

# HEALTHY HOMES AND LEAD POISONING SURVEILLANCE SYSTEM (HHLPSS)

Guidance Manual for Childhood Lead Poisoning Prevention Program Case Managers November 2016

# **Table of Contents**

Welcome	
Two-Factor Authenticator App	
HHLPSS Secure Portal and Login Pages	
HHLPSS Module Pages	5
HHLPSS Home Page – Home Module	6
Case Management – Clinical Module	9
Patient Info Screen	
A Note About Clinical Letters:	
Family Members and GuardianScreen	
Patient Address History Screen	
De-duplicate Address Popup	
Blood Lead Testing History	
Case Details/ Case Initiation	
Case Details/Information	23
Case Disposition – Case Closing	
Disposition History – Case History	27
Manually Open Patient Case	
Case Exposure Sources	
Mobility & Behavior	
Take Home [Exposure Sources]	
Hobbies	
Home Remedies	
Pottery & Utensils	
Cosmetics	
Food/Drink items	
Other Sources	
Clinical Letters	
Associated Persons	
Group Membership	
Household Members	

Other Tests	
Other Medical	
Chelation	
Patient Notes	51
Patient Attachments	
Environmental Investigations - Environmental Module	55
Edit or Add New Address	55
Find Address	55
Edit Address	
De-duplicate Address Popup	
Construction History	
Address Notes	60
View Environmental Investigation Details	61
Investigation Summary	61
Risk Assessment	63
Remediation Activities	64
Clearance Inspection	
Property Owner Information	
HHLPSS Reports - Reports Module	69
Clinical reports	69
Blood Tests Report	
Lead Program Activity Report	72
Cases Eligible for Closure	74
Positive Test with No Associated Case	76
List Cases by Case Manager	78
Complete Child Report	
Environmental Reports	82
Complete Address Report	
Blood Test for Homes under Investigation	
Lead Poisoning Prevention Program Staff	86
Appendix A	88
Appendix B	

## Welcome

Welcome to HHLPSS, the Healthy Housing and Lead Poisoning Surveillance System. HHLPSS is a web-based, case management and surveillance application that was developed to help local Childhood Lead Poisoning Prevention Programs (CLPPPs) track, investigate, and follow up on lead poisoning cases. HHLPSS stores comprehensive data relevant to lead poisoning cases, including patient names, addresses, blood lead results, and follow-up data. Using this data, HHLPSS generates case management letters, alerts, reports and analyses.



# Two-Factor Authenticator App

The Department now uses a third party authenticator app on your smart phone or your computer to access HHLPSS. When you are granted access to HHLPSS, you will receive a letter containing a scan code and secret key which will be unique to you. **NOTE: Please be advised you will need this document if you get a new phone or new computer, so you must keep it.** You must complete the two-factor authentication app setup of your choice to access the Application and Network Access Portal.

Editorial Note: Use of the Authenticator app is much easier on your smart phone than on your desktop computer. If you choose the desktop option, you will need to enter a password every time you want the six-digit code – you effectively have to enter a password to get a password. If you choose the smart phone option, you can use the Authenticator app for many other applications such as Facebook, Amazon, Google, etc. – any account you want to prevent from being hacked.

To select the smart phone option:

- Search for "Google Authenticator" in your app store; once found, click on the "Get" button, then click on the "Install" button;
- Once the app is installed, tap on it to open the app. At the top of your phone, you should see a blue bar with "Authenticator" at the top. Over to the right, you should see a "+" and a pencil. Click on the "+" to add an account, and the pencil to edit an account.
- When you have clicked on "+" to add an account, 2 options will appear at the bottom of your phone: "Scan barcode" and "Manual entry". If you choose the "Scan barcode" option, a green square will appear – you should pass this green square over the scan code in the letter you received. If you choose the "Manual entry" option, you will be given the opportunity to name your account (sugg: HHLPSS) and enter the secret key in the letter you received.
- When setup is complete, you should see a six-digit number above the name you gave to your account. (If you used the scan option, you probably were not given the opportunity to name your account. Click on the pencil in the right corner of the blue bar to edit your accounts.) You will enter this six-digit number in the "TOKEN Password" field of the Application and Network Access Portal – enter the six digits together, no spaces, and no 4digit SoftPIN as you did with the tokens.

To select the desktop computer option:

- Go to: https://winauth.com/download
- Click on WinAuth 3.5.1. This should download a zip file shown at the bottom of your screen
- Open the downloaded zip file
- Click on and drag the WinAuth.exe to your desktop, then close the zip file. There should



now be an icon on your desktop that looks like this:

- Double-click on the desktop icon.
- On the next screen, uncheck the box next to 'Always ask before opening this file'
- Click Run
- On the next screen, click 'Add' and choose Authenticator from the dropdown menu.
- On the next screen, enter the secret code provided in your letter
- Click 'Verify Authenticator'
- Click 'OK'
- On the next screen titled Protection, enter a password of your choice, to be used each time you need to use the Authenticator, in the Password box
- Enter the same chosen password in the Verify box
- Click 'OK'

You are now ready to use the Authenticator from the icon you placed on your desktop.

You are also now ready to log in to HHLPSS.

# HHLPSS Secure Portal and Login Pages

To access HHLPSS, you must visit <u>https://hhlpss.idph.state.ia.us/rii.web/security/login.aspx</u>. You should see the following screen:

Log On		
User name		
TOKEN Password		
You are accessing this sile	from a device numming Windows 8.	
This site is intended for auth If you experience access pl	notized users only roblems contact the <u>site administrator</u> .	

You will be taken to the HHLPSS Log In screen:

Log in to HHLPSS Ver. 4.0.0.8					
User <u>N</u> ame					
Password					
Remember Me					
Log In					
Forgot Password?					
The Healthy Housing and Lead Poisoning Surveillance System (HHLPSS) was developed by CDC/NCEH/HHLPPB based on the source code from California's RASSCLE II. This copy of HHLPSS is registered to the lowa lowa Department of Public Health Blood Lead Surveillance Group. The assigned program ID is 19003. This program can only be used by personnel authorized by the lowa lowa Department of Public Health. Use by any other personnel is strictly prohibited. If you are an authorized user you may log into HHLPSS.					

The Account Activation screen will appear:

Enter your User name (The User name comes from the letter you receive before you log in for the first time.)

Tap the two-factor authenticator app on your smart phone, and enter the six-digit code that appears for your HHLPSS account. (No spaces, no 4digit SoftPIN)

If you use your desktop, click on the WinAuth icon. Enter your password, then click on the circle arrow. Your six-digit code should appear.

Enter your User Name again.

In the Password box, enter the **default password** from the e-mail you received before logging in for the first time.

Click the "Log In" box.

#### Account Activation

Welcome cheman III Please activate your account.
Defa <u>u</u> lt Password
New Password
Confirm Password
Security Question
Security Answer
Activate

Enter your default password.

Enter a NEW password that you create. Your password must be at least 6 characters long, and must include at least one uppercase letter, one lowercase letter, one number and one special character.

Re-enter your new password to confirm it.

Create a security question that only you will know the answer to. Type it into the "Security Question" box.

Type the answer to your security question in the "Security Answer" box.

Click the "Activate" button.

Once you have completed the above steps, you will be redirected to the HHLPSS Log In screen. Type in your User Name and the new password that you just created, then click "Log In."

CONGRATULATIONS! You are now in HHLPSS.

If you have any issues or questions about this process, contact the HHLPSS Helpdesk Administrator:

Janet Lemmermann Direct Dial: (515) 242-5200 Toll Free: 1-800-972-2026 E-mail: janet.lemmermann@idph.iowa.gov

# HHLPSS Module Pages

After logging into HHLPSS, you will be taken to the Home module page. Module tabs (Home, Clinical, Environmental, Reports) appear at the top of each page. Each tab contains search fields specific to the function of that module. Note also, each tab has a menu of links in the left column specific to each module.

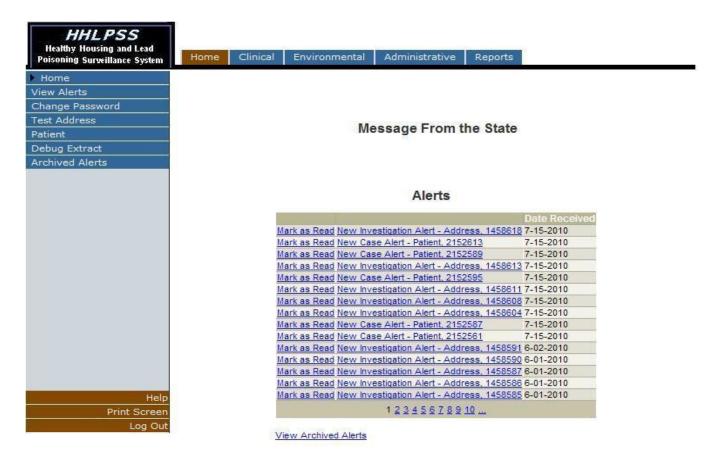
HHLPSS Healthy Homes and Lead Poisoning Surveillance System	e Clinical Environmental Reports
Home View Alerts Change Password Archived Alerts	Message From the State
	Alerts
Help Print Screen	

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home <mark>Clinical</mark> Environmental Reports	SELECT A PATIENT
Find Patient     Chical Letters     Pobent Info     Perient Anfress Blood Lead Tests     Case Exposure     Associated Persons     Other Blood Tests     Other Blood Tests     Other Hedical     Chabition     Hotes     Patient Attachments     Helo	Find Patient         HLPSS D       Local D       Stelen/ligrated D         Last Name       First Name         Last Name       First Name         SSN       Necload D       D08         Jurisdicio       Al Jurisd         Address       For best results         City       Zp         Phone       Search	enter just the street number
Revert		
Print Screen		
Los Out		

Address D     Address D     Compact Inglice to Cluster       sk Assessment spectron     All Aurisdictions     Positive: Task With No Coast List Cases By Provider       Dir Prefix     Dir Apti Street #     Dir Apti Street #       Street #     Street Name:     Street Type:       Street #     Street Name:     Street Type:       Street #     Street Type:     Unit       Blood Test Counts     Blood Test Counts	Patient Type		
Internance Inspection Blood Test Counts High 79 Test Ourse's Para	Next PB Test End Date		
ormation Chy: State Zo: County Environmental Blood Sample Test Case Type	Biood Sample End Date	All Jurisdictions	

# HHLPSS Home Page - Home Module

The Home Module is what you will see immediately upon logging into HHLPSS. This is where system alerts will appear. Alerts are generated as events occur and are recognized by the system. (e.g., cases created or closed, new blood tests received, etc.) Users are notified automatically to the occurrence of these events through Alerts. You will only see Alerts if you have been designated as the primary case manager or primary environmental investigator. Only one person in each of these roles can be designated to receive the Alerts.



It is important to go through these Alerts on a daily basis and perform any needed follow-up.

Alert	Meaning
New Case Alert – Patient (name or ID)	A blood lead level has come into the system which has opened a new case for this patient
New blood test for existing case – Patient (name or ID)	A new blood lead level has come into the system on a patient with a previously opened case
New Investigation Alert – Address (ID)	A blood lead level has come into the system which has opened a new case for this address

To check the alert, click on the link entitled "New blood test for existing case patient, JOHN SMITH" (example) or "New case alert – patient JANE DOE". That will take you to the Patient Info screen for that record.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinic	al Environ		And the second s	/) DOB: 4/1/2012 ID#: 9630
Find Patient Clinical Letters	Last Name AKA Simpson	First N Bartho	ame blomew	Middle Name	Case Type (Case Status) State Case (Open)
Patient Info Patient Family Members Patient Address Blood Lead Tests Case Details Case Exposure Associated Persons Other Blood Tests Other Medical	DOB 04/01/2012 Ethnicity Set Not Hispanic	Current	Sex Male Race Sele	Twin	Local ID No. Medical Rec Max Blood Pb # Reports SSN Medicaid ID Next Pb Date [10] 4/29/2013
Chelation Notes Patient Attachments	321   E     City   Des Momes     Census Tract	rection Stre 12th Cour Poil Parcel No.	Distric		Interview in English?
Help Save Reven Print Screen Log Out		Gua	rdian First Name	Guardia	In Last Name

On the left, click on "Blood Lead Tests" to check the event that triggered the alert.

Once the "Blood Lead Tests" screen appears, you will be able to see the patient's blood lead testing history, and the event that triggered the alert.

HHLPSS Healthy Housing and Lead					Patien	it name, b	irthdate	and HH	LPSS
Poisoning Surveillance System	Home	Clinical	Environ	mental	Administra	itive			
ind Patient	Select Tid	ered Date	Result	Sample	Type Patie	ent Address on	Draw Date	HL7 F	ile Delete
Patient Info	<u>1361687</u> 10/		<b>‡</b> 34	Venous		E Spooner ST			Delete
Patient Address	1361688 11/		6	Venous		E Spooner ST			Delete
Blood Lead Tests	1361689 11/	/8/2008	5	Venous	631 N	E Spooner ST			Delete
Case Details									
Case Exposure									
Associated Persons									
Other Blood Tests							Гс	Confirmatory 1	Test
Other Medical	Test Type		Result		Lab Smpl #	Detection		ab data incor	
Chelation	-	-	1	* µg/dL	Lab Shipi #				22000000
Notes									
	Sample Type		Sample Des	cription			J F	ceported By L	ap.
	Venous	~							
	Date Drawn	Date lab	e received a	200000000	Analyzed	Date received a LHD	t Tiered Dat (Calculate		at dravv :ulated)
	10/31/2008 11/4/2008 11/		11/4.	/2008		10/31/200	18 2 Yr:	s. 0 Mos.	
	Patient Address (at time of draw) Adde reported by lab Adult?								
	631 NE Spoo	0.100-0.0000000000000000000000000000000	5 10 10 10 10 10 <b>1</b> 10 1	0326		~	Yrs.	Mos.	
		Institution						Choose	Delete
		Physiciar	11 I I I I I I I I I I I I I I I I I I					Choose	Delete
	Apalyzing	Laboratory	(ID=68	6646) First	Ora			Choose	Delete
New Help		Laboratory						Choose	Delete
Save	Comment		15					Chicobo	Doloto
Revert									
Print Screen	Date Create	d Crea	ated By		De	ate Modified	Modified By		
Log Out	11/10/2008								

Note the high lead result at the top of the list. Any required follow-up, such as a venous confirmatory test, home visit, or a phone call to arrange a home inspection should be undertaken.

Once you have performed the necessary follow-up, you may click "Mark as Read" and the alert will be transferred to your Archived Alerts. *If the alert refers to an adult blood lead level, or an address only associated with an adult blood lead level, the person at a local public health program getting the alert is only responsible to mark the alert with "Mark as Read." If the BLL or address is under case management for a child as well as an adult, please notify Kathy Leinenkugel at IDPH: <u>Kathy.leinenkugel@idph.iowa.gov</u>; 515-281-4930; or 800-972-2026.* 

When the Home screen looks like this, you have completed your follow-up for Alerts.



Message From the State

Alerts

View Archived Alerts

## Case Management – Clinical Module

The clinical module has been designed for viewing, editing or creating new patient records as well as details related to patient cases.

Select the Clinical tab.



This will direct the browser to the "Find Patient" screen.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical Environmental Reports	SELECT A PATIENT
Find Patient	and a failed	
Clinical Letters	Find Patient	
Patient Info	HHLPSS ID Local ID Stellar/Migrated ID	
Patient Address		
Blood Lead Tests		
Case Details	Last Name First Name	
Case Exposure		
Associated Persons	SSN Medicaid ID DOB Jurisdiction	
Other Blood Tests	All Jurisdictio	on 🔻
Other Medical		- Internet in the second se
Chelation	Address	
Notes		ter just the street number
Patient Attachments	City Zip or just the street na	me.
	Phone Search	
Help Revert Print Screen Log Out		

This will display a page that will allow you to enter search criteria for the patient record that you want to view. To search for a patient, simply type in the Last Name, First Name, and any other criteria you have available. If your search yields no results, you may want to limit the number of criteria you input, such as entering only a Last Name or the first few letters of the last and first name. Enter your search criteria for the patient and then press the "Search" button.

A list of matching records will be displayed.

NOTE: You will not be able to add a new patient to HHLPSS. However, you must search for a patient prior to receiving the option to edit the record.

Find Patient				Loca			
Clinical Letters	Name	ID	Birth	ID	Address	Case Status	Jurisdiction
Patient Info	John Smith	309962	10/13/1990		1603 W 6th St Davenport.		Scott Co
Patient Address	John Smith	472125	12/10/2008		1722 Crescent Dr Cedar		Black Hawk Co
Blood Lead Tests	John Smith	524845	12/12/1991		1673 Hickson Ave Dubuq.		Dubuque Co
Case Details	John Smith	591661	10/8/2007		946 8th St SE Mason city.		Cerro Gordo Co
	John Smith	809634	7/31/2009		6753 Gables Way Johnst.		Polk Co
Case Exposure	John Smith	911316	5/20/2003		2776 220th St Humboldt		Webster Co
Associated Persons	John Smith	995599	10/2/1940		713 S 12th St Burlington		Des Moines Co
Other Blood Tests	John Smith	1001923			1104 B Ave E Oskaloosa		STATE
Other Medical	John Smith		3/8/1953		523 New York Ave Crest		STATE
Chelation	John Smith	1108906	5/16/2014		4108 Aurora Ave #, Des		Polk Co
Notes	Johnathan Smith	893893	7/11/1997		1804 E Summit St #1, Re.		Taylor Co
Patient Attachments	Johnathon Smith	89738	7/20/2002		400 S Freemont #8, Clar		STATE
Patient Attachments	Johnathon Smith	478507	4/19/2008		1101 W Mullan Ave Wate.		Black Hawk Co
	Johnell Smith	344704	8/14/2007		1203 1/2 Brown St Dave		Scott Co
	Johnell Smith	344704	8/14/2007		1203 Brown St Davenpor		Scott Co
	Johnny Smith	187989	5/17/2011		7297 32ND AVE #, ATKI		Marshall Co
	Johnny Smith	984426	11/7/1944		Po Box 98 Middletown 52.		Des Moines Co
	Johnny Smith		8/26/1969		Jensen Construction Des		Polk Co
	JOHNNY SMITH		8/29/2015		2225 6th Ave #, Council		STATE
	John Smith-Clarey	244532	1/15/1996		5400 Kirkwood Boulevar		Linn Co
	John Smith-Maddox	1189364	10/26/2013		212 Washington St #, Ke	Not A Case	Lee Co
					1		

If you return more search results than you would like to browse through, click the "Revise Search" button near the bottom of the page and add additional search criteria.

#### **Patient Info Screen**

If the patient which you wish to view is listed within the search results, click the patient name in the "Name" column to open the "Patient Information" screen.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical	Environ			OMEW)	) DOB: 4/1/2012 ID#:	9630
Find Patient	Last Name AKA	First Na	ame	Middle Na	me	Case Type (Case Status)	
Clinical Letters	Simpson	Bartho	lomew	otot		State Case (Open)	
Patient Info	DOB	Current	Sex		Twin		
atient	04/01/2012	1 Yrs. 1			-	Local ID No.	
amily Members	04/01/2012	1 113.1	mdic		-	Medical Rec	
atient Address	Ethnicity Select		Race Se	elect		Max Blood Pb	
lood Lead Tests	Not Hispanic	-	White				
ase Details	Not hispanic		AALUIC.			# Reports	
ase Exposure						SSN	
ssociated Persons						in ration	
ther Blood Tests						Medicaid ID	
ther Medical					1.1	Next Pb Date 4/29/2013	
helation	Country of Birth	State	/Province	Lan	guage	Interview in Engl	ish?
otes		-		*			
atient Attachments	Number Directio	on Stree	at		Туре	Direction Apt.	
	321 E	12th		1	ST		
				Charles	L		
	City	Coun		State		Zip 50319	
	Des Moines			▼ IA	1		
	Census Tract Parce	el No.	Dist	trict		Follow-up received	
					_	E	
	Guardian Phone	Guar	dian First Name		Guardiar	Last Name	
Help	Patient Phone						
Save		1					
Revent	L	_					
Print Screen	1						
Log Out							

Note how the patient's name, Date of Birth, and HHLPSS ID number are displayed at the top of the page.

