

MEMORANDUM

Date: March 22, 2011

To: Prospective Ohio Healthy Homes and Lead Poisoning Prevention Regional Support Program Applicants

From: Karen Hughes, MPH, Chief 
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2012 (July 1, 2011 – June 30, 2012)
ODH – Ohio Healthy Homes and Lead Poisoning Prevention Regional Support Programs

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services, Ohio Healthy Homes and Lead Poisoning Prevention Program announces the availability of grant funds to establish and run Regional Support Programs (RSP) in Ohio. Funds will be available to support activities encompassing case management, home visiting, professional and public education, and surveillance in the funded project region.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page click on “Funding Opportunities”;
3. From the next page click on “ODH Grants;”
4. Next click on “Grant Request for Proposals”, this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the ODH Ohio Healthy Homes and Lead Poisoning Prevention Regional Support Program RFP and click “Submit”. This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

Please note that all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) (attached) no later than Friday, April 15, 2011, to be eligible to apply for these funds.

Please also note that there will be a Bidder’s Conference Call on Friday, April 8, 2011 from 10:30 AM to 11:30 AM to answer questions related to the RFP. To participate in the call, please dial 1-800-510-7500 and enter participant code 2265814#.

All applications and attachments are due Monday, May 9, 2011. Electronic applications received after Monday, May 9, 2011 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training, complete and return the GMIS 2.0 training form.

If you have questions regarding this application please contact Christopher Alexander, Supervisor, Ohio Healthy Homes and Lead Poisoning Prevention Program, by phone at (614) 728-0880, by e-mail at Chris.Alexander@odh.ohio.gov or by fax at (614) 728-6793.

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Child and Family Health Services
Healthy Homes and Lead Poisoning Prevention Program

Competitive Grant Applications for State Fiscal Year 2012

Introduction/Background

The Healthy Homes Initiative seeks to:

- Broaden the scope of single-issue public health programs, such as childhood lead poisoning prevention and asthma programs, to address multiple housing deficiencies that affect health and safety.
- Build capacity and competency among environmental public health practitioners, public health nurses, housing specialists, managers, and others who work in the community, to develop and manage comprehensive and effective healthy homes programs.
- Promote, develop, and implement cross-disciplinary activities at the state, state, regional, and community levels to address the problem of unhealthy and unsafe housing through surveillance, and comprehensive prevention programs.
- Facilitate the collection of local data and monitor progress toward reducing or eliminating housing deficiencies and hazards.
- Expand collaborations within the Ohio Department of Health.
- Assist in the development of guidelines to assess, reduce, and eliminate health and safety risks.
- Identify and implement low-cost, reliable, and practical methods to reduce health and safety risks in substandard housing.

The purpose of this grant is to establish a healthy homes regional network to support the work of the State's Ohio Healthy Homes and Lead Poisoning Prevention Program by providing direct services, consultation and technical assistance to communities to address lead poisoning prevention and the principles of maintaining a healthy home. The Regional Support Program (RSP) will provide organizations, professionals, and the public with culturally sensitive education, community-based outreach, referrals, and health promotion activities. They will serve as the primary contact and resource center for all matters related to the delivery of lead poisoning education, case management support, and infrastructure development of the healthy homes initiative.

Eligibility

All applicants must be a local public health agency. An agency may apply to serve the region in which they are geographically located. North West Region: Ottawa, Sandusky, Erie, Huron, Crawford, Richland, Lorain, Ashland, Williams, Defiance, Paulding, Van

Wert, Fulton, Henry, Putnam, Allen, Lucas, Wood, Hancock, Hardin, Seneca, and Wyandot. North East Region: Cuyahoga, Summit, Stark, Lake, Geauga, Portage, Ashtabula, Trumbull, Mahoning, Columbiana, Medina, Wayne, Holmes, Coshocton, Tuscarawas, Carroll, Harrison, Jefferson, and Belmont. South East Region: Hocking, Vinton, Jackson, Lawrence, Perry, Muskingum, Morgan, Athens, Meigs, Gallia, Washington, Ross, Pike, Scioto, Guernsey, Noble, and Monroe. South West Region: Butler, Hamilton, Warren, Clermont, Clinton, Brown, Adams, Fayette, Highland, Preble, Montgomery, Greene, Clark, Miami, Darke, Champaign, Shelby, Logan, Auglaize, and Mercer.

Applicant agencies must attend or document, in writing, prior attendance at GMIS 2.0 training and have the capacity to set up an electronic funds transfer (EFT).

NOTICE OF AVAILABILITY OF FUNDS

Program Period and Award Amounts

This is a competitive grant cycle. The number of Grants and Funds Available: Approximately \$400,000 is available and may be awarded to up to 5 projects. Grants may be awarded in amounts ranging from \$60,000 - \$100,000.

In addition, the City of Cleveland may apply for a maximum of \$100,000 in annual funding to administer a childhood lead poisoning prevention program. This health jurisdiction was selected due to its large population and high lead poisoning rate.

Program Period and Budget Period: The program period will begin July 1, 2011 and end on June 30, 2014. The budget period for this application is July 1, 2011, through June 30, 2012.

To Obtain a Grant Application Packet

1. Go to the ODH website at www.odh.ohio.gov. From the home page, under Resources-At a Glance, click on “Funding Opportunities”. From the next page click on “ODH Grants”; next click on “Grant Request for Proposals, this will give you a pull down menu with current RFPs by name; and select and highlight Ohio Healthy Homes and Lead Poisoning Prevention Program, Regional Support Program RFP and click “Submit”. This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired. In the application packet you will find:
 - a. **Request for Proposals (RFP)** – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
 - b. **Notice of Intent to Apply for Funding** - The purpose of this document is to ascertain your intent to apply for available grant funds.
2. When you have accessed the application packet:
 - a. Review the RFP to determine your organization’s ability to meet the requirements of the grant and your intent to apply.
 - b. If, after reviewing the RFP, you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or mail it to ODH, per the listed instructions and by the indicated due date. *The Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:

- a. Create a grant application account number for your organizationⁱ. This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet, using the GMIS 2.0. ODH will assess your organizations’ GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the grant application account for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

If you have questions, please contact Christopher Alexander, Program Supervisor, at (614) 728-0880, by e-mail at Chris.Alexander@odh.ohio.gov, or by fax at (614) 728-6793.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department Of Health

Division of Family and Community Health Services
Bureau of Child and Family Health Services

ODH Program Title: ODH Healthy Homes and Lead Poisoning Prevention Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.
(Please Print Clearly or Type)
County of Applicant Agency:

Federal Tax Identification Number:

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

- Type of Applicant Agency (Check One)
[] County Agency [] Hospital [] Local Schools
[] City Agency [] Higher Education [] Not- For Profit
[] FQHC [] FBO [] CBO

Applicant Agency/Organization

Applicant Agency Address

Agency Contact Person/Title

Telephone Number

E-Mail Address

PLEASE CHECK ONE:
Yes - Our agency will need GMIS training
No - Our agency has already had GMIS training

MAIL, E-MAIL or FAX To:
Christopher Alexander, Supervisor
Ohio Department of Health
Healthy Homes and Lead Poisoning Prevention Program
246 North High Street
P.O. Box 118
Columbus, Ohio 43216-0118
FAX: 614.728-6793
Chris.Alexander@odh.ohio.gov

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY Friday April 15, 2011



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

**DIVISION OF
FAMILY AND COMMUNITY HEALTH SERVICES**

**BUREAU OF
CHILD AND FAMILY HEALTH SERVICES**

**OHIO HEALTHY HOMES AND LEAD POISONING PREVENTION REGIONAL
SUPPORT PROGRAM**

**REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2012
(07/01/11 – 06/30/12)**

Local Public Applicant Agencies

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I. APPLICATION SUMMARY and GUIDANCE

| | | |
|-----|--|----|
| A. | Policy and Procedure | 1 |
| B. | Application Name | 1 |
| C. | Purpose..... | 1 |
| D. | Qualified Applicants | 2 |
| E. | Service Area..... | 2 |
| F. | Number of Grants and Funds Available | 2 |
| G. | Due Date | 3 |
| H. | Authorization | 3 |
| I. | Goals | 3 |
| J. | Program Period and Budget Period..... | 3 |
| K. | Local Health Districts Improvement Standards..... | 3 |
| L. | Public Health Impact Statement..... | 4 |
| M. | Statement of Intent to Pursue Health Equity Strategies..... | 4 |
| N. | Appropriation Contingency | 5 |
| O. | Programmatic, Technical Assistance and Authorization for Internet Submission | 5 |
| P. | Acknowledgment | 6 |
| Q. | Late Applications | 6 |
| R. | Successful Applicants | 6 |
| S. | Unsuccessful Applicants..... | 6 |
| T. | Review Criteria | 6 |
| U. | Freedom of Information Act..... | 7 |
| V. | Ownership Copyright..... | 7 |
| W. | Reporting Requirements | 7 |
| X. | Special Condition(s)..... | 9 |
| Y. | Unallowable Costs | 9 |
| Z. | Audit | 10 |
| AA. | Submission of Application..... | 11 |

II. APPLICATION REQUIREMENTS AND FORMAT

| | | |
|----|---|----|
| A. | Application Information..... | 13 |
| B. | Budget..... | 13 |
| C. | Assurances Certification | 14 |
| D. | Project Narrative | 15 |
| E. | Civil Rights Review Questionnaire – EEO Survey | 18 |
| F. | Attachments | 18 |
| G. | Electronic Funds Transfer (EFT) Form | 19 |
| H. | Internal Revenue Service (IRS) W-9 Form and Vendor Forms | 19 |
| I. | Public Health Impact Statement Summary | 19 |
| J. | Public Health Impact/Response & Intent to pursue Health Equity Statement..... | 19 |
| K. | Liability Coverage | 19 |
| L. | Non-Profit Organization Status..... | 20 |
| M. | Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire | 20 |
| N. | Federal Funding Accountability and Transparency Act (FFATA) Requirement | 20 |
| O. | Attachments as Required by Program..... | 20 |

- B.** Map of Ohio Healthy Homes and Lead Poisoning Prevention Regional Support Program Regions
- C.** Application Review Criteria and Scoring Document
- D.** Data Quality Assurance Protocols
- E.** Public Health Lead Investigation Manual
- F.** Ohio Healthy Homes and Lead Poisoning Prevention Program Case Management Protocol
- G.** Environmental Visual Assessment (EVA)

I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet Website: ODH Application Gateway – GMIS 2.0 which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Ohio Healthy Homes and Lead Poisoning Prevention Regional Support Program
- C. Purpose:** Establish a healthy homes regional network to support the work of the State’s Ohio Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP) by providing direct services, consultation and technical assistance to communities to address lead poisoning prevention and the principles of maintaining a healthy home. The Regional Support Program (RSP) will provide organizations, professionals, and the public with culturally sensitive education, community-based outreach, referrals, and health promotion activities. They will serve as the primary contact and resource center for all matters related to the delivery of lead poisoning education, case management support, and infrastructure development of the healthy homes initiative. The Healthy Homes Initiative seeks to:
- Broaden the scope of single-issue public health programs, such as childhood lead poisoning prevention and asthma programs, to address multiple housing deficiencies that affect health and safety.
 - Build capacity and competency among environmental public health practitioners, public health nurses, housing specialists, managers, and others who work in the community, to develop and manage comprehensive and effective healthy homes programs.
 - Promote, develop, and implement cross-disciplinary activities at the state, state, regional, and community levels to address the problem of unhealthy and unsafe housing through surveillance, and comprehensive prevention programs.
 - Facilitate the collection of local data and monitor progress toward reducing or eliminating housing deficiencies and hazards.
 - Expand collaborations with the Ohio Department of Health

- Assist in the development of guidelines to assess, reduce, and eliminate health and safety risks.
- Identify and implement low-cost, reliable, and practical methods to reduce health and safety risks in substandard housing.

D. Qualified Applicants: Eligible applicants must be a local public health agency. To be considered eligible for review, applicant agencies must submit the Program Assurances (Attachment #1). For competitive Request for Proposals (RFPs) only, applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training (See Appendix A - GMIS 2.0 Training Form) and must have the capacity to accept an electronic funds transfer (EFT).

E. Service Area: An agency may apply to serve the region in which they are geographically located (See Appendix C – Map of Regional Support Program Regions. No applications for the “Central Region”). All applicants must be a local public health agency. An agency may apply to serve the region in which they are geographically located. North West Region: Ottawa, Sandusky, Erie, Huron, Crawford, Richland, Lorain, Ashland, Williams, Defiance, Paulding, Van Wert, Fulton, Henry, Putnam, Allen, Lucas, Wood, Hancock, Hardin, Seneca, and Wyandot. North East Region: Cuyahoga, Summit, Stark, Lake, Geauga, Portage, Ashtabula, Trumbull, Mahoning, Columbiana, Medina, Wayne, Holmes, Coshocton, Tuscarawas, Carroll, Harrison, Jefferson, and Belmont. South East Region: Hocking, Vinton, Jackson, Lawrence, Perry, Muskingum, Morgan, Athens, Meigs, Gallia, Washington, Ross, Pike, Scioto, Guernsey, Noble, and Monroe. South West Region: Butler, Hamilton, Warren, Clermont, Clinton, Brown, Adams, Fayette, Highland, Preble, Montgomery, Greene, Clark, Miami, Darke, Champaign, Shelby, Logan, Auglaize, and Mercer.

F. This is a competitive grant cycle. The number of Grants and Funds Available: *Indicate the source of funds supporting the subgrant program (i.e., state, federal or both).* Depending on federal funding, approximately \$400,000 is available and may be awarded to up to 5 projects. Grants may be awarded in amounts ranging from \$60,000 - \$100,000.

