 4 PM on Weekdays, excluding State Holidays).

If an applicant emails the application multiple times, only the last submission received by the SharePoint Service Contract Application Center prior to the stated due date and time will be accepted for review.

DEFINITIONS

“*Blood lead testing*” means taking a capillary or venous sample of blood and sending it to a laboratory to determine the level of lead in the blood.

“*Capillary*” means a blood sample taken from the finger or heel for lead analysis.

“*Care coordination*” means the process of linking the service system to the recipient and/or family, and coordination of the various elements in order to achieve a successful outcome.

“*CDC*” means the Centers for Disease Control and Prevention.

“*Certified elevated blood lead (EBL) inspection agency*” means an agency that has met the requirements of 641—70.5(135) and that has been certified by the department.

“*Certified elevated blood lead (EBL) inspector/risk assessor*” means a person who has met the requirements of 641—70.5(135) for certification or interim certification and who has been certified by the department.

“*Chelation*” means the administration of medication that binds lead so that it can be removed from the body.

“*Child health contractor*” means an agency that has a contract with the Iowa Department of Public Health for the Title V Child Health program.

“*Complete medical evaluation*” means a history, physical examination, and testing for iron status as described in Chapter 7 of *Preventing Lead Poisoning in Young Children*, CDC, October 1991.

“*Data management*” means all actions taken by the CONTRACTOR to manage blood lead data and case management data. This includes, but is not limited to, entering blood lead test results for all individuals under the age of 16 years in the HHLPPP service area who receive blood lead testing from the HHLPPP or any other provider in the STELLAR database, documenting all case management actions such as contact with the family or provider, EBL inspection, lead hazard remediation, home nursing or outreach visits, nutrition evaluations, and developmental assessments in the STELLAR database, and providing all STELLAR reports required by this contract.

“*Department*” means the Iowa Department of Public Health.

“*Designated Agency*” means the agency designated by the CONTRACTOR to carry out the activities of the healthy homes and lead poisoning prevention program.

“*Developmental testing*” means testing done by the local Early Access Program or Area Education Agency to determine whether a child is developmentally delayed.

“*Education and outreach*” means seeking out and providing information regarding childhood lead poisoning and healthy homes to members of populations who are at high risk for lead poisoning and those who work for agencies that provide service to these high-risk populations; members of the general public, including homeowners, landlords, Realtors, and members of community organizations, and health professionals and para-professionals, including physicians, nurses, and laboratory technicians.

“Elevated blood lead (EBL) child” means any child who has had one venous blood lead level greater than or equal to 20 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or at least two venous blood lead levels of 15 to 19 $\mu\text{g}/\text{dL}$.

“Elevated blood lead (EBL) inspection” means an inspection to determine the sources of lead exposure for an elevated blood lead (EBL) child and the provision within ten working days of a written report explaining the results of the investigation to the owner and occupant of the residential dwelling or child-occupied facility being inspected and to the parents of the elevated blood lead (EBL) child.

“Elevated blood lead (EBL) inspection agency” means an agency that employs or contracts with individuals who perform elevated blood lead (EBL) inspections. Elevated blood lead (EBL) inspection agencies may also employ or contract with individuals who perform other lead-based paint activities.

“Environmental case management” means providing elevated blood lead (EBL) inspections in all dwellings associated with an EBL child and assuring that lead hazards identified at these dwellings.

“Follow-up blood lead testing” means blood lead testing that is conducted after a child has had at least one capillary or venous blood lead level greater than or equal to 10 $\mu\text{g}/\text{dL}$.

“Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) service area” means the geographic area for which the HHLPPP has agreed to provide HHLPPP services. *“HHLPPP”* means healthy homes and lead poisoning prevention program.

“Home nursing or outreach visit” means a home visit conducted by a nurse or social worker to provide information to the caregiver of a lead-poisoned child regarding the health effects of lead poisoning, the importance of good housekeeping and nutrition, and the importance of follow-up blood lead testing and to assess the overall situation of the child and family to determine whether the child and/or family should be referred for additional services.

“Laboratory” means a laboratory certified to perform either waived or non-waived blood lead analysis according to the federal Clinical Laboratory Improvement Act of 1988 (CLIA).

“Lead-based paint hazard” means hazardous lead-based paint, a dust-lead hazard, or a soil-lead hazard as defined in 641—Chapter 70.

“Lead hazard remediation” means the control of lead hazards identified in the EBL inspection through interim controls, renovation, and remodeling, or lead abatement.