From the Patient Info screen, the user can view or edit the patient's demographic information. **NOTE:** Fields that are greyed out on this screen are fields that cannot be edited. Fields that can be edited are in black. The screen also provides a view of the patient's current address, Guardian name and phone number.

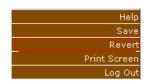
Field Name	Meaning
Last Name	Last name of patient
First Name	First name of patient
Middle Name	Middle name of patient
DOB	Date of birth of patient
Current Age	Current age of patient (system generated)
Sex	Gender of patient
Twin Indicator	Indicates whether the patient was born as part of a multiple birth
Ethnicity	Patient's ethnicity
Race	Patient's Race
Local ID No.	Patient identifier utilized by local health department or entity
Medical Rec.	Medical record number of patient
Max Blood Pb	Patient's maximum blood test result value
# of Reports	Number of blood lead tests on file for patient.
SSN	Social Security Number of Patient
Medicaid ID	State Medicaid identifier for patient
Next Pb Date	Date the next blood test is due for patient
Country of Birth	Country of birth for patient
State/Province of Birth	State or province of birth for patient
Language	Patient's primary spoken language.
Interview in English? Indicator	Indicates whether case management interview was conducted in English
Patient Address details (view only)	View of current address of patient
Patient Phone and Guardian Information (view only)	View of the primary guardian contact info for patient.

#### Patient Details User Form Field Listing

If you edit any patient details, click the "Save" button in the (burgundy) bottom left corner menu to save the changes. (If you navigate away from the page without saving, your changes will be lost).



If you wish to cancel your changes prior to saving, click the "Revert" button in the (burgundy) bottom left corner menu to revert to the prior values.



#### A Note About Clinical Letters:

Since HHLPSS is a web-based (vs. a pc-based) data system, there is currently no method for running batches of letters directly from the data system. IDPH has developed a work-around for this issue by downloading the data to an Excel spreadsheet from which a mail merge can be performed with specific letter templates created by the Lead Program. Your local program may have their own method of editing the letter templates to comply with their needs. Check with your administrator and/or colleagues to find out how your agency has typically handled communications with patients and their families.

## Family Members and Guardian Screen

The Family Members and Guardian Screen will be utilized to input details of the family members related to the selected patient and phone numbers corresponding to each guardian.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home C	linical Environmental	(SIMPSON, BARTH Reports	OLOMEW) DOB	: 4/1/2012	ID#: 963040
Find Patient	Eamily Me	mbers and Guardi	an			
Clinical Letters	ranny we	embers and Guardi	an			
Patient Info	Name	Relationship	the second s	Primary		Choose
Patient			1			
Family Members						
atient Address						
llood Lead Tests						
Case Details						
Case Exposure						
Associated Persons						
ther Blood Tests						
ther Medical	First Name	Middle Nam	e Last Na	me	Maiden Na	me
Chelation						
lotes	DOB	Sex	Relationship		Primary	
Stieve Americando					No	-
	Add Phone	Cancel				
Net						
Hel	P					
Sav	*					
Rever						
Print Scree	n					
Log Ou	if i					

To add a new family member or guardian for the selected patient, click the "New" button in the

(burgundy) bottom left corner menu to enable the fields to add a new family member.



The minimum fields required to create a family member are indicated with a red asterisk [\*] and are First Name, Last Name and the Relationship to Child.

Input the data in these and other fields corresponding to the new family member and click the "Save" button in the (burgundy) bottom left corner.



After the record is saved, the family member will be added to the family member list and will be active in the user form for the addition of details and a contact number.

To edit any other family member's information, click the name of the family member link in the list.

To add a contact number for the family member, with the family member selected in the "Family Members and Guardian" listing; click the "Add Phone" button.

Add Phone	Cancel	
Phone Type Ma	in Edit	Delete
	1	

This will open the add phone number control within the page.

· · · · · · · · · · · · · · · · · · ·				
Name		Relationship	Primary	Choose
Mister Drummond		Guardian	Yes	
First Name	Middle Name	Last Name	Maiden	Name
Mister	*	Drummond	*	
DOB Sex	Re	elationship to Child	Primary G	uardian
	✓ 0	Guardian	Yes	~
Add Phone Cano	cel			
Phone	Туре		Main Edit	Delete
		~		Save
	1			

#### Family Members and Guardian

Input a ten-digit phone number in the format of (XXX) XXX-XXXX, and select a phone type. Click the radio button labeled "Main" if the phone number is the main contact number for the patient. Click "Save" to add the phone number to the family member record. You can add additional phone numbers by clicking the "Add Phone" button.

To select the primary guardian for the patient, click the "Choose" button:

## Family Members and Guardian

Name	Relationship	Primary	Choose
Mister Drummond	Guardian	Yes	

Clicking the "Choose" button brings up the following screen:

Select Primary Guardian for Patient	Choos	Cancel
Watte	Relationship to Case	Primary Guardian
Mister Drummond	Guardian	(·

This allows the user to designate a "primary guardian" from the family members listing for the patient.

## Patient Address History Screen

The Patient Address History Screen will be utilized to view and input details related to the selected patient's current and former addresses.

Patient Info       558081       321 E 12th Street #5 Des Moines IA 50319       Open         Patient Address       Address Id: 558081       Address Id: 558081         Blood Lead Tests       Line 1 321 E 12th Street #5       Apt/Ste # 5       Line 2         Case Details       City Des Moines       State       IA v Zip 50319       County Polk         Associated Persons       Other Blood Tests       District       Dy         Other Medical       No of Units       High Risk Structure?       Qv         Patient Attachments       Comments       Comments       Comments         Address Type       Primary Home       Address Status       Primary       Last Know	HHLPSS	(SIMPSON, BARTHOLOMEW) DOB: 4/1/2012 ID#: 963040
Clinical Letters       Address Id Address       Resided From Resided Untill Investigation 3         Patient Info       558081       321 E 12th Street #5 Des Moines IA 50319       Open         Patient Address       Address Id: 558081       Image: State Image: Sta		Home Clinical Environmental Reports
Patient Info       558081       321 E 12th Street #5 Des Moines IA 50319       Open         Patient Address       Blood Lead Tests       Address Id: 558081       Ine 1       221 E 12th Street #5       Apt/Ste # 5       Line 2	Patient	Patient Address
Patient Address         Blood Lead Tests         Case Details         Case Details         Line 1         21 E 12th Street #5         Address Id: 558081         Case Exposure         Case Exposure         City         Des Moines         State         Associated Persons         Other Blood Tests         Other Blood Tests         Other Medical         Chelation         No of Units         Phone            Phone            Comments         Quertently         Address Type         Primary Home         Address Status         Primary Wome         Address Status         Primary Wome         Resided Errom         Resided Until         Quirrently         Validate Address         Cancel	al Letters	Address Id Address Resided From Resided Untill Investigation Status Delete Edit
Blood Lead Tests       Address Id: 558081         Case Details       Line 1 [321 E 12th Street #5 Apt/Ste # [5 Line 2 ]         Case Exposure       Gity Des Moines         Associated Persons       Dther Blood Tests         Dther Blood Tests       District         Dther Medical       District         Chelation       No of Units         Notes       Phone         Patient Attachments       Comments         Quertently       Validate Address         State Erom       Resided Until         Quertently       Validate Address         Cancel       Validate Address	nt Info	558081         321 E 12th Street #5 Des Moines IA 50319         Open         X         Edit
Case Details       Line 1 321 E 12th Street #5       Apt/Ste # 5       Line 2         Case Exposure       Associated Persons         Other Blood Tests       Dither Medical       Curve Des Moines         Dther Medical       Barcel Number       District       Dy         No of Units       High Risk Structure?       Qv         Potient Attachments       Comments       Comments         Address Type       Primary Home       Address Status       Primary       Last Know         Resided Erom       Resided Untill       Currently         Validate Address       Cancel       Cancel	ient Address	
Case Exposure       City Des Moines       State       IA T Zip 50319       County Polk         Associated Persons       Dther Blood Tests       District       Dy         Dther Medical       Parcel Number       District       Dy         Chelation       No of Units       High Risk Structure?       Ov         Pone      Year Built       1942       Image: State Comments         Patient Attachments       Qumments       Address Status Primary       Last Know         Resided Erom       Resided Untill       Qurrently         Validate Address       Cancel       Cancel	Lead Tests	Address Id: 558081
Associated Persons       Dther Blood Tests     Barcel Number     District     Dy       Dther Medical     Chelation     No of Units     High Risk Structure?     Dy       Notes     Phone    Year Built     1942     Image: Structure?       Patient Attachments     Comments     Comments     Address Status Primary     Last Know       Resided Erom     Resided Untill     Currently       Validate Address     Cancel	Details	Line 1         321 E 12th Street #5         Apt/Ste # 5         Line 2         Census Tract
Associated Persons         Dther Blood Tests         Dther Medical         Chelation         No of Units         Plone        Year Built         1942         Comments         Address Type         Primary Home         Address Status         Primary Wome         Address Status         Outline         Quidate Address         Cancel	Exposure	City Des Moines State IA V Zip 50319 County Polk V Census Block
Dther Medical       Parcel Number       District       Dy         Chelation       No of Units       High Risk Structure?       Dy         No tais       High Risk Structure?       Ov         Patient Attachments       Comments       Comments         Address Type       Primary Home       Address Status         Resided Erom       Resided Untill       Currently         Validate Address       Cancel	iated Persons	
Chelation       No of Units       High Risk Structure?       Qv         Notes       Phone      Year Built       1942       Phone         Patient Attachments       Comments       Qv       Qv       Qv         Address Type       Primary Home       Address Status       Primary       Last Know         Resided Erom       Resided Until       Qurrently         Validate Address       Cancel       Cancel	Blood Tests	
Notes       Phone      Year Built       1942         Patient Attachments       Comments         Address Type       Primary Home       Address Status Primary         Address Type       Primary Home       Address Status Primary         Resided Erom       Resided Untill       Currently         Validate Address       Cancel	Medical	Parcel Number District Dwelling Type Single Family _
Prome	ition	No of Units High Risk Structure? Ownership Type Owner Occupied •
Attachments         Comments         Address Type         Primary Home         Address Status         Primary         Last Know         Resided Erom         Resided Untill         Validate Address         Cancel	1	Phone () - Vear Built 1942
Address Type Primary Home Address Status Primary Last Know Resided Erom Resided Untill Currently Validate Address Cancel	nt Attachments	
Resided Erom Resided Untill Currently		Comments
Validate Address Cancel		
Validate Address Cancel		Resided From Resided Untill Currently Lives At
Help		Resided Erom Resided Untill Currently Lives At
Print Screen Log Out		

## Patient Address User Form Field Listing

Field Name	Meaning
Line 1	Street Address
Line 2	Street Address Line 2
Apt/Ste #	Apartment or Suite Number
City	City
State	State
Zip	Zip Code
County	County
Census Tract	Address census tract
Parcel Number	Local parcel number of address
District	Address district
Dwelling Type	Selected dwelling type (Single, multi family, etc.)
Number of Units	lf multi-unit dwelling, number of units within dwelling

	dwelling
High Risk Structure	Was the dwelling built prior to 1978
Address Description	Free text description of address record
Address Type	Type of address (i.e. primary home, vacation home, etc.)
Address Status	Status of patient address (primary, former, etc.)
Reside or spent time dates	Dates patient resided at address ("Until" is blank if patient currently resides at address)
Last known address indicator	Indicates whether this is the last known address on file for the patient.
Currently resides at indicator	Indicates whether the patient currently resides at address
Ownership Type	Ownership type of residence (Owner occupied, rental, etc.).
Phone	Phone number associated with address

The current address will be selected in the address list and active within the user form below the address list.

Address Id	Address		<b>Resided From Resided Untill</b>	Investigation	Status	Delete	Edit
<u>558081</u>	321 E 12th Street #5 Des	Moines IA 50319		Open	1000	X	Edit
7		1					
Click to	open address						
	open address in Clinical module.	Click to view	v address details in Enviror	nmental mod	lule.		

Clicking the "Address ID" link in the Address Listing will select the address within the Clinical Module form below the listing. Clicking the "Address" link will direct the browser to the Environmental Module to view more address details.

The user can edit the address details within the Clinical Module. Click the "Edit" link to change address details.

NOTE: The "currently lives at" radio button must be checked for the patient's primary address to show up on the patient info tab. This also determines jurisdiction assignment for the patient.

To begin saving changes to the address record, click the "Validate Address" button beneath the address details form. Address validation attempts the correction of any missing or incorrect address details and the addition of geocoding data (census block, census tract, latitude and longitude).

Validate Address Cancel

Once the address validation has been attempted, the "Save Address" button will be presented to finalize the address save operation.

Save Address Cancel

To add a new address to the patient's address history, click the "Add Patient Address" button beneath address details form to enable the fields to add a new address for the patient. HHLPSS lets you designate various types of addresses, including daycare, relative, work, mailing, etc. to identify the relationship of the address to the patient. However, the only address that should be marked as "currently lives at" should be the primary address where the patient currently resides, which determines jurisdiction.

Add Patient Address

Input the address details in the appropriate address fields.

#### **De-duplicate Address Popup**

The de-duplicate address popup allows for selection or rejection of possibly matched address records when you are adding a new address. This is to prevent new address IDs (duplicates) from being assigned for an address that is already in HHLPSS. To select an existing record as a match to the new address you are attempting to add for the patient, select the address id corresponding to the matched address. If you wish to reject all possible matches and create a new address record, enter a rejection reason in the 'Reject reason' field and click the 'Reject' button.

HHLPSS Healthy Homes and Lead	Home Clinical Envi		SON, BARTHOLOMEV	N) DOB: 4/1/2012 II	0#: 963040		
Poisoning Surveillance System Find Patient	Patient Address					•	
Clinical Letters	Address Id Address		Resided From	Resided Untill Investigati	on Status Dele	te Edit	
Patient Info	558081 321 E 12th Street #	5 #5 Des Moines IA		Open	X	Edit	
Patient Address							
lood Lead Tests	Address Id:						
ase Details	Line 1 1100 E 6th St	Apt/Ste #		Line 2	Cens	us Tract	
ase Exposure	<u>C</u> ity Des Moines	State	IA 💌 <u>Z</u> ip 50316	County Polk	Cens	sus Block	
ssociated Persons	Suite range missing error.						
ther Blood Tests							
ther Medical helation	Parcel Number	-	24.9 T.		1	********	
otes	No of Units 4	Dedup Address					
atient Attachments	Phone						
		Address Contex	t: 1100 E 6th St Des Moir	nes IA 50316 POIK			
	Comments	Address Id A	ddress	and the second second	Score Invest	igation Status	Can Merge
	Commente	444666 1	100 East 6th Street Apt/S	Suite 9 Des moines IA 50316	90 Not A C	ase	V
		444666 1	100 East 6th Street Apt/S	uite 9 Des moines IA 50316	90 Not A C	ase	N
	A MARY THE PROPERTY	451640 1	100 East 6th Street Apt/S	Suite 4 Des moines IA 50316	90 Not A C	ase	2
	Address Type Relative/Friend		100 East 6th Street Apt/S	Suite 4 Des moines IA 50316	90 Not A C	ase	1
	Resided From	459999 1	100 East 6th Street Apt/S	Suite 11 Des moines IA 50316	90 Not A C	ase	য
	Cancel	and the second s		Guite 11 Des moines IA 50316			2
				Suite 12 Des moines IA 50316			য
				Guite 12 Des moines IA 50316			য
Hel Print Scree		403070	Too Last our Street Apt/3	oute 12 Des moines 14 30316	SU NULAL	.090	14
Log OI		Reject reason					
Logiot							
		Reject					
		11.				_	-

Once the new address has been saved, it will appear in the address listing for that patient.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	(SIMPSON, BARTHOLOMEW) DOB: 4/ Home Clinical Environmental Reports	/1/2012 ID#: 963040
Find Patient	Patient Address	and the second second second
Clinical Letters	Address Id Address Resided From Reside	led Untill Investigation Status Delete Ed
Patient Info	558081 321 E 12th Street Des Moines IA 50319	Open X Ed
Patient Address	451640 1100 East 6th Street Apt/Suite 4 Des moines IA 50316	Not A Case X Ed
Blood Lead Tests		
Case Details	Address Id: 558081	
Case Exposure	Line 1 321 E 12th Street Apt/Ste # 5 Line 2	Census Tract
Associated Persons	City Des Moines State IA 💌 Zip 50319 County Po	olk 🖉 Census Block
Other Blood Tests		
Other Medical		

#### **Blood Lead Testing History**

The Patient Blood Test History Screen will be utilized to view details related to the selected patient's blood lead testing history.

The earliest test available will be selected in the blood test list and active within the user form below the blood test list.

Clinical Letters 1192754 4 Patient Info Patient Address 192754 4 Patient Address 2 Blood Lead Tests 2 Case Exposure 2 Associated Persons 2 Other Blood Tests 2 Other Medical 2 Chelation 2 Patient Attachments 2 Date Dray 04/01/20 Patient Attachments 2 Date Dray 04/01/20 Patient Attachment 2 Analy	Result R Ne ead Test Type	‡32 Result Type: Detection ▼ Equal To Sample Dete	0 💌 32	321 E 12th ST	r Lab Smp	I⊽ Confi # □ Lab d □ □ □ Electr	HL7 File Delett Delete Delete irmatory Test data incomplete ronically Reported rted By Lab
Patient Info Patient Address Blood Lead Tests Case Details Case Exposure Associated Persons Other Blood Tests Other Medical Chelation Notes Patient Attachments Date Drav 04/01/20 Patient Attachments Analy	Result R Ne ead Test Type	Result Type:   Detection	n Re o <b>y</b> 32	sult	Lab Smp	# Lab d	irmatory Test Jata incomplete ronically Reported
Patient Address Blood Lead Tests Case Details Case Exposure Associated Persons Other Blood Tests Test Type Dther Medical Chelation Notes Patient Attachments Date Dray 04/01/20 Patient Attachments Analy	ead Test	Detection Equal To Sample Des	0 💌 32			# Lab d	data incomplete ronically Reported
Blood Lead Tests         Case Details         Case Exposure         Associated Persons         Dther Blood Tests         Dther Medical         Chelation         Sample T         Venous         Patient Attachments         Date Draw         Q4/01/20         Patient Attachments	ead Test	Detection Equal To Sample Des	0 💌 32			# Lab d	data incomplete ronically Reported
Case Details Case Exposure Issociated Persons Uther Medical Chelation Chelat	ead Test	Detection Equal To Sample Des	0 💌 32			# Lab d	data incomplete ronically Reported
Asse Exposure ssociated Persons ther Blood Tests ther Medical blood Lest thelation otes atient Attachments Date Drav 04/01/20 Patient Attach Analy	ead Test	Detection Equal To Sample Des	0 💌 32			# Lab d	data incomplete ronically Reported
Analy	ead Test	Detection Equal To Sample Des	0 💌 32			# Lab d	data incomplete ronically Reported
ither Blood Tests     Test Type       bither Medical     Blood Le       ichelation     Sample T       iotes     Venous       atient Attachments     Date Drav       04/01/20     Patient Attach       321 E 12     Analy	ead Test	Detection Equal To Sample Des	0 💌 32			# Lab d	data incomplete ronically Reported
ther Blood Tests Test Type Blood Le Blood Le Sample T Venous Date Drav 04/01/20 Patient At 321 E 12 Analy	ead Test	Equal To Sample Des	0 💌 32			Electr	ronically Reported
ther Medical Blood Le Sample T Venous Date Drav 04/01/20 Patient Att 321 E 12 Analy	ead Test	Equal To Sample Des	0 💌 32			Electr	
Chelation Intes Sample T Sample T Venous Date Dray 04/01/20 Patient At 321 E 12 Analy	Гуре	Sample Des	1000	/*			
International Analy		-	scription			Керо	inco by cab
atient Attachments Date Drav 04/01/20 Patient Ar 321 E 12 Analy							
04/01/20 Patient Ar 321 E 12 Analy				1.4.1		Sur Stans	A 12 4 4 5 11
Patient Ar 321 E 12 Analy	wn C	Date rovd at L	ab Date Ana		received at	Tiered Date (Calculated)	Age at draw (Calculated)
321 E 12 Analy	013	04/03/2013	04/04/20	13 03/3	31/2014	4/1/2013	1 Yrs. 0 Mos
321 E 12 Analy	ddress (at tim	me of draw)			A	e reported by lai	b Adult?
Analy		loines, IA 5031	19		-	Yrs.	Mos.
					(start)		
	Institu					Ch	noose Dele
	Physic	ician				Ch	noose Dele
	zing Laborato					Gn	noose Dele
	ring Laborato	лу				Ch	noose Dela
New Comme	ent						1 St.
Help							
Save Date Cr						Indified By	
Revert 3/31/20	reated	Created By		Date Mod	dified 1	nounied by	
Print Screen Lög Out		Created By		Date Mod 3/81/201		katficer	

The user can select any blood lead test within the listing of tests for the patient by clicking the test identifier number link in the "Select" column of the blood test list.