In addition, the City of Cleveland may apply for a maximum of \$100,000 in annual funding to administer a childhood lead poisoning prevention program. This health jurisdiction was selected for lead poisoning specific funding due to its large population and high lead poisoning rate. The City of Cleveland will apply for activities only in its jurisdiction, will work closely with the RSP in their region, act as a delegated authority of the Ohio Department of Health for public health lead investigations, and will be exempt from:

- Objective 1, Activities a, d
- Objective 3, Activities a, c, d, e
- Objective 4, Activities a, c, d
- Objective 5, Activity f

No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

- G. Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 p.m. **Monday, May 9, 2011**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact: Christopher Alexander, Supervisor, Ohio Healthy Homes and Lead Poisoning Prevention Program by phone at (614) 728-0880 or by e-mail at christopher.alexander@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Public Health Service Act, Section 301 (A), 317 (A) & (B), and the Catalog of Federal Domestic Assistance (CFDA) Number 93.197.
- I. Goals:** Sustain a coordinated, comprehensive and holistic approach to preventing diseases and injuries that result from housing-related hazards and deficiencies.
- J. Program Period and Budget Period:** The program period will begin July 1, 2011 and end on June 30, 2014. The budget period for this application is July 1, 2011 through June 30, 2012.
- K. Local Health Districts Improvement Standards:** This grant program will address the Local Health Districts Improvement Goals and Standards:

3701-36-04: “Protect People from Disease and Injury”
Standards: 3701-36-04-01 and 3701-36-04-05

3701-36-05: “Monitor Health Status”
Standards: 3701-36-05-02

3701-36-06: “Assure a Safe and Healthy Environment”
Standards: 3701-36-06-01; 3701-36-06-02; 3701-36-06-03; and 3701-36-06-04

3701-36-07 “Promote Healthy Lifestyles”
Standards: 3701-36-07-01; 370136-07-02; and 3701-036-07-03

3701-36-08: “Address the Need for Personal Health Services”
Standards: 3701-36-08-03 and 3701-36-08-04

3701-36-09: “Administer the Health District”
Standards: 3701-36-09-01; 3701-36-09-02; and 3701-36-09-04

The Local Health District Improvement Standards are available on the ODH Website <http://www.odh.ohio.gov/localHealthDistricts/lhdimprovementstandards.aspx>; click on “Local Health District Improvement Goals/Standards/Measures.”

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a) The Local Health District Improvement Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups);
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards.

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available (**Required for competitive cycle only; not required for continuation cycle, if unchanged**).

M. Statement of Intent to Pursue Health Equity Strategies

The ODH is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1 ½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and

environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. The following section will provide a basic framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to other portions of this application. **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**

- *Basic Health Equity Concepts:*

Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as social determinants. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as health inequities. As long as health inequities persist, marginalized groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as health equity. Public health interventions that incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.** If there is a reduction in federal funding, applicants will be ranked according to service area.

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon submission of NOI AF.

Please contact: Christopher Alexander, Supervisor, Ohio Healthy Homes and Lead Poisoning Prevention Program by phone at (614) 728-0880 or by e-mail at christopher.alexander@odh.ohio.gov.

For competitive RFPs ONLY: Applicant must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission.

Please note: There will be a Bidder’s Conference Call on Friday, April 8, 2011 from 10:30 AM to 11:30 AM to answer questions related to the RFP. To participate in the call, please dial 1-800-510-7500 and enter participant code 2265814#. You may choose either date to participate on the conference call.

- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **May 9, 2011.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
 - 1. Contributes to the advancement and/or improvement of the health of Ohioans;
 - 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 - 3. Is well executed and is capable of attaining program objectives;
 - 4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 - 5. Estimates reasonable cost to the ODH, considering the anticipated results;

6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides evaluation elements, including a design for determining program success;
8. Provides a sustainability plan for the program to continue after grant funding ends.
9. Is responsive to the special concerns and program priorities specified in the request for proposal;
- 10. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;**
- 11. Has demonstrated compliance to Grants Administration Policy and Procedures (GAPP), Chapter 100; and**
- 12. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.**

Applicants will also be evaluated by an external objective review panel appointed by ODH according to Appendix C - Application Review Criteria and Scoring Document.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given request for proposals. **There will be no appeal of the Department's decision.**

- U. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

- V. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the ODH. All material(s) must clearly state:

Funded by Ohio Department of Health/Federal Government
 Bureau of Child and Family Health Services
 Ohio Healthy Homes and Lead Poisoning Prevention Program

- W. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the ODH, GAPP manual. Reports must be received before the department will release any additional funds.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of agency flexibility status and/or further payments.

Reports shall be submitted as follows:

- 1. Program Reports:** Subgrantee Program Reports reflecting progress on the work plan **must** be completed and submitted **via the Subgrantee Performance Evaluation System (SPES)** by the following dates: Mid-year program report due January 15, 2012 and annual program report due July 15, 2012. The report should also highlight on-going program evaluation and detail how evaluation has been used to continue, modify, or discontinue specific program activities.

Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. *[Additional language is optional...Program Reports that do not include required attachments (non-Internet submitted) will not be approved.* All program report attachments must clearly identify the authorized program name and grant number.]

Submission of Subgrantee Program Reports via the ODH's SPES indicates acceptance of the ODH GAPP.

- 2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: October 15, 2011; January 15, 2012; April 15, 2012; and July 15, 2012.

Submission of Subgrantee Program Expenditure Reports via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

- 3. Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by 4:00 P.M. on or before August 15, 2012. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

Submission of the Subgrantee Final Expenditure Report via the GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

- 4. Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be

submitted via GMIS 2.0 as part of the Subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30 day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

Submission of response to grant special conditions via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Checking the "selection" box and clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

- Y. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website: <http://obm.ohio.gov/MiscPages/TravelRule>, then click on OBM Travel Rule);
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;

19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
22. Payment for any costs associated with the collection or analysis of blood to determine blood lead content (does not include activities that encourage children to participate in a blood sample collection activity such as a WIC clinic, health fair or other related activities);
23. Payment for any costs associated with the collection or analysis of environmental samples resulting from a public health lead investigation;
24. Payment for any costs associated with the care or maintenance of an XRF device;
25. Payment for reimbursable Medicaid services for Medicaid-eligible children, (e.g., Medicaid reimbursable lead investigations);
26. Medical care and treatment, or for environmental remediation of lead; and
27. Payment for total fringe benefits exceeding thirty five percent.

Use of grant funds for prohibited purposes will result in the loss and/or recovery of those funds.

- Z. Audit:** Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 (and expend \$500,000 or more in federal awards per fiscal year) are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The financial audit is not an allowable cost to the program.

Once an audit is completed, **a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days.** Reference: *GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.*

Subgrantee audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on sub-grants passed-through the ODH;
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

| |
|--|
| <p>Complete & Submit Via Internet</p> |
|--|

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) Requirements (Attachment B - **located on the GMIS Bulletin Board**). To be submitted only for programs supported by federal funds. Please see Section I. F. above.
8. Attachments as required by Program:
 - Attachment 2 - Key Staff Curriculum Vitae
 - Attachment 3 - Letters of Support
 - Attachment 4 - Completed Work Plan Matrix

An original and one copy of the following forms, available on GMIS 2.0, must be completed, printed, signed in blue ink with original signature by the Agency Head or Agency Financial Head and mailed to the address listed below:

| |
|--|
| <p>Complete, Sign & Mail To ODH</p> |
|--|

1. Electronic Funds Transfer (EFT) Form (**Required if new agency, thereafter only if banking information has changed.**)
2. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**

- a. Vendor Information Form (**New Agency Only**)
- b. Vendor Information Change Form (**Existing Agency with tax identification number, name and/or address change(s).**)
- c. Change request in writing on Agency letterhead (**Existing Agency with tax identification number, name and/or address change(s).**)

Two copies of the following documents must be mailed to the address listed below:

**Copy &
Mail To
ODH**

- 1. Public Health Impact Statement
- 2. Statement of Support from the Local Health Districts
- 3. **Statement of Intent to Pursue Health Equity Strategies (for competitive cycle only: not required for continuation cycle, if unchanged)**
- 4. **Liability Coverage (Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period)**
- 5. **Evidence of Non-Profit Status (Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed).**

One copy of the following documents must be mailed to the address listed below:

**Complete
Copy &
Mail To
ODH**

- 1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
- 2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
- 3. An original and one copy of **Attachment** (non-Internet compatible) as required by program:
Attachment 1 - Healthy Homes and Lead Poisoning Prevention Program Assurances

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after submission of the NOIAF.

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Submission of the Application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 9-10 of the RFP for unallowable costs.

Match or Applicant Share is not required by this program however in-kind contribution of the applicant will be considered favorably. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2011 to June 30, 2012. Funds may be used to support personnel, their training, travel (see OBM Web site) <http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the Initiative/program activity described in this announcement.

When appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed "Confirmation of Contractual Agreement" (CCA) form must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

Submission of the "Confirmation of Contractual Agreement" (CCA) via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the 1st quarter

grant payment has been issued.

Where appropriate, itemize all equipment (**minimum \$300 unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.
 - 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

Applicants must also sign and submit Attachment 1 to provide the following assurances:

- Commitment that key staff vacancies will be filled by the end of the first quarter, first budget period and within one quarter when they become vacant during the project period.
- Commitment that at least one person involved with this grant will obtain the Healthy Homes Specialist Credential by June 30, 2012.
- Commitment to promoting awareness activities throughout the assigned region during the designated Ohio Healthy Homes Awareness Month.
- Authorization for travel for HHLPPP-funded personnel to attend OHHLPPP/CDC sponsored Lead and Healthy Homes training held in Chicago IL will be granted.
- Authorization for travel for HHLPPP-funded personnel to attend OHHLPPP/CDC sponsored sub-grantee meetings, conferences and trainings will be granted.
- Commitment that the project will participate in quarterly meetings of the statewide Ohio Lead Advisory Council, created by section 3742.32 (A) Ohio Revised Code.

- Commitment to identify and monitor the total population of children 72 months of age and under by zip code that should receive a lead test and identify the proportion of that group who received a lead test. Improve testing rates by targeting educational activities to professionals/medical providers in the high risk zip codes and rural areas with the lowest testing rates in the region.
- Commitment to obtaining/maintaining a toll free telephone number for publication as the primary contact telephone number for use within the region.
- Commitment to follow the program's Data Quality Assurance Protocols (Appendix D)

D. Project Narrative:

- 1. Executive Summary:** Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Detail your program's experience with lead poisoning prevention and healthy homes. Provide curriculum vitae for key staff and provide position descriptions for each individual working under this grant as Attachment 2. Include position descriptions and the amount of time assigned to this project for each staff member working under this grant.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Provide letters of support from partner agencies and submit them as part of your application as Attachment 3. Applicants should include details on how they will seek reimbursement from third-party payers, including ODH, for case management, environmental inspection, and hazard control/intervention services.

- 3. Problem/Need:** Identify and describe the local health status concern that will be addressed by the program. Do not restate national and state data. The specific **health status concerns that the program intends to address may be stated in terms** of health status (e.g., morbidity and/or mortality) or health system (e.g.,

accessibility, availability, affordability, appropriateness of health services) indicators. Describe the region's housing age and housing condition. Identify housing and housing related diseases or hazards that are prevalent in the region. If target or high-risk areas within your region can be found then identify them and indicate how you may be able to focus particular activities on these areas. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden of the local health status concern (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies.)

Include a description of other agencies/organizations also addressing this problem/need. Identify healthy homes stakeholders within your jurisdiction and your plans to include them in your activities.

- 4. Methodology:** In narrative form, identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives, strategies** and activities. Indicate how they will be evaluated and how the results will be used to enhance program success. **Describe how program activities will address health disparities.** Complete a program activities timeline to identify program objectives, strategies and activities and the start and completion dates for each. The program should clearly demonstrate its plan to cover the entire region/project area. Also, address how the program plans to sustain activities after the grant period ends. Activities should clearly identify program resources and reliable, low-cost, practical healthy homes activities that the program can offer.

Complete a Program Work Plan (Attachment 4) addressing all provided program goals, objectives, strategies, activities and evaluations. The applicant should address all strategies by providing one or more program specific activities per each strategy. Activities may require the inclusion of additional evaluation components/measures. Evaluation measures should be outcome or impact based whenever possible and be directly linked to continuing program improvement. At a minimum, the work plan will need to address the following:

Goal 1:

Sustain a coordinated, comprehensive and holistic approach to preventing diseases and injuries that result from housing-related hazards and deficiencies.

Objective #1

By 6/30/2012, the Regional Support Program will have established partnerships with 50 percent of the public health and housing programs within the project area. (Baseline: In 2011 __ public health jurisdictions and housing programs are located in the region)

Strategies:

- a. Survey local health and housing agencies in the region to determine interest and capacity in regards to healthy homes issues and compile results in a resource guide for the region (include Child and Family Health Services, Help Me Grow, Environmental Staff, Public Health Nurses, Bureau of Children with Medical

- Handicaps, etc).
- b. Demonstrate working relationships with all local health jurisdictions within the region.
 - c. Participate in at least 5 community meetings (Child and Family First, housing, health, Community Action Agencies) in the region to develop networks, identify resources and train stakeholders on the principles of healthy homes.
 - d. Establish a healthy homes collaborative workgroup for the region with at least one healthy homes stakeholder from 75% of counties participating in quarterly meetings.
 - e. Develop and work to enact a regulatory structure that establishes a lead safe standard for local rental housing and home based childcare programs.
 - f. Participate in the four quarterly meetings of the Ohio Lead Advisory Council and the quarterly meetings of at least one sub-committee.

Objective #2

By 6/30/2012, maintain and support the surveillance system designated by the OHHLPPP by ensuring 100 percent of case management, referral, and intervention activities are documented in the surveillance system.

Strategies:

- a. Ensure two staff (primary and backup) are trained through the ODH surveillance system training offered by OHHLPPP.
- b. Enter, maintain, and enhance child, address, laboratory, environmental investigation, case management, environmental housing assessment, partner referral, intervention, and follow-up care data in the OHHLPPP surveillance system in accordance with the Ohio Department of Health's *Data Quality Assurance Protocols* (Appendix D) and *Public Health Lead Investigation Manual* (Appendix E).
- c. Provide case referrals to local case managers for all new lead poisoning cases.
- d. Provide quarterly documentation of data release (in compliance with the data release policy of the local program) to ODH. Documentation will include requests for medical and environmental data.

Objective #3

By 6/30/2012, increase the awareness of healthy homes issues and the capacity to address these issues among professional stakeholders in each county. 75 percent of the (# of agencies) health and housing agencies identified had at least one individual attend an educational or training activity.

Strategies:

- a. Educate health care professionals on the importance of lead testing by holding at least 8 office PLANET trainings. Conduct follow up visits or contact each office to evaluate change in practice regarding lead testing.
- b. Market the web-based PLANET to health care professionals in the region.
- c. Present at least ten "Healthy Homes Introduction for Professionals" trainings within the region.
- d. Host at least one National Center for Healthy Housing "Essentials for Healthy Homes Practitioners" training within region with at least 25 attendees.
- e. Increase awareness of health and housing professionals by hosting a one-day conference on healthy homes with at least 50 participants.