“Local board of health” means a county, district, or city board of health.

“Local coalition” means a group convened by the CONTRACTOR to address the issue of childhood lead poisoning and healthy homes in the HHLPPP service area. The local coalition should be composed of physicians, nurses, housing officials, parents, contractors, and representatives of neighborhoods where homes are being renovated.

“Medical case management” means all services necessary to evaluate the health and development of a child with a blood lead level greater than or equal to 10 $\mu\text{g}/\text{dL}$ and to treat any conditions identified in the evaluation. Medical case management includes, but is not limited to, follow-up blood lead testing,

medical evaluation, home nursing or outreach visits, chelation, nutrition evaluation, developmental assessment, and care coordination.

“*Nutrition evaluation*” means an evaluation conducted by a dietician to determine whether a child is receiving a well-balanced and age-appropriate diet, with particular attention to the child intake of Vitamin C, iron, and calcium.

“*Quarterly narrative report*” means a report of the contractor’s healthy homes and childhood lead poisoning prevention activities for the quarter that is developed according to guidelines provided by the department and is provided to the department by the deadlines given in Article VII.

“*Referral*” means to direct the family of a lead-poisoned to a service for the family or the child and to follow-up to assure that the family actually received the service.

“*STELLAR*” means the Systematic Tracking of Elevated Lead Levels and Remediation database, which is provided by CDC at no charge.

“*STELLAR Lab Batch*” means the procedure in STELLAR that processes blood lead tests and sets dates for follow-up blood lead tests, opens medical cases, and opens environmental cases.

“*STELLAR quarterly report*” means the procedure in STELLAR that compiles the contractor’s activities for the quarter into a data file that is submitted to the department electronically by the deadlines given in Article VII.

“*Venous*” means a blood sample taken from a vein in the arm for lead analysis.

REQUIRED ACTIVITIES

A local board applying for status as an approved program must demonstrate that it is prepared to provide activities A through I immediately upon receipt of funding on July 1, 2013.

A. Assuring that all children under the age of six years receive blood lead testing according to IDPH’s statewide blood lead testing plan, available on request from the DEPARTMENT.

The CONTRACTOR shall assure that the *State of Iowa Plan for Childhood Blood Lead Testing* (November 2009) is implemented within the HHLPPP service area. The CONTRACTOR shall assure that medical providers conduct blood lead testing according to this plan. The CONTRACTOR may also conduct blood lead testing, but is not required to do so. The CONTRACTOR shall assist in the implementation of *Iowa Administrative Code 641—Chapter 67: Blood Lead Testing* within the HHLPPP service area.

The CONTRACTOR shall provide a written notice of the results of blood lead testing to the caregivers of all children tested by the CONTRACTOR or DESIGNATED AGENCY. The written notice shall include information regarding the meaning of the blood lead test result and the date when the child should be tested again.

The CONTRACTOR shall provide a written notice of the results of blood lead testing to the caregivers of all children in the HHLPPP service area who have blood lead levels greater than or equal to 10 µg/dL, regardless of whether the agency did the testing. The written notice shall include

information regarding the meaning of the blood lead test result, actions that the parents can take to reduce the child's blood lead level, and the date when the child should be tested again.

All efforts to assure that children are tested for lead poisoning shall be coordinated with Title V Child Health, WIC, Community Empowerment, and other programs that seek to assure that children receive blood lead testing.

B. A program to ensure that children identified with blood lead levels greater than or equal to 10 micrograms per deciliter receive services appropriate for the blood lead level:

All case management services shall be coordinated with Title V Child Health, WIC, Community Empowerment, and other programs that may be involved with case management of lead-poisoned children.

Follow-up blood lead testing

The CONTRACTOR shall assure that providers in the HHLPPP service area that conduct blood lead testing provides follow-up blood lead testing for children under the age of six years within the timelines listed below. The CONTRACTOR may provide this follow-up blood lead testing.

Confirmatory venous blood lead testing

- Capillary blood lead level of 15 to 19 $\mu\text{g/dL}$ – within 4 weeks after the report.
- Capillary blood lead level of 20 to 44 $\mu\text{g/dL}$ – within 1 week after the report
- Capillary blood lead level of 45 to 69 $\mu\text{g/dL}$ – within 48 hours after the report
- Capillary blood lead level greater than or equal to 70 $\mu\text{g/dL}$ – immediately.