The user will not be able to edit or add any blood lead information. If the patient's blood lead test data needs to be updated contact IDPH (1-800-972-2026) with the correct and complete blood lead test information including date of draw, sample type, draw location, ordering physician, and reporting lab.

# Blood Lead Test User Form Field Listing

Field Name	Meaning
Test Type	Type of laboratory test (i.e. blood lead
Result	Result value of test
Lab Sample Number	Sample number assigned by laboratory
Detection	Results value comparator (=, >, <)
Confirmatory Test	Indicates whether the blood test is a confirmatory test
Lab data incomplete	Indicates whether the blood lead test record is missing data
Electronically Reported by Lab	Indicates whether record was electronically reported
Sample Type	Sample type reported by lab (i.e. venous, capillary, or unknown)
Sample Description	Free text: a description of blood tests, notes for more info about specimen.
Date Drawn	Date sample was drawn from patient
Date received at lab	Date testing laboratory received sample from provider or referring lab
Date received at the local health departments	Date blood lead test record was received by State or Local health
Tiered Date (System Calculated)	Date utilized to calculate date ranges based upon dates associated with address (this should be the Date Drawn if known)
Age at draw (System Calculated)	Age of patient at date drawn
Patient address	Choose the address of the patient associated with blood test.
Adult indicator	Indicates whether the patient should be considered an adult
Institution	Institution where sample was provided (hospital or clinic)
Physician	Provider who drew or recommended blood lead test
Analyzing laboratory	The laboratory which analyzed the sample
Referring laboratory	The laboratory which referred the sample to analyzing lab.(if necessary)

Comment	Free text comments
Date created	The date blood test record was created (system generated)
Created by	User who created blood test record (system generated)
Date modified	Date blood test record was modified (system generated)
Modified by	User who modified blood test record (system generated).

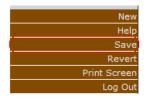
## Case Details/ Case Initiation

Details related to the current patient's case history can be viewed by selecting the "Case Details" menu item.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home C	Clinical Enviro	(SIMPS)	ON, <b>B</b> ARTHOLOMEW)	DOB: 4/1/2012	ID#: 963040
Find Patient Clinical Letters Patient Info	Case Ty Case Status	pe		Reason for Case Ini (Surveillance Case I		
Patient Address	Open			Met State Case Crit	eria	-
Blood Lead Tests	Case-Making	Blood Result(s)				
Case Details	Date	Pb Value	Туре	F	Patient Address at [	Draw Date
Case Initiation	4/1/2013	32	Venous	3	21 E 12th ST #5	
Case Information			10000			
Case Disposition						
Disposition History						
Case Exposure						
Associated Persons	Case Initi	ation				
Other Blood Tests	Origin of case	notification				
Other Medical	- ingin of cooo	ing an option				
Chelation						
Notes	if Tra	ansfer, from where	2:			T
Patient Attachments	if Oth	ner, specify:	1			1
	Date of case n BLL 04/01/2013		Date LHD fir notice	st received	Date case first as to Case Manager	
Help	Case Manager	home visit done?	Date of first	home visit		
Save Revent Print Screen Log Out		ental health	Primary resi Investigation	dence environmental 1 done?	Date of initial env investigation	rironmental

This will activate the "Case Initiation" screen. This screen captures details related to the creation of the patient case.

Input the details related to the initiation of the case into the specified fields. To save, click the "Save" button in the (burgundy) bottom left corner menu to update the case initiation data.



## Case Initiation Form Field Listing

Field Name	Meaning
Case Status	Whether the case is open or closed
Reason for Case Initiation	Result value of test
Case Making Blood Results Listing	Indicates blood test that triggered case opening
Origin of case notification	Select the first source of case notification to the local Health Department from the choices given:
	Lab - The laboratory that determined the patient's blood lead level.
	<b>State</b> - The state health department's Childhood Lead Poisoning Prevention Branch.
	Provider - The child's medical provider.
	<ul> <li>Transfer From Other Health Department - Choose this option if the case has been transferred from another health department.</li> <li>If this option has been selected, the if Transfer, from where drop-down immediately below will be activated and you will need to specify the health department.</li> <li>Other - If none of the above options are correct, use this option. When Other is selected, the if Other, specify field below is activated. This is a free-form text field that allows you to type a short description of the origin of the case.</li> </ul>
If transfer, from where	This drop-down menu is active only if the <b>Origin of case notification</b> drop-down is set to <b>Transfer From Other Health Department</b> . Use it to specify the jurisdiction that the case has transferred from.
If other, specify	This text-entry field is only enabled when the <b>Origin of case notification</b> drop- down is set to <b>Other</b> . Use this field to specify the other source of the case notification

Date of Case making BLL	Specify the date the case-making Blood Lead Level (BLL) draw occurred.
Date LHD first received notice	Specify the date that the local health department (LHD) was first notified of the case. This date specified here should be the date that the LHD first learned of the case, regardless of the source of that notice.
Date case first assigned to Case Manager	Specify the first date that the case was assigned to a case manager.
Case Manager home visit done	Select Yes, No, or Unknown to indicate whether a site investigation has been done for this case.
Date of first home visit	This field is active only if the PHN home visit was done. Drop-down is set to Yes. If a home visit has been made, use this field to specify the date of the first visit. This should be the date the home was first visited and not necessarily the date of the first family interview.
Date environmental health	Specify the date of the first notification.
Primary residence environmental investigation done.	Select Yes, No, or Unknown to indicate whether an environmental investigation has been done for this case. Select Yes if the environmental investigation of the primary residence has been completed. Other investigations (daycare, grandparents, etc.) need not have been completed yet.
Date of initial investigation	This field is active only if the Primary residence environmental Investigation was done. Drop-down is set to Yes. If an environmental investigation has occurred, use this field to specify the date that the investigation took place.

#### Case Details/Information

The "Case Details" page allows the user to view and edit selected case information and events associated with a selected patient.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	(SIMPSON, BARTHOLOMEW) DOB: 4/1/2012 ID#: 963040 Home Clinical Environmental Reports
Find Patient Clinical Letters Patient Info Patient Address Blood Lead Tests Case Details	Case Details Case Manager: Case Status: Open Edit Case Manager Assignment
Case Initiation Case Initiation Case Information Case Disposition Disposition History Case Exposure Associated Persons Other Blood Tests Other Medical Chelation Notes	Case Events Event Listing No Events on File Event Type Date Referred Date Completed Result Result
Patient Attachments Help Print Screen Log Out	Party Comment Add Event

Case manager assignments can be viewed or changed in the upper portion of the screen. The current case status is also displayed; however, it is not editable.

To change the case manager assignment for the patient's case, click the "Edit Case Manager Assignment" hyperlink. Select the appropriate case manager from the list of available case managers and then click the "Assign Case Manager" hyperlink.

Case Details			
Case Manager: qharris	Case Status:	Open	~

Case events are utilized to record regularly recurring case actions in a tabular listing. Past Case events can be viewed, edited, or deleted from the 'Event Listing' table in the lower portion of the screen.

#### Case Events

Event	Listing										
Event					Date		Date				
ld	Event Type						Completed	Result	ResponsibleParty	Delete	Edit
29013	Chelation Referral	Child Due for Re-Test - EBLL	>= 20 µg/dL	- Letter to Guardian	n 8/16/2010	8/16/2010	8/16/2010	Busy Signal	Blumenthal, Wendy	X	<u>Edit</u>
<u>29015</u>	Contact Attempt - Face to Face	Ad Hoc Letter			8/17/2010	8/17/2010	8/17/2010	Certified Letter Returned	Brown, Mary	X	Edit
<u>29016</u>	Employer Education Needed	Summary Letter to Physician			8/18/2010	8/18/2010	8/18/2010	Uncooperative or refused	Jefferies, Taran	<u>X</u>	Edit
<u>29019</u>	Contact Landlord – Mail	Contractor Warning			11/01/2009	11/12/2009	11/04/2009	Yes	Jones, Davey	X	Edit
<u>29020</u>	Letter Sent	Summary Letter to Physician			11/08/2010	11/08/2010	11/08/2010	Yes	Manager, Case	<u>X</u>	<u>Edit</u>
29022	Contact Tenant - Face to Face				12/03/2010	12/03/2010	12/03/2010	Yes	Jacobs, Penn	X	Edit
Event	Туре		$\mathbf{v}$	Letter Type				*			
Date F	Referred			Date <u>D</u> ue							
Date (	Completed			R <u>e</u> sult				*			
Respo	onsible <u>P</u> arty		$\sim$								
Add	Event										

- To review the details of a past event, click the hyperlink corresponding to the 'Event Id' of the event of interest. The details of the event record will populate the user form below the 'Event Listing' table. The details will be made visible but not editable.
- To edit past event details, click the 'Edit' hyperlink in the row corresponding to the event of interest. The details of the event record will populate the user form below the 'Event Listing' table and the form will be activated for editing.
- To delete a past event, click the red 'X' in the 'Delete' column of the row corresponding to the event of interest.
- To add a new event, click the 'Add Event' button below the event form. The form will be activated for data entry. Input the required Event data items (Event Type, Date Referred, Due Date, and Responsible Party). Click the 'Save Event' button to commit the event record to the system data store.

NOTE: CLPPP case managers should refer to the HHLPSS EBL Case Management Checklist (Appendix A) and the HHLPSS Billing Report Requirements (Appendix B) to determine additional information required to be entered for program tracking and billing purposes.

• If validation errors are found, they will be displayed below the form and above the 'Save Event' and 'Cancel' buttons.

Event Type	×	Letter Type	~
* Date <u>R</u> eferred		* Date <u>D</u> ue	
Date Completed		R <u>e</u> sult	<b>v</b>
* Responsible Party	×		
	<ul> <li>Validation errors have occured in Event Detail</li> <li>Date Due is required.</li> <li>Date Referred is required.</li> <li>ResponsibleParty is required.</li> </ul>		
Save Event	Cancel		

## Case Disposition – Case Closing

To close a case or view details related to a cases closure, select "Case Disposition" from the "Case Details" sub menu under the Clinical Tab of HHLPSS.

The "Case Disposition" screen captures details related to the closure of the patient case.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical Env	(S vironmental	Reports	IOLOMEW)	DOB: 4/1/2012	ID#: 963040
Find Patient	Conce Disconsidion					
Clinical Letters	Case Disposition					
atient Info	View Deleted duplicate	associated Pati	ients			
atient Address	PHN Case Closed					
lood Lead Tests	Date Closed			2000	S.m	
Case Details				Reason for	Closure	1001
ase Initiation						1
ase Information	If Reason For Closure is Tra	Insterred				
Case Disposition		Reason for Trans	ofar			
isposition History	Date manaterieu	teason for fram	2101	-		
ase Exposure		-				_
ssociated Persons		Specify:	1.00			
ther Blood Tests	Current Address for Patient			LHD Referre	d to:	
ther Medical	Content Address for Patient			CHO Reteins	50 to	-
helation						107
otes						
atient Attachments						
Help	4 M					
Save						
Reven	-					
Print Screen	-					
Log Ou	4					

Input the details related to the closing of case into the specified fields. To save, click the "Save" button in the (burgundy) bottom left corner menu to update the case disposition data.

## Case Disposition Form Field Listing

Field Name	Meaning
Deleted duplicate associated patients	View patients merged with current record through record de- duplication processing.
PHN Case Closed	PHN (Public Health Nurse) Select to indicate case closure
Date Closed	Indicate the date that the case was considered closed by the state or local health department.
Reason for closure	Use the <b>Reason for Closure</b> drop-down to indicate the reason that the case was closed: Admin or Admin Other – Select this option if the case was closed for other administrative reasons (e.g. patient has reached the age of 21
	<b>Batch Closure</b> – (system generated) This option is automatically selected if the case is closed as a result of batch processing.
	<b>Case Opened in Error</b> – Select this option if the case was opened for any result under 5.
	False Positive – Select this option if the patient's venous confirmatory test was under 5.
	Family Referred – Select this option if the family has been referred to another jurisdiction or state.
	Met Closure Criteria - Select this option if the case was closed because it met clinical case closure criteria.
	Moved – Select this option if the family has moved to low-risk housing
	Moved Out Of Jurisdiction – Select this option if the family has moved to another jurisdiction or out of state.
	No Provider Response – (This option is currently not being used for case closures)
	Out of Compliance – (This option is currently not being used; select Persistent Refusal for non-compliance)
	<b>Persistent Refusal</b> - Select this option if the case was closed because the patient has persistently refused to be re- tested after an initial case-making result. If you are closing the case for this reason, use the <b>Notes</b> section of the <b>Clinical</b> tab (at the very bottom of the menu bar on the left side of the page) to document the basis in the case file.
	Standard Clinical Case Closure – (This option is currently not being used)
	State Case Opened – (This option is not used in Iowa; the State only opens cases that are located in counties within the State jurisdiction.)
	<b>Unable To Locate Family</b> - Select this option if the case was closed because the patient's family cannot be located. If you are closing the case for this reason, use the <b>Notes</b> section of the <b>Clinical</b> tab (at the very bottom of the menu bar on the left side of the page) to document the basis in the casefile.
	If the reason for closure was <b>Transferred To Other Health Dept</b> , the following fields become enabled and should be filled out.

Field Name	Meaning
Date Transferred	If case is being transferred to another jurisdiction, enter the date of transfer.
Reason for transfer	Reason for Transfer - Use this drop-down to provide information about the nature of the transfer:
Specify	Specify reason for jurisdiction transfer not within list.
Current Address	Use this field to enter the current address for the patient (i.e., the address the patient has transferred to, if known).
LHD referred to	(Currently the only option in this drop down list is "Childhood Lead Poisoning Prevention Branch". This is not applicable to Iowa.)

## Disposition History – Case History

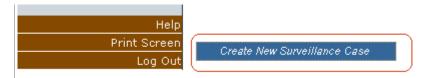
To view the history of the patient's past case status, select "Disposition History" from the "Case Details" sub menu under the Clinical Tab of HHLPSS.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System			(SIMPSON, BAR	THOLOMEW) DOB: 4/1/201	2 ID#: 963040
	Home	Clinical Environmenta	Reports		
Find Patient					
Clinical Letters	History	of Case Disposition			
Patient Info		er entre Biopresiden	2		
Patient Address	Opened	Jurisdiction	Status	Reason	
Blood Lead Tests	3/31/2014	Polk County	Open	Met State Case Criteria	Details
Case Details					
Case Initiation					
Case Information					
Case Disposition					
Disposition History					
Case Exposure					
Associated Persons					
Other Blood Tests					
Other Medical					
Chelation					
Notes					
Patient Attachments					
Help					
Print Screen	and the second sec	New Surveillance Case			
Log Out	the second second second second				

The "Disposition History" screen displays details related to the history of the current patient's case status. The details of patient's current and past cases can be viewed within this screen. To edit or view closure details of a past case, click the "Details" link in the patient's case listing. This will activate the "Case Disposition" screen for the selected case.

#### Manually Open Patient Case

To manually open a case for a patient, click the "Create New Surveillance Case" button near the bottom of the "Disposition History" page. The patient must currently have no case or a previously closed case.



This will activate the "Create New Surveillance Case" popup. This popup allows for the manual creation of a patient case.

🖉 Create New S	Surveillance Ca	ase Webpage Dialog	×
Create N	ew Survei	llance Case	
Greaten	ew Suivei		Select result value and address
Assign Eleva	ated Blood Le	ad Level	
Date 8/10/2009	Value 15	Patient Address 94 Evergreen TER	Select
Select reason for	creating case		
Reason for Crea		~	
Create	Cancel		
Create button			
http://localhost/RII.	Web/ClinicalCase/	CreateNewSurveillanceCasePopup.	🧐 Local intranet

Select a blood lead result value and address to associate with case by clicking the radio button in the "Select" column.

Select a reason for manual case creation from the list of available choices.

Click the "Create" button.

Close out "Create New Surveillance Case" popup

## Case Exposure Sources

To input details relating to a patient's possible exposure to lead sources, utilize the "Case Exposure" menu item of the "Clinical" tab.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	(SIMPSON, BARTHOLOMEW) DOB: 4/1/2012 ID#: 963040 Home Clinical Environmental Reports
Find Patient	
Clinical Letters	Has Case lived outside of the US in the last year ?
Patient Info	If Yes, where? Date last moved to the US:
Patient Address	Month Year
Blood Lead Tests	
Case Details	Has case traveled outside of the US in the last year?
Case Exposure	
Mobility & Behavior	If Yes, where? From To
Take-Home	
Hobbies	Note potential lead-related findings from the home tour (including inside of home, porch, garage)
Home Remedies	
Pottery and Utensils	
Cosmetics	Places case spends a lot of time, other than home.
Food/Drink Items	Places case spends a lot of time, other than nome.
Other Sources	Daycare/baby-sitter Preschool CSchool CRelative/friend/neighbor
Associated Persons	None Cother - Specify:
Other Blood Tests	<ul> <li>Oned - Sheen M.</li> </ul>
Other Medical	
Chelation	Has case been seen eating any paint chips?
lotes	
atient Attachments	Has case been seen frequently eating soil?
	Has case been seen eating other non-food items?
191	Specify
Help	
Save	
Revert	
Print Screen	
Log Out	

The "Case Exposure" menu item expands a sub menu of pages designed to collect data related to possible exposure sources for the patient case. *These pages cannot be edited if the patient does not have a case that is currently open.* 

#### **Mobility & Behavior**

The "Mobility & Behavior" page allows the user to input details related to the patient's movement outside of the United States and specific behaviors considered to increase the likelihood of lead exposure. To activate the fields related to mobility, select "Yes" from the list of choices in the "Has Case lived outside of the US in the past year?" list box.

```
Has Case lived outside of the US in the last year ?
```



To input details related to at risk behavior, fill in the details related to at risk behavior near the bottom of the page.

Has case been seen eating any paint chips?	~
Has case been seen frequently eating soil?	×
Has case been seen eating other non-food items?	~
Specify	

To save, click the "Save" button in the (burgundy) bottom left corner menu to update the patient exposure data.