Objective #4

By 6/30/2012, ensure that 25% of residents in the region are aware of healthy homes issues in an effort to increase demand for healthy and safe homes.

Strategies:

- a. Determine knowledge, attitudes and beliefs of residents in the region in regard to healthy homes (example: focus groups, written survey, telephone interview) to tailor public awareness activities.
- b. Facilitate activities during Healthy Homes Awareness Month, which reach every county in the region (billboards, public service announcements, health fairs, etc).
- c. Participate in at least five public educational events within the region to promote healthy homes (health fairs, conferences, county fairs).
- d. Distribute educational materials within each county in the region.

Objective #5

By 6/30/2012, ensure that case management activities (Appendix F), Environmental Visual Assessments (EVA) (Appendix G), partner referral/interventions are being completed for at least 80 percent of children with elevated blood lead levels and other children referred to the Regional Support Program.

Strategies:

- a. Ensure that every health jurisdiction within the region has a home visiting/case management program. If any health jurisdiction is unable to provide home visiting or case management then it is the responsibility of the grantee to provide the service. (due: 12/31/11)
 - b. Advocate that case management services are provided to all children under the age of 6 with a confirmed blood lead level of 5-9 $\mu\text{g}/\text{dL}$.
 - c. Ensure that case management services are provided to all children under the age of 6 with a confirmed elevated blood lead level ($\geq 10 \mu\text{g}/\text{dL}$).
 - d. Ensure that all lead case managers coordinate with the designated Public Health Lead Investigator on home visits
 - e. Ensure that children with confirmed EBLs of $\geq 10 \mu\text{g}/\text{dL}$ receive a risk assessment(s).
 - f. Ensure that 75 percent of health jurisdictions have one Public Health Lead Investigator, Registered Sanitarian, or housing professional trained on conducting in-depth housing assessments. (due: 12/31/11)
 - g. Ensure all homes that require further environmental assessment, receive an in-depth housing assessment from a healthy homes trained Public Health Lead Investigator, Registered Sanitarian, or housing professional.
 - h. Refer at least 50 percent of the homes that have had EVA identified hazards to the appropriate agencies for interventions that are based on best practices (examples: multi-faceted tailored asthma interventions, Integrated Pest Management (IPM), moisture intrusion elimination, radon air mitigation).
- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that

are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address by 4:00 P.M. on or before **May 9, 2011**. All attachments must clearly identify the authorized program name and program number.

- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**
- 1. Vendor Information Form (New Agency Only), or**
 - 2. Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)**
 - 3. Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s).)**

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy of each.

- I. Public Health Impact Statement Summary:** Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed)**.
- J. Public Health Impact & Intent to Pursue Health Equity Statements:** Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed)**.
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability **(Non-Profit**

Organizations only; current liability coverage and thereafter at each renewal period.

L. Non-Profit Organization Status: Non-profit organizations **must** submit documentation validating current status. Submit two copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed.**)

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:

<http://www.publicsafety.ohio.gov/links/HLS0038.pdf>

- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. (**Required by all Non-Governmental Applicant Agencies.**)

N. Federal Funding Accountability and Transparency Act (FFATA) Requirements: The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. ODH is required to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds required to complete the FFATA Reporting Form. A sample of the FFATA Reporting Form is attached to this RFP.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget’s website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

O. Attachments as Required by Program:
**ATTACHMENT B - Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Reporting
Form**

1. Healthy Homes and Lead Poisoning Prevention Program Assurances

- (signed original plus one copy via mail)
2. Key Staff Curriculum Vitae (via GMIS 2.0)
 3. Letters of Support (via GMIS 2.0)
 4. Completed Work Plan Matrix (via GMIS 2.0)

III. APPENDICES

- A.** GMIS 2.0 Training Form
- B.** Map of Ohio Healthy Homes and Lead Poisoning Prevention Regional Support Program Regions
- C.** Application Review Criteria and Scoring Document
- D.** Data Quality Assurance Protocols
- E.** Public Health Lead Investigation Manual
- F.** Ohio Healthy Homes and Lead Poisoning Prevention Program Case Management Protocol
- G.** Environmental Visual Assessment (EVA)

Attachment B
Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Reporting Form

Submission Date
 ____/____/____

Sub-Awardee Data

| | | |
|----|--|------------------|
| 1 | DUNS # | |
| 2 | DUNS # plus 4 | |
| 3 | Name | |
| 4 | DBA Name | |
| 5 | Address - Street # 1 | |
| 6 | Address - Street # 2 | |
| 7 | Address - Street # 3 | |
| 8 | City | |
| 9 | State | |
| 10 | County (select from list of Ohio counties) | |
| 11 | Zip plus 4 | |
| 12 | Congressional District | |
| 13 | Sub-awardee - Parent DUNS # | |
| 14 | Amount of Sub-award/Contract | Completed by ODH |
| 15 | Sub-award Obligation/Action Date (i.e., date the NOA and/or Contract is signed/approved) | Completed by ODH |
| 16 | CFDA and Program Title | Completed by ODH |
| 17 | Federal Agency Name | Completed by ODH |
| 18 | Principal Place of Performance (PPP)- City (or County if as a whole) | |
| 19 | PPP - State | |
| 20 | PPP - County | |
| 21 | PPP - Zip + 4 | |
| 22 | PPP - Congressional District | |

| | | |
|----|--|------------------|
| 23 | Sub-award/Contract # (i.e., the project ID for sub-grants) | |
| 24 | Q1. In organization's previous FY did it receive 80% or more from federal contracts and \$25,000,000 or more from federal contracts? If yes, please see Q2. | |
| 25 | Q2. Does the public have access to compensation of senior executives via the section 6104 of the IRS Code of 1986? If "yes", then the project is not required to report the compensation information. If "no" please enter the compensation information. | |
| 26 | 1 of 5 highest compensated officials - Name | |
| 27 | 1 of 5 highest compensated officials - Amount | |
| 28 | 2 of 5 highest compensated officials - Name | |
| 29 | 2 of 5 highest compensated officials - Amount | |
| 30 | 3 of 5 highest compensated officials - Name | |
| 31 | 3 of 5 highest compensated officials - Amount | |
| 32 | 4 of 5 highest compensated officials - Name | |
| 33 | 4 of 5 highest compensated officials - Amount | |
| 34 | 5 of 5 highest compensated officials - Name | |
| 35 | 5 of 5 highest compensated officials - Amount | |
| 36 | Project Description | Completed by ODH |
| 37 | Agency Director/President | |
| 38 | Agency Program/Project Director | |
| 39 | Agency Phone Number | |
| 40 | Program Source/Treasury Account Symbol | Completed by ODH |
| 41 | CCR # (of Parent Agency if applicable) | |

Complete section below if Agency is not in the State of Ohio

| | | |
|----|---|--|
| 42 | If 'Other' County Selected, name of county outside of Ohio | |
| 43 | If 'Out of State' Congressional District Selected, provide State and Congressional District | |
| 44 | If 'Out of State' PPP - County | |
| 45 | If 'Out of State' PPP - Congressional District | |

Attachment 1

HEALTHY HOMES and LEAD POISONING PREVENTION REGIONAL SUPPORT PROGRAM ASSURANCES

For State Fiscal Year 2012 (July 1, 2011 - June 30, 2012)

By signing below, applicants are agreeing to the following statements of assurance for the duration of the program period. Applications will not be considered eligible for review unless this Assurance page is signed and submitted as Attachment #1.

- (1) Commitment that key staff vacancies will be filled by the end of the first quarter, first budget period and within one quarter when they become vacant during the project period.
- (2) Commitment that at least one person involved with this grant will obtain the Healthy Homes Specialist Credential by June 30, 2012.
- (3) Commitment to promoting awareness activities throughout the assigned region during the designated Ohio Healthy Homes Awareness Month.
- (4) Authorization for travel for OHHLPPP-funded personnel to attend OHHLPPP/CDC sponsored sub-grantee meetings, required conferences and trainings will be granted.
- (5) Commitment that the project will participate in quarterly meetings of the statewide Ohio Lead Advisory Council, created by section 3742.32 (A) Ohio Revised Code.
- (6) Commitment to identify and monitor the total population of children 72 months of age and under by zip code that should receive a lead test and identify the proportion of that group who received a lead test. Improve testing rates by targeting educational activities to professionals/medical providers in the high risk zip codes and rural areas with the lowest testing rates in the region.
- (7) Commitment to obtaining/maintaining a toll free telephone number for publication as the program contact telephone number for use within the region.
- (8) Commitment to follow the program's Data Quality Assurance Protocols (Appendix D).

Applicant Name: _____ GMIS # _____

Signature of Agency Head: _____

ATTACHMENT 4
Work Plan Matrix
SFY2012 (July 1, 2011- June 30, 2012)

Instructions for Completing the Program Plan

Objective (Describes the conditions the applicant wants to achieve): This Request For Proposal (RFP) contains (fives) objectives that the applicant should respond to. The applicant should not alter the objectives. Objectives in this RFP contain evaluation measures that the applicant should consider when developing program activities. This evaluation measure may not cover all aspects of the objective or subsequent strategies, but is the most encompassing measure determined by the authors of this RFP.

Strategy (Describes the major procedures that are necessary to create the conditions described in the Objective): The strategies under each objective are provided, so that the applicant understands the major expectations of the funder. Strategies should be used to design and implement program activities.

Activity (Describes the specific actions that will be taken to meet the provided strategy): The applicant should list the specific activities proposed that will be implemented to respond to each strategy. Activities should provide additional details to demonstrate how each strategy will be implemented. At least, one activity must be provided for each strategy under each objective. Providing multiple activities in detail will allow the application reviewers to better understand your program's intentions. Evaluation measures are provided for each strategy, but additional evaluation measures that evaluate specific activities should be considered and documented in this matrix.

Person(s) Responsible: list the most appropriate staff member(s), included in the grant proposal, for carrying out the activity.

Projected date of completion: enter the date the activity will be completed.

Evaluation (Describes a plan for demonstrating, in measurable terms, that the conditions in the Objective are actually achieved and the effectiveness/appropriateness of each activity is determined): Evaluation measures for strategies have been provided, but the applicant should document additional measures that evaluate program specific activities. Evaluation measures that are impact or outcome based are preferred to process based measures.

Objective #1

By 6/30/2012, the Regional Support Program will have established partnerships with 50 percent of the public health and housing programs within the project area. (Baseline: In 2011 _____ public health jurisdictions and housing programs are located in the region)

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|--|------------|---------------------------|---------------------------------|---|
| <p>a. Survey local health and housing agencies in the region to determine interest and capacity in regards to healthy homes issues and compile results in a resource guide for the region (include Child and Family Health Services, Help Me Grow, Environmental Staff, Public Health Nurses, Bureau of Children with Medical Handicaps, etc).</p> | | | | <p> _____ #of LHD visited _____ #completed surveys A resource guide is developed that does the following: 1) identifies the range of organizations and agencies in the region that serve the population of interest; 2) provides information about the perceived quality of service; 3) estimates service utilization and service capacity; 4) provides understanding of capabilities and goals of agencies and organizations; 5) includes information about the potential for coordinating community activities and linkages among agencies; 6) identifies gaps in services and opportunities for collaborative actions _____ # of resources identified in the region. _____ # resource guides distributed within the region </p> |

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|---|------------|---------------------------|---------------------------------|---|
| <p>b. Demonstrate working relationships with all local health jurisdictions within the region.</p> <p>c. Participate in at least 5 community meetings (Child and Family First, housing, health, Community Action Agencies) in the region to develop networks, identify resources and train stakeholders on the principles of healthy homes.</p> <p>d. Establish a healthy homes collaborative workgroup for the region with at least one healthy homes stakeholder from 75% of counties participating in quarterly meetings.</p> <p>e. Develop and work to enact a regulatory structure that establishes a lead safe standard for local rental housing and home based childcare programs.</p> | | | | <p>_____ # of relationships established</p> <p>_____ # MOUs/letters of commitment signed</p> <p>_____ # training sessions conducted</p> <p>_____ #meetings attended</p> <p>recommendations or action steps developed from the meetings.</p> <p>_____ # of meetings held.</p> <p>_____ % counties participating.</p> <p>recommendations or action steps developed from the meetings.</p> <p>Provide a copy of the regulatory structure outline that was developed.</p> <p>List of the steps taken to enact the regulatory structural outline</p> |

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|---|------------|---------------------------|---------------------------------|--|
| f. Participate in the four quarterly meetings of the Ohio Lead Advisory Council and the quarterly meetings of at least one sub-committee. | | | | <p>___ # of meetings attended</p> <p>name of sub-committee participated with</p> <p>recommendations or action steps developed from the meetings.</p> |

Objective #2

By 6/30/2012, maintain and support the surveillance system designated by the OHHLPPP by ensuring 100 percent of case management, referral, and intervention activities are documented in the surveillance system.

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|---|------------|---------------------------|---------------------------------|--|
| a. Ensure two staff (primary and backup) are trained through the ODH surveillance system training offered by OHHLPPP. | | | | <p>Dates of trainings attended</p> <p>Names of staff trained</p> |

Objective #3

By 6/30/2012, increase the awareness of healthy homes issues and the capacity to address these issues among professional stakeholders in each county. 75 percent of the (# of agencies) health and housing agencies identified had at least one individual attend an educational or training activity.

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|--|------------|---------------------------|---------------------------------|--|
| <p>a. Educate health care professionals on the importance of lead testing by holding at least 8 office PLANET trainings. Conduct follow up visits or contact each office to evaluate change in practice regarding lead testing.</p> <p>b. Market the web-based PLANET to health care professionals in the region.</p> <p>c. Present at least ten “Healthy Homes Introduction for Professionals” trainings within the region.</p> | | | | <p>___ % of children at risk for lead poisoning receive a blood lead test in each county in the region.</p> <p>___ # office PLANET trainings completed</p> <p>changes in practice as a result of training</p> <p>activities conducted to market web-based PLANET</p> <p>___ # professionals in region who completed training</p> <p>___ # of HHIP trainings completed</p> <p>___ # of persons who completed the training</p> |

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|--|------------|---------------------------|---------------------------------|---|
| d. Host at least one National Center for Healthy Housing “Essentials for Healthy Homes Practitioners” training within region with at least 25 attendees. | | | | Dates and names of courses held ____ # of attendees ____ # credentials awarded |
| e. Increase awareness of health and housing professionals by hosting a one day conference on healthy homes with at least 50 participants. | | | | ____ # of attendees topics covered |

Objective #4

By 6/30/2012, ensure that 25% of residents in the region are aware of healthy homes issues in an effort to increase demand for healthy and safe homes.

