



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

May 30, 2017

Jennifer Kostasich, Project Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

Dear Ms. Kostasich,

Re: Project Number 11-W-00302/5 – Flint Michigan Section 1115 Demonstration

Enclosed is the quarterly report for the Flint Michigan Section 1115 Demonstration. It covers the first quarter of calendar year 2017. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman. She may be reached by phone at (517) 284-1190, or by e-mail at colemanj@michigan.gov.

Sincerely,

A black rectangular redaction box covering the signature of Penny L. Rutledge.

Penny L. Rutledge, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosure (9)

Flint Michigan Section 1115 Demonstration
Quarterly Report

Demonstration Year: 1 (03/01/2016 – 02/28/2017)
Calendar Year Quarter: 1 (01/01/2017 – 03/31/2017)

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Introduction

On March 3, 2016 the Centers for Medicare and Medicaid Services (CMS) approved Michigan Department of Health and Human Services' (MDHHS) application to expand Medicaid coverage for individuals impacted by lead exposure in the Flint water system through February 28, 2021. Through the demonstration, entitled "Flint Michigan Section 1115 Demonstration" and the associated state plan amendments, State Medicaid eligibility expanded to low-income children and pregnant women who were served by the Flint water system during a specified period of time and who would not otherwise be eligible for Medicaid. This population consists of children in households with incomes from 212 percent of the federal poverty level (FPL) up to and including 400 percent of the FPL and pregnant women in households with incomes from 195 percent up to and including 400 percent of the FPL.

The demonstration population receives care primarily through Medicaid managed care plans and receives all state plan benefits including, for children, Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Individuals receiving benefits under the demonstration are exempt from cost sharing and premiums. Targeted Case Management and home lead investigation services are available to children and pregnant women served by the Flint water system during the defined period who have been determined eligible for Medicaid. The provision of specialized services are limited to certain providers as allowable under the approved demonstration.

Enrollment and Benefits Information

Enrollment into the Flint Medicaid waiver program began May 9, 2016. Beneficiaries already eligible for Medicaid were contacted by mail with information on expanded services provided by the waiver. Potential enrollees can apply for the program via the MDHHS website, by calling a toll-free number or by visiting any MDHHS County office or an area navigator site. Healthcare coverage and application information for people impacted by the Flint water system can be found on the MDHHS website.¹

Demonstration enrollment activity is detailed in this section of the report. For reporting purposes, the Children enrollment group is defined as demonstration enrollees under the age of 21. Pregnant women are identified using pregnancy indicators in the MDHHS data warehouse. To avoid duplication, pregnant women are excluded from the Children enrollment group. Demonstration disenrollment reports by month have been included as attachments. Additionally, maps depicting the geographic distribution of demonstration enrollees for the quarter have been included as attachments to this report. The attached reports will not necessarily align numerically with the figures reported in the quarterly report tables due to differences in the timing of data retrieval.

The following table, Table 1, shows enrollment in the demonstration by month.

¹ <http://www.michigan.gov/mdhhs/0,5885,7-339-71547-384168--,00.html>

Table 1: Flint Demonstration Enrollment by Month			
Enrollment Group	January 2017	February 2017	March 2017
Pregnant Women	827	750	705
Children	25,788	25,734	27,529
Total	26,615	26,484	28,234

Table 2 displays Flint demonstration new enrollment by month. This includes individuals who may have previously been enrolled in other Medicaid programs but are new to the Flint demonstration.

Table 2: Flint Demonstration New Enrollment by Month				
Enrollment Group	January 2017	February 2017	March 2017	Total
Pregnant Women	216	72	82	370
Children	2,870	373	1,596	4,839
Total	3,086	445	1,678	5,209

Table 3 shows Flint demonstration re-enrollments by month. Re-enrollments include individuals who have disenrolled and re-enrolled in the Flint demonstration. Individuals under the re-enrollment category also include individuals that may have previously been enrolled in other Medicaid programs.

Table 3: Flint Demonstration Re-Enrollment by Month				
Enrollment Group	January 2017	February 2017	March 2017	Total
Pregnant Women	15	13	28	118
Children	262	282	865	3,177
Total	277	295	893	3,295

MDHHS monitors the Flint demonstration population's usage of Medicaid benefits to assure access to care. The following access to care metrics utilize the same enrollment group definitions for children and pregnant women as described for tables 1 – 3. It should be noted that the Children Under 6 category below is a subgroup of the Children category.

The following table lists the cumulative, unduplicated count of Flint demonstration enrollees since the waiver begin date of May 9, 2016 through the end of the reporting quarter, March 31, 2017. The table displays the total number of those enrolled with a visit to a provider with a primary care associated specialty. This includes practitioners with a specialty of family medicine, general medicine, internal medicine or pediatrics. This metric includes any procedure rendered by a primary care provider (PCP).

Table 4: Cumulative Flint Demonstration PCP Utilization**May 2016 – March 2017**

Enrollment Group	Cumulative Enrollment	Cumulative Count of Enrollees with PCP Visit(s)	Cumulative Percentage of Enrollees with PCP Visit(s)
Children	31,439	22,611	72%
Children Under 6	11,843	9,927	84%
Pregnant Women	1,892	1,518	80%
Total	33,331	24,129	72%

Table 5 indicates the monthly count of PCP visits for the reporting quarter's Flint demonstration population.

Table 5: Monthly Flint Demonstration PCP Visits

Enrollment Group	January 2017	February 2017	March 2017
Children	7,721	7,410	7,998
Pregnant Women	382	309	227
Total	8,103	7,719	8,225

Targeted Case Management services are provided by Genesee Health System and include the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs;
- Development of a specific care plan;
- Referrals and related activities to help obtain needed services;
- Monitoring and follow-up activities.

The following table includes Targeted Case Management service activity as provided by Genesee Health System. Individuals counted as those with ongoing services are defined as individuals receiving a Targeted Case Management-related service other than assessment during the month, including unbilled face-to-face and phone contacts.