	New
	Help
5	Save
Re	evert
Print Sc	reen
Log	Out

#### Take Home [Exposure Sources]

To input details relating to a patient's possible take home exposures to lead sources, utilize the "Take-Home" menu item of the "Clinical" tab

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home	Clinical Envir		IPSON, BART Reports	THOLOMEW)	DOB: 4/1/20	12 ID#: 963
Find Patient	- lo a suit						1
Clinical Letters	Select Addres	ss: 1100 E	6th ST, Des mo	nes , IA 50316		-	
Patient Info	Do any adults	s in the household	work with lead		-	*	
Patient Address							
Blood Lead Tests	If yes, date S Program notif	tate Occupational	Lead Poisoning	Prevention	-		
Case Details	Program notif	lea:			-		
Case Exposure							
Mobility & Behavior	# Who	Occupation	Sc	urce Of Expo	sure	Dele	te
Take-Home							
Hobbies							
Home Remedies							
Pottery and Utensils							
Cosmetics							
Food/Drink Items							
Other Sources							
Associated Persons							
Other Blood Tests	Who in the Ho	ousehold works in	the lead industr	y?			
Other Medical							
Chelation	Describe Occ	unation					
		Jupulion					
Notes		Jupation					
	What is the s		osure?		Haw long d	ning this kind of w	nrk?
	What is the se	ource of lead exp	osure?		How long d Yrs.	oing this kind of we	ork?
Patient Attachments Nev	Is Clothing Ch leaving work?	ource of lead expl langed before ?			Yrs.	Mos. toutine blood lead formed?	ork?
Help	Is Clothing Ch leaving work?	ource of lead exp anged before	is shower		Yrs. 🗌 Was a F	Mos.	ork?
Patient Attachments Nev Help Save	Is Clothing Ch leaving work	ource of lead expl langed before ?	is shower	irk?	Yrs. 🗌 Was a F	Mos. toutine blood lead formed?	ork?
Patient Attachments Nev Help	Is Clothing Ch leaving work3	ource of lead expl langed before ?	is shower	irk?	Yrs. 🗌 Was a F	Mos. toutine blood lead formed?	ork?

The "Take Home" exposure page allows the user to input details related to the patient's families' possible occupational exposures to lead. To activate the fields related to take home exposures,

select "Yes" from the list of choices in the "Do any adults in the household work with lead?" list box.

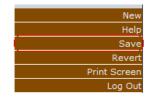
Do any adults in the household work with lead?

× \*

Input data related to the family member's occupation in the user form near the bottom of the page.

The minimum fields required to create a take home exposure record are displayed with a red asterisk [\*] and are *Date state occupational lead program notified*, *Who in the Household works in the lead industry*, and *Describe Occupation*. **NOTE:** if there is a possibility of take-home exposure from an adult contact's hobby or work exposure, please contact the adult lead program manager at IDPH: Kathy Leinenkugel, <u>Kathy.leinenkugel@idph.iowa.gov</u>; 515-281-4930, 800-972-2026, or fax: 515-281-4529.

Input the corresponding data in the required and other fields corresponding to the new take home exposure source and click the "Save" button in the (burgundy) bottom left corner menu to save the record.



#### **Hobbies**

To input details' relating to a patient's possible exposures to lead sources during their hobby activities, utilize the "Hobbies" menu item of the "Clinical" tab.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinic	cal Environme		RTHOLOMEW) DOE	3: 4/1/2012 ID#: 90
Find Patient	and the set				
Clinical Letters	Select Address:	1100 E 6th ST, D	es moines, IA 50316		
Patient Info	Does anyo	one at this address h	ave a hobby that invo	lves lead?	-
Patient Address	# Who	Hobby	Done When	02	Delete
Blood Lead Tests	n wiio	nobby	Done when		DUICIC
Case Details					
Case Exposure					
1obility & Behavior					
ake-Home					
Hobbies					
tome Remedies					
Pottery and Utensils					
Cosmetics	Who is the Usuash	old has a hobby invol	dee land?	Harry James Marrie Marrie	a anti-iting have done?
ood/Drink Items	who in the Housent	old has a hooby invol	ving lead?		e activities been done? Nos.
Other Sources				na i	noa.
ssociated Persons	What does the hobb	by involve?		If other, specify:	
Other Blood Tests			-		
Other Medical			Last .		
Chelation	Where is the hobby	engaged in?			
lotes					
NUCES					
Patient Attachments New Help Save Revert	For Hobbies done Is Clothing Changed entering home?	enter	e: ower taken before ing home?		

The "Hobbies" exposure page allows the user to input details related to the patient's and the

patient's families' possible occupation exposures to lead during hobby activities. To activate the fields related to take home exposures, select "Yes" from the list of choices in the "Does anyone at the address have a hobby that involves lead?" list box.

Does anyone at this address have a hobby that involves lead?



Input data related to the patient's and family member's hobbies in the user form near the bottom of the page. NOTE: if there is a possibility of take-home exposure from an adult contact's hobby or work exposure, please contact the adult lead program manager at IDPH: Kathy Leinenkugel, <u>Kathy.leinenkugel@idph.iowa.gov</u>; 515-281-4930, 800-972-2026, or fax: 515-281-4529.

The minimum fields required to create a take home exposure record are displayed with a red asterisk [\*] and are "Who in the household has a hobby involving lead?", "What does the hobby involve?".

Input the corresponding data in the required and other fields corresponding to the new hobby and click the "Save" button in the (burgundy) bottom left corner menu to save the record.

	New
	Help
(	Save
	Revert
	Print Screen
	Log Out

#### **Home Remedies**

To input details relating to a patient's possible exposures to lead sources during the use of home remedies utilize the "Home Remedies" menu item of the "Clinical" tab

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical	(S Environmental	SIMPSON, BARTHOLOMEW) Reports	DOB: 4/1/201	2 ID#: 963040
Find Patient Clinical Letters Patient Info Patient Address Blood Lead Tests	Does your family use Hon Ves • # Home Remedy	ne Remedies?	Last Used	De	lete
Case Details Case Exposure Mobility & Behavior Take-Home Hobbies Home Remedies	Home		Other	s	ample Collected?
Pottery and Utensils				*	$\overline{\tau}$
Cosmetics Food/Drink Items Other Sources Associated Persons	Was remedy given to case	List other h Name	l. iousehold members given remedy: Pregnant		
Other Blood Tests Other Medical Chelation	Date last given to Case?			Select	
Notes Patient Attachments	How many times in last year?	Total amount/day	How much was given to case?	Duration	How Often
New Help Save Revert	For what purpose was the	e remedy given?	7		
Print Screen Log Out					

The "Home Remedies" exposure page allows the user to input details related to the home remedies

utilized by the patient's family and their possible relation to lead exposure. To activate the fields related to take home exposures, select "Yes" from the list of choices in the "Does your family use Home Remedies?" list box.

Does your family use Home Remedies?

Input data related to the family's use of home remedies in the user form near the bottom of the page.

The only field required to create a take home exposure record is displayed with a red asterisk [\*] and is *Home Remedy*.

Input the corresponding data in the required and other fields corresponding for the new home remedy and click the "Save" button in the (burgundy) bottom left corner menu to save the record.



#### **Pottery & Utensils**

To input details relating to the patient's exposures to lead sources during the use of household pottery or utensils, utilize the "Pottery and Utensils" menu item of the "Clinical" tab.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	(SIMPSON, BARTHOLOMEW) DOB: 4/1 Home Clinical Environmental Reports	/2012 ID#: 963040
Find Patient Clinical Letters Patient Info Patient Address Blood Lead Tests Case Details Case Exposure	Do you have any imported or handmade ceramics in the household? (List those with which case comes into contact)          Yes       *         Out of what does the case usually eat and drink?	*
Mobility & Behavior Fake-Home Hobbies Home Remedies Pottery and Utensils Cosmetics Food/Drink Items Other Sources Associated Persons	# Imported or handmade ceramic Test Kit Result	Delete
Dther Blood Tests Dther Medical Chelation Votes Patient Attachments	Imported or handmade ceramics	Sample Collected?

The "Pottery and Utensils" exposure page allows the user to input details related to the pottery

and utensils utilized by the patient's family and their possible relation to lead exposure. To activate the fields related to pottery and utensil exposures, select "Yes" from the list of choices in the "Do you have any imported or handmade ceramics in the household?" list box. List only those items the patient comes into contact with.

Do you have any imported or handmade ceramics in the household? (List those with	
which case comes into contact)	
Yes 💙 *	

Input data related to the family's use of possible lead containing pottery and utensils in the user form near the bottom of the page.

The only field required to create a pottery/utensil exposure record is displayed with a red asterisk [\*] and is *Imported or handmade ceramics*.

Input the corresponding data in the required and other fields corresponding for pottery and utensils and click the "Save" button in the (burgundy) bottom left corner menu to save the record.

	New
	Help
(	Save
	Revert
	Print Screen
	Log Out

#### **Cosmetics**

To input details relating to the patient's exposures to lead sources during the use of cosmetic products, utilize the "Cosmetics" menu item of the "Clinical" tab.

HHLPSS		(SIMPSON, BARTH	OLOMEW) DOB: 4/1/2012 ID#: 963040
Healthy Homes and Lead Poisoning Surveillance System	Home Clinical Enviro	inmental Reports	
Find Patient	Are any of these cosmetics ever u	used in the household ?	
Clinical Letters	*		
Patient Info			
Patient Address	# Cosmetic	Last Used	Delete
Blood Lead Tests			
Case Details			
Case Exposure			
Mobility & Behavior			
Take-Home			
Hobbies			
Home Remedies			
Pottery and Utensils			
Cosmetics			
Food/Drink Items	Cosmetic	Other Cosmetic	Sample
Other Sources			
Associated Persons	[ Parts		
Other Blood Tests	Was this cosmetic used	List other household member	rs using this cosmetic:
Other Medical	by this case?	Name	Pregnant
Chelation			
Notes			
Patient Attachments		11.	
			Select
New	How long (days) used by case	Date last used by case	How many times used in the last year?
Helr			
Save			
Rever			
Print Screen			
Log Ou			

The "Cosmetics" exposure page allows the user to input details related to the cosmetic products utilized by the patient's family and their possible relation to lead exposure. To activate the fields related to pottery and utensil exposures, select "Yes" from the list of choices in the "Are any of these cosmetics ever used in the household?" list box.

Are any of thes	se o	cosmetics	ever	used	in	the	house	nold 1	
Yes	Y	*							

Input data related to the family's use of possible lead containing cosmetic products in the user form near the bottom of the page.

The only field required to create a cosmetics exposure record is displayed with a red asterisk [\*] and is *Cosmetic*. If "Other Cosmetic Type" is chosen, a description must be supplied in the "Other Cosmetic" text box.

Input the corresponding data in the required and other fields corresponding for the new cosmetic product and click the "Save" button in the (burgundy) bottom left corner menu to save the record.

	New
	Help
(	Save
	Revert
	Print Screen
	Log Out

#### Food/Drink items

To input details relating to the patient's exposures to lead sources during the use of certain food or drink items, utilize the "Food/Drink items" menu item of the "Clinical" tab.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical E	(SI	MPSON, BA	ARTHOLOMEW) DOB:	4/1/2012 ID#: 9630
Find Patient	# Food/Drink Item			Last Used	Delete
Clinical Letters	" Toodabrink Kenn			Lustoscu	Delete
Patient Info					
Patient Address					
Blood Lead Tests					
Case Details	Food/Drink Item				Sample Collected?
Case Exposure					
Mobility & Behavior					
Take-Home	Description (Including Bran	d Name)			Test Kit Results
Hobbies				1	
Home Remedies					
Pottery and Utensils					
Cosmetics	Was Food/Drink item made			Was this food/drink item	
Food/Drink Items	in the US?	If no, where?		bought in the US	If yes, where?
Other Sources					
Associated Persons		4			-
Other Blood Tests	Was food/drink item	List other	household m	embers given the Food/Drink	5
Other Medical	given to case	_	Name	Pregnant	
Chelation					
Votes					
Patient Attachments	Date last given to Case?				Select
Nev	last year?	Total amount/day	y How much	was given to case? Du	ration How Often
Hel; Save				*	1
Rever					
Print Screer	1				
Log Ou					

The "Food/Drink items" exposure page allows the user to input details related to the food or drink

products utilized by the patient's family and their possible relation to lead exposure.

Input data related to the family's use of possible lead containing food or drink products in the user form near the bottom of the page.

The only field required to create a pottery/utensil exposure record is displayed with a red asterisk [\*] and is *Food/Drink Item*.

Input the corresponding data in the required and other fields corresponding for the new food or drink product and click the "Save" button in the (burgundy) bottom left corner menu to save the record.



#### Other Sources

To input details relating to the patient's exposures to lead sources not currently classified within the system, utilize the "Other Sources" menu item of the "Clinical" tab

HHLPSS Healthy Homes and Lead			A Contract ( 197 a La Co	EW) DOB: 4/1/20	12 ID#: 963040
Poisoning Surveillance System	Home Clinical E	Environmental Repo	orts		
Find Patient	Other potential sources	investigated?			
Clinical Letters					
Patient Info		a deside and			
Patient Address	Retained Bullet	Since When?			
Blood Lead Tests	# Other Potential Sour	cae Invoctigated		Test Kit result	Delete
Case Details		ces investigated		Test Ait Tesuit	Delete
Case Exposure					
Mobility & Behavior					
Take-Home					
Hobbies					
Home Remedies					
Pottery and Utensils					
Cosmetics					
Food/Drink Items					
Other Sources					
Associated Persons					
Other Blood Tests	Other potential sources inve	estigated(lead shot, prenata	al exposure, miniblin	ds, etc.)	
Other Medical					
Chelation	the second second				
Notes	Description				
Patient Attachments					
Nev	Duration of use / exposure	Test Kit res	sult Sample Col	lected?	
Hel			8	(m)	
Save	a.				
Rever	t				
Print Scree	n -				
Log Ou	t				

The "Other Sources" exposure page allows the user to input details related to lead sources not currently classified within the system and their possible relation to lead exposure. To activate the fields related to "other source" exposures, select "Yes" from the list of choices in the "Other

potential sources investigated?" list box.

Other potential sources investigated?

6			
	Yes	~	*
V		_	

Input data related to the family's use of possible lead containing substances in the user form near the bottom of the page.

The only field required to create an other sources exposure record is displayed with a red asterisk [\*] and is *Other potential sources investigated.* 

Input the corresponding data in the required and other fields corresponding for the new possible lead source and click the "Save" button in the (burgundy) bottom left corner menu to save the record.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	(SIMPSONS, BARTHOLOMEW) DOB: 4/ Home Clinical Environmental Reports	1/2012 ID#	: 963040
Find Patient	Other potential sources investigated?		
Clinical Letters	Yes +		
Patient Info			
Patient Address	Retained Bullet Since When?		
Blood Lead Tests		Test Kit	-
Case Details	# Other Potential Sources Investigated	result	Delete
Case Exposure	1 Lead fishing sinker	rooun	Delete
Mobility & Behavior			
Take-Home			
Hobbies			
Home Remedies			
Pottery and Utensils			
Cosmetics			
Food/Drink Items			
- all massions			
Associated Persons			
Other Blood Tests	Other potential sources investigated (lead shot, prenatal exposure, miniblinds, etc.)		
Other Medical	Lead fishing sinker		
Chelation			
Notes	Description		
Patient Attachments	Child swallowed lead fishing sinker from fathers tackle 🔺 box in garage.		
New	Duration of use / exposure Test Kit result Sample Collected?		
Helr			
Save			
Save Rever Print Screer			

# **Clinical Letters**

A Note About Clinical Letters: Since HHLPSS is a web-based (vs. a pc-based) data system, there is currently no method for running batches of letters directly from the data system. IDPH has developed a work-around for this issue by downloading the data to an Excel spreadsheet from which a mail merge can be performed with specific letter templates created by the Lead Program. Your local program may have their own method of editing the letter templates to comply with their needs. Check with your administrator and/or colleagues to find out how your agency has typically handled communications with patients and their families.

The "Clinical Letters" page allows the user to view and edit selected letter templates for patient communications. The page contains a tabular listing of the letter templates available within the system for automatic generation.

HHLPSS	0		(S	IMPSON, B	ARTHOLOMEW)	DOB: 4/1/2012	ID#: 963040
Healthy Homes and Lead Poisoning Surveillance System	Home	Clinical Envir	onmental	Reports			
Find Patient	P. R. W. COLORIDA DR. COLORADO	Letter Name					
Clinical Letters	Select	Blood Test Due					
Patient Info	Select Select	Blood Test Overdue Case Follow-Up					
Patient Address		New High Exposure					
Blood Lead Tests	Select Select	No Results					
Case Details	Select	Confirmatory Test Ne	eeded				
Case Exposure	Select	Low Dose Exposure					
Associated Persons	Select	Negative Results					
Other Blood Tests							
Other Medical	1						
Chelation	-						
Notes							
Patient Attachments	-						
Fatient Attachments							
	1.1						
Help	1						
Print Screen							
Log Out							

Clinical letters can be downloaded and edited by clicking the 'Select' hyperlink corresponding to the row of the desired letter in the letter listing table.

Letter Name	Case Availability	Description
Blood Test Due	Yes	Sent as a reminder of approaching recommended blood lead re- testing date.
Blood Test Overdue	Yes	Sent as a reminder of overdue blood lead re-test.
Case Follow- Up	Yes	Sent to inform patient/guardian(s) of initial case, follow-up testing levels and next recommended blood lead testing date.

New High Exposure	Yes	Sent to inform patient/guardian(s) of newly processed case-level blood lead result and next recommended blood lead testing date.
No Results	Yes	Sent to inform patient/guardian(s) of newly processed blood lead test without result level and next recommended blood lead testing date
Confirmatory Test Needed	Yes	Sent to inform patient/guardian(s) of the need to confirm previously received blood lead result with a new test and the recommended blood lead testing date.
Low Dose Exposure	No	Sent to inform patient/guardian(s) of a newly processed 'low' blood lead testing result and the recommended next blood lead testing date.
Negative Results	No	Sent to inform patient/guardian(s) of a newly processed 'negative' blood lead testing result and the recommended next blood lead testing date.

The letter template will be populated with data related to the selected patient and made available for download for the user.

Find Patient	Select Link	Letter Nar	ne		
Clinical Letters	Select	Blood Test I			
Patient Info	Select	Blood Test			
Patient Address	Select Select	Case Follov			
Blood Lead Tests	Select	New High E No Results	xposure		
Case Details	Select		y Test Needed		
Case Exposure	Select	Low Dose B	Exposure		
Associated Persons	Select	Negative Re	sults		
Other Blood Tests					
Other Medical					
Chelation					
Notes					
Patient Attachments					

Click the 'Open' button to open the document for immediate editing.

ela

	e	Do you want to open or save BROWN_ANTWAIN_highExposureLetter1212016.docx from hhlpss.idph.state.ia.us?	Open	Save	<ul> <li>Cancel</li> </ul>	×	
--	---	--	------	------	----------------------------	---	--

Click the 'Save' button, to save the document to local file storage for later use.

4/4/20144/4/20144/4/2014
To the parent or guardian of
Bartholomew Simpsons
321 E 12th ST
Des Moines IA 50319
Your Child was tested for lead poisoning on 4/1/2013. The result of this test was a level of 32.00. This means that your child may have LEAD POISONING, a serious illness which can cause behavior and learning problems. Another blood lead test should be performed on or before 4/29/2013 to make sure the blood lead level has not gotten any higher. Make an appointment with your child's doctor as soon as possible so that your child may be evaluated for lead poisoning. Show this letter to your child's doctor as a record of the test level.
Sincerely yours,
State CLPPP

#### **Associated Persons**

To view details relating to a patient's relationship to other persons and groups listed within the system utilize the "Associated Persons" menu item of the "Clinical" tab. Previously entered family members and guardians should be present within the listing.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical Enviro	(SIMPSON, BARTHOLO	DMEW) DOB: 4/1/2012 ID#: 9630	040
Find Patient	Related Person	Relationship	Primary Person	
	x Dustin Simpson (1/19/1995)	is Grandfather Maternal of	Bartholomew Simpson	
atient Info		1		
Patient Address				
Blood Lead Tests				
Case Details				
Case Exposure				
Associated Persons				
Group Membership				
lousehold Members				
ther Blood Tests				
ther Medical				
helation				
lotes				
Patient Attachments				
Help	Add Relationship Add	Relationship (ID Known)	Manage Group/Cluster Membership	
Save Print Screen Log Out	Choose Person as	of Bartho	lomew Simpson	

To associate a patient with another patient record within the system, click the "Add Relationship" button near the bottom of the "Associated Person" screen.