Follow-up testing after an elevated blood lead level for a child who has not been chelated

- Capillary or venous blood lead level of 10 to 14 $\mu\text{g/dL}$ – within 3 months. After two levels less than 10 $\mu\text{g/dL}$ or three levels less than 15 $\mu\text{g/dL}$, testing should follow the routine testing schedule for high-risk children.
- Venous blood lead level of 15 to 19 $\mu\text{g/dL}$ – within 3 months.
- Venous blood lead level of 20 to 44 $\mu\text{g/dL}$ – within 4 to 6 weeks.
- Venous blood lead level greater than or equal to 45 $\mu\text{g/dL}$ – immediately

Follow-up testing for a child who has been chelated

- At the end of chelation.
- Depending on the blood lead level, 7 to 21 days after the end of chelation. The results of this test will determine the need for additional chelation and the schedule for additional blood lead testing.

Medical evaluations

The CONTRACTOR shall assure that providers in the HHLPPP conduct medical evaluations for children under the age of six years within the following timelines:

- Venous blood lead level of 20 to 44 $\mu\text{g/dL}$ – Refer within 48 hours after the report so that the service is received within 5 days.
- Venous blood lead level of 45 to 69 $\mu\text{g/dL}$ – Refer within 24 hours after the report so that the service is received within 48 hours.

- Venous blood lead level greater than or equal to 70 µg/dL – Refer for emergency medical evaluation.

Home nursing visits

The CONTRACTOR shall provide home nursing visits for children under the age of six years according to the following timelines:

- Venous blood lead level of 15 to 19 µg/dL – within 4 weeks after the report.
- Venous blood lead level of 20 to 44 µg/dL – within 2 weeks after the report
- Venous blood lead level of 45 to 69 µg/dL – within 1 week after the report
- Venous blood lead level greater than or equal to 70 µg/dL – within 2 days after the report.

Chelation

The CONTRACTOR shall assure that children with two venous blood lead levels greater than or equal to 45 µg/dL receive chelation.

Nutrition evaluation

The CONTRACTOR shall assure that children under the age of six years with a venous blood lead level greater than or equal to 15 µg/dL receive a nutrition evaluation from a dietician according to the following timelines:

- Venous blood lead level of 15 to 19 µg/dL – Refer within 4 weeks after the report so that the service is received within 6 weeks.
- Venous blood lead level of 20 to 44 µg/dL – Refer within 2 weeks after the report so that the service is received with 4 weeks.
- Venous blood lead level of 45 to 69 µg/dL – Refer within 1 week after the report so that the service is received within 2 weeks.
- Venous blood lead level greater than or equal to 70 µg/dL – Refer immediately so that the service is received within 2 days after the report.

The CONTRACTOR shall contact the DEPARTMENT for assistance if access to a dietician cannot be assured for children under the age of six years with a venous blood lead level greater than or equal to 15 µg/dL.

Developmental assessment

The CONTRACTOR shall assure children under the age of six years with a venous blood lead level greater than or equal to 20 µg/dL receive a developmental assessment according to the following timeline by referring children to the local Early Access Program or Area Education Agency:

- Venous blood lead level of 20 to 44 µg/dL – Refer within 2 weeks after the report.
- Venous blood lead level of 45 to 69 µg/dL – Refer within 1 week after the report
- Venous blood lead level greater than or equal to 70 µg/dL – Refer within 2 days after the report.

C. Elevated blood lead (EBL) inspections in dwelling units associated with an elevated blood lead (EBL) child. Elevated blood lead (EBL) inspections shall be conducted by certified elevated blood lead (EBL) inspector/risk assessors employed by or under contract with a certified elevated blood lead (EBL) inspection agency.

The CONTRACTOR shall maintain certification of individual inspectors as elevated blood lead (EBL) inspector/risk assessors and their agency as a certified elevated blood lead level (EBL) inspection agency. The CONTRACTOR shall be enrolled as a Medicaid provider for EBL inspection services and shall recover reimbursement from Medicaid for EBL inspections and use the reimbursement as program income.

The CONTRACTOR shall conduct elevated blood lead (EBL) inspections for any child under the age of six years who has had one venous blood lead level greater than or equal to 20 µg/dL or at least two venous blood lead levels of 15 to 19 µg/dL. EBL inspections shall be conducted for all addresses associated with the child and for all addresses that the child moves to after the case is initially reported until the child has had one blood lead level less than 10 µg/dL or three blood lead levels less than 15 µg/dL. EBL inspections shall be conducted within the following times:

- Two venous blood lead levels of 15 to 19 µg/dL – within 4 weeks after the report.
- Venous blood lead level of 20 to 44 µg/dL – within 2 weeks after the report
- Venous blood lead level of 45 to 69 µg/dL – within 1 week after the report
- Venous blood lead level greater than or equal to 70 µg/dL – within 2 days after the report.