Table 6: Genesee Health System Targeted Case Management Activity

Month	Count of Assessments	Count of Enrollees with Ongoing Targeted Case Management
January 2017	26	66
February 2017	4	61
March 2017	5	68
Cumulative Total	157	192

Outreach/Innovation Activities to Assure Access

MDHHS and community partners work together to coordinate and implement outreach for those affected by the Flint water system. Activities have included press conferences, public service

announcements, community events, advertisements on radio and television, social media posts, and letters to providers and potential enrollees. The public can access waiver specific information, including weekly enrollment reports, on the department's website.² A variety of resources for Flint families are available on the State's Flint water website.³ MDHHS has prominently displayed links to both Flint websites on the MDHHS homepage.⁴

MDHHS provides progress reports to the Medical Care Advisory Council (MCAC) as its post award forum at regularly scheduled quarterly meetings. These meetings offer an opportunity for attendees to provide program comments and suggestions. The February 2017 MCAC minutes have been attached as an enclosure. MCAC meeting agendas and minutes are also available on the MDHHS MCAC website.⁵

Operational and Policy Development

This and future quarterly reports will address policy, administrative or budget issues identified during the demonstration. On January 1, 2017, Michigan's approved State Plan Amendment expanding the State's current lead abatement program through a health services initiative (HSI) went into effect. Beginning this quarter, funds were made available to support expanded lead abatement activities in Flint. MDHHS continues to perform outreach to qualified families and work on the identification of additional communities eligible for lead abatement services. MDHHS issued a policy to all providers regarding lead abatement services on February 1, 2017. This policy bulletin has been included as an enclosure with this report.

MDHHS and the Medicaid Health Plans continue to effectively collaborate to support the Flint demonstration population in regular operations meetings. This quarter, MDHHS discussed Flint related outreach with the Medicaid Health Plans. Health Plans submitted reports to MDHHS detailing outreach to demonstration members. The Medicaid Health Plans continue to follow up with individuals with a reported Elevated Blood Lead Level who have not had a PCP visit. Additionally, the department provided guidance to health plans to navigate instances where the Health Plans are unable to reach Flint demonstration enrollees.

Budget Neutrality Monitoring

In accordance with the demonstration special terms and conditions, MDHHS will provide a completed budget neutrality monitoring spreadsheet with future quarterly reports as expenditure data is available.

² <http://www.michigan.gov/mdhhs/0,5885,7-339-71547-376862--,00.html>

³ <http://www.michigan.gov/flintwater>

⁴ <http://www.michigan.gov/mdhhs/>

⁵ http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-55742--,00.html

Consumer Issues

MDHHS utilizes the Beneficiary Helpline as a central point of contact for members to ask questions, report complaints and resolve issues. Information on beneficiary complaints and health plan grievances and appeals are currently collected for other Medicaid programs. In the following table, MDHHS has refined existing reporting mechanisms to measure Flint demonstration member telephone contacts with the department.

Table 7: Flint Demonstration Customer Service Requests	
January 2017 – March 2017	
Category	Number of Contacts
1095-B Form	47
Covered Services	10
Obtaining Prescriptions	5
Other	5
Dental	4
Health Plan Enrollment Not Recognized	4
Total	75

Quality Assurance/Monitoring Activity

MDHHS monitors performance for the Medicaid Health Plans that are licensed and approved to provide coverage to Michigan's Medicaid beneficiaries. Quality measures are based on data submitted by the health plans. Future quarterly reports will include available quality assurance and monitoring reports specific to the Flint demonstration.

Demonstration Evaluation

MDHHS has commissioned the Michigan State University Institute for Health Policy (MSU-IHP) to serve as the Flint demonstration independent evaluator. In accordance with the demonstration special terms and conditions, MDHHS and MSU-IHP submitted an evaluation proposal to CMS. MDHHS continues to engage in discussion with CMS regarding the evaluation design for the Flint demonstration.

Enclosures/Attachments

1. January 2017 Flint Demonstration Disenrollment Report (CM-100)
2. February 2017 Flint Demonstration Disenrollment Report (CM-100)
3. March 2017 Flint Demonstration Disenrollment Report (CM-100)
4. Quarterly Geographic Distribution Enrollment Map: Pregnant Women
5. Quarterly Geographic Distribution Enrollment Map: Children
6. Quarterly Geographic Distribution Enrollment Map: Children Under 6
7. February 2017 MCAC Meeting Minutes

8. MSA 17-05 Lead Abatement Services Policy Bulletin

State Contacts

If there are any questions about the contents of this report, please contact one of the following people listed below.

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Actuarial Division

Bureau of Medicaid Operations and Actuarial Services

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Date Submitted to CMS

May 30, 2017

State of Michigan
 Department of Health and Human Services
 Medicaid waiver Monthly CMS report

Report ID: CM-100
 Report Period: 01/01/2017

Run Date: 04/30/2017
 Run Time: 9:13:59PM

1. Monthly count of disenrollment because of transfer to another eligibility group:	336
2. Monthly count of disenrollment other than transfer to another Medicaid group:	302
3. Monthly count of beneficiaries due for renewal:	806
4. Number of beneficiaries due for renewal who did not renew:	729
5. Number of beneficiaries due for renewal who lost eligibility:	198
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 12/31/2016	Count: 36,953
01/01/2017 Thru 01/07/2017	Count: 340
01/08/2017 Thru 01/14/2017	Count: 358
01/15/2017 Thru 01/21/2017	Count: 3,362
01/22/2017 Thru 01/28/2017	Count: 313
01/29/2017 Thru 01/31/2017	Count: 168

***** END OF THE REPORT *****

State of Michigan
 Department of Health and Human Services
 Medicaid waiver Monthly CMS report

Report ID: CM-100
 Report Period: 02/01/2017

Run Date: 05/01/2017
 Run Time: 10:44:41AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	362
2. Monthly count of disenrollment other than transfer to another Medicaid group:	330
3. Monthly count of beneficiaries due for renewal:	801
4. Number of beneficiaries due for renewal who did not renew:	728
5. Number of beneficiaries due for renewal who lost eligibility:	187
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 01/31/2017	Count: 41,494
02/01/2017 Thru 02/04/2017	Count: 229
02/05/2017 Thru 02/11/2017	Count: 276
02/12/2017 Thru 02/18/2017	Count: 260
02/19/2017 Thru 02/25/2017	Count: 192
02/26/2017 Thru 02/28/2017	Count: 127

***** END OF THE REPORT *****

State of Michigan
 Department of Health and Human Services
 Medicaid waiver Monthly CMS report