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|---|------------|---------------------------|---------------------------------|---|
| a. Determine knowledge, attitudes and beliefs of residents in the region in regard to healthy homes (example: focus groups, written survey, telephone interview) to tailor public awareness activities. | | | | ____ # surveys conducted recommendations or action steps developed as a result of surveys |

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|---|------------|---------------------------|---------------------------------|---|
| <p>b. Facilitate activities during Healthy Homes Awareness Month, which reach every county in the region (billboards, public service announcements, health fairs, etc).</p> <p>c. Participate in at least five public educational events within the region to promote healthy homes (health fairs, conferences, county fairs).</p> <p>d. Distribute educational materials within each county in the region.</p> | | | | <p>activities held for each county</p> <p>___# of families reached with culturally appropriate healthy homes messages</p> <p>educational events conducted</p> <p>___#families/individuals reached</p> <p>Name and ___# of materials distributed in a variety of venues</p> |

Objective #5

By 6/30/2012, ensure that case management, Environmental Visual Assessments (EVA), partner referral/intervention are being completed for at least 80 percent of children with elevated blood lead levels and other children referred to the Regional Support Program.

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|--|------------|---------------------------|---------------------------------|---|
| <p>a. Ensure that every health jurisdiction within the region has a home visiting/case management program. If any health jurisdiction is unable to provide home visiting or case management then it is the responsibility of the grantee to provide the service.(due: 12/31/11)</p> <p>b. Advocate that case management services are provided to all children under the age of 6 with a confirmed blood lead level of 5-9 µg/dL.</p> <p>c. Ensure that case management services are provided to all children under the age of 6 with a confirmed elevated blood lead level (≥10 µg/dL).</p> <p>d. Ensure that all lead case managers coordinate with the designated Public Health Lead Investigator on home visits</p> | | | | <p>___% health jurisdictions covered by a local case manager</p> <p>___% required case management visits not covered by a local case manager conducted by RSP</p> <p>___% counties solicited for 5-9 case management</p> <p>___% counties conducting 5-9 case management</p> <p>___% individuals required to have a case management visit with documented case management</p> <p>___% of cases have been successfully linked with case management and PHLI</p> |

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|---|------------|---------------------------|---------------------------------|---|
| <p>e. Ensure that children with confirmed EBLs of $\geq 10\mu\text{g/dL}$ receive a risk assessment(s).</p> <p>f. Ensure that 75 percent of health jurisdictions have one Public Health Lead Investigator, Registered Sanitarian, or housing professional trained on conducting in-depth housing assessments. (due: 12/31/11)</p> <p>g. Ensure all homes that require further environmental assessment, receive an in-depth housing assessment from a healthy homes trained Public Health Lead Investigator, Registered Sanitarian, or housing professional.</p> | | | | <p>___% of children received a risk assessment according to ODH protocols</p> <p>___# professionals trained ___% counties covered by staff trained on in-depth housing assessments</p> <p>___% of homes with identified issues receive a in-depth housing assessment</p> <p>___% of housing receiving an in-depth housing assessment found to have health related issues that can be addressed by the program</p> |

| STRATEGIES | ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/MEASURES |
|---|------------|---------------------------|---------------------------------|--|
| <p>h. Refer at least 50 percent of the homes that have had EVA identified hazards to the appropriate agencies for interventions that are based on best practices (examples: multi-faceted tailored asthma interventions, Integrated Pest Management (IPM), moisture intrusion elimination, radon air mitigation).</p> | | | | <p>___% of homes with EVA identified issues that received effective interventions ___% of homes where follow-up care was conducted ___% of homes with interventions where a positive outcome can be shown.</p> |

Appendix A
Ohio Department of Health
GMIS 2.0 TRAINING

**ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.**
(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

Required
Please Check One: _____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHMIS, etc)
_____ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1st choice _____, 2nd choice _____, 3rd choice _____

Mail, E-mail, or Fax To: **GAIL BYERS**
Grants Administration Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: gail.byers@odh.ohio.gov **Fax: 614-752-9783**

Appendix B

Map of Ohio Healthy Homes and Lead Poisoning Prevention Regional Support Program Regions



Appendix C
Application Review Criteria and Scoring Document
Ohio Healthy Homes and Lead Poisoning Prevention
Regional Support Programs

Applicant Agency: _____

Requested Funding: _____

Please circle which Region the agency is applying for:

North East

North West

South East

South West

Is the agency located in the geographical area they are applying for funding? **Yes** **No**

Review and Selection Process

Applications will be reviewed for completeness by the Ohio Healthy Homes and Lead Poisoning Prevention Program staff. Incomplete applications and applications that are nonresponsive to the eligibility criteria will not advance through the review process. Applicants will be notified that the application did not meet submission requirements.

An independent, objective review panel appointed by ODH will evaluate complete and responsive applications according to the criteria listed in Section I.T - Review Criteria (pg. 6-7 of the RFP). The review is conducted by a primary and secondary reviewer. The review of the application is intended to be advisory and not to replace the authority of the Ohio Department of Health to decide whether a grant shall be awarded.

In addition, the following factors may affect the funding decision:

- Maintaining geographic diversity.
- The applicant's willingness to accept the responsibility to perform case management duties in counties where a local case manager cannot be acquired.
- Applicants that demonstrate active collaboration with other environmental, health and housing agencies.
- Applicants that demonstrate detailed significant in-kind contributions to the program (i.e. >50% of the requested funding amount in this application).

An external objective review group appointed by ODH will evaluate each application against the following criteria for a total possible score of 100 points:

| CATEGORY | RATING | COMMENTS |
|---|---------------------------------|----------|
| <p>Executive Summary (Section II.D.1, page 15):</p> <ul style="list-style-type: none"> • Identify the target population. (2 pts.) • Describe public health problem and the services that will be offered. (3 pts.) | <p>(0-5 pts.)</p> <p>_____</p> | |
| <p>Description of Applicant Agency/Eligibility/Personnel (Section II.D.2, page 15-16):</p> <ul style="list-style-type: none"> • Summarize agency’s structure. (1 pts.) • Detail program’s experience with lead poisoning and healthy homes. (5 pts.) • Provide curriculum vitae and position descriptions for staff working under this grant. (4 pts.) • Describe the agency’s capacity to communicate with diverse audiences. (2 pts.) • Describe plans for hiring and training, as necessary. (2 pts.) • Provide letters of support from partner agencies. (4 pts.) • Detail plan to seek reimbursement from third-party payers for eligible program services. (2 pts.) | <p>(0-20 pts.)</p> <p>_____</p> | |
| <p>Problem/Need (Section II.D.3, page 16):</p> <ul style="list-style-type: none"> • Identify and describe the public health problem that will be addressed by program. (5 pts.) • Describe the region’s housing age and housing condition. (5 pts.) • Identify housing-related diseases and/or hazards that are prevalent in the region. (5 pts.) • Identify target or high-risk areas within the region. (3 pts.) | <p>(0-25 pts.)</p> <p>_____</p> | |

| | | |
|---|----------------------|--|
| <ul style="list-style-type: none"> • Describe segments of target population that are disproportionately burdened by the problem. (2 pts.) • Identify healthy homes stakeholders and your plans to include them in activities. (5 pts.) | | |
| <p>Methodology (Section II.D.4, page 16-19):</p> <ul style="list-style-type: none"> • Include narrative of program goals, objectives, strategies and activities. (5 pts.) • Indicate how program will be evaluated. (3 pts.) • Describe how the evaluation results will be used to enhance program success. (2 pts.) • Include program timeline. (2 pts.) • Clearly demonstrate the plan to cover the entire region. (3 pts.) • Address how the program plans to sustain activities after the grant period ends. (5 pts.) • Complete Program Work Plan <ul style="list-style-type: none"> ○ Local Partnerships (4 pts. Objective 1) ○ Surveillance (4 pts. Objective 2) ○ Professional Education/Training (4 pts. Obj 3) ○ Public Awareness (4 pts. Objective 4) ○ Home Visits (4 pts. Objective 5) | (0-40 pts.) _____ | |
| <p>Budget (Section II.B, page 13):</p> <ul style="list-style-type: none"> • Provided detailed budget narrative that described how categorical costs were derived. (5 pts.) • Equipment, travel, supplies and training costs were explained. (3 pts.) • No unallowable costs included in budget. (Section I.Y, pages 9-10) (2 pts.) | (0-10 pts.) _____ | |

TOTAL SCORE: _____ **out of 100**

APPROVE FUNDING: _____

APPROVE FUNDING WITH CONDITIONS: _____

Please state conditions:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

DISAPPROVE FUNDING: _____

Comments:

Signature of Reviewer: _____ Date: _____

Appendix D

Data Quality Assurance Protocols

Introduction:

The Ohio Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP) manages its statewide surveillance data with the STELLAR system. Six separate STELLAR systems manage the state's surveillance data with five of the systems operating outside the OHHLPPP at local delegated comprehensive lead poisoning prevention programs. The OHHLPPP and its delegated authorities manage child, address, lead test, environmental investigation/abatement, and case management data. Data quality is assured at a minimal level of acceptability through adherence to written data quality assurance protocols

Lead test data are reported electronically by ODH certified laboratories as defined by Ohio Administrative Code (OAC) 3701-30-05. All lead test data are checked for validity and quality by the OHHLPPP surveillance coordinator using the ODH developed Lab Import Conversion software. All reported laboratory test results not meeting the requirements of the OAC 3701-30-05 are identified by the software and either corrected by the surveillance coordinator or placed in a rejected file. Rejected records are sent back to the laboratory for correction. The ODH Division of Quality Assurance is notified to initiate enforcement measures when the records are not corrected or reporting problems persist. Lead test data are distributed by the OHHLPPP surveillance coordinator to the six STELLAR sites on a weekly basis. Environmental Investigation/Abatement and case management data are manually entered by the STELLAR operators following OHHLPPP protocols.

Each STELLAR system's operator is responsible for running a series of data quality assurance reports in the ODH developed OCLPPP program and in STELLAR at regular intervals. These reports help the STELLAR operator to identify errors in the program data including misspelled city/county names, duplicate records, inaccurate dates of birth, errors in date logic, etc. Data errors are corrected when identified. Each quarter the local CLPPPs submit a copy of their STELLAR data to ODH so it can be evaluated for completeness, quality, and validity. STELLAR operators are notified of pervasive problems related to lead test, environmental investigation/abatement, and case management data are expected to correct all identified errors.

Annually, STELLAR data validations are conducted using the CDC's National Surveillance Reports. Identified errors are reported to the appropriate STELLAR sites for correction and then all surveillance data are resubmitted to the CDC for final approval CDC.

To reinforce its protocols the OHHLPPP offer an extensive data training as needed to STELLAR operators on proper data entry and quality assurance protocols. The OHHLPPP also provides instructional guides on all data quality assurance procedures and individual training sessions when requested or deemed necessary.

Data Quality Assurance Protocols by Position:

Surveillance Coordinator:

Daily

- Download lead laboratory test result files.
- Process lead laboratory test result files with Lab Import Conversion software (See Lab Import Conversion manual for instructions).
- Notify laboratories of reporting delinquency.
- Report data quality issues to reporting laboratories.
- Send rejected records back to reporting laboratories.
- Make referrals when necessary to DQA for enforcement.

Weekly

- Import records into SOLAR (2).
 - Archive duplicate records.
 - Correct held providers and rejected records.
 - Check for missing providers.
- Export lead results and distribute them to STELLAR operators (2).
- Archive adult and out of state records (2).

Monthly

- Mail out of state records to appropriate public health jurisdiction.
- Archive lead laboratory results older than two months from SOLAR.
- Cleanup provider master list in SOLAR following archive of SOLAR.

Quarterly

- Collect and combine all STELLAR quarterly reports.
- Collect and mail all STELLAR surveillance extracts to CDC.
- Collect and update all STELLAR files at ODH.
- Mail STELLAR quarterly reports to CDC.

Annually

- Distribute correction from CDC to all STELLAR sites.
- Collect correction extracts from local comprehensive programs and send them to CDC.
- Conduct analysis on laboratory performance.

Customer Service Representative:

Weekly

- Call labs/providers for missing data on EBL tests.
- Backup STELLAR before every import.
- Import electronic lead tests.
- Fix held records (providers & EBL lead tests).

- Run OHHLPPP to convert all venous tests to confirmed.
- Clean up child/address records after every import.
- Run batch processing.
 - Generate environmental referrals
 - Generate a complete child report for all referrals
 - Check for a Medicaid number on all referrals and enter it into the child record.
 - Assign referrals to proper environmental inspector.

Monthly

- Run report & close child/address records.
- Run open environmental investigation report.
- Clean up database (report builder & OCLPPP)
 - Five programs in 900 series.
 - Run upper case all city/county names report.
 - Run County only report
 - Run City only report.
 - Run City/county report.
- Run STELLAR questionable data reports.
 - Run duplicate address report.
 - Run duplicate child report.
 - Run unconfirmed cases report.
- Delete/reassign providers.
- Delete old lab batches.

Quarterly

- Create Medicaid billing reports.
- Run reports on other STELLAR sites data to assure sites are following data quality assurance procedure.
- Notify STELLAR sites regarding necessary corrections to be made.
- Run duplicate blood test report & fix records in STELLAR

Annually

- Make Corrections from CDC in STELLAR and send new extract to CDC.
- Assist all STELLAR sites in making necessary CDC corrections.

Other

- Present data quality issues at meetings.
- Inform supervisor of STELLAR issues.
- Create statewide event codes as needed.
- Assist staff in making queries.
- Trouble shoot with other STELLAR sites as needed.
- Train new STELLAR users.
- Conduct STELLAR training classes as needed.
- Assist surveillance coordinator with fixing held records.

Data Entry Staff:

Weekly

- Enter lead test submitted on paper to ODH.
- Assist in clean up child/address records after every import.
- Linking siblings in STELLAR.
- Delete/reassign child/address records in STELLAR.
- Run report builder & make corrections in STELLAR.
- Enter environmental investigations in STELLAR.
- Enter 10 to 14 EBL phone contact information in STELLAR

Monthly

- Verify that all environmental data has been entered
- Clean STELLAR provider file.
- Assist Customer Service Representative with data cleanup
 - Conduct OCLPPP drag/drop procedure.
 - Run duplicate child/address reports.
 - Delete/assign providers.