The CONTRACTOR shall document in STELLAR or the CDC web-based data system the reason why the CONTRACTOR or DESIGNATED AGENCY was unable to complete any inspection required by this contract.

Iowa law now requires individuals who conduct environmental case management of lead-poisoned children to be certified as elevated blood lead (EBL) inspector/risk assessors. To complete this certification, individuals must complete an approved 48-hour training program and meet one of the following education and experience requirements:

- (1) Bachelor's degree and one year of related experience (e.g., lead, environmental health, public health, housing inspection, building trades).
- (2) Associate's degree and two years of related experience (e.g., lead, environmental health, public health, housing inspection, building trades).
- (3) High school diploma and three years of related experience (e.g., lead, environmental health, public health, housing inspection, building trades).
- (4) Certification as an industrial hygienist, professional engineer, registered architect, registered sanitarian, registered environmental health specialist, or registered nurse.

The CONTRACTOR must document that the agency and its employees or contractors will follow the work practice standards in *Iowa Administrative Code 641-70.6* for conducting lead-based paint activities. The certified elevated blood lead (EBL) inspection agency must maintain all records required by *Iowa Administrative Code 641-70.6*.

The total cost of certifying a new elevated blood lead (EBL) inspector/risk assessor, including all training and travel costs and salary during the time of the training program, is approximately \$3,000.

XRF Analyzers

XRF analyzers that were originally purchased, in part or in whole, with DEPARTMENT grant funds, are to be shared with other elevated blood lead (EBL) inspector/risk assessors that have a contract with the DEPARTMENT's Healthy Homes and Lead Poisoning Prevention Program. This sharing is to be at no cost other than travel to pick up and deliver the machine. Programs are strongly encouraged to share the XRF analyzers with government and private, non-profit housing agencies that employ appropriately certified inspector/risk assessors. Any fees received for sharing the machine with government and private, non-profit housing agencies are considered program income that shall be returned to the lead program and used to enhance lead program efforts.

D. Follow-up contacts and inspections are required to ensure lead-based paint hazards identified in dwelling units associated with an elevated blood lead (EBL) child are corrected. A minimum of one follow-up is required annually for each address, until lead hazards are remediated.

The CONTRACTOR shall contact the occupants and/or owners of dwellings where lead hazards have been identified within 30 days of the initial inspection to check their progress towards making the dwelling lead-safe. The CONTRACTOR shall follow up by phone, mail, or on-site visit on all dwellings where lead hazards were identified, but lead hazard remediation has not been completed, at least once each year until lead hazard remediation is completed. The CONTRACTOR shall continue to follow up on all of these dwellings annually until lead hazard remediation is completed, regardless of whether the dwellings are owner-occupied or rental and regardless of changes in ownership. The CONTRACTOR shall not close an address where the work has been completed without performing dust lead clearance testing to demonstrate that the dust lead levels are safe for small children. Unless permission is obtained in advance from the DEPARTMENT, the CONTRACTOR shall not close an address associated with a lead-poisoned child and where lead hazards have been identified unless the lead hazard remediation has been completed.

The CONTRACTOR shall, to the extent possible, assist families who have lead-poisoned children in locating resources for lead hazard remediation and/or alternative housing.

E. Adoption and enforcement of a local code which provides adequate authority to require control of lead-based paint hazards found in dwelling units associated with an elevated blood lead (EBL) child.

The CONTRACTOR must adopt and enforce a local code that requires hazards to be repaired in the homes of elevated blood lead (EBL) children. A model code is available at Iowa Administrative Code 641—Chapter 68. CONTRACTORS may adopt this model code by reference.

Local regulations must be as protective as Iowa Administrative Code 641—Chapter 68. Local regulations that were previously adopted must be updated to reflect safe dust lead levels and other items that have changed since the local regulations were adopted.

F. Management of blood lead and case management data using the Strategic Tracking of Elevated Lead Levels and Remediation (STELLAR) program or the CDC web-based data system.