Report ID: CM-100
 Report Period: 03/01/2017

Run Date: 05/01/2017
 Run Time: 2:20:13PM

1. Monthly count of disenrollment because of transfer to another eligibility group:	291
2. Monthly count of disenrollment other than transfer to another Medicaid group:	475
3. Monthly count of beneficiaries due for renewal:	966
4. Number of beneficiaries due for renewal who did not renew:	892
5. Number of beneficiaries due for renewal who lost eligibility:	245
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 02/28/2017	Count: 42,578
03/01/2017 Thru 03/04/2017	Count: 210
03/05/2017 Thru 03/11/2017	Count: 225
03/12/2017 Thru 03/18/2017	Count: 232
03/19/2017 Thru 03/25/2017	Count: 214
03/26/2017 Thru 03/31/2017	Count: 187

***** END OF THE REPORT *****

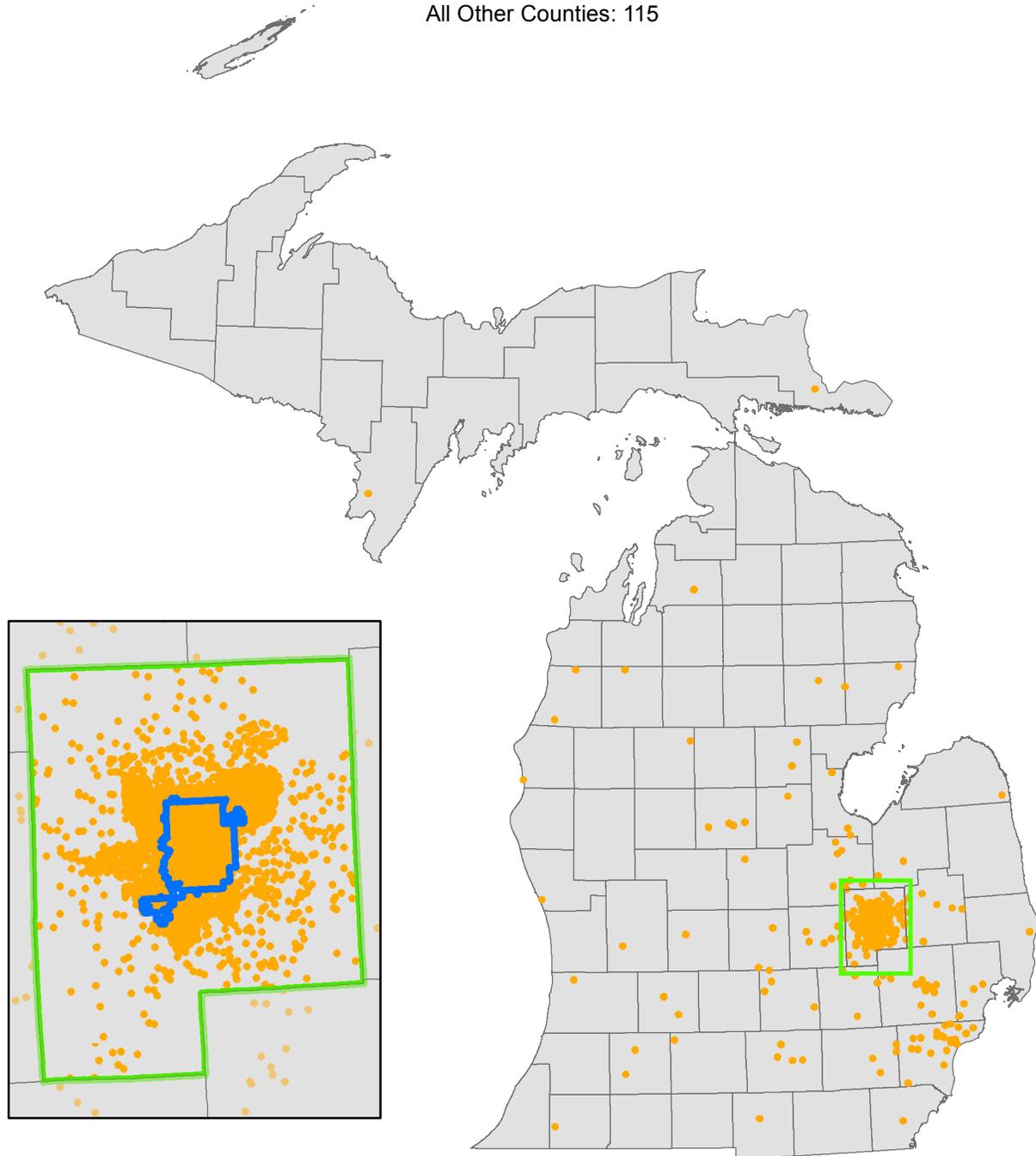
Flint Demonstration Waiver Enrollees

Pregnant

January - March 2017

Genesee County: 903

All Other Counties: 115



Source: MDHHS Data Warehouse
Retrieved on April 21, 2017

MDHHS - Actuarial Division
April 21, 2017

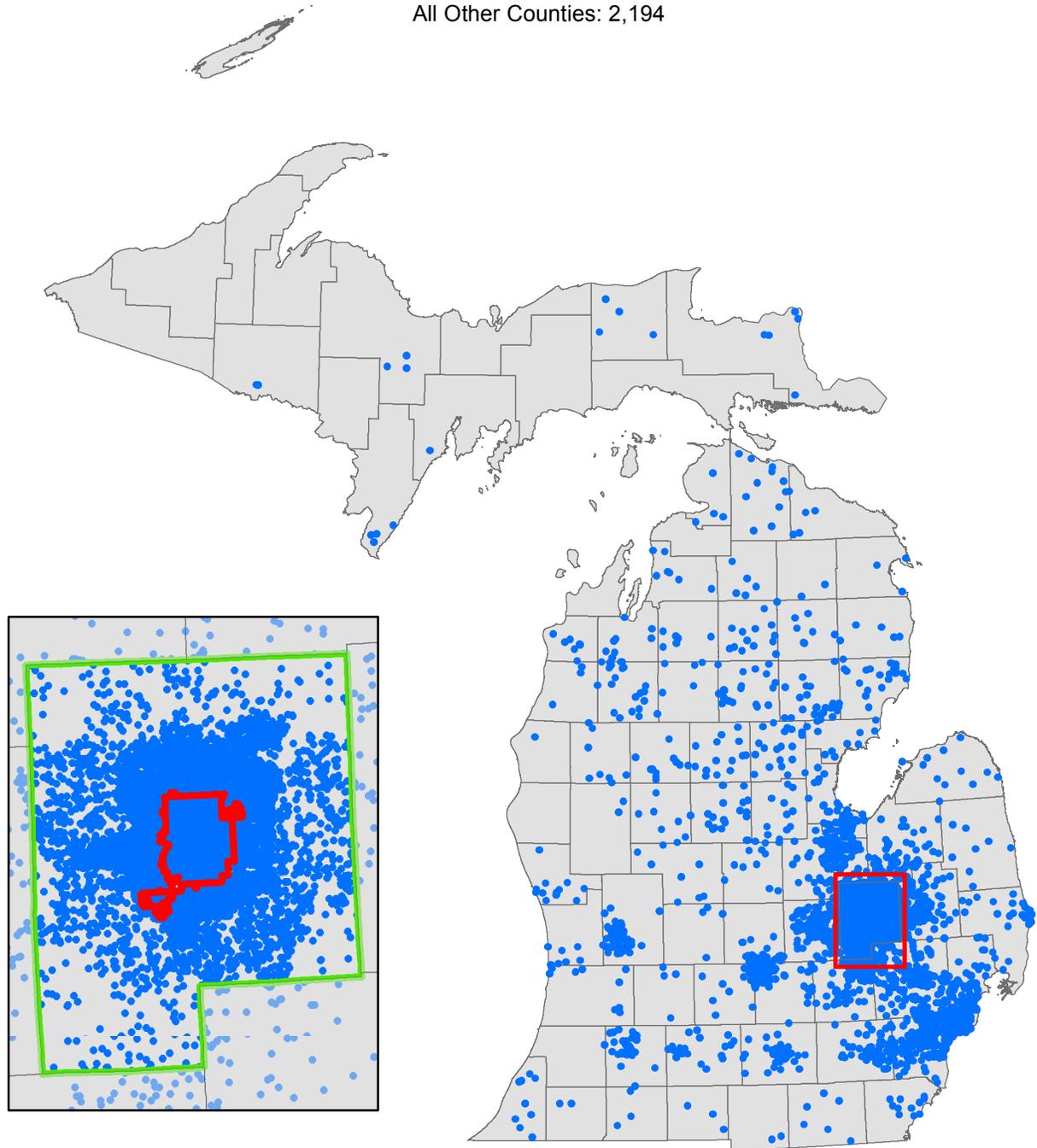
Flint Demonstration Waiver Enrollees

0-20 Years Old

January - March 2017

Genesee County: 26,473

All Other Counties: 2,194



Source: MDHHS Data Warehouse
Retrieved on April 21, 2017

MDHHS - Actuarial Division
April 21, 2017

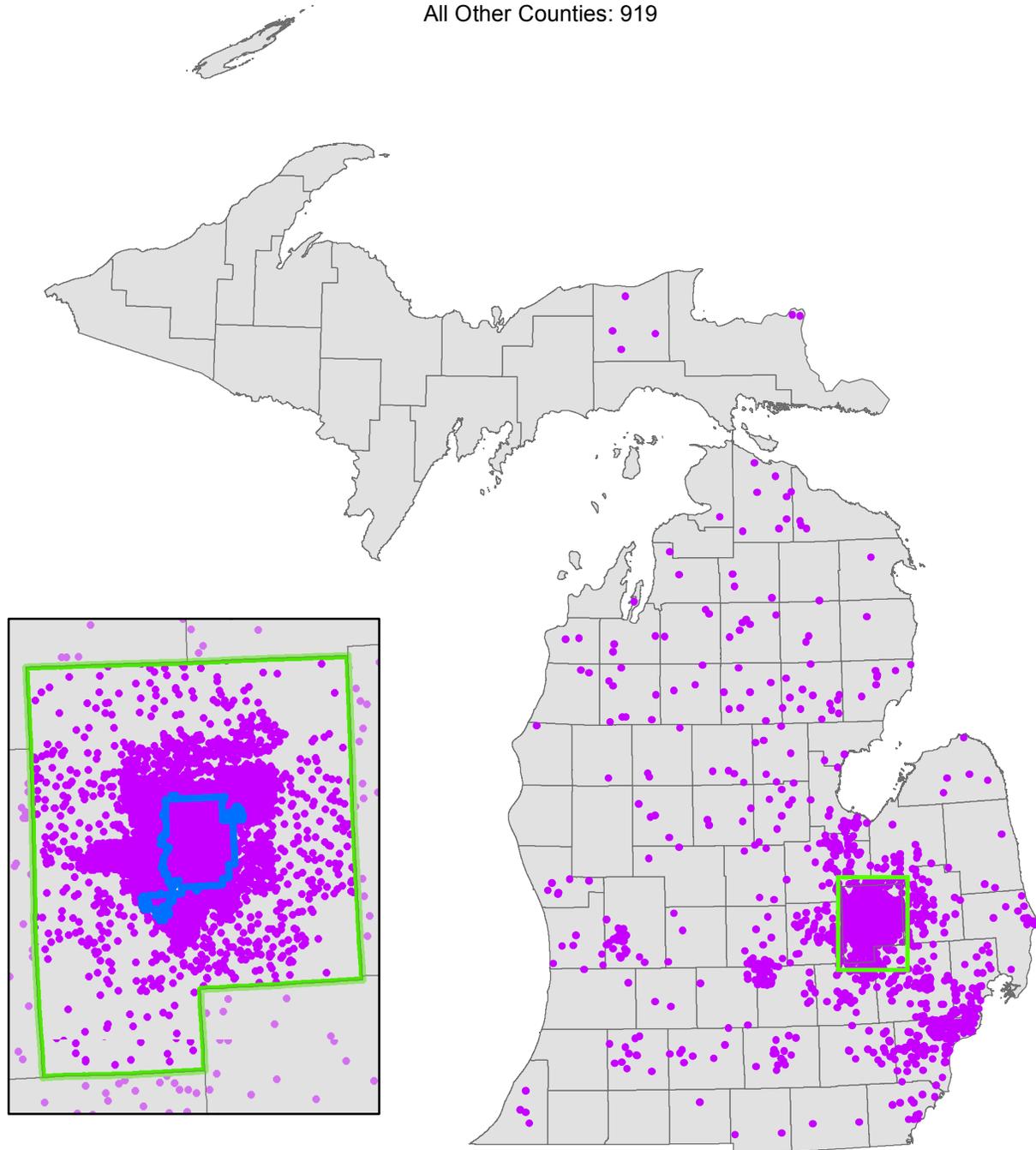
Flint Demonstration Waiver Enrollees

0-5 Years Old

January - March 2017

Genesee County: 9,508

All Other Counties: 919



Source: MDHHS Data Warehouse
Retrieved on April 21, 2017

MDHHS - Actuarial Division
April 21, 2017



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Thursday, February 16, 2017

Time: 1:00 pm – 4:30 pm

Where: Michigan Public Health Institute (MPHI)
2436 Woodlake Circle
Okemos, MI 48864

Attendees: **Council Members:** Robin Reynolds, Jeff Towns, Kim Singh, Amy Zaagman, Joanne Sheldon (for Loretta Bush), April Stopczynski, Pam Lupo, Julie Cassidy (for Emily Schwartzkopf), Alison Hirschel, Marilyn Litka-Klein, Dominick Pallone, Dave Lalumia, Mark Klammer, Marion Owen, Linda Vail, Travar Pettway, Eric Roath, Rebecca Blake, Warren White, Lisa Dedden Cooper, Dave Herbel

Staff: Chris Priest, Farah Hanley, Lynda Zeller, Kathy Stiffler, Brian Keisling, Brian Barrie, Marie LaPres, Pam Diebolt, Erin Emerson, Jon Villasurda, Michelle Best

Welcome, Introductions and Announcements

Robin Reynolds opened the meeting and introductions were made.

Federal Update

