



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

March 4, 2019

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

Dear Mr. Francell,

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 fourth quarter of calendar year 2018. 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 Rutledge.

Penny Rutledge, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosure (9)

Flint Michigan Section 1115 Demonstration
Quarterly Report

Demonstration Year: 3 (03/01/2018 – 02/28/2019)
Calendar Year Quarter: 4 (10/01/2018 – 12/31/2018)

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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. The following table shows enrollment in the demonstration by month.

Enrollment Group	October 2018	November 2018	December 2018
Pregnant Women	452	444	449
Children	26,659	26,399	26,238
Total	27,111	26,843	26,687

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

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	October 2018	November 2018	December 2018	Total
Pregnant Women	66	54	40	160
Children	162	167	136	465
Total	228	221	176	625

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	October 2018	November 2018	December 2018	Total
Pregnant Women	26	20	25	71
Children	357	325	296	978
Total	383	345	321	1,049

Table 4 contains Flint demonstration disenrollment by month. Disenrollment for a reporting month contains individuals with program enrollment in the prior reporting month that do not have program enrollment for the current reporting month. For example, individuals defined as disenrolled in November 2018 were enrolled in the demonstration in October 2018 but were not enrolled in November 2018. Demonstration disenrollment is often the result of failure to timely return redetermination paperwork and transferring to another Medicaid program.

Table 4: Flint Demonstration Disenrollment by Month				
Enrollment Group	October 2018	November 2018	December 2018	Total
Pregnant Women	92	74	65	231
Children	519	492	432	1,443
Total	611	566	497	1,674

Additional demonstration disenrollment reports by month have been included as attachments. Enrollment maps depicting the geographic distribution of demonstration enrollees for the quarter have also 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 and specifications.

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, December

31, 2018. 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 5: Cumulative Flint Demonstration PCP Utilization
May 2016 – December 2018

Enrollment Group	Cumulative Enrollment	Cumulative Count of Enrollees with PCP Visit(s)	Cumulative Percentage of Enrollees with PCP Visit(s)
Children	37,132	33,001	89%
Children Under 6	14,479	13,834	95%
Pregnant Women	3,378	3,138	93%
Total	40,510	36,139	89%

Table 6 indicates the monthly count of PCP visits for the reporting quarter’s Flint demonstration population.

Table 6: Monthly Flint Demonstration PCP Visits

Enrollment Group	October 2018	November 2018	December 2018	Total
Children	10,101	8,342	7,273	25,716
Pregnant Women	203	169	154	526
Total	10,304	8,511	7,427	26,242

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 7: Genesee Health System Targeted Case Management Activity

Month	Count of Assessments	Count of Enrollees with Ongoing Targeted Case Management
October 2018	12	28
November 2018	7	41
December 2018	2	30
Cumulative Total	274	621

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 expenditure data and resources for Flint families are available on the State's Flint water website.³ MDHHS has prominently displayed the link to the Flint water website on the MDHHS homepage.⁴

Operational and Policy Development

MDHHS regularly meets with Medicaid Health Plans and provider groups to address operational issues, programmatic issues, and policy updates and clarifications. Additionally, MDHHS provides updates to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings. MDHHS issued a policy bulletin and tribal notice related to the Flint demonstration during this reporting period. The Clarification of Blood Lead Level Test Results policy bulletin and Lead Safe Home Program Cap and Rental Property Match tribal notice has been included as attachments to this report.

Budget Neutrality Monitoring

According to the demonstration special terms and conditions, MDHHS is required to report demonstration expenditures subject to budget neutrality. In this demonstration, this is limited to all demonstration medical assistance expenditures for lead investigation with dates of services within the demonstration's approval period. The following budget neutrality table includes expenditures for March 2016 – December 2016.