The CONTRACTOR shall enter the results of blood lead testing for all individuals under the age of 16 years in the HHLPPP service area who receive blood lead testing from the HHLPPP or any other provider into the STELLAR database. After the CDC web-based data system is implemented, the DEPARTMENT will enter all blood lead test results into the CDC web-based data system. The CONTRACTOR shall document all case management actions taken by the agency such as contact with the family or provider, EBL inspection, lead hazard remediation, home nursing or outreach visits, nutrition evaluations, and developmental assessments in the STELLAR database or the CDC web-based data system and shall assure that all HHLPPP DESIGNATED AGENCIES also document all case management actions into STELLAR or the CDC web-based data system.

The CONTRACTOR shall enter blood lead test results and case management actions into STELLAR on at least a weekly basis. The CONTRACTOR shall run STELLAR Lab Batch at least every two weeks and shall forward case information to other DESIGNATED AGENCIES providing medical and environmental case management in the HHLPPP service area at least every two weeks. **(Note: STELLAR is a free program provided by CDC and the DEPARTMENT. DEPARTMENT staff will install STELLAR software and provide free training in the use of STELLAR software.)** After the CDC web-based data system is implemented, the CONTRACTOR shall enter case management activities into the CDC web-based data system at least weekly.

The CONTRACTOR shall install STELLAR on a computer network consisting of at least two computers that are linked to the same server. The CONTRACTOR shall allow the DEPARTMENT and other DESIGNATED AGENCIES providing medical and environmental case management of lead-poisoned children in the HHLPPP service area to access the main STELLAR database via the software, PC Anywhere, or another software package approved in advance by the DEPARTMENT. This software shall be installed on a computer that is continuously available for the DEPARTMENT and other agencies for access. The CONTRACTOR may request that the DEPARTMENT waive the requirement that STELLAR be installed on a network and that a computer be continuously available for the DEPARTMENT and other DESIGNATED AGENCIES to access. The CONTRACTOR shall make this request in writing. The DEPARTMENT will approve or deny these requests on a case-by-case basis. This requirement will be dropped after the implementation of the CDC web-based data system.

The DEPARTMENT will periodically review the CONTRACTOR's STELLAR database or the data entered into the CDC web-based data system by the CONTRACTOR for errors and notify the CONTRACTOR of errors that must be corrected. The CONTRACTOR shall correct the errors by the date specified in the notification and shall implement quality control measures to prevent data entry errors.

The CONTRACTOR must meet the following minimum computer requirements before the beginning date of the contract and before the DEPARTMENT will install and train staff on the use of the STELLAR software:

- The network and individual computer workstations must be able to utilize a Windows 2000 or higher operating system.

- For a program operating from one site only, at least one computer workstation that is part of a multi-workstation network must be available for the use of STELLAR. A computer network is a group of at least two computers in the same office hooked together electronically so that all of the users may share resources such as software, printers, hardware, and files that are loaded on one main computer that is the server for the network. Software that is loaded on the network must be shareable. That is, more than one copy of the software can be running at one time. For the main STELLAR site of a multi-county or multi-site HHLPPP, at least two computer terminals must be available for the use of STELLAR. For both single-county and multi-county HHLPPPs, a computer terminal must be set up to allow the DEPARTMENT and, for a multi-county program, other HHLPPP DESIGNATED AGENCIES to have remote access to STELLAR at all times via PC Anywhere Host for Windows or other software approved by the DEPARTMENT. This requirement will be eliminated after the implementation of the CDC web-based data system.
- Access to a laser printer.
- Access to Internet e-mail from the workstation that is dedicated to use of STELLAR. The CONTRACTOR must check internet e-mail at least once each week for lead poisoning prevention updates sent out by the DEPARTMENT.
- The computer program, "PC Anywhere" (version 9.0 or better), or other software approved by the DEPARTMENT to allow the DEPARTMENT and, in the case of multi-site and multi-county programs, other DESIGNATED AGENCIES to access STELLAR data remotely. This requirement will be eliminated after the implementation of the CDC web-based data system.
- A phone line, modem, and any additional communications software needed to make the system functional. This requirement will be eliminated after the implementation of the CDC web-based data system.

Applicants should discuss these requirements with the Information Technology staff of the lead agency and all partners during the application process. It is assumed that, by signing this application, the applicant has discussed the computer needs with the appropriate Information Technology staff and has obtained the appropriate approval to meet these needs. No contract payments will be made until the agency has met the requirements above.

G. A public education program about lead poisoning and the dangers of lead poisoning to children.

The CONTRACTOR shall develop and implement an education and outreach program to provide information about childhood lead poisoning to members of the community, including parents, medical providers, property owners, and community policy makers. The DEPARTMENT provides many materials that can be used for this purpose.