Chris Priest reported that the U.S. House of Representatives is scheduled to begin discussing legislation to repeal parts of the Affordable Care Act (ACA) beginning the week of February 27, 2017. Because the details of any potential new legislation and its impact on MDHHS are currently unknown, the Department is continuing to implement its programs as planned while also advocating for the Healthy Michigan Plan at the federal level. MDHHS staff and meeting attendees discussed ways to promote the Healthy Michigan Plan at length, while Robin Reynolds offered to draft a letter of support for the program on behalf of the Medical Care Advisory Council (MCAC).

Budget/Boilerplate Update

2017 Update/2018 Proposed Budget

The Governor submitted a budget proposal for Fiscal Year (FY) 2018 to the legislature on February 8, 2017, which contained a recommendation of \$25.6 billion gross and \$4.5 billion

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February 16, 2017

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general fund (GF) for the Michigan Department of Health and Human Services (MDHHS). Highlights of the Executive Budget Recommendation for MDHHS include:

- \$55.5 million GF to fund the Federal Matching Assistance Percentage (FMAP) reduction for the Healthy Michigan Plan across Medicaid and Behavioral Health
- A one percent increase in actuarial soundness for Prepaid Inpatient Health Plans (PIHPs) and Medicaid Health Plans (MHPs)
- A wage increase of \$0.50 for direct care workers
- Funding for 72 new full-time staff members across five State hospitals
- Funding for a 200 bed replacement facility for the Caro Center
- \$12 million gross (\$3 million GF) to expand contracted Non-Emergency Medical Transportation (NEMT) broker services beyond Southeast Michigan
- Funding for 51 additional Pathways to Potential workers
- A recommended increase in the child clothing allowance from \$140 per month to \$200 per month
- Funding for 95 additional full-time adult services workers
- Increased funding for foster care parent support, as well as an increase in private foster care agency rates
- Funding for an Integrated Service Delivery Information Technology (IT) initiative
- Increase in the emergency shelter per diem rate from \$12 to \$16
- Additional funding for delivery of in-home meals and services for seniors
- Additional funding for Flint
- \$1 million for university autism programs
- \$2 million to implement the recommendations of the child lead poisoning elimination board