Quarterly

- Verify that all environmental data has been entered for the quarter.
- Verify that all database corrections have been completed.
- Verify that all duplicate blood tests have been corrected
- File all paper environmental investigations after Medicaid billing is complete.

Other

- Assist with running basic queries.
- Attend quarterly project director meetings.
- Assist Customer Service Representative with training staff.

Local STELLAR Operators:

Weekly

- Call labs/providers for missing data on EBL tests.
- Backup STELLAR before every import.
- Import electronic lead tests.
- Fix held records (providers & EBL lead tests).
- Run OCLPPP to convert all venous tests to confirmed.
- Clean up child/address records after every import.
- Run batch processing.
 - Generate environmental referrals
 - Generate a complete child report for all referrals
 - Check for a Medicaid number on all referrals and enter it into the child record.
 - Assign referrals to proper environmental inspector.

Monthly

- Run report & close child/address records.
- Run open environmental investigation report.
- Clean up database (report builder & OCLPPP)
 - 5 programs in 900 series.
 - Run upper case all city/county names report.
 - Run County only report
 - Run City only report.
 - Run City/county report.
- Run STELLAR questionable data reports.
 - Run duplicate address report.
 - Run duplicate child report.
 - Run unconfirmed cases report.
- Delete/reassign providers.
- Delete old lab batches.

Quarterly

- Run duplicate blood test report & fix records in STELLAR.
- Create Medicaid billing reports.
- Create STELLAR quarterly report and send to ODH.
- Create central registry file (collection of all STELLAR files) and send to ODH.
- Create surveillance extract and send it to ODH.

Annually

- Make Corrections from CDC in STELLAR and send new extract to CDC.

Appendix E

OHIO DEPARTMENT OF HEALTH

Healthy Homes and Lead Poisoning Prevention Program

DRAFT

Public Health Lead Investigation Manual

Public Health Lead Investigations

Ohio Department of Health
Healthy Homes and Lead Poisoning Prevention Program
246 North High Street
Columbus, Ohio 43215
(614) 466-5332
1-877-LEADSAFE

Revised 12/14/10

Table of Contents

| | |
|------------------|---|
| CHAPTER 1 | Introduction <ul style="list-style-type: none">A. Delegation of AuthorityB. X-Ray Fluorescence Lead Analyzers |
| CHAPTER 2 | Roles and Responsibilities of the Public Health Lead Investigator |
| CHAPTER 3 | The Referral Process |
| CHAPTER 4 | Conducting Public Health Lead Investigations $\geq 10 \mu\text{g/dL}$ and $<15 \mu\text{g/dL}$ <ul style="list-style-type: none">A. Referral of EBL $\geq 10 \mu\text{g/dL}$ and $<15 \mu\text{g/dL}$B. Initial ContactC. Completing the QuestionnaireD. Writing the Public Health Lead Investigation ReportE. Closing the Case in the Surveillance System |
| CHAPTER 5 | Conducting Public Health Lead Investigations $>15 \mu\text{g/dL}$ <ul style="list-style-type: none">A. Referral of EBL $\geq 15 \mu\text{g/dL}$B. Initial ContactC. Collaboration with Healthchek CoordinatorsD. Conducting the On-site InvestigationE. Determination of Possible SourceF. Writing the Public Health Lead Investigation Report |
| CHAPTER 6 | Performing the Public Health Lead Risk Assessment <ul style="list-style-type: none">A. Notification to the Property OwnerB. Visual AssessmentC. Lead Based Paint TestingD. Dust Wipe SamplingE. Soil SamplingF. Water SamplingG. Additional Testing for State EnforcementH. Recording the Test ResultsI. Public Health Lead Risk Assessment Report |
| CHAPTER 7 | Writing and Issuing Lead Hazard Control Orders |

- A. Issuing the Lead Hazard Control Order
- B. Follow-up Activities
- C. Non-Compliance Order

CHAPTER 8

Lifting the Lead Hazard Control Order

- A. Submission of Clearance Examination Results
- B. Completion of Compliance Review Checklist
- C. Issuance of Notice of Compliance

APPENDICES

- A. Application for Lead License
- B. No contact letter template
- C. Comprehensive Questionnaire of Parents/Guardians of Children with Elevated Blood Lead Levels
- D. Guidelines for Administering the Questionnaire
- E. Public Health Lead Investigation Report template
- F. Medical Management Recommendations
- G. Healthchek Coordinator County Directory
- H. Visual Assessment for Lead Risk Assessments
- I. Essential Maintenance Practice Requirements
- J. Letter to Property Owner – 3 day notice
- K. Lead Risk Assessment Report template
- L. Lead Hazard Control Order template
- M. Acknowledgement of Receipt template
- N. Extension Request template
- O. Notice of Extension template
- P. Method of Selection Template
- Q. Notice of Noncompliance template
- R. Warning Sign
- S. Compliance Review Sheet
- T. Ongoing Maintenance and Monitoring Template
- U. Notice of Compliance
- V. Clearance Report Forms
- W. Monthly Summary Report form

OHIO ADMINISTRATIVE CODE REQUIREMENTS

This Public Health Lead Investigation manual was developed as a guideline for public health lead investigators when conducting public health lead investigations in the state of Ohio. Chapter 3701-30 of the Ohio Administrative Code (OAC) prescribes the minimum standards by which a public health lead investigation must be conducted. The Ohio Department of Health (ODH) provides this additional guidance in an effort to standardize public health lead investigations.

A) DELEGATION OF AUTHORITY

The director of health may delegate to a board of health the authority as the director's authorized agent to conduct public health lead investigations and public health lead risk assessments of residential units, child care facilities, or schools and to enforce Chapter 3701-30 of the OAC if the board of health meets the following criteria:

1. Employs or contracts with one or more public health lead investigators that have been approved by the director; and
2. Utilizes equipment and supplies necessary to perform the duties of a public health lead investigator.

A board of health that accepts the delegation of authority shall do all of the following, unless otherwise stated in the order of delegation:

1. Conduct public health lead investigations and public health lead risk assessments, in accordance with Chapter 3701-30 of the OAC within their delegation of authority;
2. Issue and enforce lead hazard control orders within their delegation of authority;
3. Maintain and make available to the director all records relating to work performed under the delegation contract for a minimum of six years;
4. Agree to be bound by the same standards of confidentiality that apply to the employees of the ODH; and

5. Upon request, submit a quarterly report.

Delegation of authority shall be limited to local boards of health and shall formalize such a relationship through contractual agreement on a biennial basis. Only the director or his authorized representatives may perform public health lead investigations or public health lead risk assessments in residential units, child care facilities or schools.

B) X-RAY FLUORESCENCE (XRF) LEAD ANALYZER RECOMMENDATIONS

An XRF analyzer is required to conduct a public health lead risk assessment. Public health lead investigators shall operate XRF's according to the manufacturer's suggested guidance. Manufacturer's training is recommended for users; public health lead investigators can take this training without prerequisites.

DRAFT

Roles and Responsibilities of the Public Health Lead Investigator

A) QUALIFICATIONS

Public health lead investigators performing public health lead investigations and public health lead risk assessments must be licensed as lead risk assessors in the state of Ohio. The public health lead investigator must *also* be a Sanitarian or Sanitarian-In-Training registered with the State Board of Sanitarian Registration. The public health lead investigator must comply with Ohio licensure requirements and maintain a lead risk assessor license according to Chapter 3701-32 of the OAC. (Refer to *Appendix A* for licensure procedures and forms). If at any point in time the investigator fails to meet the qualifications as required, the investigator shall cease the performance of public health lead investigations until he/she is able to come into compliance.

B) STATE TRAINING

Prior to conducting public health lead investigations, an ODH representative must accompany an investigator on at least one public health lead investigation. Upon a determination by the ODH representative that the individual is qualified and has complied with the Ohio Administrative Code requirements and the requirements of this manual, the investigator may commence the performance of public health lead investigations.

REFERRAL OF PUBLIC HEALTH LEAD INVESTIGATIONS

Clinical laboratories performing analysis of human blood on a child under sixteen years of age and residing in Ohio are required to report blood lead levels to the ODH. When it is determined that a child has a blood lead level greater than or equal to 10 micrograms/deciliter ($\mu\text{g}/\text{dL}$), the ODH shall investigate the matter or refer the matter to a delegated board of health as applicable, using the ODH surveillance system. Clinical laboratories are required to report all of the following information on a form prescribed by the director:

- (1) Child's name and parent's or guardian's name;
- (2) Child's street and mailing address, including the city, state, county and zip code;
- (3) Child's social security number, date of birth, gender, race and ethnicity;
- (4) Telephone number, with area code, where the parents or guardians can be reached;
- (5) Specimen matrix (blood);
- (6) Analyte (lead);
- (7) Procedure used to obtain the specimen and the date it was obtained;
- (8) Physician's or healthcare provider's first name, last name, address, telephone number and national provider identifier, if applicable;
- (9) Child's medicaid number, if any;
- (10) Clinical laboratory improvement amendments of 1998 (CLIA) number of the laboratory performing the analysis; and
- (11) The accession number, the date the sample was analyzed, and the test result in micrograms per deciliter.

A subset of the requirement information above is provided in the referral to a delegated board of health. This information has been provided by the patient or patient's parent/guardian. The investigator may need to consult with other agencies to verify the information in the referral. Those individuals who may be of assistance include case managers, Healthchek coordinators, county department of job and family services staff, and others involved in the care of the child.

Conducting Public Health Lead Investigations Elevated Blood Lead Levels ≥ 10 $\mu\text{g}/\text{dL}$ and < 15 $\mu\text{g}/\text{dL}$

A) REFERRAL OF EBL ≥ 10 $\mu\text{g}/\text{dL}$ and < 15 $\mu\text{g}/\text{dL}$

A case in which a child has a confirmed elevated blood lead level greater than or equal to 10 micrograms/deciliter ($\mu\text{g}/\text{dL}$) and less than 15 $\mu\text{g}/\text{dL}$ will be referred through the ODH surveillance system. The information listed on the referral is information that has been provided by the laboratory conducting the analysis of the blood lead test. The Director of Health or the delegated board of health may conduct an on-site public health lead investigation or follow the protocol listed below in accordance with Ohio Administrative Code rule 3701-30-07.

B) INITIAL CONTACT

A representative from the ODH or the delegated board of health shall attempt to make contact with the parent or guardian of the lead-poisoned child. When possible, contact must be made within **twenty (20) days** of the referral. No less than three (3) attempts should be made to contact the parent or guardian by phone, in person or through formal written correspondence. The public health lead investigator may contact the primary health care provider, Healthchek Coordinator, case manager, or other sources to obtain contact information if available contact information is inaccurate. Each contact attempt shall be recorded and transferred to the surveillance system.

If, after three attempts contact is not established, a letter (see *Appendix B*) shall be sent to the parent/guardian indicating the need to complete a questionnaire. Sites without the surveillance system shall return the referral to the ODH indicating “Unable to contact.” The final written correspondence shall be sent certified mail with return receipt requested. Documentation indicating receipt of letter or return certified letter shall be maintained with case file.

C) COMPLETING THE QUESTIONNAIRE

If contact with the parent or guardian is successful, the ODH or the delegated board of health shall complete, at a minimum, pages one (1) and two (2) of the questionnaire located in *Appendix C* of this manual. The contact may be by phone or in person. The questionnaire may be administered by someone other than a public health lead investigator but shall be reviewed and signed by a

public health lead investigator.(Refer to Appendix D for guidance). The investigator shall determine, based on the results of the questionnaire, if educational materials should be sent or if an on-site public health lead investigation is warranted. If an on-site investigation is required, the investigator shall refer to Chapter 5 of this manual. The following circumstances shall be considered when determining if the investigation continues on-site:

- 1) The child is exposed to deteriorated paint at one or more properties (residential units, child care facilities or schools) frequented by the child;
- 2) The child has been reported as eating paint chips or placing dirt in his/her mouth;
- 3) Recent remodeling or renovation activities have been performed at one or more properties frequented by the child;
- 4) The sibling of the lead poisoned child has been tested and also has had lead poisoning;
- 5) A child has a persistent blood lead level of $\geq 10 \mu\text{g}/\text{dL}$ and $<15 \mu\text{g}/\text{dL}$. Persistent, for the purposes of this manual, means two subsequent blood lead tests taken in the same year, indicating results at or above $10 \mu\text{g}/\text{dL}$ but less than $15 \mu\text{g}/\text{dL}$; or
- 6) Another child with lead poisoning was identified at the same address.

D) WRITING THE PUBLIC HEALTH LEAD INVESTIGATION REPORT

At the conclusion of the public health lead investigation, the public health lead investigator shall prepare and provide a report in a format prescribed by the director. If the public health lead investigation includes a public health lead risk assessment, a separate report shall be issued for each. The lead investigation report should include items 1-5 below, with the remaining items included in the lead risk assessment report. However, if the investigation did not include a lead risk assessment, all of the items listed below must be included in the investigation report. Refer to *Appendix E* for a public health lead investigation report template.

The report shall contain the following information:

1. The dates of the public health lead investigation;
2. The address, unit number and date of construction of each residential unit, child care facility, or school investigated;
3. Name, address, and telephone number of the owner or manager of each residential unit, child care facility or school investigated;
4. Name, license number, and signature of the public health lead investigator conducting the public health lead investigation and the name, address, and telephone number of the agency employing each public health lead investigator;

5. Name, address, and telephone number of each environmental analytical laboratory approved pursuant to rule 3701-82-02 of the OAC performing analysis of any collected samples;
6. Results of the visual assessment of each residential unit, child care facility or school investigated;
7. The testing method and sampling procedure for paint analysis employed and the specific locations of each component tested for the presence of lead;
8. All data collected from on-site testing, including the quality control data and, if an XRF is used, its serial number;
9. For residential units the disclosure statement required in rule 3701-30-07(D)(9) of the OAC;
10. Background information regarding the physical characteristics and occupant use patterns that may cause lead hazard exposure to one or more children;
11. Results of the lead loading analysis of dust samples, in micrograms per square foot, by location of samples recorded on a diagram of the floor plan each residential unit, child care facility or school investigated;
12. Results of the lead concentration analysis of soil samples, in parts per million, by location of sample recorded on a plot plan of each residential unit, child care facility, or school investigated;
13. Results of the lead concentration analysis of water samples, in parts per billion;
14. Other sources of lead identified by the public health lead investigator in the child's environment; and
15. Any other information required by the director.

A copy of the public health lead investigation report, including public health lead risk assessment reports and lead hazard control orders, shall be sent to the parent or guardian of the child who is the subject of the public health lead investigation.