	DY 1 - PMPM	DY 2 - PMPM	DY 3 - PMPM	DY 4 - PMPM	DY 5 - PMPM
Approved Flint Lead Diagnostics PMPM	\$ 10.49	\$ 10.49	\$ 10.49	\$ 10.49	\$ 10.49
Actual Flint Lead Diagnostics PMPM (YTD)	\$ 0.18	-	-	-	-
Total Flint Lead Diagnostics Expenditures (YTD)	\$ 29,940.00	-	-	-	-
Total Flint Demonstration Member Months (YTD)	168,304	-	-	-	-

As of January 1, 2017, Michigan's approved Children's Health Insurance Program (CHIP) Health Services Initiative (HSI) provides funding for lead abatement in the impacted areas of Flint, Michigan. As a result, expenditures subject to budget neutrality in the Flint Demonstration

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/>

are limited to calendar year 2016. Lead abatement expenditures after 2016, including those associated with environmental diagnostic testing, are reported per CHIP HSI regulatory requirements.

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.

Category	Number of Contacts
Enrollment Issues	17
Enrollment/Eligibility Not Recognized	10
Obtaining Prescriptions	9
Dental	4
Other	3
County Code	2
Covered Services	2
Total	47

Demonstration Evaluation

MDHHS has commissioned the Michigan State University Institute for Health Policy (MSU-IHP) to serve as the Flint demonstration independent evaluator. MSU-IHP will conduct demonstration evaluation activities in four domains over a four year evaluation period. The four domains are as follows:

- I. Access to Services
- II. Access to Targeted Case Management
- III. Improved Health Outcomes
- IV. Lead Hazard Investigation

This quarter's administrative activities included ongoing workgroup meetings, finalizing a business associate agreement with Genesee Health System, and presentation of the evaluation project to community stakeholders. MSU-IHP continued to make modifications to the beneficiary survey as approved by MDHHS and CMS. The time between survey waves decreased from twelve to nine months to still have time to conduct all three waves as initially proposed. A \$10 cash incentive is available to complete each wave. If an individual participates with all three waves, they will receive \$20 bonus at the end of the third wave. Additionally, survey completion options expanded to include web-based participation per beneficiary request. MSU-IHP has recalculated the survey sample needed in light of the anticipated increased response rate.

Domain I: Access to Services

Domain I will examine the hypothesis that demonstration enrollees will access services to identify and address physical or behavioral health issues associated with lead exposure at a rate higher than others with similar levels of lead exposure. This quarter, MSU-IHP engaged in ongoing data workgroup discussions on data processing and analyses. The analysis of Medicaid data related to enrollment and utilization for timeframe 4/1/13 – 3/31/18 continued this quarter. Additionally, technical specifications programming for selected measures into SAS/STATA software were validated. MSU-IHP disseminated the first wave of beneficiary surveys in December 2018. A random sample of approximately 11,000 beneficiaries was generated to receive the survey.

Domain II: Access to Targeted Case Management

Domain II will assess if demonstration enrollees who access Targeted Case Management services will access needed medical, social, educational, and other services at a rate higher than others with similar levels of lead exposure. This quarter's activities included honest broker access testing to Genesee Health System data. Technical specifications programming into SAS/STATA software is in progress. Additionally, MSU-IHP finalized the Targeted Case Manager key informant structured interview.

Domain III: Improved Health Outcomes

Domain III will evaluate the hypothesis that demonstration enrollees will have improved health outcomes compared to others with similar levels of lead exposure. This quarter, MSU-IHP sought clarification of its immunization variable data source (registry vs. claims/encounter). The Community Inventory tool continued to be regularly updated to track Flint Water Crisis community response. MSU-IHP is developing a process to utilize State of Michigan Department of Education MI Schools Dashboard/Database aggregate data to track developmental outcomes of children enrolled in Flint Community Schools. Due to the Family Educational Rights and Privacy Act (FERPA), individual student data is not available.

Domain IV: Lead Hazard Investigation

Domain IV will examine if the lead hazard investigation program reduces estimated expected ongoing or re-exposure to lead hazards in the absence of this program. There were no targeted evaluation activities for this domain during the reporting quarter.