MDHHS staff noted that there were several earmark eliminations included in the Executive Budget Recommendation, but expressed the Department's support for the Governor's proposed budget for the MDHHS Medical Services Administration.

Flint Update

MDHHS received approval from the Centers for Medicare & Medicaid Services (CMS) on May 9, 2016 for a waiver to provide coverage for children and pregnant women with incomes up to 400% of the Federal Poverty Level (FPL) impacted by Flint water, and the Department is continuing outreach and enrollment efforts among individuals eligible for coverage. On November 14, 2016, MDHHS received CMS approval for a State Plan Amendment to allow Michigan to implement a new health services initiative (HSI) for the enhancement and expansion of the current lead abatement program, effective January 1, 2017. As part of this expansion, the state will provide coordinated and targeted lead abatement services to eligible properties in the impacted areas of Flint, Michigan and other areas within the State of Michigan. As of February 16, 2017, 20 homes in Flint have received or are currently receiving lead abatement services, while 45 additional homes have been targeted for outreach. The

Medical Care Advisory Council

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February 16, 2017

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Department is also working to identify additional communities for lead abatement services. A residence located in Flint or other targeted community identified by MDHHS may be eligible for lead abatement services if a Medicaid or Children's Health Insurance Program (CHIP)-eligible child or pregnant woman lives in the home.

Medicaid Managed Care

Provider Surveys

The MHP provider survey that was discussed at the previous MCAC meeting has now been finalized. To conduct the survey, MDHHS will randomly select providers to complete surveys related to their experience working with a specific MHP. If a provider completes the survey for the MHP to which they are assigned, they may complete additional surveys for any MHP they choose. The survey will be distributed to providers electronically by February 28, 2017.

The Department also plans to conduct a phone survey in March 2017 related to beneficiaries' experiences using Medicaid NEMT services. In addition, the Michigan Health Endowment fund has provided a grant to the Michigan League for Public Policy to study various issues related to Medicaid NEMT services.