Add Relationship Add Relationship (ID Known) Manage Group/Cluster Membership

This will activate the "Choose Related Person" controls within the page.

Select the relationship of the person to the patient from the selection list and click the "Choose Person as" button.



#### This will activate the "Find Patient" screen

#### **Find Patient**

State ID	Stellar ID	Last Name		First Name
SSN	Medicaid ID			
Address City	Zip		For best results, enter, or <i>just</i> the street name	
Phone				
Advanced Sea	rch Clear			

Input search criteria to match the patient you wish to associate with the current patient.

Select the related patient in the search results list (if the desired relation is not within the list, they are not currently in the system as a patient).

The patient will then be associated with the current patient.

#### **Group Membership**

To manage and associate groups of patient records, utilize the "Group Membership" menu item in the "Associated Persons" sub menu in the "Clinical" tab.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home	Clinical	Environmen		, Bartholomew)	DOB: 4/1/2	.012 ID#: 9	63040
Find Patient	Person G	rouns			7			
Clinical Letters	Group List		arta					_
Patient Info		Finer Crit			-			
Patient Address	Group Type		•	Group Name				
llood Lead Tests	Status	All	-	Jurisdiction	Childhood Lead Poisoni	ng Prevention Br	anch	+
ase Details		Onum	-	and a stand				
Case Exposure	Find All	Groups	FII	a Groups for	Current Patient	viewn	Edit Members	
Associated Persons								
Group Membership								
Household Members				No Recor	ds Found			
ther Blood Tests								
ther Medical								
helation								
otes	1							
atient Attachments								
	ldentifier N	ame			Туре	s	tatus	
New			-	*	-164	• *	10/53	•
Help	Fidebau as France	n Evi	stence Thru	Description				200
Save			Stones find	Coordiption				1
Reven				1				
Print Screen								
Log Out								

Patients can be added or removed from person groups in the "Group Membership" screen.

First, search for or create a new group utilizing the "Group List Filter Criteria" controls near the top of the form (group search) and the user form near the bottom of the form (group creation).

Group List Filter Criteria									
Group Type			*	Group Name	•				
Status	All	*	(	Jurisdiction	Childhood Lead Poisonir	ng Prevention Branch	*		
Find All Groups		Fi	ind Groups for Current Patient		View/Edit Members				

To search for a group, select a Jurisdiction for the group and click the "Find All Groups" button. This will list all of the groups created within the selected jurisdiction in the group selection list

Select	Group Name	Group Type	Status	
455826	Neigborhood Test	Other	Active	X

Select a group by clicking the identifier number link in the "Select" column of the group listing. To view or edit the members of the group click the "View/Edit Members' button under the "Group List Filter Criteria" area near the top of the form.

Find All Groups	Find Groups for Current Patient	View/Edit Members

This will activate the Group Membership Popup.

elete Group Member Gordon, Benjamin (ID: 1843337) DOB		Set as Primary Set	Set As Related Set
<< Add Person with this ID	Add Current Patient	Find Another	Person To Add
reate Relationship	✔ of	Sav	e Close

To add the current patient to the group, click the "Add Current Patient" button.

To add a different patient to the group, click the "Find Another Patient" button, this will activate the find patient popup and allow you to search for another patient to add to the group.

If you happen to know the identifier number of the patient you wish to add to the group, input it into the text box next to the "Add Patient with the ID" button and click the button.

## **Household Members**

To add additional detail to patient family member records, utilize the "Household Members" menu item in the "Associated Persons" sub menu in the "Clinical" tab.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinica	Environment	100000	ARTHOLOMEW) DOE	3: 4/1/2012 ID#: 963040
Find Patient	Add Household Membe	ers to:	321 E 12th ST, Des	s Moines, IA 50319	
Clinical Letters Patient Info Patient Address Blood Lead Tests Case Details Case Exposure Associated Persons Group Membership Household Members Other Blood Tests Other Medical Chelation	Last Name	First Name	Birth Date	Relationship Middle Name	Delete Choose
Notes Patient Attachments	Maiden Name	DOB		Guardian	rwin Local ID
Help Save Revert Print Screen Log Out	regnant.	∏ ∂reasti	Feading	Date Tested	Result

To add additional details to patient family member records, click the "Choose" button near the top of the page to select a family member.

This will activate the "Select Household Member" popup. You can select family members to edit by clicking the corresponding checkboxes next to their name in the popup list. Click "OK' to close the window.

🧧 Candidate Household Members Web	page Dialog		
Select Household Member			
Name	DOB	Relationship	Select
Maggie Simspon	4/10/2005		
Bart J Simpson	6/11/2000	Grandfather Paternal	
Lisa simpson	4/20/2005		
Benjamin Gordon	10/12/2006	Cousin	
	1		
Cancel			
http://localhost/RII.Web/ClinicalCase/ChooseHousel	noldMemberPopup	o.aspx?person: 🧐 Local intranet	
		_	

After the selection has been completed, you can add additional details for any family member by clicking the "Select" link next to their name in the household member listing and editing their details in the user form near the bottom of the page.

Last Name	First Name	Mid	dle Name		State ID
Simpson	Bart	J			1843236
Maiden Name	DOB	Age S	Sex	Twin	Local ID
	6/11/2000	9 yrs 7 mc	~		
Relationship to Case		Primary Guard	ian		
Grandfather Paternal		×			
			Most Rece		
Occupation			Date Tested	Resu	lt
		*	8/3/2009	14	µg/dL
Pregnant	🗌 Breast Feedi	ng			

# **Other Tests**

The Patient Other Blood Test History Screen will be utilized to view and input details related to the selected patient's lab testing history (non-blood lead tests).

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	(SIMPSON, BARTHOLOMEW) DOB: 4/1/2012 ID#: 9 Home Clinical Environmental Reports	6304
Find Patient	Select Tiered Date Result Test Type Patient Address at the time of draw D	elete
Clinical Letters		
Patient Info		
atient Address		
lood Lead Tests		
Case Details		
Case Exposure		
Associated Persons	Test Type Result Lab Smol # Detection Club data incomentation	
Other Blood Tests	Lab onipit# Detection i Lab data incomplete	
Other Medical	Ep Ext Electronically Report	ed
Chelation	Sample Type Sample Description Reported By Lab	
lotes		
Patient Attachments	Date received at Date Drawn         Date received at lab         Date received at Date Analyzed         Tiered Date LHD         Age at draw (Calculated)	
	Patient Address (at time of draw) Age reported by lab Adult	8
	Yrs. Mos.	
	Institution Choose De	elete
	Physician Choose De	elete
	Analyzing Laboratory Choose De	elete
	Referring Laboratory Choose De	elete
Nev	Date Entered Comment	
Help	p	
Save	e	
Rever	t	
Print Screet	n	
Log Ou		

The earliest test available will be selected in the test list and active within the user form below the test list.

The user can select any blood test within the listing of tests for the patient by clicking the test identifier number link in the "Select" column of the blood test list.

If you wish to delete any test within the listing, click the "Delete" link in the "Delete" column of the blood test list. (Case making blood lead tests cannot be deleted)

Directions to add or edit new records are identical to blood lead test history screens.

Other Blood Test User Form Field Listing
--

Field Name	Meaning
Test Type – non blood lead tests	Type of laboratory test (i.e. EP Ext)
Result	Result value of test
Lab Sample Number	Sample number assigned by laboratory

Detection	Results value comparator (=, >, <)
Lab data incomplete	Indicates whether the blood lead test is missing data
Electronically Reported by Lab	Indicates whether the record was electronically reported
Sample Type	Sample the type reported by lab (i.e. venous, capillary, or unknown)
Sample Description	Free text a description of blood tests in the record.
Date Drawn	Date sample was drawn from patient
Date received at lab	Date laboratory received sample from provider
Date received at the local health departments (LHD)	Date blood lead test record was received by State or Local health department
Tiered Date (System Calculated)	Date utilized to calculate date ranges base upon dates associated with address (set to Date Drawn if available)
Age at draw (System Calculated)	Age of patient at date drawn
Patient address	Choose the address of thepatient associated with blood test.
Adult indicator	Indicates whether the patient should be considered an adult
Institution	Name of institution where sample was drawn (hospital or clinic)
Physician	Provider who drew or recommended blood lead test
Analyzing laboratory	The laboratory which analyzed the sample.
Referring laboratory	The laboratory which referred the sample to analyzing lab.(if necessary)
Comment	Free text comments
Date created	The date blood test record was created (system generated)
Created by	User who created blood test record (system generated)
Date modified	Date blood test record was modified (system generated)
Modified by	User who modified blood test record (system generated).

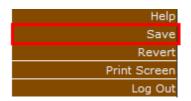
## Other Medical

The "Other Medical" page is utilized to capture patient health insurance and blood test funding information. For patients with clinical cases, the system will allow for the collection of initial test funding information. Programs can track Medicaid enrollment and eligibility dates for the patient, as well tracking the Medicaid managed care plan or private insurance provider for the applicable patient.

In addition, users can also track current WIC status and service referral date in the "Other Medical" page.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	(S Home Clinical Environmental	Reports	B: 4/1/2012 ID#: 963040
Find Patient Clinical Letters Patient Info Patient Address Blood Lead Tests	How was the initial blood test paid for? Other	Why was the initial blood test done?	Other
Case Details Case Exposure Associated Persons Other Blood Tests Other Medical	Health Insurance Informatio	n Eligibility Date	
Insurance/Provider Health Status Provider Information Chelation	Medicaid Managed Care?	Which Plan?	
Notes Patient Attachments	Is case covered by a private health plan or HMO (not Medicaid)?	lf Yes, Specify (e.g. Kaiser, Humana)	
	Is case on WIC?	If no/Unknown, was referral made?	
Help Save Revert Print Screen Log Out			

To add or update any of the information related to the "Other Medical" page. Make the appropriate selection in the relevant dropdown control ( ) and if necessary, add the associated text to the corresponding textbox. After all selections are complete, click the "Save" button in the lower left hand Action menu of the HHLPSS page.



# **Chelation**

The "Chelation" page allows the user to input details related to the chelation treatments of lead poisoned patients with cases.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical	(SIMPSON, Environmental Reports	BARTHOLOMEW)	DOB: 4/1/2012	ID#: 963040
Find Patient Clinical Letters Patient Info Patient Address Blood Lead Tests Case Details	Chelating Agent(s)	Hospitalized	Start Date	End Date	Delete
Case Exposure Associated Persons Other Blood Tests Other Medical Chelation Notes Patient Attachments	Chelating Agent(s)	* Check at least one or enter te BAL Succimer (Chemet)	└ Don't Kr └ None - (	iow Chelation Challenge Te	
	Was case hospitalized		Choose	Delete	
New Help Save Revert Print Screen Log Out			Choose	Delete	

Select a chelating agent by checking one of the boxes next to the agent utilized for treatment or indicate the agent name in the Other text box if it does not exist in the list.

Chelating Agent(s)	* Check at least one or enter text in	Other field
CaNa2EDTA	E BAL	Don't Know
Penicillamine	Succimer (Chemet)	None - Chelation Challenge Test Only
Other:		

Chelation Start Date	Chelation End Date	Did case ever receive	a chelation challenge test?
Was case hospitalized f	or Chelation?	~	
Institution		Choose	Delete
Physician		Choose	Delete

Input the remainder of the details of the treatment in the provider user form. To save, click the "Save" button in the (burgundy) bottom left corner menu to save the record.



To add additional treatments, click the "New" button in the (burgundy) bottom left corner menu to prepare the form for record creation.

# **Patient Notes**

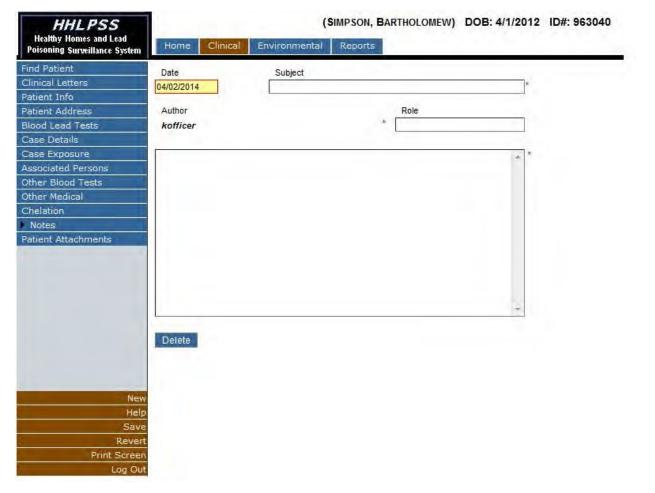
The "Patient Notes" page allows the user to create custom free text notes which are associated with the patient record.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical Environm	(SIMPSON, BARTHOLOMEW	) DOB: 4/1/2012	ID#: 963040
Find Patient Clinical Letters Patient Info Patient Address Blood Lead Tests Case Details Case Exposure Associated Persons Other Blood Tests Other Medical Chelation Notes Patient Attachments	Date Subject Author Title Details			
New Help Revert Print Screen Log Out				

Existing patient notes will be listed within the Notes listing. To view or edit the details, click the "Detail" link in the "Details" column of the Notes Listing.

To add a new note to the note listing, click the "New" button in the (burgundy) bottom left corner menu to prepare the form for note creation.

New
Help
Revert
Print Screen
Log Out



The minimum fields required to create a patient record are displayed with a red asterisk [\*] and are *Date, Subject, Author,* and the actual contents of the note.

Input the corresponding data in the required and other fields corresponding to the new patient note and click the "Save" button in the (burgundy) bottom left corner menu to save the new patient note. After note creation, the note is added to the listing. WARNING: The note section has a limit of 255 characters – this amounts to a few sentences. You will have to keep your notes brief. Notes requiring a longer narrative can be attached as a separate document using the process described below in the *Patient Attachments* section.

	New
	Help
(	Save
	Revert
	Print Screen
	Log Out

## Patient Attachments

The "Patient Attachment" page allows the user to upload, download or view electronic files associated with the patient record.

HHLPSS	(SIMP	SONS, BARTH	HOLOMEW) DOB: 4/1/20	012 ID#:	963040
Healthy Housing and Lead Poisoning Surveillance System	Home Clinical Environm	nental Admin	istrative Reports		
Find Patient	Patient Attachments				
Clinical Letters	and the second se				
Patient Info	The second second	and the second	and the second se	Date	Sec. of sec. 2
Patient Address	File Name	Description	File Type	Uploaded	Owner View
Blood Lead Tests	20100303jewelry.jpg	Item found in home	image/pjpeg	4-07-2011	qharris View
Case Details Case Exposure	Trimball Kimball testDueLetter472011.c	14 5 16 1 5	application/vnd.openxmlformats- officedocument.word	4-07-2011	qharris Viev
Associated Persons	appendix b label.pdf	Test file	application/pdf	4-07-2011	qharris V/ey
Other Blood Tests					
Other Medical	Add New File				
Chelation	Add New File				
Notes					
Patient Attachments					
Upload Attachment					
Heli					
Print Scree					
Log Ou					

Existing patient file attachments will be listed within the Patient Attachments listing.

To download a file for viewing, click the "File Name" hyperlink in the "File Name" column of the Patient Attachments listing.

In cases where the file type is compatible, the file may be viewable within a browser window and the "View" hyperlink will be active within the "View" column of the Patient Attachments listing. Click the "View" hyperlink to launch a new browser window in which to view the electronic file.

To upload a new file attachment, click the "Add New File" button below the Patient Attachments listing.



A 'File Description' and selected file for upload is required to attach a file to the patient record. Input the file description information and select a file for upload by clicking the "Browse" button.

Select a file and click the "Open" button in the choose file dialog box to prepare the file for upload.

Choose File to	Upload			2 🛛
Look in:	HHLPSS		· · · · · · · · · · · · · · · · · · ·	H.
My Recent Documents Desktop My Documents My Computer		adminusersetup2.jpg		
My Network Places	File name:	T	1	<u>O</u> pen
	Files of type:	All Files (*.*)		Cancel

Files must be less than two (2) megabytes (MB – 2048 kilobytes [kb]) in size for proper attachment to patient record. Click the "Upload File" button once the file has been selected to add it to the Patient Attachment listing.

# **Environmental Investigations - Environmental Module**

The Environmental module has been designed for viewing, editing or creating new patient address records as well as details related to environmental investigations.

#### Edit or Add New Address

To view the details of a current address or to create a new address record within the system login to HHLPSS and select the Environmental Tab.



This will direct the browser to the "Find Address" screen.

To prevent address duplication, prior to adding new data to HHLPSS you should perform a search for the address prior to receiving the option to create a new record.

#### **Find Address**

Perform a search on the first letter of the street and city names of the address you wish to create or find and click the "Find" button.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home	Clinical	Environmental	Reports			SE	LECT AN	ADI
Find Address									
Address Info	Find Ad	drees							
Iddress Notes	Ting Au	ui 033							
Construction History	Address ID								
nvestigation Summary	Address ID		n l						-
tisk Assessment nspection				Polk Co	ounty				•
Remediation Inspection		Dir Prefix					Dir	Apt/	
Ilearance Inspection	Street #:		Street Name:		Street Type:		Suffix:	Unit	_
laintenance Inspection	1.	•	10th		Street	•	•	-	
Property Owner Information	C+.		State:	7	6-				
lealthy Housing	City:		State.	Zip:		unty:			_
	Des Moines								•
Help	Find C	lear							
Revert Log Out									

Poisoning Surveillance System	Home Clinical Environmental	Administrative		
Address Info	Address Search Results			
Construction History	Address	Investigation State	us Address ID	
Investigation Summary	Atlanta, GA 00000	Open	1282103	
	atlanta, CA 98009	Closed	1282118	
Risk Assessment	atlanta, DE 45832	New	1282667	
Remediation Inspection	1901 E 17TH ST NE, #309, Atlanta, GA 30326	Open	1282084	
Clearance Inspection	23 E 22 AVE E, #22, atlanta, GA 98066	Closed	1282119	
Naintenance Inspection	2323 2323 asdr, NE 23233	New	1282279	
Property Owner	342 Adam ST Atlanta, GA 30912	New	1282264	
Information	32 E Arcot DR N, #203, Atlanta, GA 30921	New	1282585	
	4321 E ARCOT WAY E, #34, Atlanta, GA 98721	Open	1282153	
	23 E Arcot Rd ALY E, #34, Atlanta, CA 98732	New	1282117	
	4 E Arcot Rd ALY E, Atlanta, GA 30921	Open	1282173	
	999 N Arcot Rd AVE E. #290, Atlanta, CA 98502	Open	1282105	
	asd E asd ALY E, #243, atlanta, CA 98065	New	1282120	
	213 S Atlanta Rd ALY E, #213, Atlanta, CA 98021	New	1282126	
	10 E Atlanta St ST E, ATLANTA, GA 45122	New	1282583	
	123456789			
	Revise Search Add N	lew Address		

If the address which you wish to create or edit is listed within search results, click the Address in the "Address" column to open the "Patient Address Details" screen

#### Address n Status Address ID New 23 Park ST Atlanta, GA 30341 1282253 New 1 Peachtree ST Atlanta, GA 30303 1282104 1200 Peachtree ST Atlanta, GA 30333 New 1282179 New 1250 Peachtree Industrial ST atlanta, GA 30333 1282180 Revise Search Add New Address Click to open or view investigation Click to open Address Details Page details

## Address Search Results

# Edit Address

The Edit Address Screen will be utilized to view and input details related to the selected address.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	1430 10TH STREET (ID# 397881) Home Clinical Environmental Reports
Find Address Address Info Address Notes Construction History	Edit Address Back to Search results Address Id: 397881
Investigation Summary	Line 1 1430 10th ST Apt/Ste # Line 2 Census Tract
Risk Assessment Inspection	City Des moines State IA 💌 Zip 50314 County Polk 💌 Census Block
Remediation Inspection	
Clearance Inspection	Parcel Number District Dwelling Type
Maintenance Inspection	No of Units High Risk Structure? Ownership Type
Property Owner Information	Phone Year Built Investigation Status Open
Healthy Housing	STELLAR id: 244       Qomments       Validate Address
Hel Print Scree Log Ou	

# Address Details Form Field Listing

Field Name	Meaning
Line 1	Street Address
Line 2	Street Address Line 2
Apt/Ste #	Apartment or Suite Number
City	City
State	State
Zip	Zip Code
County	County
Investigation Status	Status of environmental investigation (open, closed, or new button to create investigation record)
Census Tract Number	Address census tract
Parcel Number	Local parcel number of address
District	Address district
High Risk structure indicator	Was the dwelling built prior to 1978
Dwelling Type	Selected dwelling type (Single, multi-family, etc.)
Number of Units	If multi-unit dwelling, number of units within dwelling
Phone	Contact phone number for owner of address
Ownership Type	Ownership type of residence (Owner occupied, rental)

Field Name	Meaning
Year Built	Approximate construction date of structure
Notes about the Address	Free text description of address record

The user can edit the address details within the fields indicated in the user form. If the selected State is changed the page may reload to populate the county list control.

