



Office of the
Washington
State Auditor
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PERFORMANCE AUDIT

Report Highlights

Lead Testing for Children Enrolled in Medicaid

Lead exposure remains a public health issue, particularly for its harmful effects on children's health. The primary sources of lead exposure continue to be from household hazards such as chipping paint and contaminated soil. Lead remains a risk to Washington children despite state and federal efforts to reduce it. The state tested a lower percentage of children overall than other western states, yet it had a higher percentage of children with elevated blood lead levels. In addition, Medicaid (in Washington called Apple Health) requires that all enrolled children should be tested for lead exposure. More than 240,000 of Washington's 2.3 million Medicaid enrollees are under the age of 6. These children are required to receive blood lead screening tests at the ages of 12 months and 24 months. In addition, any child between 24 and 72 months with no record of a previous blood lead screening test must receive one.

Two state agencies – Health Care Authority and Department of Health – play key roles in mitigating lead exposure risks. As the state Medicaid agency, HCA is responsible for ensuring the state meets all federal program requirements. DOH is responsible for administering the Centers for Disease Control and Prevention's Childhood Lead Poisoning Prevention Program. Both agencies have advocated for focusing blood lead testing only on children who have been identified as having one or more risk factors, but the agencies have not received federal approval to use this approach.

The state has not ensured that Medicaid enrollees receive required childhood lead testing

Based on lead test results reported to DOH, we found only 26 percent of children enrolled in Medicaid received a test between their first and sixth birthdays. For these children, this met the minimum standard set by Medicaid, which is at least one test by the child's sixth birthday. Medicaid actually requires two tests, one at 12 months and one at 24 months. Of Medicaid-enrolled children, only 3 percent had blood lead level tests at both these ages. We also found that lead testing rates varied significantly by county. In addition, the analysis examining the demographic characteristics of these children found that testing rates were nearly twice as high for children whose families did not speak or write English.

Even for children at the highest risk of lead exposure, the state has not met the Medicaid testing requirement

Analyzing lead risks at the county level can mask community-level differences. Although Washington has multiple factors that can increase a child's risk of lead exposure, most children with the highest risk have never been tested. Children in areas with a heightened risk were tested at higher rates; however, three-quarters were not tested at all. Some communities with higher numbers of elevated test results also test the fewest children.

The state lacks an adequate process to ensure children enrolled in Medicaid receive required blood lead testing

Data analyses at state agencies is insufficient to accurately assess lead testing rates of Medicaid-enrolled children. Without active data-sharing agreements, HCA and DOH cannot conduct thorough test analyses. HCA lacks adequate performance measures to monitor the state's compliance with Medicaid's lead testing requirement. Additionally, HCA has not used its existing, federally required, performance measure to actively monitor or increase testing compliance. HCA's contracts with managed care organizations also lack clear expectations and performance standards necessary for compliance with Medicaid lead test requirements.

To help improve test rates, the state could do more to ensure providers have a clear understanding of testing requirements

Health care provider uncertainty about Medicaid lead test requirements has likely contributed to low testing rates. The state could do more to ensure providers receive clear, consistent messaging about Medicaid requirements. DOH's efforts to promote testing could help the state coordinate testing and increase awareness of lead exposure risks. In addition, we found that by increasing awareness about the benefits of point-of-care testing and health records systems prompts, the state could help clinics and providers improve their processes to help reduce barriers to lead testing.

State Auditor's Conclusions

We may think lead exposure is only an issue on the East Coast or in the Midwest – places with a history of industrial pollution and older homes. This audit shows we can never be complacent about the risks children face. Compared to six other western states, Washington had the highest percentage of children with elevated blood lead levels, yet tested children at the second-to-lowest rate. This audit found most children enrolled in Medicaid and at the highest risk for exposure were not tested. Despite low statewide testing rates, there are positive findings in this report. We identified two counties that test more than half the enrolled children in their area. Community outreach seems to improve testing rates – children who did not speak English were tested at nearly twice the rate of native English speakers. Importantly, state agencies have the tools and data they need to increase the number of children screened for lead exposure. By acting with urgency, the state can soon improve the number of children tested for lead exposure. With more than 240,000 Medicaid enrollees under the age of 6, the benefits of increased community awareness will in turn benefit generations to come.

Recommendations

We made recommendations to DOH and HCA to ensure children served by Medicaid in Washington receive required tests. They fall into two main categories: implementing a monitoring process to identify children who have not received a blood lead test, and creating clear and consistent guidance for providers.