Healthy Kids Dental Bid

MDHHS is preparing to release a Request for Proposal (RFP) for a new **Healthy Kids Dental** contract, and is aiming to issue contracts to more than one statewide vendor. Kathy Stiffler reported that the RFP has been delayed from its initial planned release, and that the new contract is not likely to be in effect by October 1, 2017 as discussed at the previous MCAC meeting. In response to a concern raised by a meeting attendee, MDHHS staff indicated that while the goal in seeking more than one vendor is to provide greater access to services, contracts will only be awarded to vendors that have an adequate provider network.

Health Insurance Claims Assessment (HICA) Tax

In 2016, Governor Snyder vetoed legislation to reconfigure the way Michigan's 6% use tax on Health Maintenance Organizations (HMOs) is utilized. CMS has disallowed the use tax, and it was scheduled to sunset on December 31, 2016. Chris Priest reported that following the previous MCAC meeting, the Michigan House and Senate passed legislation placing a moratorium on the use tax in order to implement the CMS requirement. Legislation to reconfigure the way the use tax is utilized has been re-introduced in the state Senate, with the understanding that the State plans to discuss the details of a potential replacement with CMS after the new administration's leadership is in place.

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Other

A meeting attendee requested information on the Department's treatment of Substance Use Disorder (SUD) services. In response, MDHHS staff and meeting attendees discussed several programs within the Medical Services Administration and Behavioral Health and Developmental Disabilities Administration that have been developed for the treatment of SUD.

Healthy Michigan Plan

Second Waiver Update (MI Health Account, Marketplace Protocol, Healthy Behaviors)

Under the terms of the second waiver, beginning April 1, 2018, Healthy Michigan Plan beneficiaries with incomes above 100% of the FPL who do not meet the criteria for "Medically Frail" and who have not completed a Health Risk Assessment (HRA) must leave the Healthy Michigan Plan and receive coverage from the Federally Facilitated Marketplace (FFM). Kathy Stiffler reported that MDHHS has released guidance to the health plans related to eligibility criteria for members of the Healthy Michigan Plan to receive services on the FFM, and that MDHHS is continuing to work with the Department of Insurance and Financial Services (DIFS) to develop coverage parameters for the health plans that serve this population. MDHHS will not require health plans on the FFM to develop a new product specific to Healthy Michigan Plan beneficiaries, but will instead allow the plans to use existing products to provide services to this population, and sign a Memorandum of Understanding (MOU) to implement special coverage provisions required by the second waiver. Approximately 125,000 Healthy Michigan Plan beneficiaries currently have incomes above 100% of the FPL.

The Department is also working to update the Healthy Behavior Protocols and MI Health Account Statement. The revised MI Health Account Statements will be sent to Healthy Michigan Plan beneficiaries beginning April 1, 2017.

A meeting attendee raised a concern regarding the online MI Health Account Portal by reporting that a beneficiary is charged an additional fee if their bank account information is entered incorrectly when attempting to pay their bill. MDHHS staff indicated they would check into this concern.

Behavioral Health Updates

PA 298 – Models

Lynda Zeller introduced Jon Villasurda as the new State Assistant Administrator for the Behavioral Health and Developmental Disabilities Administration, and gave an update on the Stakeholder 298 work group process that was convened to discuss the integration of behavioral health and physical health services. As of February 16, 2017, the work group process is nearly complete, and as a result of the work group's efforts, the Department

Medical Care Advisory Council

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submitted an interim report to the legislature containing 70 recommendations in 13 categories to improve behavioral health and physical health outcomes. MDHHS is currently working to complete financial models for the implementation of the group's recommendations, which are due to the legislature on March 15, 2017. A Stakeholder forum is also planned for February 24, 2017 to discuss the work group process. The interim legislative report will be posted for public comment beginning at 3:00 p.m. on February 16, 2017 until February 28, 2017.

Following the public comment period, MDHHS will submit a final report to the legislature that will contain the group's 70 recommendations, financial models and service delivery models. After the submission of the final report, the Department will continue to discuss benchmarks and outcomes for the implementation of the report's recommendations with the legislature.

1115 Waiver Status

MDHHS submitted a Section 1115 waiver to CMS in July 2016 to allow the administration of behavioral health services under a single waiver authority. The Department is continuing to work through the approval process with CMS, and MDHHS staff noted that conversations with their federal partners have been constructive.

Other

On February 17, 2017, MDHHS will submit the state's response to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Opioid State Targeted Response (STR) grant. The grant is made available only to states based on demographics, and will award a multi-year grant of \$16 million to promote the recommendations of the Opioid Commission Report and the goals of the new opioid commission. The five areas outlined in the report include prevention, treatment, policy and outcomes, regulation, and enforcement.

State Innovation Model (SIM)

On January 1, 2017, the health plans began making payments to providers under the SIM program. Providers were previously reimbursed for these services as part of the Michigan Primary Care Transformation (MiPCT) initiative. Chris Priest also reported that Tom Curtis, who previously worked on the SIM project in the Policy, Planning & Legislative Services Administration, has been hired as the Quality Improvement and Program Development section manager within the Managed Care Plan Division of the Medical Services Administration.

On February 15, 2017, the Medicaid MiPCT evaluation team presented the Medicaid evaluation results of the MiPCT pilot to the MHPs. MiPCT formed the basis for the Patient-Centered Medical Home (PCMH) model within SIM, and the results of the evaluation demonstrated improved outcomes and costs among the high-risk population. Kathy Stiffler offered to share the evaluation results with meeting attendees.