To begin saving changes to the address record, click the "Validate Address" button beneath address details form. Address validation attempts the correction of any missing or incorrect address details and the addition of geocoding data (census block, census tract, latitude and longitude).

Validate Address

Once the address validation has been attempted, the "Save Address" button will be presented to finalize the address save operation. Click "Save Address".

Save Address

#### **De-duplicate Address Popup**

The de-duplicate address popup allows for selection or rejection of possibly matched address records when you are adding a new address. This is to prevent new address IDs (duplicates) from being assigned for an address that is already in HHLPSS. To select an existing record as a match to the new address you are attempting to add for the patient, select the address id corresponding to the matched address. If you wish to reject all possible matches and create a new address record, enter a rejection reason in the 'Reject reason' field and click the 'Reject' button.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical	Environmental Reports	1430 10TH	STREET (ID# 39	97881)	
nd Address Address Info	Edit Address		11/1/	12/2	Back to Sea	rch n
ddress Notes	Address Id: 397881	Dedup Address				*
onstruction History rvestigation Summary isk Assessment	Line <u>1</u> 1430 10th St City Des Moines	Address Context: 1430 10th St Des Moines	IA 50314-2817 Polk		-	
spection	Tel las mentes	Address Id Address	Scor	e Investigation S	tatus Can Merge	-
nediation Inspection	Descelling	402402	70	Not A Case		
rance Inspection	Parcel Number	402402	70	Not A Case	2	
tenance Inspection erty Owner	No of Units	404307	70	Open	17	
rmation	Phone ()	404307	70	Open	F	
Ithy Housing	STEL	409029	70	Not A Case	1	
	Comments	409029	70	Not A Case	12	
		411107	70	Not A Case	<u>.</u>	E
	Carl and a strategies	411107	70	Not A Case	100	
	000000000	413163	70	Not A Case	1	
	0000000	<u>413163</u>	70	Not A Case	V	
	0.000000	413829	70	Not A Case		
	100000	413829	70	Not A Case	1×	
		416061	70	Not A Case	121	
Help Print Screen		416061	70	Not A Case	1 V	
Log Out		418366	70	Not A Case	M	
	1 1 1 1 1 1	<u>418366</u>	70	Not A Case	2	-
	10000	Reject reason				

# **Construction History**

To view or update data related to the addresses construction history, login to HHLPSS, select the Environmental Tab, and click the "Construction History" menu item of the Environmental Tab menu.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical Environmental Repu	1430 10TH ST STREET (ID# 397881)
Find Address	Clinical Case Construction Hi	story
Address Info		
Address Notes	Estimated Year Built	▼
Construction History		
Investigation Summary	Remodeling, painting or renovation within the past ye	ar •
Risk Assessment Inspection	Where was most of the remodeling done	T Property Owner
Remediation Inspection	Remodeling?	Specific
Clearance Inspection	Self Or Family	iwo
Maintenance Inspection	Description of the Remodeling	
Property Owner Information	the second second second	*
	Environmental Investigation	Construction History  Pre 1978?
	Remodeling, painting or renovation within the past ye	ar 🔻
		-
	Where was most of the remodeling done	*
	Who did the Licensed Contractor C Other Remodeling?	
	Self Or Family	Specify:
Help	Description of the Remodeling	
Save Revert		*
Print Screen		
Log Out		

The "Construction History" page allows for the management of construction history data for an address as collected during clinical case management and environmental investigations.

If you are entering construction details as a result of data gathered for case management, input the details in the "Clinical Case Construction History" area (top half of form).

If you are entering construction details as a result of data gathered during an environmental investigation, input the details in the "Environmental Investigation Construction History" area (bottom half of form).

## **Address Notes**

The "Address Notes" page allows the user to create custom free text notes which are associated with the address record.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home	Clinical Environmental Repo	rts	1430 10TH STREET (	ID# 397881)
Find Address	Address	Note List			
Address Info	1430 10th S				
Address Notes					
Construction History	Date	Subject	Author	Role	Details
Investigation Summary	9/5/2002	certified followup letter sent to owner			Detail
Risk Assessment Inspection					
Remediation Inspection					
Clearance Inspection					
Maintenance Inspection					
Property Owner Information					
Healthy Housing New Revert Print Screen					

Existing address notes will be listed within the Notes listing. To view or edit the details, click the "Detail" link in the "Details" column of the Notes Listing.

To add a new note to the note listing, click the "New" button in the (burgundy) bottom left corner menu to prepare the form for note creation.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home	Clinical	Environmental	Reports		1430 10TH ST	REET (ID# 397881)
Find Address	Edit HHL	PSS No	te				
Address Info							
Address Notes	1430 10th S	treet					
Construction History	Date		Subject				
Investigation Summary	04/08/2014	-					*
Risk Assessment Inspection	Author	_			Role		
Remediation Inspection	kofficer				1.1		
Clearance Inspection							
Maintenance Inspection							
Property Owner Information							
Healthy Housing							
						-	
Help Print Screen		Save	Ba	ck to Note Listin	a		

The minimum fields required to create an address note are displayed with a red asterisk [\*] and are *Date, Subject, Author*, and the actual contents of the note.

Input the corresponding data in the required and other fields corresponding to the new patient note and click the "Save" button below the note text box to save the new address note. After note creation, the note is added to the listing. WARNING: The notes field has a limit of 255 characters, about 1-3 sentences. Keep your notes brief.

To cancel note entry and return to the address note listing, click the 'Back to Note Listing' link at the bottom of the page.

# **View Environmental Investigation Details**

To view the details of an environmental investigation for an address, login to HHLPSS, select the Environmental Tab, and click the "Investigation Summary" menu item of the Environmental Tab menu.

#### Investigation Summary

The "Investigation Summary" page allows for the viewing and editing of investigation details for the currently selected address.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Ног	ne Clinica	l Env	vironmenta	I Rep	orts	1	430 10T	H STREET	(ID# 397	881)		
Find Address	Invest	igation S	umma	ry									
Address Info	Investiga	ation Listing											
Address Notes	Investig		en Ger		ate Open 15/1992	ed Date C	losed Delete	Edit					
Construction History				gely, //	10/1002		2	con					
<ul> <li>Investigation Summary</li> <li>Risk Assessment</li> </ul>		ted Patient L	isting										
Inspection	Test Id/Case	Specimen	Test	Date	Patient	Date of	Address		Phone	Lived	Lived		
Remediation Inspection	ld 🔺	Source		Collected		Birth	Туре	Guardia	an Number		Thru		
Clearance Inspection Maintenance Inspection	830836	Venous	<u>13</u>	7/21/1993		9/14/199	2 Primary Hom	e		7/21/199	3		
Property Owner Information		ation Detail											
Healthy Housing	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	gation Detail	1			- Date		-					
	inves	tigator				Inve	e <u>O</u> pened stigation	<u> </u>					
	Statu	S			/	- <u>R</u> ea	son			*			
	<u>F</u> und	ing Source				* Co <u>m</u>	ments			4			
	Investi	gation Outcom	e										
	Date	<u>C</u> losed			_		ediation pleted	T Interio	r 🔽 Eyden	iar 🏳 Solj			
	Closu	ure R <u>e</u> ason				*							
Print Screer Log Ou		es of Exposure a <u>z</u> ard ified	e Identifie	d		Iden	rnate Location tified	E	2				
	Lead	Paint Found	10 <u>1</u> e	C Na C	Unknown		d <u>P</u> aint Hazard ation						
	Lead Than	Source Other Paint Found					upational osure	6	eres C 1	e c yna	own		
	Ad	d Investigatio	m										
	Event De	tail											
		-				1.00			Leff	ter			
	Event 1	Abe. [							TYP				
	Elate Referre								Dat Due				
	Date								200	-			
	Comple	ted							Res	iun		*	
	Respon	sible			-								
	Party	-			<u></u>				_				
	Comme	nit III											
				_					_				
		A DOA	Event										

Select an "Investigator" to assign an environmental investigator to manage the investigation. Select a "Date Opened" to indicate the date the investigation was opened and an investigation "Status" and

"Investigation Reason." Click the "Add Investigation" button to finalize the creation of the investigation.

As the investigation progresses, additional details can be entered until closure.

the local data in the local data	ation Id A Sta	tus inve	a sub-	a second in the second second	ed Date C	losed Delete	Edit			
7412	Ope	n Gerg	jely, 7/1	5/1992		X	Edit			
ssociat	ed Patient L	isting								
Test Id/Case	Specimen Source		Date Collected		Date of Birth	Address Type	Guardian	Phone Number	Lived From	Lived Thru
830836	Venous	<u>13</u>	7/21/1993		9/14/199	2 Primary Home			7/21/1993	
nvestig	igation Id: 741 ation Detail igation Detail				_					
Inves	Investigator *Gergely, •			e <u>O</u> pened	07/15/1992 Meets Standard Investigation 🔻					
<u>S</u> tatus		Open							<ul> <li>Investigation</li> <li><u>R</u>eason</li> </ul>	
Eund	ling Source				▼ Co <u>m</u> ments		Migration (Non-Lead * Hazard Cmt): *			
Invest	igation Outcom	e								
Date	<u>C</u> losed				Remediation Completed		∏ Interior ∏ E <u>x</u> terior ∏ Soil ∏ <u>W</u> ater			
Close	ure R <u>e</u> ason				7					
Sourc	es of Exposure	e Identifie	d							
No H Ident	la <u>z</u> ard tified	Γ				ernate Location ntified	F			
Lead	Paint Found	€ <u>Υ</u> e	s C No C	<u>U</u> nknowr		ad <u>P</u> aint Hazard cation	Both	E.		•
	Source Other	-			*	cupational posure	r y	es C No	C Unkno	wn

NOTE: CLPPP case managers should refer to the HHLPSS EBL Case Management Checklist (Appendix A) and the HHLPSS Billing Report Requirements (Appendix B) to determine additional information required to be entered for program tracking and billing purposes.

To close an investigation, enter a "Date Closed" in the corresponding text box and select a "Closure Reason" from the list of possible choices.

Click "Save Investigation" to finalize investigation closure.

Many pages related to Environmental Investigations within the system collect data related to environmental samples and investigation events. These areas will behave similarly across all pages.

#### **Risk Assessment**

The "Risk Assessment" Inspection page is utilized to capture the details of the risk assessment phase of the environmental investigation.

To view the details of a Risk Assessment click the "Investigation ID" in the Investigation Listing near the top of the page.

Find Address Address Info Address Notes	Risk Assess	ment	Inspection	
Address Notes	Investigation List		inspection	
CALCE THE CALCE				
and the second			Investigator Date Opened Date Closed	
Construction History	7412	Open	Oelberg/crail, 4/08/2014	
Investigation Summary				
Risk Assessment Inspection				
Remediation Inspection				
Clearance Inspection				
Maintenance Inspection				
Property Owner Information				
Healthy Housing				

This will enable the page and grant access to the Risk Assessment Inspection Listing. To view the details or samples related to a risk assessment, click its "Inspection ID" in the Risk Assessment Inspection Listing.

View the dates associated with the inspection and the samples collected in the form below the inspection listing.

To add a new Risk Assessment input the "Start Date" and click the "Add Risk Assessment Inspection"

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home	Clinical	Environmental	Reports	1	430 10TH STRE	ET (ID# 39788
ind Address	Risk Asse	essment	Inspection				
Address Info	Investigation						
Address Notes				e Opened Date Clos	sed		
Construction History	7412	Open	Oelberg/crail, 4/08	/2014			
nvestigation Summary	Investigati	on Id: 7442					
Risk Assessment Inspection			ction Listing		_		
Remediation Inspection	The survey of the second secon	Construction of the second second	Carry Carr	te Hazard Identifie			
Clearance Inspection	7604	4/01/2014	4/01/2014	2	X E	dit	
Maintenance Inspection	Risk Assess	sment Inspe	ction Detail				
Property Owner Information	Start Date		Completion Date				
i bi in the second second		A did Think to A	ssessment Inspe	otion			
realthy Housing	Sample List	ing			T-COMPANY		and the second second
fealthy Housing	Sample Deta	ing iamule Pype ail		Koom Component			al beletered it
Tealthy Housing	Sample Id S Sample Deta Sample Type	ing iamule Pype ail		Koom Component Hazard Identi	ified 🔽		u Deleta Edit
Tealthy Housing	Sample Deta Sample Deta Sample Type Room/Site	ing iamule Pype ail		Room/Sonoponenti Hazard Identi Room/Site Ide	ified 🔽		a Delete adit
Tealthy Housing	Sample Idi S Sample Deta Sample Type Room/Site Component	ing iomule Type ail		Hazard Identi     Room/Site Ide     Component C	ified 🔽		anDeleteradir 
Tealthy Housing	Sample Deta Sample Deta Sample Type Room/Site	ing iomule Type ail		Room/Sonoponenti Hazard Identi Room/Site Ide	ified 🔽		nitelere afri
	Sample Leta Sample Deta Sample Type Room/Sife Component Testing Meth Result	ing iomule Type ail		Hazard Identi Room/Site Ide Component C	ified 🔽		
Print Scree	Sample Leta Sample Deta Sample Type Room/Site Component Testing Meth Result	ing iomule Type ail			ified F entifier		
Healthy Housing Print Scree Log Or	Sample Leta Sample Deta Sample Type Room/Site Component Testing Meth Result	ing iomule Type ail			ified F		

button.

Samples identified as hazardous during a risk assessment will create remediation activities corresponding to the Room and Component where the sample was collected to ensure hazard remediation.

#### **Remediation Activities**

The "Remediation Activities" page is utilized to track activities intended to remediate hazards identified during the Risk Assessment and the contractor or individual which performs these activities.

To view Remediation Activity details, click the "Investigation ID" in the Investigation Listing near the top of the page.

				1430 10TH STREET (ID# 397881)
Home	Clinical	Environmental	Reports	
Remedi Investigati	ation Insp on Listing	pection		
Investigati	on Id . Statu	s Investigator Date	e Opened Date Clo	sed
7412	Open	Oelberg/crail, 4/08	2014	

This will enable the page and grant access to the Remediation Activities Listing. To view the details or samples related to a remediation activity, click its "Inspection ID" in the Remediation Activities Listing.

Remediation Activities are created and linked to every Risk Assessment where hazards are identified. Input data related to Remediation Inspection, contractor and remediation activity details and click the "Add Remediation Inspection" button to save activity inspection details.

Home	Clinical	Environmental	Administrative	Reports					
Remediation Inspection									
westigatio	n Id • Stat	us Investigator	Investigation Listing		Date Opened Date Closed				
			Inspector, Default Mi	gration Inspe					
investigatio	5010. 1151		spection Listing						
Inspection	Id Start D			nediated De	elete				
Domodiati	, n Inonacti	on Dotoil	•	·					
		Ion Detail							
				te					
<u>S</u> tart Date	e 🗌		<u>C</u> omple	tion Date					
Eunding \$	Source		✓ <u>V</u> erified	Ву	$\checkmark$				
- Contractor									
<u>N</u> ame			<u>P</u> hone	(	)				
S <u>t</u> ate			<ul> <li>Based on</li> </ul>	Ocounty     County     County     County     County     County	Ci <u>t</u> y				
C <u>o</u> unty			<u>∨</u> <u>C</u> ity		$\overline{}$				
<u>A</u> pt/Suite	#		AddressLine1						
Address L	ine <u>2</u>		Zip Code						
		Add Remediation In	spection						
			opeorion						
			Activity Listing						
Activity Id	Sample Id	Sample Type Date	Completed Room	Componen	t Remediation Method Delete Edit				
	Remedia Investigatio Investigatio Investigatio Inspection Exact Date Eunding S Contractor Name State County Apt/Suite Address L	Remediation Id       State         1319       Oper         Investigation Id: 11319       Investigation Id: 11319         Inspection Id       Start Date         Risk Assessment       Inspection Id         Start Date       Inspection         Eunding Source       Contractor         Name       State         State       County         Apt/Suite #       Address Line2	Remediation Inspection         nvestigation Id       Status Investigator         1319       Open       Default Migration         Investigation Id: 11319       Remediation Inspection Data         Inspection Id Start Date Completion Data         Remediation Inspection Detail         Risk Assessment         Inspection Id         Start Date         Eunding Source         Contractor         Name         State         County         Apt/Suite #         Address Line2	Remediation Inspection       Investigation Id Status Investigator         1319       Open Default Migration Inspector, Default Migration Inspector, Default Migration Inspector, Default Migration Inspection Listing         Investigation Id: 11319       Remediation Inspection Listing         Inspection Id[Start Date[Completion Date[All Hazzards Remediation Inspection Detail         Risk Assessment	Remediation Inspection         Investigation Id       Status         1319       Open       Default Migration Inspector, Default Migration Inspector, Default Migration Inspector         Investigation Id:       11319         Remediation Inspection Id/Start Date       Completion Date         Inspection Id/Start Date       Completion Date         Remediation Inspection Detail       Inspection Id/Start Date         Risk Assessment          Inspection Id          Start Date          Que Date          Start Date          Contractor          Name          State          State          County          Address Line2				

The remediation activities user form is utilized to record activities intended to remediate hazards identified during the risk assessment.

			Activity Listing			
Activity Id Sa	ample Id Sample Type Dat	te Con	npleted Room Componen	Remediation	Method	elete Edit
Activity Deta	il					
Sample <u>T</u> ype		$\mathbf{\vee}$	Date Completed			
<u>R</u> oom/Site		$\mathbf{\vee}$	Room/Site Identifier			
Component		$\mathbf{\mathbf{\vee}}$	Remediation <u>M</u> ethod		$\sim$	
	Add Activity					

Input the details related to the remediation activity and click the "Add Activity" button to add it to the listing.

#### **Clearance Inspection**

The "Clearance" Inspection page is utilized to capture the details of the clearance inspection phase of the environmental investigation.

HHLPSS	1			713 E 141	TH STREET UPP	R (ID# 698559
Healthy Homes and Lead Poisoning Surveillance System	Home Clinical	Environmental	Administrative	Reports		
Find Address	Clearance Insp	ection				
Address Info	Investigation Listing					
Address Notes	Investigation Id St 11319 Op	atus Investigator ben Default Migratior	Inspector Default M	igration Inspe		d Date Closed
Construction History		2 ondan migration		igi allori illopo		
Investigation Summary						
Risk Assessment Inspection						
Remediation Inspection						
Clearance Inspection						
Maintenance Inspection						
Property Owner Information						
Healthy Housing						
Address Attachments						

To view the details of a Clearance Inspection click the "Investigation ID" in the Investigation Listing near the top of the page. This will enable the page and grant access to the Clearance Inspection Listing.