H. Development of a local coalition to address healthy homes and lead poisoning prevention.

The CONTRACTOR shall establish a local coalition for the HHLPPP service area. The coalition may be a subgroup/work group of a larger umbrella coalition. However, participation in an umbrella coalition does **not** meet this requirement unless a specific subgroup has been formed to deal with lead poisoning prevention in the community. The coalition should be composed of physicians, nurses, housing officials,

parents, contractors, and representatives of neighborhoods where homes are being renovated. The coalition shall include citizens who are not part of agency (Health, Housing, Human Services, etc.) staff that participate in the HHLPPP. Coalition members, especially the “real people” should do things like distributing literature in the community, giving presentations on lead poisoning prevention, contacting groups for donations of supplies for families, etc.--not just act as an advisory group to the lead program.

I. Healthy Homes Planning

The CONTRACTOR is encouraged, but not required to conduct healthy homes planning activities, but shall report healthy homes activities occurring within their HHLPPP area on quarterly reports. CONTRACTOR’S must contact DESIGNATED AGENCIES to get information from them for reporting purposes. Also please include activities done by agencies or persons outside your agency that would not have been reported on monthly vouchers.

OTHER REQUIREMENTS

CONTRACTOR’s shall develop written protocols to describe how each of these services will be provided. CONTRACTOR’s may use templates provided by the DEPARTMENT to develop these protocols.

CONTRCATOR’s must seek Medicaid reimbursement for all eligible services, including home nursing visits and elevated blood lead (EBL) inspections, and shall use the reimbursement as program income.

Funds may not be spent for chelation or other medical treatment of lead poisoning or for lead hazard remediation. Funds may not be spent for blood lead analysis unless approved in advance by the DEPARTMENT since the DEPARTMENT has a contract with the University Hygienic Laboratory for blood lead analysis.

The DEPARTMENT’s contract general conditions effective January 1, 2013 will apply to the contract. These general conditions are posted on the IDPH Internet site under *Funding Opportunities*: www.idph.state.ia.us.

Required Reports

STELLAR documentation and other required reports shall be filed on forms and/or in the format approved by the DEPARTMENT and uploaded to the SharePoint Completed Reports folder. The CONTRACTOR shall file claims via SharePoint. The CONTRACTOR shall provide the documentation specified by the DEPARTMENT before the claim can be paid.

Report	Number of copies	Date Due
Claim Voucher	1 Electronic	Within 45 days of month of expenditure
Expenditure Report	1 Electronic	Within 45 days of month of expenditure
STELLAR Documentation to Support Expenditure Report	1 Electronic	Within 45 days of month of expenditure
Quarterly Narrative Report & STELLAR Quarterly Report	1 Electronic	10/25/2013 1/27/2014 4/25/2014 7/25/2014

Claim vouchers and expenditure reports shall be filed via SharePoint.

The requirement for the STELLAR quarterly reports may be eliminated after the implementation of the CDC web-based data system.

PAYMENTS

The contract with the DEPARTMENT will be a fee-for-service contract. The DEPARTMENT will provide payment at a fixed rate for services including, but not limited to the following:

- Children tested for lead poisoning in the service area.
- Child contact attempts for children.
- Referrals for nutrition counseling.
- Referrals for developmental assessments.
- Home nursing visits not reimbursed by Medicaid.
- Initial inspection attempts.
- Follow-up on inspections with hazards.
- Completed lead hazard remediations.
- Education and outreach hours.
- Lead coalition hours.
- Quarterly reports submitted on time.
- Running lab batch.

Final payment may be withheld until all contractually required reports have been received and accepted by the DEPARTMENT. Final payments may be withheld if the CONTRACTOR or personnel employed by the CONTRACTOR or DESIGNATED AGENCY are not in compliance with *Iowa Administrative Code* Chapter 641—70, Lead Professional Certification. At the end of the contract period, unobligated contract amount funds shall revert to the DEPARTMENT.

On January 1, 2014, April 1, 2014, and June 1, 2014, the DEPARTMENT may amend the contract to revert funds that are estimated to be unused to the DEPARTMENT and reallocate those funds to contractors with demonstrated special needs for healthy homes and lead poisoning prevention program services.