Enclosures/Attachments

1. October 2018 Flint Demonstration Disenrollment Report (CM-100)
2. November 2018 Flint Demonstration Disenrollment Report (CM-100)
3. December 2018 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. Lead Safe Home Program Cap and Rental Property Match Tribal Notice
8. Clarification of Blood Lead Level Test Results Policy Bulletin

State Contacts

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

Jacqueline Coleman, Waiver Specialist

Email: colemanj@michigan.gov

Phone: (517) 284-1190

Carly Todd, Specialist

Email: toddc1@michigan.gov

Phone: (517) 284-1196

Andrew Schalk, Federal Regulation & Hospital Reimbursement Section Manager

Email: schalka@michigan.gov

Phone: (517) 284-1195

Penny Rutledge, Actuarial Division Director

Email: rutledgep1@michigan.gov

Phone: (517) 284-1191

Actuarial Division

Bureau of Medicaid Operations and Actuarial Services

MSA, MDHHS, P.O. Box 30479

Lansing, MI 48909-7979

Fax: (517) 241-5112

Date Submitted to CMS

March 4, 2019

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

Report ID: CM-100
 Report Period: 10/01/2018

Run Date: 02/13/2019
 Run Time: 12:52:47AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	250
2. Monthly count of disenrollment other than transfer to another Medicaid group:	462
3. Monthly count of beneficiaries due for renewal:	1328
4. Number of beneficiaries due for renewal who did not renew:	1253
5. Number of beneficiaries due for renewal who lost eligibility:	297
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 09/30/2018	Count: 60,720
10/01/2018 Thru 10/06/2018	Count: 162
10/07/2018 Thru 10/13/2018	Count: 82
10/14/2018 Thru 10/20/2018	Count: 101
10/21/2018 Thru 10/27/2018	Count: 63
10/28/2018 Thru 10/31/2018	Count: 45

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

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

Report ID: CM-100
 Report Period: 11/01/2018

Run Date: 02/13/2019
 Run Time: 1:10:44AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	259
2. Monthly count of disenrollment other than transfer to another Medicaid group:	348
3. Monthly count of beneficiaries due for renewal:	1200
4. Number of beneficiaries due for renewal who did not renew:	1133
5. Number of beneficiaries due for renewal who lost eligibility:	267
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 10/31/2018	Count: 61,173
11/01/2018 Thru 11/03/2018	Count: 98
11/04/2018 Thru 11/10/2018	Count: 114
11/11/2018 Thru 11/17/2018	Count: 100
11/18/2018 Thru 11/24/2018	Count: 41
11/25/2018 Thru 11/30/2018	Count: 92

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

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

Report ID: CM-100
 Report Period: 12/01/2018

Run Date: 02/13/2019
 Run Time: 1:15:41AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	245
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2. Monthly count of disenrollment other than transfer to another Medicaid group:	460
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3. Monthly count of beneficiaries due for renewal:	1519
4. Number of beneficiaries due for renewal who did not renew:	1462
5. Number of beneficiaries due for renewal who lost eligibility:	471

6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:					
	05/07/2016	Thru	11/30/2018	Count:	61,618
	12/01/2018	Thru	12/01/2018	Count:	64
	12/02/2018	Thru	12/08/2018	Count:	111
	12/09/2018	Thru	12/15/2018	Count:	109
	12/16/2018	Thru	12/22/2018	Count:	68
	12/23/2018	Thru	12/29/2018	Count:	45
	12/30/2018	Thru	12/31/2018	Count:	8