Medical Care Advisory Council

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Long-Term Care Services and Supports Updates

Brian Barrie provided an update on several topics related to long-term care services and supports, which include:

- The federal comment period for Michigan's Section 1115 Brain Injury Waiver ended on February 12, 2017, and MDHHS has received CMS approval for its implementation effective April 1, 2017.
- MDHHS established a pilot program to coordinate NEMT services through the MI Choice Waiver agencies, which decreased NEMT prior authorization decisions for beneficiaries from two and a half weeks to approximately 20 minutes in the pilot regions. The Department has received CMS approval for a waiver amendment to expand the program statewide effective April 1, 2017, and is now working toward implementation.
- MDHHS is revising the redetermination process for the home help program by eliminating the requirement that certain beneficiaries whose circumstances are not expected to change submit a Medical Needs Assessment Form (DHS-54A) upon eligibility redetermination.
- MDHHS is working to improve the assessment process for home help program beneficiaries who have complex care needs.
- MDHHS is developing a quality initiative for the Adult Protective Services program in order to better assess outcomes for its beneficiaries.
- MDHHS is in the process of moving the Level of Care Determination (LOCD) operation from the Bridges system into CHAMPS, which will provide the Department with the opportunity to design and implement changes to the LOCD process based on recommendations from the LOCD stakeholder group that met in 2015.
- MDHHS is working with a design team to develop a sustainable program model for nursing facility transitions. The design team has identified 18 core values for the new system to follow, and four action teams have been created to address the pre-nursing facility transition phase, transition phase, post-transition phase, and policy implications of the new sustainable program model.
- Design teams will also begin work in the near future to address changes to Michigan Rehabilitation Services, the Preadmission Screening and Annual Resident Review (PASARR) assessment, the nursing facility admission and discharge processes, person-centered planning, and quality within the Michigan Veterans Administration (VA) homes.

MDHHS staff and meeting attendees discussed at length the importance of incorporating beneficiary input into the process of designing changes to the long-term care services and supports initiatives highlighted above, in order to ensure that the needs of consumers are being met.

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Policy Updates

A policy bulletin handout was distributed to attendees, and several updates were discussed.

The meeting was adjourned at 4:00 p.m.

Next Meeting: Tuesday, May 23, 2017

Michigan Department of Health and Human Services

Bulletin Number: MSA 17-05

Distribution: All Providers

Issued: February 1, 2017

Subject: Lead Abatement Services

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, MI Child

NOTE: This policy will be in effect for five years from the effective date or until all homes included in the scope of this initiative have been abated. Continuation of this initiative is subject to Michigan Department of Health and Human Services (MDHHS) review and approval.

Effective for services performed on or after January 1, 2017, MDHHS will implement a targeted and time-limited health services initiative intended to complement other federal, state and local efforts to abate lead hazards from the homes and improve the health of Medicaid and Children's Health Insurance Program (CHIP) eligible individuals. As part of this initiative, the state will provide coordinated and targeted lead abatement services to eligible properties in the impacted areas of Flint, Michigan and other areas within the State of Michigan to ameliorate all lead risks. Abatement services are defined as the removal of lead hazards, including:

- The permanent removal, or enclosure, or encapsulation of lead based paint and lead dust hazards from an eligible residence.
- The removal and replacement of surfaces or fixtures within the eligible residence.
- The removal or covering of soil lead hazards up to the eligible residence property line.
- All preparation, lab sampling analysis, clean up, disposal, and pre- and post-abatement paint, dust, soil and clearance testing activities associated with such measures including pre- and post-abatement water sampling.

Eligible properties include owner-occupied, rental, and those residential structures that a Medicaid or CHIP-eligible individual, under the age of 19, or pregnant woman is currently residing, or visited regularly (e.g., home of a family member, relative, or other informal child care where a child often visits). Visited regularly means a residence other than the eligible individual's legal address where a significant amount of time is spent. Once work has started on an eligible property, all eligible surfaces and fixtures will be abated. Eligible surfaces for abatement activities include all structural components identified during an environmental investigation or the lead inspection/risk assessment as hazards including but not limited to: all window components, doors and door frames, stairs, interior walls and ceilings, painted cabinets, interior railings, painted floors, exterior porches, exterior painted siding, exterior

windows and trim, exterior trim boards, exterior painted siding, trim and doors on garages and other structures, and soil. Eligible fixtures includes all interior plumbing components with the general exception of the interior water meter, which will be addressed in accordance with each community's coordinated plan. In Flint, this also includes the exterior lead service lines that supply drinking water to the home, which shall be completed concurrently or prior to abatement of interior plumbing fixtures funded through this initiative. Outside of Flint, the state will recommend faucet, fixture and/or complete lead service line replacement if water sampling results are above the acceptable level. A home shall not be deemed abated if water results indicate the presence of lead in the water supply line over the acceptable level.

Lead service line replacement must be "complete," meaning that both the public and private portions of the lead service line will be replaced. No partial lead service line replacement will be conducted. The state will supplement, not supplant, other federal, state, and local funds allocated for the removal of lead service lines.

For the purposes of this request, abatement does not include any of the following:

- Work that does not reduce a lead hazard;
- Work not performed by a certified lead abatement professional and/or a licensed plumber;
- Work that is not the responsibility of the property owner or landlord outside the confines of the property lines, with the exception of the public portion of the lead service lines in Flint; or
- Work on dwellings that do not have an eligible Medicaid or CHIP individual, under the age of 19, or pregnant woman residing or frequently visiting;
- Housing costs of the eligible recipient(s) during the abatement process.

I. Provision of Abatement Services

Abatement activities will only be permissible if the services are delivered to properties that a Medicaid or CHIP-eligible individual, under the age of 19, or pregnant woman is currently residing, or visited regularly. Services may be rendered to the physical structure and include the surrounding land up to the property line, and will be coordinated with any lead service line removal that occurs outside of the property line.

Eligible properties in the impacted areas of Flint, Michigan receive priority status. The state will concurrently begin identifying other high-risk communities within Michigan that will be targeted for approved abatement activities. Target communities will be selected based on the following criteria:

- Number/percentage of population under the age of 6 with an elevated blood lead level of ≥ 5 ug/dL;
- Percentage of population that is low-income;
- Number/percentage of pre-1978 and pre-1940 housing stock; and
- Other social determinant factors (e.g., unemployment rate, number/percentage of children receiving state assistance and housing conditions).

For Flint and other targeted communities, an elevated blood lead level test result is not required to qualify for abatement services. In non-targeted areas, eligible beneficiaries must have a confirmed blood lead level ≥ 5 ug/dL.

In Flint, abatement services on eligible properties must be coordinated with the ongoing state and local water service line efforts. Interior plumbing and fixture abatement will be done only after lead service line replacement has been completed. No interior plumbing and fixtures will be abated if the home is connected to the water main via a lead service line. However, non-water related abatement may begin prior to the completion of water related activities.

Additional information relating to an abatement application and provider referrals will be published on the MDHHS Lead Safe Home Program's website at www.michigan.gov/leadsafe.