TABLE 2 - County Population and Projected Funding (2013-2014)

County	Total population	Projected Funding*
Adair County	7,682	\$1,240
Adams County	4,029	\$938
Allamakee County	14,330	\$1,978
Appanoose County	12,887	\$2,044
Audubon County	6,119	\$1,207
Benton County	26,076	\$3,418
Black Hawk County	131,090	\$17,528
Boone County	26,306	\$3,921
Bremer County	24,276	\$2,145
Buchanan County	20,958	\$2,982
Buena Vista County	20,260	\$4,592
Butler County	14,867	\$2,346
Calhoun County	9,670	\$1,508
Carroll County	20,816	\$2,413
Cass County	13,956	\$2,346
Cedar County	18,499	\$2,178
Cerro Gordo County	44,151	\$6,300
Cherokee County	12,072	\$2,078
Chickasaw County	12,439	\$1,675
Clarke County	9,286	\$1,274
Clay County	16,667	\$2,614
Clayton County	18,129	\$3,217
Clinton County	49,116	\$9,552
Crawford County	17,096	\$3,385
Dallas County	66,135	\$4,390
Davis County	8,753	\$1,274
Decatur County	8,457	\$1,106
Delaware County	17,764	\$2,178
Des Moines County	40,325	\$8,747
Dickinson County	16,667	\$738
Dubuque County	93,653	\$10,121
Emmet County	10,302	\$1,608
Fayette County	20,880	\$3,954
Floyd County	16,303	\$2,547
Franklin County	10,680	\$1,809
Fremont County	7,441	\$1,341
Greene County	9,336	\$1,742
Grundy County	12,453	\$1,207
Guthrie County	10,954	\$1,274
Hamilton County	15,673	\$2,380
Hancock County	11,341	\$1,575
Hardin County	17,534	\$2,949
Harrison County	14,928	\$2,581
Henry County	20,145	\$2,413
Howard County	9,566	\$1,542
Humboldt County	9,815	\$1,675
Ida County	7,089	\$1,173
Iowa County	16,355	\$2,011
Jackson County	19,848	\$2,681
Jasper County	36,842	\$3,954
Jefferson County	16,843	\$2,245

Johnson County	130,882	\$4,927
Jones County	20,638	\$2,279
Keokuk County	10,511	\$2,078
Kossuth County	15,543	\$2,547
Lee County	35,862	\$5,999
Linn County	211,226	\$21,114
Louisa County	11,387	\$2,681
Lucas County	8,898	\$1,709
Lyon County	11,581	\$1,675
Madison County	15,679	\$1,944
Mahaska County	22,381	\$3,586
Marion County	33,309	\$2,781
Marshall County	40,648	\$7,775
Mills County	15,059	\$1,575
Mitchell County	10,776	\$2,111
Monona County	9,243	\$1,508
Monroe County	7,970	\$1,274
Montgomery County	10,740	\$2,346
Muscatine County	42,745	\$8,613
O'Brien County	14,398	\$2,145
Osceola County	6,462	\$1,039
Page County	15,932	\$3,418
Palo Alto County	9,421	\$1,408
Plymouth County	24,986	\$3,083
Pocahontas County	7,310	\$1,307
Polk County	430,640	\$45,311
Pottawattamie County	93,158	\$11,830
Poweshiek County	18,914	\$2,111
Ringgold County	5,131	\$1,072
Sac County	10,350	\$2,212
Scott County	165,224	\$24,197
Shelby County	12,167	\$1,777
Sioux County	33,704	\$3,620
Story County	89,542	\$4,457
Tama County	17,767	\$4,524
Taylor County	6,317	\$1,341
Union County	12,534	\$2,078
Van Buren County	7,570	\$1,274
Wapello County	35,625	\$6,669
Warren County	46,225	\$1,374
Washington County	21,704	\$3,620
Wayne County	6,403	\$1,140
Webster County	38,013	\$7,038
Winnebago County	10,866	\$1,341
Winneshiek County	21,056	\$2,614
Woodbury County	102,172	\$25,705
Worth County	7,598	\$1,207
Wright County	13,229	\$2,011

*Amount does not include funds for blood lead sample collection, blood lead analysis, or environmental sample analysis.