				1430 10TH STREET (ID# 397881)
Home	Clinical	Environmental	Reports	
Clearan Investigatio	ce Inspector on Listing	tion		
Investigati	on Id A Statu	s Investigator Date	e Opened Date Clos	sed
	Open	Oelberg/crail, 4/08		

To view the details or samples related to a clearance inspection, click its "Inspection ID" in the Clearance Inspection Listing.

HHLPSS				713 E 14TH STRE	ET UPPR (ID# 698559)
Healthy Homes and Lead Poisoning Surveillance System	Home Clinic	al Environmental	Administrative	Reports	
Find Address	Clearance Ins	pection			
Address Info	Investigation Listing	04-4		Data	One word Date Oleand
Address Notes		Status Investigator Open Default Migration	Inspector, Default M		Opened Date Closed
Construction History			····· · · · · · · · · · · · · · · · ·	5 F	
Investigation Summary	Investigation Id: 1 Clearance Inspectio				
<b>Risk Assessment Inspection</b>		rt Date Completion Date	te Passed Clearan	ce Delete Edit	
Remediation Inspection		tion Datail			
Clearance Inspection	Clearance Inspect	Start Date		_	
Maintenance Inspection	-			_	
Property Owner Information	Testing complete	<u>C</u> ompletio	n Date		
Healthy Housing		Add Clearance Ins	pection		
Address Attachments	_				
	Sample Listing Sample Id Sample	e Type Daie Collecied	Room Componen	i Rəsuli Unii Passəd	Clearance Delete Edit
	Sample Detail				
	Sample <u>T</u> ype		Passed Clea	rance	
	Room/Site		Room/Site Id	lentifier	
	Component		Component	Condition	$\checkmark$
	Testing Method		Substrate		
	Result		Unit		
	Laboratory		Date Collecte	ed	
	Date Sent		Date Receive		
	Side Identifier				
	-				
Print Screen Log Out	4	Add Sample			

All environmental samples collected during a clearance inspection should meet the standard to "pass clearance" before the address is considered as "passing clearance."

Passing clearance should constitute the closure of the investigation.

# **Property Owner Information**

The "Property Owner Information" page is utilized to capture the details related to the owner of a property undergoing an environmental investigation.

HHLPSS		713 E 14TH STREET UPPR (ID# 69					
Healthy Homes and Lead Poisoning Surveillance System	Home	Clinic	al	Environmental	Administrative	Reports	
Find Address	Property	Own	er In	formation			
Address Info	Investigation						
Address Notes	11319			Investigator	Inspector, Default Mi	aration Inspec	Date Opened Date Closed
Construction History	11010		open	Deladit migration	inspector, Deladit Mi	gradon moped	1011012010
Investigation Summary							
Risk Assessment Inspection							
Remediation Inspection							
Clearance Inspection							
Maintenance Inspection							
Property Owner Information							
Healthy Housing							
Address Attachments							

To view the property owner details of an investigation, click the "Investigation ID" in the Investigation Listing near the top of the page.

Investigation	n Listing		
(nvestiga)io	n Ida Status Investigator		Date Opened Date Closed
455700	Open Default Migration I	Inspector, Default Migration In	spector 8/15/2009

This will enable the page and grant access to the Property Owner Information user form.

						713 - 141	IN OTREET OFFR (10# 030333)
n	Home Clir	nical	Environmental	Admi	nistrative	Reports	
	Property Ow		nformation				
	Investigation Listin						Data Onenad Data Olassal
	Investigation Id	_					Date Opened Date Closed
	<u>11319</u>	Open	Default Migration	Inspecto	r, Default Mi	gration Inspe	ector 11/15/2016
	Investigation Id	11319					
on	Property Owner						
	<u>N</u> ame				<u>P</u> hone	(	_)
	<u>Y</u> ear built			$\checkmark$			
_	S <u>t</u> ate			$\checkmark$	Based on	© Co <u>u</u> nt	ty O City
	C <u>o</u> unty			$\mathbf{\vee}$	<u>C</u> ity		$\checkmark$
	<u>A</u> pt/Suite #				AddressLin	e <u>1</u>	
	Address Line2				Zip Code		
	Add Proper	tv Own	er				

Input the details related to the property owner at the time of the investigation and click the "Add Property Owner" button to save the property owner information.

# HHLPSS Reports - Reports Module

The Reports Module has been designed for generating and viewing clinical, environmental, and administrative reports. From the Reports Module, the user will be able to produce reports that provide program information on blood lead tests, inspection activity, and other activities related to the lead program.

Click on the Reports Tab.



The default screen of Clinical report is "Blood Test Reports".

# **Clinical reports**

The Clinical reports consist of Blood Test Reports, Lead Program Activity reports, Cases Eligible for Closure reports, Positive Test with No Case reports, List Cases by Provider reports, List Cases by Case Manager reports, Complete Child report, Blood Test Counts report, and Duplicate Child report.

#### **Blood Tests Report**

This report will show a list of patients, their date of birth, and the associated blood tests given the selected patient type (child, between child and adult, and adult). The date filter criteria must be specified by the <u>Next PB Test</u> or the <u>Blood Sample Test</u>.

eport Parameters	IN MARINE CO		
Blood Test Type	<ul> <li>Patient Type</li> </ul>	-	×
O Next PB Test			
lext PB Test From Date	Next PB Test End	d Date	1
-			
O Blood Sample Test			
	Direct Councils For	d Data	1
good Sample From Date	Blood Sample En	o vate [	1
	Jurisdiction	All Jurisdictions	v
Nood Sample From Date Next P8 Test Qverdue Days Nood Sample Test Case Type			> >

Report parameters: enter values for each report parameter and then click 'View Report' button.

Report Parameters	Available values
Blood Test Type	All, Confirmatory, Follow up
Next PB Test	Next PB Test From Date, Next PB Test End Date
Blood Sample Test	Blood Sample From Date, Blood Sample End Date
Next PB Test Overdue Days	Next PB Test Overdue in how many days All Jurisdictions, STATE, or specific
Jurisdiction	jurisdiction
Blood Sample Test Case Type	All, Open
Report Type	Blood Test List, Blood Test Counts,
	Blood Test List with Counts
Report Export Format	PDF, Excel, CVS, Word, HTML4.0, XML

# NOTE: if you want to be able to format the report information (i.e., sort, filter, highlight, etc.) we recommend choosing the CSV format. This will produce a report that opens in Excel and can be saved as an Excel document

Enter parameters for Blood Test List Report. You must choose either the Next PB Test or Blood Sample Test to specify the test date criteria.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical Er	nvironmental	Administrative	Reports		
Clinical	<b>Blood Tests Report</b>					
Blood Lead Test List						
Lead Program Activity	Report Parameters			-		
Cases Eligible for Closure	Blood Test Type	All	Patient Typ	be	All	~
Positive Test With No Case	Next PB Test					
List Cases By Provider	Next PB Test From Date	01/01/2014	Nevt PB Te	est End Date	01/01/2015	1
List Cases By Case Manager	O Blood Sample Test	0 110 1120 14		St Life Date	0110112010	1
Complete Child Report	Blood Sample From Date		Blood Sam	ple End Date	1	1
Blood Test Counts	-		_			
Duplicate Child Report	Next PB Test Overdue Days	0	<u>J</u> urisdiction	1	All Jurisdictions	~
Environmental	Blood Sample Test Case Typ	All	Report Typ	be	Blood Test List	~
Administrative	Report Export Format	PDF	~			
	View Report					

You should get something that looks like this (protected information is redacted in this example):

		ext PB Test Betwee	en 01/01/2014 and 01/ 04/20/2015 09:54:54 /		
Patient Typ	be: Children	For All Juris	sdictions	Blood	Test Type: All
		Blood Te	est List		
Patient Name	Date of Birth		Last	PB	
		Date	Sample Source	Result	Confirmatory?
	0	06/11/2013	Capillary	9.00	No
	0	08/12/2006	Venous	32.67	No
	-	02/16/2009	Venous	50.09	No
	4	05/28/2009	Venous	6.21	No
	0	01/11/2009	Venous	9.83	No

This is what will appear if you select "Blood Test List" in the drop-down menu. If you select "Blood Test Counts," you will get a summary of the Blood Test List report, like so:

		a: Next PB Test Betwe ate Report Generated			documents to Word or
Patient	Type: All	For All Juri	sdictions	Blood	d Test Type: All
		Blood Tes	st Counts		
Pb B Level	Venus	Capillary	Unknown	Total	Confirmatory
No Result	1	3	2	6	0
0-4	1132	1637	474	3243	0
5-9	55	65	84	204	0
10-14	0	1	1	2	0
15-19	6	4	1	11	0
20-29	2	0	0	2	0
30-44	1	0	0	1	0
45-69	2	0	0	2	0
5-69	0	0	0	0	0
>=70	0	0	0	0	0

If you select "Blood Test List with Counts," you will get both the list and the summary report. The summary will be located at the end of the list portion of the report.

## Lead Program Activity Report

This report will show the Lead Program Activities occurring between the Start Date and End Date entered in the report parameters, including manual/ELR lab test results, ELR held records, summary of lab test results in PB Level, individual cases, and environmental investigations.

Home	Clinical	Environmental	Adminis	strative	Reports	
Lead Pro	ogram Ao	tivity Report				
Report Para	meters					
Start Date				End Date	•	
Juris diction	All Jurisdict	tions	$\checkmark$	Report E	x port Format	×
View Rep	oort					

Report parameters: enter values for each report parameter and then click 'View Report' button.

## **Report Parameters for Lead Program Activity**

Report Parameters	Available values
	Date when the Lead Program Activity
Start Date	occurs
End Date	Date when the Lead Program Activity ends
Jurisdiction	All Jurisdictions, STATE, or specific jurisdiction
Report Export Format	PDF, Excel, CVS, Word, HTML4.0, XML

Enter parameters for Lead Program Activity Report

Home	Clinical	Environmental	Adminis	trative	Reports		
Lead Pro	ogram Ao	ctivity Report					
Report Para	meters						
Start Date	01/01/2014			End Date		01/01/2015	
Jurisdiction	All Jurisdic	tions	$\checkmark$	<u>R</u> eport E	port Format	Excel	~
View Rep	ort						

You should get something that looks like this:

🚺 PR	OTECTED VIEW Be careful—files from the Internet can contain viruses. Unl	less you need to edit, it's	safer to stay in Protected View.
A1	$\bullet$ : $\leftthreetimes$ $f_x$ Lead Program Activity Report		
	AB	C	D
	Lead Program Activit	y Report	
	Activity between 01/01/2014	and 01/01/2015	
	Jurisdiction: All Juris	dictions	
-	Date Report Generated: 04/20/	2015 10:23:37 AM	Λ
			•
	Lab Test Results		
		1400	
	ELRs Completed ELRs Held for Review	1409 24	
0	Manual Lab Test Results Entered Manually	5	
1	Total Number of Lab Test Results Process	1438	
2			
3	Summary of Lab Test R	esults	
4	PB Level		
5	No Result	288	
6 7	0-4 5-9	992 116	
8	10-14	8	
9	15-19	2	
20	20-29	3	
1	30-44	3	
22	45-69 >=70	2	
24	Total	1414	
25		•	
26	Individual Cases		
27	Individual Cases Automatically Opened	1	
28	Individual Cases Manually Opened	0	
9	Total Number of Individual Cases Open	1	
0			
1	Environmental Investig	ations	
	Environmental Investigations Automatically	0	
32	Opened	10	
3	Environmental Investigations Manually Opened	10	
34	Total Number of Individual Cases Opened	10	
0.5			

A note about the ELR specifications: "ELR" stands for electronic lab reporting, and refers to the process of electronically importing the data directly from lab locations such as hospitals, provider offices, and laboratories. This is primarily an administrative function, but it does indicate the number of labs performed within your specified jurisdiction. The "ELRs Held for Review" simply refers to records that were held for matching during the ELR process, and probably will not have significance to your local program.

## **Cases Eligible for Closure**

This report shows what cases are eligible for closure. The user can choose to utilize the default case closure criteria defined in the Admin Setup, or enter each criteria manually.

Report Parameters	Available values
Utilize System Default Case Closure Criteria	Checkbox – checked or unchecked
Select Closure Criteria From System Defaults	i.e. Criteria 1: 0-35 Months Criteria 1:36-72 Months Criteria 1: Between Child & Adult Criteria 1: Adult
Jurisdiction	All Jurisdictions, STATE, or specific jurisdiction
Select Case Manager	All Case Managers, or specific case manager
Report Export Format	PDF, Excel, CVS, Word, HTML4.0, XML

## **Report Parameters for Cases Eligible for Closure**

If the Default Case Closure Criteria is defined in the Admin Setup, the values will be populated in the dropdown as follows:

Home C	linical	Environmental	Adm	inistrative	Reports	
Cases Elig	ible fo	r Closure				
Report Paramet	ers					
Utilize Syst	em Defau	It Case Closure Criter	ia		Select Juris	sdiction: All Jurisdictions 🖌
Select Closure	Criteria F	rom System Defaults	(Define	d in Admin Setup	)	
	0.1					
Select Case Ma		1: 0 to 35 Months 2: 0 to 35 Months		~		
Export Format:		1: 36 to 72 Months 2: 36 to 72 Months				
		1: Between Child & Ad	4 utt			
		2: Betw een Child & Ac				
	Criteria 1	1: Adult				
View Report	Criteria 2	2: Adult				

Enter parameters: Cases Eligible for Closure with criteria 1: 0-35 months for specific case manager

Cases Eligible for	Closure	
Report Parameters		Select Jurisdiction: All Jurisdictions
Select Closure Criteria Fr	om System Defaults (Defined in Admin Setup) 0 to 35 Months	
Select Case Manager: Export Format:	kofficer V PDF V	
View Report		

If you select the PDF format, you should get something like this (protected information is redacted in this example)

05/19/2014			ligible for Closing Report 10 PbB Level or Less		
Query: None			TO POD Level of Less		
Case Manager:	Officer,Kevin				
Name:	Laith		Date of Birth: 2008	HHLPSS ID:	
Address:	217 S Olive St, I	lowa			
Guardian:	Jessica				
Phone:			Alternate Phone:		
		Recent E	Blood Test Results -		
	Sample Date	Туре	PbB Result	Confirmatory?	
	9/30/2013	Capillary	6.00	False	
	5/5/2011	Capillary	10.00	False	
Case Manager:	Officer,Kevin				
Name:	Zachary		Date of Birth: 2009	HHLPSS ID:	
Address:	810 Broad St.				
Guardian:	, Brittany				
Phone:			Alternate Phone:		
		Recent E	Blood Test Results -		
	Sample Date	Туре	PbB Result	Confirmatory?	
	9/24/2012	Venous	6.00	False	
	2/27/2012	Venous	7.00	False	
			Page 1 of 1		

The format will vary depending on which type of file you select. If you prefer a listing, select the Excel or CSV option.

## Positive Test with No Associated Case

This report will show a list of patients (child, between child and adult, or adult) whose Blood Lead Level are 5 or greater (based on the EBLL level definition), based on selected jurisdiction, and the range of test days.

Report Parameters	Available values
Utilize System EBBLL Definitions	Checkbox – checked or unchecked
Jurisdiction	All Jurisdictions, STATE, or specific jurisdiction
State Date	Date
End Date	Date
Report Export Format	PDF, Excel, CVS, Word, HTML4.0, XML

## Report Parameters for Cases Eligible for Closure

If the default EBLL Level Definition is defined in Admin Setup, the dropdown would show and populate the values when utilizing the System EBLL Definitions.

Positive Te	st with No Associa	ted Case	
Report Paramet	tem BLL Definitions	Select Jurisdiction: All Jurisdictions	
Start Date:		End Date:	
Export Format:	Select EBLL Level Definition Child Betw een Child and Adult Adult		
View Report			

Enter desired parameter values:

Positive Test with No Associa	ted Case
Report Parameters	Select Jurisdiction: All Jurisdictions
Start Date: 01/01/2009	End Date: 01/01/2015
Select EBLL Level Definition	
Child V Export Format: PDF V	]
View Report	

View of Positive Test with No Associated Case in PDF Format (protected information is redacted for this example).

05/19/2014				n with PbB on 4/1/2013 an					
Query Applied: None		Test	ted between	Eleveated	2012012 (2012) (2013)	The state of the state of the	after Eleve	ated PbB	
Child	Date of Birth	Level	Type	Date	Conf.?	Level	Туре	Date	Conf.?
Angel, Brandon	3/4/2009	12.00	BLDC	4/4/2013	N	None	-		
	11/29/2011	11.00	BLDC	4/11/2013	N	None			
	3/12/2012	12.00	BLDC	4/4/2013	N	None			
	5/12/2011	12.00	BLDC	6/7/2013	N	None			
	1/8/2008	10.00	BLDC	6/5/2013	N	None			
	6/26/2009	10.00	BLDC	5/20/2013	N	None			
	4/16/2012	10.00	BLDC	5/2/2013	N	None			
	2/13/2009	10.00	BLDC	4/16/2013	N	None			
	6/16/2008	15.00	BLDC	4/4/2013	N	None			
	4/26/2010	11.00	BLDC	4/4/2013	N	None			
	12/14/2009	12.00	BLDC	4/4/2013	N	None			
	3/25/2011	10.00	BLDC	4/8/2013	Ν	None			
	8/4/2009	15.00	BLDC	4/2/2013	N	11.00	BLDV	6/7/2	013 N
	7/29/2008	22.00	BLDC	4/25/2013	N	None			
	3/22/2009	13.00	BLDC	4/16/2013	N	None			
	5/20/2012	39.00	BLDC	5/16/2013	N	None			
	12/29/2011	10.30	BLDC	6/25/2013	N	None			
	5/24/2012	11.00	BLDC	6/19/2013	N	None			
	3/8/2012	15.00	BLDC	4/18/2013	N	None			
	4/13/2010	10.00	BLDC	6/27/2013	N	None			
	9/13/2011	11.00	BLDC	4/9/2013	N	None			
	5/23/2009	10.00	BLDC	5/28/2013	N	None			

A Note about the List Cases by Provider Report: In the first two or three builds of HHLPSS, the ELR process imported a duplicate provider for each blood lead test, regardless of whether the provider was already in the system. Consequently, there is an exponential number of duplicate providers in the system so when you try to run this report, the application will give you a time out error. We did not have a means of deleting these duplicate providers until a more recent build of HHLPSS, and data cleanup for this issue will be ongoing. Until such time as the cleanup is nearing completion, any reports using provider data will be unavailable.

## List Cases by Case Manager

This report shows a list of cases by the selected case manager, along with the selected jurisdiction, and case status.

HHLPSS					
Healthy Homes and Lead Poisoning Surveillance System	Home	Clinical	Environmental	Administrative	Reports
Clinical	List Cas	es By Ca	ase Manager		
Blood Lead Test List	1.1.1.1.1.1.1.1				
Lead Program Activity	Report Para	ameters			
Cases Eligible for Closure	Select	Jurisdiction:	All Jurisdictions V		
Positive Test With No Case					
List Cases By Provider	Select Ca	se Manager:	All Case Managers	$\checkmark$	
List Cases By Case Manager	Ophati	One of the		-	
Complete Child Report	Select	ase status:	All Selections	~	
Blood Test Counts	000000000000000000000000000000000000000				
Duplicate Child Report	Report Ex	port Format	~		
Environmental					
Administrative					
	View Repo	rt			

## **Report Parameters for List Cases by Case Manager**

Report Parameters	Available values
Jurisdiction	All Jurisdictions, STATE, or specific jurisdiction
Providers	All providers or specific provider
Case Status	All selections or specific status
Report Export Format	PDF, Excel, CVS, Word, HTML4.0, XML

Report parameters: enter values for each report parameter and then click 'View Report' button (protected information is redacted for this example).