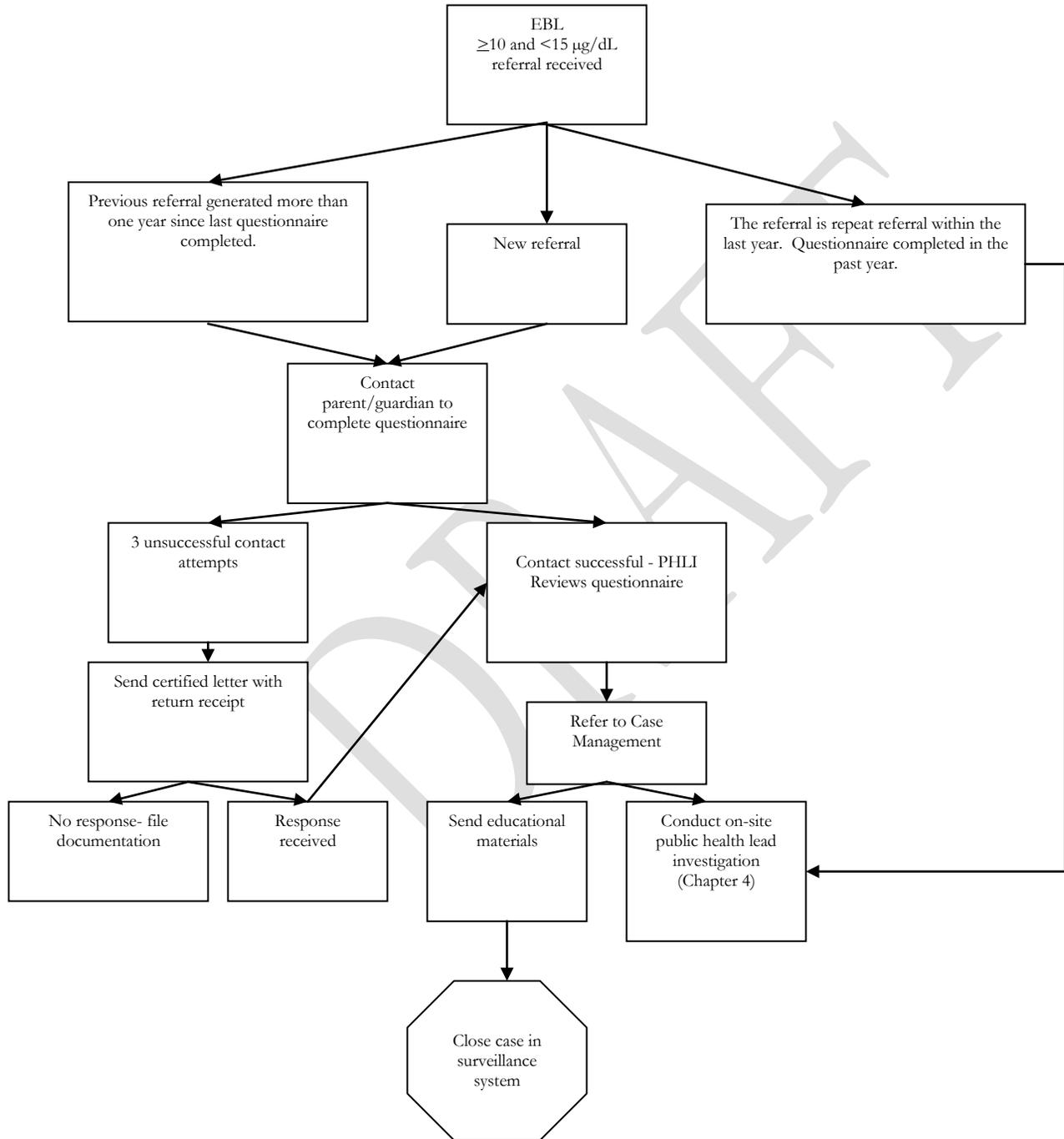
E) CLOSING THE CASE IN THE SURVEILLANCE SYSTEM

The case may also be closed in the surveillance system if:

- 1) After three attempts the investigator has not been able to contact the parent or guardian; or
- 2) A questionnaire has been successfully completed and an on-site investigation was deemed unnecessary.

Although the case in the surveillance system is closed, the investigation may remain open to follow the child's blood lead levels.

Public Health Lead Investigations EBL's ≥ 10 $\mu\text{g}/\text{dL}$ and < 15 $\mu\text{g}/\text{dL}$



Conducting Public Health Lead Investigations Elevated Blood Lead Levels ≥ 15 $\mu\text{g}/\text{dL}$

A) REFERRAL OF EBL ≥ 15 $\mu\text{g}/\text{dL}$

A child with a blood lead level ≥ 15 $\mu\text{g}/\text{dL}$ is reported to the Director or referred to the delegated board of health using the environmental referral form generated through the surveillance system.

B) INITIAL CONTACT

A public health lead investigator shall make contact with the parent or guardian of the lead-poisoned child according to the following guidelines:

| BLL ($\mu\text{g}/\text{dL}$) | Initial contact within: | Public health lead investigation within |
|------------------------------------|-------------------------|---|
| ≥ 70 | 2 business days | 2 business days of initial contact |
| 45-69 | 2 business days | 5 business days of initial contact |
| 20-44 | 5 business days | 10 business days of initial contact |
| 15-19 | 10 business days | 20 business days of initial contact |

EBL's Requiring Medical Treatment

If the director or a delegated board of health becomes aware that a child has an elevated blood lead level of ≥ 45 $\mu\text{g}/\text{dL}$, the director or board shall follow the Medical Management Recommendations as listed in *Appendix F*. In instances where the board of health receives information about a child with a blood lead level ≥ 45 $\mu\text{g}/\text{dL}$ prior to the referral, the board of health shall attempt to expedite the referral process by contacting the ODH with the laboratory results confirming the child's blood lead level is ≥ 45 $\mu\text{g}/\text{dL}$.

Contact Attempts

A representative from the ODH or the delegated board of health shall attempt to make contact with the parent or guardian of the lead-poisoned child. When

possible, contact must be made in accordance with the table above. No less than three (3) attempts should be made to contact the parent or guardian by phone, in person or through formal written correspondence. The public health lead investigator may contact the primary health care provider, Healthchek Coordinator, case manager, or other sources to obtain contact information if available contact information is inaccurate. Each contact attempt shall be recorded and transferred to the surveillance system.

If contact with the parent or guardian is successful, the ODH or the delegated board of health may complete pages one (1) and two (2) of the questionnaire located in *Appendix C* of this manual. If these pages of the questionnaire are completed by someone other than the public health lead investigator, the investigator shall review the information and sign where indicated.

If, after three attempts contact is not established, the letter located in *Appendix B* of this manual shall be sent via certified mail to the parent/guardian indicating the need to complete the investigation. The investigator may also contact the owner of a residential unit where the child resided at the time of the blood lead test if the property is not owned by the parent or guardian.

If no response is received within 14 days, the case may be closed in the surveillance system. Sites without data entry rights to the surveillance system shall return the referral to the ODH indicating “Unable to contact” with a copy of the final contact letter. Documentation indicating the receipt of the letter or returned certified letter shall be maintained with the case file.

C) COLLABORATION WITH HEALTHCHEK COORDINATORS

Prior to scheduling the on-site investigation, it is important to identify whether the child is Medicaid-eligible. Referrals distributed will contain a twelve digit number in the right hand corner. You must contact the Healthchek coordinator to determine current Medicaid eligibility status and to verify the Medicaid billing number listed on the referral. Refer to *Appendix G* for a list of Healthchek coordinators. The Healthchek coordinator shall be invited to accompany the public health lead investigator when conducting the investigation.

D) CONDUCTING THE ON-SITE INVESTIGATION

The following steps shall be completed with each on-site public health lead investigation performed, but not necessarily in the order indicated. These steps are required of each property that is included in the investigation.

1) Review of Known Records and Reports

Prior to conducting the on-site investigation, the public health lead investigator shall review existing records and reports and pages one and two of the questionnaire to determine which property or properties will be the

focus of the on-site investigation. Records may include property records from the county auditor's office, previous investigation/testing reports, or other government records.

The public health lead investigator shall begin the on-site public health lead investigation at the property most likely to be the source of the child's lead poisoning. In conducting the investigation, the public health lead investigator shall enter each residential unit, child care facility or school that he or she suspects as a source of the lead poisoning.

2) Gaining Right of Entry to the Property

Under Revised Code section 3742.35, when conducting an investigation, the director or board shall request permission to enter the residential unit, child care facility or school that the director or board reasonably suspects to be the source of the lead poisoning. If the property is occupied, the director or board shall ask the occupant/tenant for permission to enter the premises. If the property is not occupied, the director or board shall ask the property owner or manager for permission to enter. If the occupant, owner, or manager fails or refuses to permit entry, the director or board may petition and obtain an order to enter the property from a court of competent jurisdiction in the county in which the property is located.

In addition, under Revised Code section 3701.06, the director of health and any person the director authorizes may, without fee or hindrance, enter, examine and survey all [residential units, child care facilities, and schools] in furtherance of any duty laid upon the director or department of health or where the director has reason to believe there exists a violation of any health law or rule.

3) Completing the Questionnaire

The public health lead investigator shall complete the entire comprehensive questionnaire (see *Appendix C*) with the parent or guardian as part of the on-site investigation. If the first two pages of the Questionnaire were already completed, the public health lead investigator shall confirm the information is correct. As part of the questionnaire, the investigator shall include the address of the property suspected to be the probable source of the child's lead poisoning based on information received from the questionnaire. This section is located on page 2 of the questionnaire.

4) Visual Assessment

A visual assessment of the property shall be performed to assess the following:

- Overall building condition
- Areas of bare soil

- Interior and exterior surfaces with deteriorated paint
- Painted surfaces that are impact points or subject to friction
- All other deteriorated, painted surfaces
- Other non-painted, non-structural sources such as toys, furniture, ceramic ware, etc.

The results of the visual examination shall be recorded on the Visual Assessment form (see *Appendix H*).

5) XRF Analysis

As part of the on-site public health lead investigation, the public health lead investigator shall perform XRF analysis of deteriorated paint on or in:

- The interior and exterior surfaces and all common areas of the residential unit, child care facility or school; and
- Attached or unattached structures located within the same lot line as the residential unit, child care facility or school including garages, play equipment, and fences;
- Each impact, friction and chewable surface. Other painted or varnished surfaces with deteriorated paint.
- The lot or land occupied by the residential unit, child care facility or school.

E) DETERMINATION OF POSSIBLE SOURCE

Subsequent to the steps in paragraph D, the public health lead investigator shall continue the on-site investigation in accordance with the following:

1. If the public health lead investigator is able to determine that a residential unit, child care facility or school is a possible source of lead poisoning, the public health lead investigator shall conduct a public health lead risk assessment of the residential unit, child care facility or school. The public health lead investigator shall comply with the procedures in Chapter 6 when performing the public health lead risk assessment.
2. If the investigator is able to determine that essential maintenance practices have been performed in accordance with sections 3742.41 to 3742.46 of the Revised Code (see *Appendix I*), the investigator shall presume the residential unit, child care facility or school is not the source of the lead poisoning. To establish that essential maintenance practices have been performed, the investigator must observe that all rough, pitted or porous horizontal surfaces have been covered in accordance with section 3742.41 of the Revised Code and review documentation of an annual clearance examination.

The investigation shall continue at the supplemental address(es) determined to be a possible source if the investigator determines that the child spends more than six hours per week at another residential unit, child care facility, or school built before 1978,

3. If the investigator **is not able to determine** or has determined that the property is not a possible source of lead poisoning based on XRF analysis, the investigator shall collect targeted environmental samples in accordance with rule 3701-30-07 (C) (2) of the OAC. The investigator must collect at least two dust samples from the property regardless of the presence of deteriorated paint. One sample shall be collected from the principle entryway and another shall be collected from a high traffic area or window sill that is regularly used or accessible to the child. Soil and water samples shall be collected, as appropriate.
 - a. If results exceed hazard levels, the property is a possible source and a full lead risk assessment shall be conducted; however, if testing was performed within the previous 28 days, those test results may be included in the risk assessment report.
 - b. If results of targeted samples are negative and the property is determined not to be a possible source of lead poisoning, the investigation shall continue at the supplemental address(es) determined to be a possible source, if any. Supplemental addresses may include other residential units, child care facilities or schools built before 1978 and where the child spends more than six hours per week.
4. If the public health lead investigator determines that the source of the lead poisoning is not related to the residential unit, child care facility or school, but to a source unrelated to the property (e.g. occupation, hobby, home remedy, or cosmetic), then the investigator can reasonably assume that the source of the lead poisoning has been identified and can end the investigation.

F) WRITING THE PUBLIC HEALTH LEAD INVESTIGATION REPORT

At the conclusion of the public health lead investigation, the public health lead investigator shall prepare and provide a report in a format prescribed by the director. If the public health lead investigation includes a public health lead risk assessment, a separate report shall be issued for each. The lead investigation report should include items 1-5 below, with the remaining items included in the lead risk assessment report. However, if the investigation did not include a lead risk assessment, all of the items listed below must be included in the investigation report. Refer to *Appendix E* for a public health lead investigation report template.

The report shall contain the following information:

1. The dates of the public health lead investigation;
2. The address, unit number and date of construction of each residential unit, child care facility, or school investigated;
3. Name, address, and telephone number of the owner or manager of each residential unit, child care facility or school investigated;
4. Name, license number, and signature of the public health lead investigator conducting the public health lead investigation and the name, address, and telephone number of the agency employing each public health lead investigator;
5. Name, address, and telephone number of each environmental analytical laboratory approved pursuant to rule 3701-82-02 of the OAC performing analysis of any collected samples;
6. Results of the visual assessment of each residential unit, child care facility or school investigated;
7. The testing method and sampling procedure for paint analysis employed and the specific locations of each component tested for the presence of lead;
8. All data collected from on-site testing, including the quality control data and, if an XRF is used, its serial number;
9. For residential units the disclosure statement required in rule 3701-30-07(D)(9) of the OAC;
10. Background information regarding the physical characteristics and occupant use patterns that may cause lead hazard exposure to one or more children;
11. Results of the lead loading analysis of dust samples, in micrograms per square foot, by location of sample recorded on a diagram of each residential unit, child care facility or school investigated;
12. Results of the lead concentration analysis of soil samples, in parts per million, by location of sample recorded on a plot plan of each residential unit, child care facility, or school investigated;
13. Results of the lead concentration analysis of water samples, in parts per billion;
14. Other sources of lead identified by the public health lead investigator in the child's environment; and
15. Any other information required by the director.