**IOWA DEPARTMENT OF PUBLIC HEALTH
HEALTHY HOMES AND LEAD POISONING PREVENTION PROGRAM**

**APPLICATION FORMS FOR STATUS AS APPROVED PROGRAM FOR
CONTRACT YEAR OF JULY 1, 2013 TO JUNE 30, 2014**

DUE DATE: MAY 15, 2013

APPLICANT: _____ BOARD OF HEALTH

**IOWA DEPARTMENT OF PUBLIC HEALTH
HEALTHY HOMES AND LEAD POISONING PREVENTION PROGRAM**

**APPLICATION FOR STATUS AS APPROVED PROGRAM FOR
CONTRACT YEAR OF JULY 1, 2013 TO JUNE 30, 2014**

APPLICANT INFORMATION	
Board of Health	
Address of Board of Health Street Address City Zip Code	
Tax ID Number for Board of Health	
Name of Board of Health Chair	
Our board of health is prepared to carry out the requirements of the healthy homes and lead poisoning prevention program as outlined in this application package.	
Authorized Signature	

CONTACT INFORMATION FOR PRIMARY AGENCY THAT WILL IMPLEMENT PROGRAM	
Agency Name	
Agency Address	
Agency City, State, and Zip Code	
Agency Phone Number	
Agency Fax Number	
Agency E-mail	
Name and Title of Agency Director	
Name and Title of Agency Contact Person for HHLPPP	

CONTACT INFORMATION FOR PRIMARY AGENCY THAT WILL IMPLEMENT PROGRAM

Name of Contract Administrator	
Name of Program Administrator	
Name of Agency Fiscal Manager	
Name of Data Entry Clerk	
Name of Nurse Case Manager	
Certified Elevated Blood Lead (EBL) Inspector/Risk Assessor	

SERVICE AREA POPULATION

County Name	County Population (2009 Census Estimate) (Use numbers from Table 2.)
Total Population of Service Area = (Total Population must be greater than or equal to 15,000)	

We have designated the _____ board of health to apply for status as an approved program on our behalf. Our county is included in only one application for status as an approved program for the childhood lead poisoning prevention program. (The chair of each local board of health or authorized signatory must sign below. If it is not practical to get each board of health to sign the same form, they can each sign different forms as long as the signed forms are all attached to this application.) Gzvt c'èqr lgu'qh'vj k'r' ci g'èt g'è'v'j g'dcent'qh this document.

INFORMATION FOR OTHER LOCAL BOARDS OF HEALTH INCLUDED IN APPLICATION				
County	Name of Board of Health Chair	Signature of Board of Health Chair	Agency	Agency Contact Person

Activity	Name of Agency Responsible for Activity	Individual Staff Member(s) Responsible for Activity
<p>A. Assuring that all children under the age of six years receive blood lead testing according to the DEPARTMENTS statewide blood lead testing plan, available on request from the DEPARTMENT.</p>		
<p>B. A program to ensure that children identified with blood lead levels greater than or equal to 10 micrograms per deciliter receive services as appropriate for the blood lead level:</p> <ul style="list-style-type: none"> • Confirmatory venous blood lead testing. • Follow-up capillary or venous blood lead testing. • Nutrition counseling. • Home nursing visit. • Developmental evaluation. • Medical evaluation. • Chelation. 		
<p>C. Elevated blood lead (EBL) inspections in dwelling units associated with an elevated blood lead (EBL) child. Elevated blood lead (EBL) inspections shall be conducted by certified elevated blood lead (EBL) inspector/risk assessors employed by or under contract with a certified elevated blood lead (EBL) inspection agency.</p>		

Activity	Name of Agency Responsible for Activity	Individual Staff Member(s) Responsible for Activity
<p>D. Follow-up inspections to ensure that lead-based paint hazards identified in dwelling units associated with an elevated blood lead (EBL) child are corrected. A minimum of one follow-up on each address is required each year.</p>		
<p>E. Adoption and enforcement of a local code which provides adequate authority to require control of lead-based paint hazards found in dwelling units associated with an elevated blood lead (EBL) child.</p>		
<p>F. Management of blood lead and case management data using the Strategic Tracking of Elevated Lead Levels and Remediation (STELLAR) program or the CDC web-based data system.</p>		

Activity	Name of Agency Responsible for Activity	Individual Staff Member(s) Responsible for Activity
G. A public education program about lead poisoning and the dangers of lead poisoning to children.		
H. Development of a local coalition to address childhood lead poisoning prevention.		
I. Coordinate efforts with Title V Child Health, WIC, Head Start, Empowerment, and other programs.		

We have designated the _____ board of health to apply for status as an approved program on our behalf. Our county is included in only one application for status as an approved program for the childhood lead poisoning prevention program. (The chair of each local board of health or authorized signatory must sign below. If it is not practical to get each board of health to sign the same form, they can each sign different forms as long as the signed forms are all attached to this application.)

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