5/19/2014 8:35:48	PM	Case	C <b>hildren, So</b> Includes O			r				
Query Applied:	None									
Case Manager:	Officer,Kev	in	Confir	med	Most Rece	nt PbB		Previous Pl	bВ	
Child/Guardian		Date of Birth	Date	Level	Date	Level	Туре	Date Level	Туре	
Barton, Dormid II	1	6/12/2007	8/24/2010	20.00				1/10/2011	24.00	v
			56	33867432				Status O		
		9/20/2008	11/23/201	24.00				12/19/2011	28.00	С
			N	phone nu	mber given			Status O		
		1/31/2009	2/8/2013	33.00				2/5/2013	31.00	v
			N	phone nu	mber given			Status O		
		11/16/2011	2/8/2013	50.00				2/6/2013	48.00	v
			N	phone nu	mber given			Status O		
		9/28/2011	11/8/2013	21.00	11/8/2013	21.0	0 V	11/8/2013	21.00	v
			N	phone nu	mber given			Status O		
		2/25/2007	3/19/2009	38.00	9/10/2009	15.0	0 C	7/6/2009	14.00	v
			N	phone nu	mber given			Status O		
		5/3/2010	11/21/201	1 41.00				1/6/2012	25.00	v
			N	phone nu	mber given			Status O		
		7/1/2012	8/16/2013	20.00				8/16/2013	19.00	v
			N	phone nu	mber given			Status O		
		5/5/2010	2/9/2012	27.00				2/12/2013	19.00	v
			N	phone nu	mber given			Status O		
		12/19/2007	6/26/2009	23.00	8/17/2010	12.0	0 V	7/20/2010	15.00	С
			N	phone nu	mber given			Status O		
		6/2/2011	7/9/2012	18.00				3/18/2013	12.00	С
			N	o phone nu	mber given			Status O		

## **Complete Child Report**

This report will show a complete report for the selected child.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical	Environmental	Administrative	Reports
Clinical	Complete Child	Report		
Blood Lead Test List	Depart Decemptors			
Lead Program Activity	Report Parameters			
Cases Eligible for Closure	Find Patient			
Positive Test With No Case	HHLPSS ID	Local ID	Stellar/Migrated ID	
List Cases By Provider				
List Cases By Case Manager	DOB			
Complete Child Report	Last Name	 First Name	_	
Blood Test Counts				
Duplicate Child Report				
Environmental	SSN	Medic aid I		
Administrative				
	Address			
		just the street number	or <i>just</i> the street name	e.
	City	Zip		
	Phone			
	Select Jurisdiction			
	All Jurisdiction		$\checkmark$	
Help				
Print Screen	Clear	Search		
Log Out				
	Export Format:			
	View Report			

To search for a child, enter the child's last and first name, then click "Search."

List of patients returned from the search after entering the last name and the first name (protected information redacted for this example).

Complete Child Report
Report Parameters
Select Last Name First Name HHLPSS ID Date of Birth Jurisdiction 25505 Completion Millionia 2000 Control STATE Back
Export Format:
View Report

Select a patient from the list; select the format in which to view the report, then click "View Report."

Complete Child Report
Report Parameters
25505 <b></b>
New Search Back to Results
Export Format: PDF •
View Report

You should get something that looks like this (protected information redacted for this example):

04/22/2015		Complete Child Report	
		Child Data	
Child: Jurisdiction: STATE			Dob: 1011511007
Steller ID: 25505	Medicaid ID:	-1937856118	Other Program ID:
Address:			Last Update: 3/23/2006
Sex: Female	Race: V	White	Ethnic: Not Hispanic or Latino
Risk:			
Guardian:		Phone:	
		Child Memos -	
		Case Data	
No case data found for the o	child		
		Case Memos -	
No memos were found for th	his child		

## **Environmental Reports**

The Environmental reports consist of the Complete Address reports and the Blood Tests for Homes under Investigation reports.

## **Complete Address Report**

This report is to show the complete address information for the selected address.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home	Clinical	Environmental	Administrative	Reports		
Clinical	Complete	Addres	s Report				
Environmental Complete Address Report Duplicate Address Report	Report Param						
Blood Tests for Homes Under Investigation	AddressID						
Administrative	Street #:	Dir Pre	efix: Street N	ame: Street T	ype:	Dir Suffix:	Apt/ Unit
	Clear	State:	Zip:	County:	× ×	Y	
	View Report	1					

## **Report Parameters for Complete Address Report**

Report Parameters	Available values
Address ID	Address ID assigned by HHLPSS
Street #	Street number
Dir Prefix	Direction prefix: E, N, NE, NW, S, SE,
Street Name	Street name
Street Type	Street Type: Alley, Avenue, Bay, Boulevard, and etc.
Dir Suffix	Direction prefix: E, N, NE, NW, S, SE,
Apt/Unit	Apartment unit #
City	City
State	State
Zip	Zip code
County	County
Report Export Format	PDF, Excel, CVS, Word, HTML4.0, XML

If you know the HHLPSS ID of the address you wish to search, enter that. Otherwise, the minimum criteria for an address search is the Street #, Street Name, Street Type, and City.

Home Cl	inical Environ	mental Admi	nistrative Re	eports	
Complete A	ddress Repo	rt			
- Report Paramete	ers				
Find Addr	ess				
Address ID					
Street #:	Dir Prefix:	Street Name:	Street Type:	Dir Suffix:	Apt/ Unit
	✓			<b>~</b>	
City:	State:	Zip:	County:		
	GA 🗸		Fulton	$\checkmark$	
Clear Fir	nd				
Export Format:					
	$\checkmark$				
View Report					

You should get a list of addresses from which to choose.

Complete Address Report				
Report Par	ameters			
Select	Street Address	City	Jurisdiction	
<u>13264642</u>			STATE	
<u>13264594</u>	/	/	STATE	
13264588			STATE	
<u>13264485</u>	/	,	STATE	
<u>13264479</u>		,	STATE	
13264371	/		STATE	

Select an address by clicking the ID link on the left.

Complete Address Report
Report Parameters
13264642 STATE
New Search Back to Results
Export Format:
View Report

Select the format in which to view the report. You should get something that looks like this (protected information redacted for this example).

		20112/2020	0.02060600	documents to Word o
04/24/2015		Complete Addres	ss Report	<u>.</u>
Address:				
Address:	5			
Address Line 2:				
County: Fulton		Census Tract:		
		Address Mer	mos	
		Investigatio	on	
Date Referred:	1/6/2014	Inspector: Barker, Bo	b	
Property Owner:			Owner's Phone:	
Owner's Address:				
Dwelling Type:			Year Constructed:	
Occupancy:				
		Initial Inspection	on	
Inspection Date:	1/6/2014			
Lead paint hazard	found: OB-	Both interior and exterior	O I - Interior O E -	Exterior   N - None
Lead hazard(s) ot	her than lead paint	t found: 🔿 Z - Unkonwn	ON-NO OY-	Yes
Comment:				
Industrial hazard v	vithin one mile:	OZ-Unkonwn ON-M	No OY-Yes	
Other violation(s)	of local codes four	nd: 💽 Z - Unkonwn 🌔	N-No OY-Yes	
		Remediatio	on	

## **Blood Test for Homes under Investigation**

This report is to show a list of blood tests for patients whose homes currently are under investigation.

HHLPSS Healthy Homes and Lead Poisoning Surveillance System	Home Clinical Environmental Administrative Reports
Clinical	Blood Tests for Homes Under Investigation
Environmental	
Complete Address Report	Report Parameters
Duplicate Address Report	Starting Draw Date
Blood Tests for Homes Under Investigation	Jurisdiction All Jurisdictions  Report Export Format
Administrative	
	View Report

## **Report Parameters for Blood Tests for Homes Under Investigation**

Report Parameters	Available values
Start Draw Date	Date
End Date	Date
Jurisdiction	Jurisdiction
Report Export Format	PDF, Excel, CVS, Word, HTML4.0, XML

Report parameters: enter values for each report parameter and then click 'View Report' button. You should get something that looks like this (protected information redacted for this example).

Report Date: 04/21/20	015 2:08:43	DM			
Report Date: 04/21/20	115 2.00.45				
			All Juri	isdictions	
	Date F	Range:	1/1/2000	to 1/1/2002	
Jurisdiction: STATE		Inspe	ctor: Sampr	ras, Pete	
Child's Name:				Date of Birth:	
Current Test Results:	PbB:	3.50 Sample Ty	be: Venous	Sample Date:	11/12/2001
Previous Test Results:	PbB:	3.50 Sample Ty	e: Venous	Sample Date:	9/7/2001
Previous Test Results:	PbB:	18.00 Sample Ty	e: Venous	Sample Date:	6/13/2001
Previous Test Results:	PbB:	15.00 Sample Ty	be: Capillary	Sample Date:	3/23/2001
Address:					
County: Bexar		HHLPSS I	2135202	Cen	sus Tract:
Date Referred for Investi	igation:	10/1/2001	Date Inspe	ected:	
Inspection Results:			Hazard Ab	atement Completed	Date:

## Lead Poisoning Prevention Program Staff

## Ken Sharp – Division Director Acute Disease Prevention, Emergency Response, & Environmental Health (ADPER & EH)

Provides overall direction for the division and input on priorities and direction for the Lead Poisoning Prevention Program.

(515) 281-5099 Kenneth.Sharp@idph.iowa.gov

#### Carmily Stone – Bureau Chief, Environmental Health Services

Direct supervisor for staff within the Bureau of Environmental Health Services. Provides input on priorities and direction for the Lead Poisoning Prevention Program.

(515) 281-0921 Carmily.Stone@idph.iowa.gov

## Stu Schmitz – Unit Lead Epidemiology and State Toxicologist

Lead worker in Epidemiology Unit within Bureau of Environmental Health Services. Provides day to day oversight and input to Lead Poisoning Prevention Program. Initial point of contact for questions about and concerns with the Lead Poisoning Prevention Program.

(515) 281-8707 <u>Stuart.Schmitz@idph.iowa.gov</u>

## Rossany Brugger – Environment Specialist Senior

Manages the Mandatory Blood Lead Testing and the Lead Training Providers Program. Does clinical and environmental case management of lead-poisoned children across the state. Assists Hispanic families with their communication with IDPH and vice versa. Does spot checks on lead certified and non-certified individuals in the renovation, remodeling and painting field.

(515) 281-3225 Rossany.Brugger@idph.iowa.gov

## Kathy Leinenkugel – Adult Blood Lead Epidemiology & Surveillance (ABLES)

Case manager and epidemiologist for all adult (16 years or older) persons and blood lead tests in Iowa. Networks with labs, medical providers and clinics, the patients, and employers to gather data regarding adult lead exposures and provide materials as appropriate to educate about routes of exposure, health impacts, take home lead, and medical monitoring. Networks with OSHA as needed for work site inspections. Worked for 20 years as a medical lab tech before transitioning into public health. Previously worked as a case manager, data specialist, and community outreach provider in child lead for 11 years, with a certification in NE as an EBL inspector and Risk Assessor (not currently certified in IA) and averaged 350-400 open cases a year (EBL follow up at 10 mcg/dL, home visits at venous of 15 mcg/dL).

(515) 281-4930 Kathy.Leinenkugel@idph.iowa.gov

## Janet Lemmermann – HHLPSS Help Desk

First point of contact for any HHLPSS issues. Monitors electronic lab importing processes, maintains data integrity, and oversees token and user management in HHLPSS. Processes held records, and monitors lab compliance with reporting requirements. Primarily responsible for testing new versions of HHLPSS before they get loaded onto the Production site.

(515) 242-5200 Janet.Lemmermann@idph.iowa.gov

## Kevin Officer – Community Health Consultant

Provides contract management and claims processing activities for the Childhood Lead Poisoning Prevention Program. As a certified EBL inspector and risk assessor, provides medical and environmental case management services to counties throughout Iowa. Also assists the lead certification program by assuring certified lead professionals are in compliance with Iowa's lead rules.

(515) 242-5902 Kevin.Officer@idph.iowa.gov

## Kane Young – Executive Officer II, Licensing Unit Lead

Lead worker in the Licensing Unit within Bureau of Environmental Health Services. Provides day to day oversight for the Lead Professional Certification Program and other related licensing functions. Works very closely with the Lead Poisoning Prevention Program and has historical knowledge from old Lead Bureau.

(515) 242-6335 Kane.Young@idph.iowa.gov

## Rob Walker – Environmental Public Health Tracking

This position serves as a science team subject matter expert (SME) for Iowa EPHT. This position also provides epidemiology, statistical analysis, and logistics. Additionally, work closely with the CDC in ensuring all grant activities are met, and work on any initiatives of Iowa interest. A key activity for this staff will be to ensure all portal standards, recommendations, and NCDM's are included in the Iowa Portals along with continued assessment of future functions and datasets of interest for the state portals.

(515) 281-0908 Robert.Walker@idph.iowa.gov

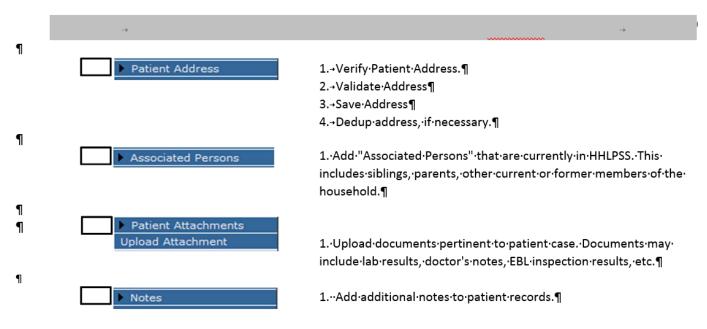
## Appendix A

## HHLPSS EBL CASE MANAGEMENT CHECKLIST

Environm	ental Case Management
Address Info	<ol> <li>Confirm and update address information.</li> <li>Validate and save address information.</li> </ol>
Investigation Summary	<ol> <li>Add EBL Inspector name.</li> <li>Add investigation details and save information.</li> <li>Click on "Add Event" to add event details.</li> <li>Enter "Event Type", "Date Referred", "Date Due", "Date Completed", "Result", "Responsible Party", and "Comment".</li> <li>Save Event Detail information.</li> </ol>
Property Owner Information	<ol> <li>Add information on property owner.</li> <li>Save property owner information.</li> </ol>
Clinica	al Case Management
Patient Info	<ol> <li>Confirm and update patient information.</li> <li>Add "Ethnicity" and "Race" information.</li> <li>Save information.</li> </ol>
Family Members	<ol> <li>Add primary parent or guardian information.</li> <li>Save information.</li> <li>Add as "Primary" guardian.</li> <li>Add phone number.</li> <li>Save information.</li> </ol>
Blood Lead Tests	<ol> <li>Confirm blood lead "Result" and "Sample Type" are correct.</li> <li>Verify confirmatory test has been completed. If so, make sure "Confirmatory Test" box is checked.</li> <li>Verify "Physician" and "Analyzing Laboratory" are present on most recent blood lead test.</li> <li>Save all changes made on Blood Lead Tests page.</li> </ol>
Case Details     Case Initiation	<ol> <li>Complete Case Initiation information.</li> <li>Save information.</li> </ol>
Case Details     Case Information	<ol> <li>Complete "Case Details" information.</li> <li>Assign a clinical "Case Manager".</li> <li>Add Case Events for patient contacts and follow-up activities completed.</li> </ol>

Save events.

## HHLPSS·EBL·CASE·MANAGEMENT·CHECKLIST¶





HHLPSS Billing Report Requirements

HHLPSS Billing Reports Requirements align with State fiscal year (July 1-June 30) contract periods. The frequency of reporting information varies from monthly to quarterly reporting. The report is produced automatically by IDPH on the 15<sup>th</sup> of the month at 7pm. Each month's report gives you the current month's data and each previous month's data recalculated.

Information entered into HHLPSS after the 15<sup>th</sup> will be reported in the following month's data report. IDPH will upload billing reports to lowaGrants.gov during the 3<sup>rd</sup> week of each month. Reports will be located in the Contract Documents component for each CLPPP.

MONTH	PREVIOUS MONTH	RUN DATE
JULY		AUGUST 15 <sup>™</sup>
AUGUST	JULY	SEPTEMBER 15 <sup>TH</sup>
SEPTEMBER	JULY, AUGUST	OCTOBER 15 <sup>TH</sup>
OCTOBER	JULY, AUGUST, SEPTEMBER	NOVEMBER 15 <sup>TH</sup>
NOVEMBER	JULY, AUGUST, SEPTEMBER, OCTOBER	DECEMBER 15TH
DECEMBER	JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER	JANUARY 15 <sup>TH</sup>
JANUARY	JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER	FEBRUARY 15 <sup>TH</sup>
FEBRUARY	JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, JANUARY	MARCH 15 <sup>TH</sup>
MARCH	JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, JANUARY, FEBRUARY	APRIL 15 <sup>™</sup>
APRIL	JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH	MAY 15 <sup>TH</sup>
MAY	JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, APRIL	JUNE 15 <sup>TH</sup>
JUNE	JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, APRIL, MAY	JULY 15 <sup>TH</sup>

The following report criteria parameters for each billing activity must be provided in HHLPSS in order for that event to be counted in the monthly billing report. If an activity or event is being paid for by another funding source like HUD, Medicaid, City/County funds, or any other funds then leave the COMPLETED DATE section blank. This will prevent the activity or event from being double billed.

It's important to remember that this is only a billing report and not a report of all program activities.

1.0	REPORT CRITERIA
1.0.1	Non-Medicaid Home Nursing Visits –
	EVENT TYPE CODE - Follow-up Home Visit – Nurse
	Initial Home Visit – Nurse
	COMPLETED DATE – Month of reporting period
1.0.2	Referrals for Nutrition Counseling –
	EVENT TYPE CODE - Nutrition
	COMPLETED DATE – Month of reporting period
1.0.3	Referrals for Developmental Testing –
	EVENT TYPE CODE - Referral for Developmental Assessment
	COMPLETED DATE – Month of reporting period
1.0.4	Non-Medicaid Initial Inspection Events –
	EVENT TYPE CODE - Inspection Other
	Other Action
	RESULT CODE - Complete
	COMPLETED DATE – Month of reporting period
1.0.5	EBL Investigation CONTC Events –
	EVENT TYPE CODE - Contact Attempt - Face to Face
	Contact Attempt - Telephone
	Contact Landlord – Face to Face
	Contact Landlord – Mail
	Contact Landlord - Phone
	Contact Management Company – Face to Face
	Contact Management Company – Mail
	Contact Management Company - Phone
	Contact Owner – Face to Face
	Contact Owner – Mail
	Contact Owner – Phone
	Contact Tenant – Face to Face
	Contact Tenant – Mail
	Contact Tenant - Phone
	COMPLETED DATE – Month of reporting period

1.0.6	Completed Lead Hazard Remediations – EVENT TYPE CODE - Investigation Closed
	RESULT CODE - Complete
	COMPLETED DATE – Month of reporting period
1.0.7	EBL Investigation INSAB, INSAI, INSAE Events –
	EVENT TYPE CODE - Inspection, Abatement-Interior
	Inspection, Abatement-Exterior
	Inspection, Attempt - Survey
	Inspection, Abatement - Both
	RESULT CODE - Complete
	COMPLETED DATE – Month of reporting period
1.0.8	EBL Investigation Properties Passing Clearance Testing –
	EVENT TYPE CODE - Clearance Inspection Passed
	RESULT CODE - Complete
	COMPLETED DATE – Month of reporting period
1.0.9	Child CONTC or ACTIO event –
	EVENT TYPE CODE - Contact Attempt - Face to Face
	Contact Attempt - Telephone
	Contact Landlord – Face to Face
	Contact Landlord – Mail
	Contact Landlord - Phone
	Contact Management Company – Face to Face
	Contact Management Company – Mail
	Contact Management Company - Phone
	Contact Owner – Face to Face
	Contact Owner – Mail
	Contact Owner – Phone
	Contact Tenant – Face to Face
	Contact Tenant – Mail
	Contact Tenant - Phone
1	COMPLETED DATE – Month of reporting period