A copy of the public health lead investigation report, including public health lead risk assessment reports and lead hazard control orders, shall be sent to the parent or guardian of the child who is the subject of the public health lead investigation.

Performing the Public Health Lead Risk Assessment

When it is determined that a residential unit, child care facility, or school is a possible source of the child's lead poisoning, the director or delegated board of health shall conduct a public health lead risk assessment of that property in accordance with rule 3701-32-07 of the Ohio Administrative Code (OAC). **If the public health lead investigator completed one or more of the components of the public health lead risk assessment when conducting the public health lead investigation within the previous twenty-eight calendar days, the investigator is not required to repeat those components.**

A) NOTIFICATION TO THE PROPERTY OWNER

The public health lead investigation and public health lead risk assessment may be completed in the same day. Prior to or within three calendar days following a public health lead risk assessment, the public health lead investigator shall send written notice (see *Appendix J*) to the owner or manager of the property where a public health lead risk assessment is to be or has been conducted. The notice shall be sent by regular mail or hand-delivered to the property owner. The notice shall state that the property is suspected of being a possible source of a child's lead poisoning and shall indicate the date the public health lead risk assessment will be or has been conducted.

B) VISUAL ASSESSMENT

Each public health lead investigator shall perform a visual assessment of the property. The visual assessment shall include the interior and exterior of the residential unit, child care facility or school, including locked areas when determined appropriate by the public health lead investigator. The public health lead investigator shall identify all of the following:

- Overall building condition
- Areas of bare soil
- Interior and exterior surfaces with deteriorated paint
- Painted surfaces that are impact points or subject to friction
- Chewable surfaces

The above-stated information must be recorded on the form identified in *Appendix H*, unless an XRF software program is used to collect the data. The report generated from the software is acceptable for the purposes of meeting this requirement.

C) LEAD BASED PAINT TESTING

The public health lead investigator, using an XRF, shall test, at a minimum, each impact, friction and chewable surface and all other surfaces with deteriorated paint. An effort should be made to test the windows in the room, even if the windows are taped or sealed. If furniture, plants or other household items are blocking the windows, the investigator shall make a reasonable attempt to move or request the occupant to move those items for purposes of testing. If testing is not possible, the public health lead investigator shall make a note as to why the deteriorated component was not tested.

If a like component of a particular type (e.g. window components, door components, baseboards,) tests positive for lead in the same room equivalent or area, all other like components with the same distinct painting history may also be identified as being positive. The following disclaimer shall be placed in the risk assessment report: *“Building components in a room that are similar in construction history to those that tested positive for lead are considered positive for lead.”* For example, a bedroom has three windows, all in deteriorated condition, and therefore the investigator conducts XRF analysis on the window sill, sash, jamb, and casing of one of those windows. The results indicate lead-based paint is present on all tested components. The investigator may conclude that the other two windows in that room are also hazardous. The lead hazard control order shall include all the windows in this room.

Another example to further illustrate; an investigator tests the deteriorated wood siding on side A of the home and it contains lead-based paint. He further observes that the other sides are the same distinct painting history as that on Side A. The investigator may classify the siding on Sides B, C and D as hazardous and shall include those sides on the lead hazard control order.

All lead-based testing data shall be recorded using the form in *Appendix H*. Part C of this form is optional if XRF generation software captures the required data.

D) DUST WIPE SAMPLING

In **single-family residential units**, a minimum of nine dust samples shall be collected for lead loading analysis, consisting of samples from one window sill and one floor in living areas in a minimum of four rooms (e.g. living rooms, hallways, stairways, bedrooms, kitchens, etc). If there is no window sill, the investigator shall test the nearest horizontal surface. If there are less than four rooms, all rooms in the residential unit shall be tested. The public health lead investigator shall always collect a dust sample from inside the principal entryway

of a home. At a minimum, sampling shall be conducted in those rooms where one or more children under six years of age are likely to come into contact with dust.

In **multi-family residential units**, the minimum samples as specified above must be collected. In addition, the public health lead investigator shall collect additional samples in common areas adjacent to the sampled residential unit, other common areas in the building where the public health lead investigator determines one or more children under six years of age are likely to come into contact with dust, and the main entryway of each building.

In **child care facilities or schools**, collect dust samples for lead loading analysis from an interior window sill and floor. At a minimum, dust samples shall be collected from each room, hallway, or stairwell and other common areas in the child care facility or school. A public health lead risk investigator shall:

For room equivalents up to three hundred square feet, collect a single surface sample from a window sill and floor;

For room equivalents greater than three hundred square feet up to two thousand square feet:

- (i) Collect at least two dust samples from floors located in widely separated locations in "high traffic" areas regularly used or accessible to children under six years of age;
- (ii) Collect at least two dust samples from interior window sills;

For room equivalents over two thousand square feet:

- (i) In addition to the samples required above of collect one additional dust sample from floors for each additional two thousand square foot area;
- (ii) In addition to the samples required above collect one additional dust sample from alternating windows sills for each additional floor area of two thousand square feet, unless all the windows in the space were sampled as part of the requirements above.

NOTE: An investigator may classify an intact friction surface a hazard if the dust wipe collected on the nearest horizontal surface (i.e. floor or sill) equals or exceeds the hazard level. For example, an investigator observes a window jamb and sash to be intact and both test positive for lead-based paint. The investigator collects a dust wipe sample on the floor underneath the window. If the dust wipe sampling results exceed 40 micrograms per square foot, the window jamb and sash shall be included as PAIN'T hazards in the lead hazard control order.

E) SOIL SAMPLING

Soil samples shall be collected by the public health lead investigator during a public health lead risk assessment when bare soil is identified as part of the visual assessment of the property. A soil sample shall be collected from the following locations:

- 1) Exterior play areas where bare soil is present; and
- 2) Exterior non-play areas where bare soil is present, including foundation and drip line areas.

F) WATER SAMPLING

The public health lead investigator shall collect water samples as part of the public health lead risk assessment if the collection has been deemed warranted.

G) RECORDING THE TEST RESULTS

Labeling the components

Interior Components:

When testing on the interior of the unit, the public health lead investigator shall label each wall. Wall A in any room is street side, others continue alphabetically clockwise from A. Interior windows and doors shall be designated as left, right, center, right center and left center.

Exterior Components:

Exterior walls shall be identified as Sides, with Side A facing the street and others continuing alphabetically clockwise from Side A. Exterior windows and doors shall be identified by number from left to right by facing the side.

If the above designation is confusing, add text in parenthesis after the designation to further explain. For example, “door casing on left door on wall D (to kitchen).”

If an XRF software program is in place, the report generated from the software is acceptable for the purposes of meeting the requirements of this section.

H) PUBLIC HEALTH LEAD RISK ASSESSMENT REPORT

A public health lead risk assessment shall be performed in accordance with Ohio Administrative Code rule 3701-30-08. A report shall be issued for each public health lead risk assessment performed. If two risk assessments are performed as part of one investigation, a report shall be generated for each lead risk assessment. At a minimum the following elements must comprise the public health lead risk assessment report:

- 1) Date of the public health lead risk assessment;
- 2) Address, unit number, and date of construction of the residential unit, child care facility or school assessed;
- 3) Name, address, and telephone number of the owner or manager of the residential unit, child care facility, or school assessed;
- 4) Name, license number, and signature of the public health lead investigator conducting the public health lead risk assessment and the name, address, and telephone number of the firm employing the public health lead investigator;
- 5) Name, address, and telephone number of each environmental lead analytical laboratory performing the analysis of any collected samples;
- 6) Results of the visual assessment, and results of each residential unit, child care facility or school assessed;
- 7) The testing method and sampling procedure for paint analysis employed and the specific locations of each component tested for the presence of lead;
- 8) All data collected from on-site testing, including quality control data, and if an XRF is used, its serial number;
- 9) The following statement displayed at the top of the report in bold letters:

“Ohio law (section 5302.30 of the Revised Code) requires every person who intends to transfer any residential real property by sale, land installment contract, lease with an option to purchase, exchange, or lease for a term of ninety-nine years and renewable forever, to complete and provide a copy to the prospective transferee of the applicable property disclosure forms, disclosing known hazardous conditions of the property, including lead-based paint hazards.

Federal law (24 CFR part 35 and 40 CFR 745) requires sellers and lessors of residential units constructed prior to 1978, except housing for the elderly or persons with disabilities (unless any child who is less than six years of age resides or is expected to reside in such housing) or any zero-bedroom dwelling to disclose and provide a copy of this report to new purchasers or lessees before they become obligated under a lease or sales contract. Property owners and sellers are also required to distribute an educational pamphlet approved by the United States Environmental Protection Agency and include a standard warning language in sales contracts or in or attached to lease contracts to ensure

that parents have the information they need to protect children from lead-based paint hazards.”

- 10) Background information regarding the physical characteristics and occupant use patterns that may cause lead hazard exposure to one or more children;
- 11) Results of the lead loading analysis of dust samples, in micrograms per square foot, a copy of the lab report, a diagram of the floor plan of each residential unit, child care facility or school investigated illustrating the sample locations;
- 12) Results of the lead concentration analysis of soil samples, in parts per million, a copy of the lab report, and a diagram of each residential unit, child care facility or school assessed illustrating the sample locations;
- 13) Results of the lead concentration analysis of water samples, in parts per billion, and copy of the lab report;
- 14) A description of the location and type of identified lead hazards; and
- 15) A description of recommended control options for each identified lead hazard.

The report shall be sent by certified mail return receipt requested or hand delivered to all relevant property owners or managers within fourteen calendar days of receipt of laboratory test results.

A template of the public health lead risk assessment report can be found in *Appendix K* and should be used in all circumstances where a public health lead risk assessment was performed.

Writing and Issuing Lead Hazard Control Orders

A) ISSUING THE LEAD HAZARD CONTROL ORDER

If during a public health lead risk assessment lead hazards are identified in a residential unit, child care facility or school, the director or delegated board of health must issue a lead hazard control order to the property owner and manager within fourteen days of receipt of the laboratory sample results from the public health lead risk assessment. Please refer to *Appendix L* for template of the lead hazard control order.

The lead hazard control order must be in writing and shall specify the following:

- 1) Each lead hazard to be controlled;
- 2) The date by which the property must pass a clearance examination. The date by which the property must pass clearance shall be ninety calendar days from receipt of the lead hazard control order;
- 3) Qualifications of the individual performing the lead hazard control activity;
- 4) The requirement for occupant relocation, if the director or his delegated authority determines the health of the occupants is at risk.

The lead hazard control order shall be sent certified mail with return receipt requested or hand delivered to the owner **and** manager of the property that is subject to the lead hazard control order. If hand delivered, the investigator should document the time, date and recipient of the delivery. When possible, investigators should obtain the signature of the recipient. The form found *Appendix M* can be used to acknowledge receipt of the orders).

A copy of the order shall accompany the public health lead risk assessment report and be sent to the parent, guardian, or custodian of the lead poisoned child. If a child care facility or school is the subject of a lead hazard control order, the parent, guardian or custodian of each child under six years of age who receives child care or education at the facility shall also receive a copy of the lead hazard control order.

Any lead hazard control order that is returned undelivered shall be re-sent by regular mail. After three calendar days the lead hazard control order shall be assumed delivered. Any order that is returned undelivered for a second time shall be posted at the property that is subject to the order. Adequate

documentation including receipts or written notes shall be maintained in the case file indicating the mailing and receipt of the lead hazard control order.

If the director or board determines that the health of the occupants may be threatened by the identified hazards, the order may include an order to vacate the property.

B) FOLLOW-UP ACTIVITIES

Forty-five days after receipt of Lead Hazard Control Order (Optional)

If no response has been provided by the property owner, a public health lead investigator is encouraged to contact the property owner prior to 90 day time limit. Phone contact, home visit or written correspondence is recommended for follow-up contact. The investigator may send the property owner or manager the Extension Request form located in *Appendix N*. Documentation of all contact attempts shall be maintained in the case file.

Ninety days after receipt of the Lead Hazard Control Order

The public health lead investigator shall determine the status of the lead hazard control order ninety days after the owner receives the lead hazard control order. If a written extension request has been received from the property owner, it shall set forth the reasons for the extension request and describe the measures that will be implemented to protect the child from further lead poisoning until clearance has been achieved. A letter shall be sent to the property owner acknowledging acceptance of the extension request (see *Appendix O*).

The owner or manager of a property subject to a lead hazard control order shall inform the director in writing on a form prescribed by the director (See *Appendix P*) as to which lead hazard control method has been chosen for each lead hazard. The notification shall be sent to the director by facsimile, electronic mail, or regular mail ten days prior to the start of the lead hazard control work and shall be signed by the individual who intends to perform the lead hazard control work. The director may provide written comments to the owner or manager within ten calendar days of receipt of the proposed methods of control.

To determine if the owner has successfully controlled the lead hazards, review the documentation to confirm that the owner/manager has submitted a copy of a passed clearance examination report indicating all hazards identified in the order have been sufficiently controlled. Sufficiently controlled means that the control method used is one of the approved methods listed in rule 3701-30-10 of the OAC. If the control method used requires an on-going monitoring and maintenance plan, a copy of the plan must accompany the clearance examination report.

If the property owner has failed to make forward progress toward complying with the lead hazard control order, a non-compliance order shall be issued.

C) NON-COMPLIANCE ORDER

If after 90 days the property owner and manager has failed to comply with the lead hazard control order and has not submitted an approvable extension request, the director or board shall issue a non-compliance order prohibiting the use of the property as a residential unit, child care facility or school. (Please refer to *Appendix Q* for the non-compliance order template).

Delivery of Non-Compliance Order

The non-compliance order shall be sent certified mail with return receipt requested or hand delivered to the owner **and** manager of the property that is subject to the order. If hand delivered, the investigator should document the time, date and recipient of the delivery. When possible, investigators should obtain the signature of the recipient.

Vacating the Property

After receiving a non-compliance order, the property owner and manager are required to take appropriate measures to notify each occupant of the residential unit, parents, guardian, or custodian of each child attending the child care facility or school to vacate the residential unit, child day-care center or school until the property passes a clearance examination. This notification must be sent no less than ten days prior to vacating the property.

