



PROGRAM APPLICATION: LeadCare II Point of Care Testing Device

Name of Applicant Organization: _____

Name/Email of Chief Medical Officer: _____

Name/Title/Email of Contact Person for this Application: _____

Eligibility: The LeadCare II POC program is open to primary care providers in the Partnership network who meet the following criteria:

- Serve a pediatric patient population which includes members 0-3 years of age
- Do not currently have access to point of care testing or have purchased a LeadCare II device within the past 4 months and are requesting reimbursement for that purchase (please attach documentation of purchase).
- Have a current CLIA certificate of waiver for other POC testing and are able to add LeadCare II to their CLIA waived testing panel OR are willing to apply for a CLIA certificate of waiver

Note:

- Please list sites for which a LeadCare II device is being requested (see table below).
- If your site has just been established in the past year, please describe the size of the pediatric population 0-3 years that you expect to serve.
- Practice sites serving a minimum of 100 enrolled members 0-3 years of age with lead testing performance measures below the Medicaid National Benchmark (62.79% in 2023), will be prioritized.

Sites for which a LeadCare II Device is being requested:

Site Location/Name	Contact person and contact information (phone/email)	Number of PHC assigned Children aged 0-3	Current method of collecting lead samples, if any (ex. to sending member to lab for testing, collecting capillary specimen on site and sending to commercial or public health lab)

Please respond to the following questions:

1. Do you have LeadCare II testing equipment currently on site? If so, please explain why additional equipment is needed. Please note, Partnership will not provide funds to replace older but functioning equipment.

2. Identify key individuals who will oversee the program (clinical and operational leads), titles and contact information. Please briefly describe their background.

3. Describe the planned office practice flow for testing (from identifying patients who need testing to collecting and running the specimens).

4. Do you have access to Public Health Lab Testing in your county (are you able to submit capillary specimens to your PH Lab to be run)? If yes, please explain why you are requesting a change to this practice.

5. Do you have electronic capabilities to report lead testing results to CDPH?

6. If more than one of your sites will be sharing use of the LeadCare II (one site will be sending specimens to another to be run), please list site(s) that would be using the equipment and a detailed plan to share use between sites.

7. If your organization has previously used a LeadCare II machine for lead testing, describe any challenges you may have had, and how you responded to these challenges.

Next Steps:

1. Please read Introduction letter and complete application
2. Submit application to leadPOC@partnershiphp.org with your organization’s name and “Lead POC Application” in the subject line.
3. Expect notification within three weeks after submission.

I attest that the above is a true and complete representation of our current services and needs. By signing below, we formally request Partnership support in obtaining Lead Care point of care devices. Our PCP site is committed to following through on the compliance, certification and reporting requirements as specified by the Department of Public Health.

Name of Parent Organization: _____

CEO Name and email contact : _____

CEO Signature: _____ **Date:** _____