II. Abatement Certification Requirements

Individuals performing abatement services must be properly certified by the state. Only a person certified by MDHHS as a lead abatement supervisor or lead abatement worker may perform lead abatement activities in accordance with state law.

A supervisor is defined as an individual who has been trained by an accredited training program and certified by MDHHS to supervise and conduct lead abatement services and to prepare occupant protection plans and abatement reports. A lead abatement supervisor is required for each lead abatement job, and must be present at the job site while all abatement work is being done. This requirement includes set-up and clean-up time. The lead abatement supervisor must ensure that all abatement work is done within the limits of federal, state, and local laws.

A lead abatement worker is an individual who has been trained to perform abatements by an accredited training program and who is certified by MDHHS to perform lead abatement. Professionals certified by MDHHS are issued a card containing the person's picture, name, certification number, and expiration date. All certified professionals must work for a MDHHS certified lead abatement company. The abatement company and its employees must use abatement methods approved by the U.S. Department of Housing and Urban Development (HUD) and/or the U.S. Environmental Protection Agency (EPA) and in accordance with state laws and regulations.

MDHHS may certify entities who meet the professional requirements for lead service line removal and have been contracted to do such work under an approved coordinated plan.

Contractors are encourage to complete the Lead Safe Home Program contractor application published on the MDHHS Lead Safe Home Program's website at www.michigan.gov/leadsafe.

III. Post-Abatement Requirements

Reimbursement for abatement activities will only occur when performance of these activities are proven to be effective in abating all identified lead hazards. State and federal laws dictate that a clearance test must be performed after any lead abatement work is finished to verify the work area is safe enough for the eligible resident(s) to return. On the inside of a house or apartment, the dust is tested to confirm that abatement work has not created lead dust hazards that can poison young children, other occupants, or pets living in the building as defined in state law.

Water sampling will also be conducted to confirm that respective plumbing component replacement has successfully reduced lead levels in the drinking water of affected homes.

Only a certified lead inspector or lead risk assessor, who is independent of the abatement company, may perform clearance testing after abatement work is completed. A certified lead inspector is defined as an individual who has been trained by an accredited training program and certified by MDHHS to conduct inspections and take samples for the presence of lead in paint, dust and soil for the purpose of abatement clearance testing. A certified risk assessor is defined as an individual who has been trained by an accredited training program and certified by MDHHS to conduct inspections and risk assessments and to take samples for the presence of lead in paint, dust and soil for the purpose of abatement clearance testing.

During the clearance testing, an interior visual inspection is performed to confirm that the identified lead hazards have been abated. These professionals also inspect for the presence of any visible dust or paint chips. If any problems are found, the lead abatement supervisor must resolve all of them before the clearance testing may continue. After the visual inspection passes, the lead inspector or risk assessor must take dust wipe samples that are sent to a lab for analysis. Clearance dust samples must be taken from the floors, windowsills, and window troughs in the rooms where work was done. At least one sample must be taken from outside the work area if containment was used and from each unique passageway. If no containment was used, then dust wipe samples may be taken in any room. A floor and a window in at least four rooms must be sampled. The samples must be tested for lead by an EPA-approved lab. After exterior paint abatement work is completed, an inspector or risk assessor must perform a visual inspection of the outdoor work area to ensure that the lead hazards were properly addressed. The lead inspector or lead risk assessor will then look for any paint chips on the ground, including the foundation of the house, garage, or below any exterior surface abated. If paint chips are present, the abatement company must remove the chips and debris from the site and properly dispose of them before the clearance can be finished. No dust wipe clearance testing is required for abatement on the exterior of a house or rental property.

Water sampling protocols will follow prescribed methodology required in the EPA Lead and Copper rule. Refer to the EPA website at www.epa.gov/dwreginfo/lead-and-copper-rule for additional information relating to this rule.

IV. Metrics

This initiative will abate identified lead hazards from the homes and improve the health of Medicaid and CHIP eligible individuals, both in Flint and throughout Michigan. Abatement services will reduce the potential for ongoing exposure or re-exposure to lead hazards for the eligible population and future populations. A registry of these ameliorated properties will be maintained by the state.

Key metrics the State of Michigan will track and report to the Centers for Medicare and Medicaid Services monthly or at another approved interval include:

- The number of houses identified with high levels of lead hazards in each of the targeted area(s).
- The number of homes in each of the targeted areas scheduled for lead hazard abatement.
- The number of homes in each of the targeted areas in which lead hazard abatement has occurred.
 - Number of houses abated for pregnant women.
 - Number of houses abated for Medicaid or CHIP children under the age of 19.
- Record of actual services provided in each house.
- Clearance testing results.
- Percentage of children receiving blood lead testing under Early and Periodic Screening, Diagnosis and Treatment (EPSDT) statewide and in the areas targeted by this health services initiative.
- Percentage of children with elevated blood lead levels statewide and in the areas served by this health services initiative.

The results of the clearance testing will be maintained by the state. These testing results will have numbers with units of measurement; the units are different for dust and soil. EPA and HUD regulations define clearance lead levels with the values and units of measurement shown in the table below.

Material Tested	Considered hazardous if lead is present at or above these levels*
Bare soil (child play areas)	At or above 400 parts per million (ppm) of lead in the soil
Bare soil (other areas)	At or above 1200 ppm of lead
Water	Equal to or more than 15 parts per billion (ppb) of lead in water
House dust (floors)	At or above 40 micrograms of lead per square foot of sampled area (ug/ft ²)
House dust (window sills)	At or above 250 ug/ft ² of lead
House dust (window troughs)	At or above 400 ug/ft ² of lead

Material Tested	Considered hazardous if lead is present at or above these levels*
Paint tested by an X-Ray Fluorescence (XRF) analyzer	Equal to or more than 1.0 milligrams per square centimeter (mg/cm ²) of lead on a deteriorated sampled surface or an elevated dust wipe sample corresponding to the lead surface
Paint tested by paint chip analysis	Equal to or more than 0.5 percent (one half of 1 percent) lead by dry weight, or equal to or more than 5,000 ppm of lead in paint

** All levels indicated in the table above will be utilized until and unless more stringent guidelines are promulgated at the state or federal level.*

Manual Maintenance

Providers may choose to either retain or discard this bulletin after review. Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Chris Priest, Director
Medical Services Administration