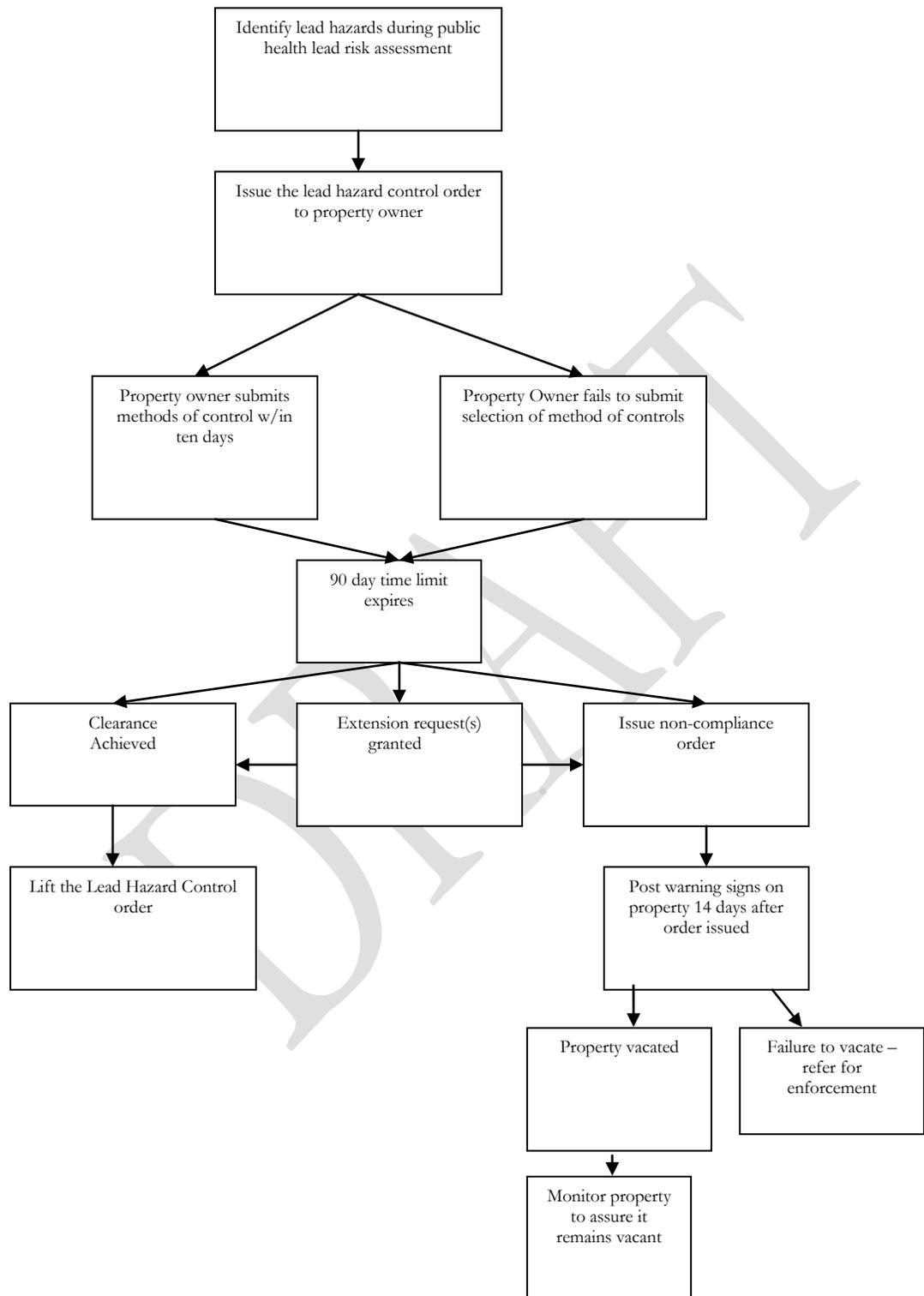
Posting Warning Signs on the Property

Within fourteen days of receiving the non-compliance order and order to vacate, warning signs (placards) shall be posted by the director or delegated board of health (please refer to *Appendix R* for a warning sign template) on one or more entrances to the residential unit, child care facility or school. The signs shall remain posted until removed by the director or the delegated board of health after the property passes a clearance examination and the lead hazard control order has been lifted.

Failure to Comply with the Non-Compliance Order

If the director or a delegated board of health determines from follow-up activities that the property has not been vacated, the director may refer the case to the state's attorney general's office for civil action or to the county prosecutor's office for criminal action. A delegated board of health may refer the case to their local law enforcement agent for criminal action or to the ODH for civil action.

The Lead Hazard Control Order Process



Lifting the Lead Hazard Control Order

A) SUBMISSION OF CLEARANCE EXAMINATION RESULTS

When the residential unit, child care facility or school subject to a lead hazard control order passes a clearance examination, the results should be sent to the director or delegated board of health.

B) COMPLETION OF COMPLIANCE REVIEW CHECKLIST

Upon receipt of the clearance examination results the public health lead investigator shall perform a complete review of the documentation using the checklist in *Appendix S*. If the property owner failed to comply with any of the items listed in the check list, the property shall remain subject to the lead hazard control order until all of the items have been controlled. If the property owner controlled the property with the use of control methods requiring an ongoing monitoring and maintenance plan as identified in rule 3701-30-10 of the OAC (found in *Appendix T*), the plan must be submitted in order to meet compliance.

C) ISSUANCE OF NOTICE OF COMPLIANCE

When it has been determined by the public health lead investigator that the property has met all the requirements of Chapter 3701-30 of the OAC, the lead hazard control order may be lifted and a notice of compliance letter shall be sent to the property owner (please refer to *Appendix U*).

Appendix F

OHIO HEALTHY HOMES AND LEAD POISONING PREVENTION PROGRAM (OHHLPPP)

CASE MANAGEMENT PROTOCOL

This document will outline the general framework and procedures to be used in conducting case management services for children with elevated blood lead levels (EBL). This protocol is applicable to the OHHLPPP, its trained case managers, its funded sites, and local health districts that have a current Memorandum of Understanding (MOU) with the ODH.

The ODH OHHLPPP Case Management Coordinator will send notification of new open cases of children with EBLs to case managers in health districts that have a current MOU to enable them to proceed with case management services. In jurisdictions where there is no MOU, the RSP Coordinator will take initial responsibility for the case. After the parent/guardian has signed a release of information form, local staff may provide follow up, if available.

The process of case management will be divided into six stages.

These stages include: **1)** initial contact; **2)** first home visit; **3)** home visit follow up; **4)** second home visit; **5)** home visit follow up; **6)** case closure.

The details of each stage are outlined below.

Stage 1: Initial contact

TIMETABLE FOR INITIAL CONTACT

| EBL LEVEL | TIME FRAME AFTER RECEIVING EBL LAB RESULT |
|---------------|---|
| 10 - 14 µg/dL | Within 10 business days |
| 15 - 19 µg/dL | Within 10 business days |
| 20 - 44 µg/dL | Within 5 business days |
| 45 - 70 µg/dL | Within 2 business days |
| 70 + µg/dL | Within 1 business day |

There is no safe level of lead in the blood.

Ohio Administrative Code requires a public health lead investigation at confirmed blood levels ≥ 10 µg/dL. However, any jurisdiction with a current MOU with ODH that has chosen to provide primary prevention services to families of children with

levels of 5-9 µg/dL, should make initial contact with these families within 20 business days.

The initial contact for ≥10 µg/dL EBLs shall consist of a phone call to parent/guardian including a notification of the EBL test, brief educational information about lead poisoning health risks and preventive measures and the scheduling of a first home visit.

All other case management team members shall be notified of the EBL within compliance to HIPAA guidelines.

Other team members may include the public health lead investigator (PHLI); the primary care provider; local health district staff; and for Medicaid-eligible children, the Ohio Department of Job and Family Services (ODJFS) HealthChek coordinator.

Stage 2: First home visit

- Conduct with public health lead investigator during initial investigation if possible, but may be done separately.
- Administer medical and behavioral assessment using the Elevated Blood Lead Level Home Visit Questionnaire.
- Administer an environmental assessment using the Environmental Visual Assessment form.
- Conduct an educational session with the parent/guardian with emphasis on information related to the medical, nutritional and environmental aspects of lead poisoning and healthy homes. Provide appropriate materials to the parent/guardian such as handouts, videos, cleaning and environmental supplies.
- Obtain parent/guardian signatures on release of information and consent forms for all appropriate referrals, e.g. Help Me Grow, WIC, BCMH and Early Learning Initiative. All children under the age of 36 months of age with a blood lead level ≥15 µg/dL shall be referred to Help Me Grow (Early Intervention).
- Conduct an exit summary with the parent/guardian on all environmental hazard and remediation issues raised during the assessment process.
- Send a copy of the Home Visit Questionnaire, Environmental Visual Assessment, and any related documents to the RSP Coordinator via email, fax or postal mail.

Stage 3: First home visit follow-up

- Create an individualized Case Management/Care Plan with specific goals for the child in question.

- Complete Individualized Educational Assessment form based on information gathered during the first home visit and the PHLI's investigation.
- Distribute a copy of the Individualized Educational Assessment form to the parent/guardian and all other relevant team members.
- Make appropriate referrals to programs for which the parent/guardian has given consent.
- Coordinate efforts by all case management team members to implement the Case Management Care Plan.
- Schedule second home visit.

Stage 4: Second home visit

- Conduct within 45-90 days after the first home visit, ideally after the child has been retested and the results received.
- Home visit may be in conjunction with other team members as appropriate.
- Evaluate progress on the Case Management/Care Plan goals, such as obtaining follow up blood tests, lowered blood lead levels, improved environmental conditions and improved nutrition for child.
- Review and reinforce education session components from first home visit.
- If a home visit is not feasible, a phone conversation with the parent/guardian may be substituted.
- Send a copy of the Home Visit Questionnaire and any related documents to the OCLPPP Case Management Coordinator via email, fax or postal mail.

Stage 5: Second home visit follow-up

- Communicate with the assigned PHLI and local housing authorities to ensure environmental remediation is progressing and completed.
- Use follow up phone calls and/or visits to the parent/guardian to encourage continued reduction of blood lead levels. Highest priority shall be given to families of children with the highest EBLs.
- Continue to coordinate with other referred agencies. Children's Services may be used as an additional resource for especially hazardous home environments as appropriate.

Stage 6: Case closure

Under normal circumstances, a case will be closed when:

- A child maintains blood lead levels below 10 µg/dL as determined by at least two blood tests spaced at least 60 days apart.
- A child has reached the age of 72 months.

- The parent/guardian cannot be contacted within a six-month period that includes three or more documented failed attempts to reach them.
- A child has not had any follow up blood tests within a six-month period.
- A child has moved to a different jurisdiction; in this situation all case notes, child reports and other information shall be sent to the case manager in the new jurisdiction. Utilize the Ohio Lead Case Managers & Local Health Department Contacts directory from the ODH OHHLPPP to identify contacts in the child's new health district. Send notification of the child's new address to the RSP Coordinator at ODH.

When a case is closed, a notification letter shall be sent to the parent/guardian (with a copy to the primary care physician), that also includes an information packet with suggestions for long-term care and prevention and an outline of the critical transition points in a child's development that might be affected by lead poisoning. Send a copy of only the notification letter to the RSP Coordinator.

A case may remain open until a child becomes 16 years of age, based on the discretion of the case manager. This decision should be based on time constraints, resource availability and individual child considerations.

Appendix G

**ENVIRONMENTAL VISUAL ASSESSMENT
HEA 4633**

Ohio Department of Health Environmental Visual Assessment

| | | | |
|---|---|--|------------------------|
| Contact name | | Telephone () | |
| Property address | City | State | ZIP |
| Property owner name | | | |
| Property owner address | City | State | ZIP |
| Date of visual inspection / / | Type of home <input type="checkbox"/> single residence <input type="checkbox"/> multi-family <input type="checkbox"/> mobile | | Approximate year built |
| Number of children in home and ages | | Pets/animals indoors <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other _____ | |
| Specific health concerns (allergies, asthma, coughing/wheezing) <input type="checkbox"/> for child <input type="checkbox"/> for adult _____ _____ _____ | | | |

| |
|--------------------------------|
| Visual assessment conducted by |
|--------------------------------|

Check '✓' the appropriate box to indicate the seven principles of a Healthy Home.

Keep it well-ventilated

| Observations | Yes | No | Notes |
|-------------------------------------|-----|----|-------|
| Cigarette/tobacco smoke or ash tray | | | |
| Fragrant candles/plug-ins | | | |
| Smell/odor of mold, mildew, or gas | | | |
| Any other concern | | | |

Keep it pest-free

| Observations | Yes | No | Notes |
|---|-----|----|-------|
| Cockroaches, frass, bed bugs, fleas | | | |
| Rats, mice, bats | | | |
| Food (human or pet) and water improperly stored | | | |
| Any other concern | | | |

Keep it dry

| Observations | Yes | No | Notes |
|--|-----|----|-------|
| Mold/mildew/moisture on surfaces/walls | | | |
| Peeling paint on surfaces/walls | | | |
| Damaged gutters, down spouts and/or roof | | | |
| Any other concern | | | |

Keep it contaminant-free

| Observations | Yes | No | Notes |
|---|-----|----|-------|
| Needs carbon monoxide detector | | | |
| Cleaning products, pesticides improperly stored | | | |
| Any other concern | | | |

Keep it clean

| Observations | Yes | No | Notes |
|---------------------------------------|-----|----|-------|
| Garbage improperly stored | | | |
| Accumulation of dust/dirt inside home | | | |
| Clutter | | | |
| Any other concern | | | |

Keep it safe

| Observations | Yes | No | Notes |
|---|-----|----|-------|
| Need smoke detectors/batteries | | | |
| Accessible medicines/cleaning supplies | | | |
| Damaged electrical outlets or frayed wiring | | | |
| Smooth shower or bath surfaces | | | |
| Fall/trip hazards present (rugs, broken steps) | | | |
| Inadequate lighting | | | |
| Lack of child proofing of home (outlet covers, stair gates, shortened window blind cords) | | | |
| Hand railings broken or missing | | | |
| Any other concern | | | |

Keep it well-maintained (list any other maintenance issues)

| |
|-------------------|
| <hr/> <hr/> <hr/> |
|-------------------|

Summary

| Observations | Yes | No | Notes |
|------------------------------------|-----|----|-------|
| Conducted education on-site | | | |
| Provided educational materials (s) | | | |
| Mailed educational material (s) | | | |
| Referral to | | | |
| Recommend follow-up visit | | | |

*A "yes" response indicates that education is needed on the healthy homes principle(s)