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

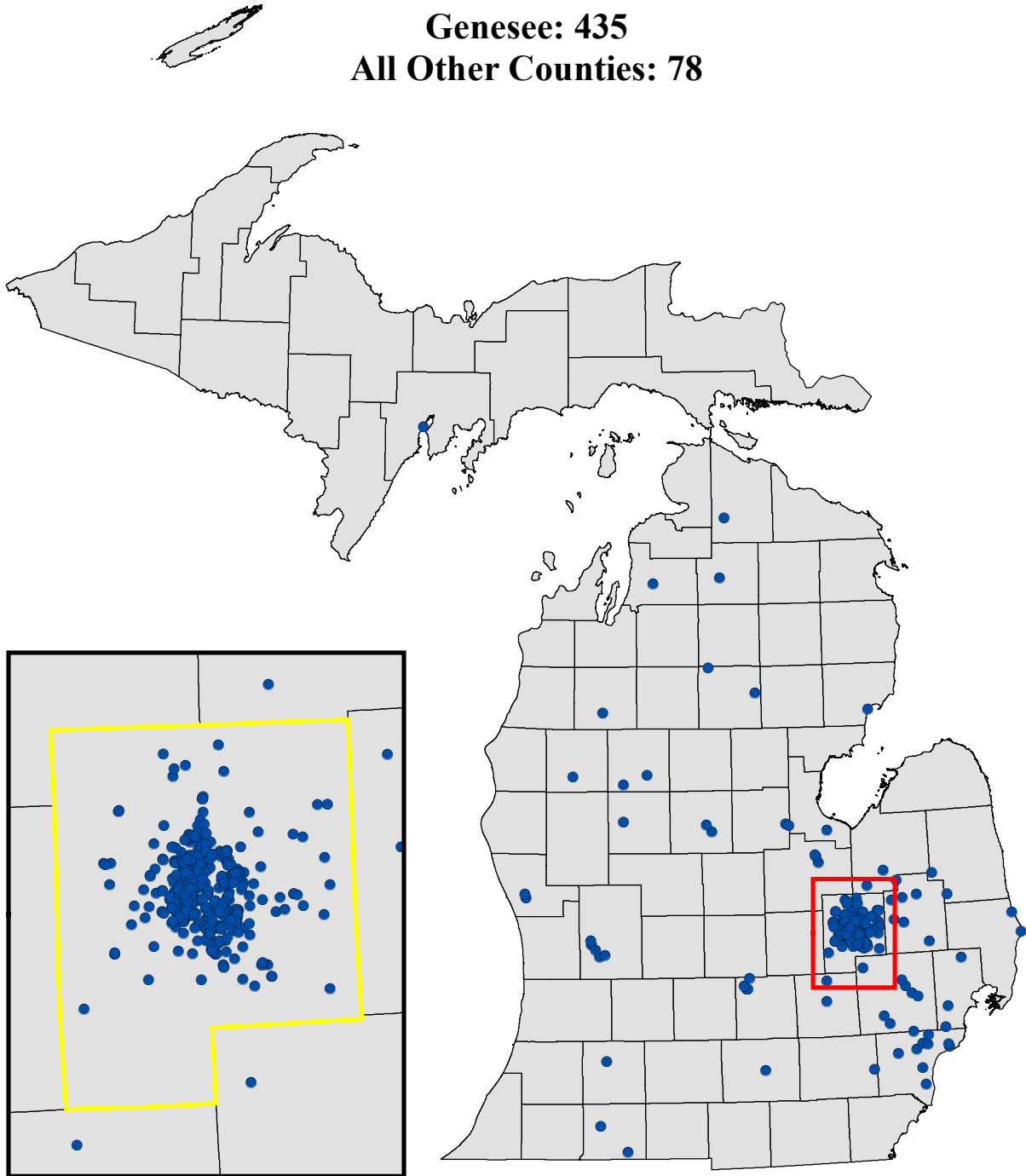
Flint Demonstration Waiver Enrollees

Pregnant

October - December 2018

Genesee: 435

All Other Counties: 78



*Source: MDHHS Data Warehouse
Retrieved on February 4, 2019*

*MDHHS - Actuarial Division
February 5, 2019*

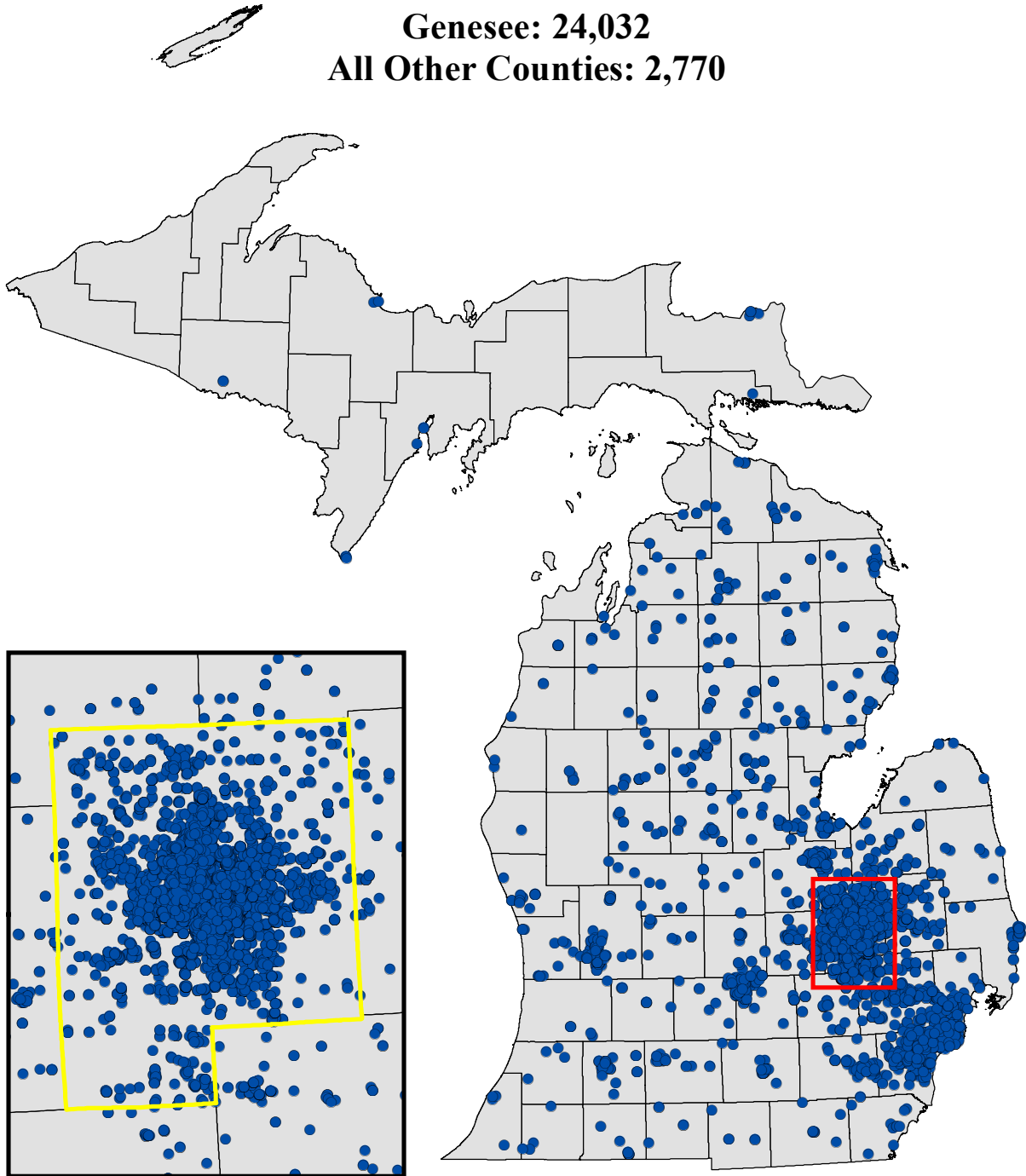
Flint Demonstration Waiver Enrollees

0-20 Years Old

October - December 2018

Genesee: 24,032

All Other Counties: 2,770



Source: MDHHS Data Warehouse
Retrieved on February 4, 2019

MDHHS - Actuarial Division
February 5, 2019

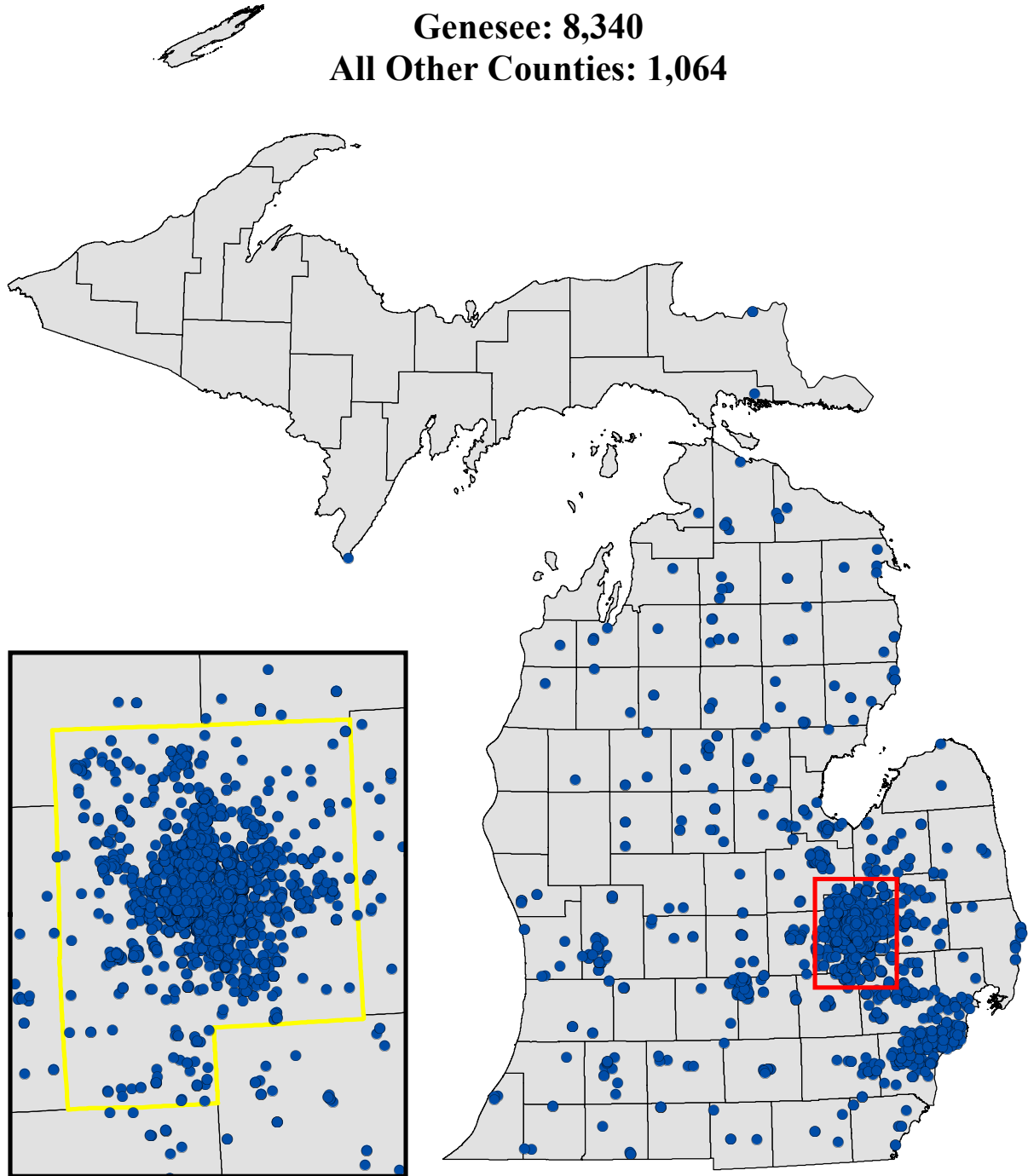
Flint Demonstration Waiver Enrollees

0-5 Years Old

October - December 2018

Genesee: 8,340

All Other Counties: 1,064



Source: MDHHS Data Warehouse
Retrieved on February 4, 2019

MDHHS - Actuarial Division
February 5, 2019



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

November 30, 2018

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Lead Safe Home Program Cap and Rental Property Match State Plan Amendment (SPA)

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit a SPA.

The purpose of the SPA is to establish both a per home monetary cap and a match amount for rental properties enrolled in the Lead Safe Home Program (LSHP). Each home that participates in the LSHP will have a total cap on funds available to engage in lead abatement activities. Additionally, rental property owners may be asked to provide match money based on the number and type of units owned. This change is anticipated to have a negative effect on Michigan's tribes as it will decrease the available funds per home for abatement activities as well as require any tribal members who own rental properties to provide some funding match for those properties. The anticipated effective date of this SPA is January 1, 2019.

There is no public hearing scheduled for this SPA. Input regarding this SPA is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS liaison to the Michigan tribes. Lorna can be reached at 517-284-4034, or via email at Elliott-EganL@michigan.gov. **Please provide all input by January 14, 2019.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss this SPA, according to the tribes' preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional

information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director
Medical Services Administration

cc: Keri Toback, Region V, CMS
Leslie Campbell, Region V, CMS
Kyle Straley, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family
Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Keith Longie, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

**Distribution List for L 18-67
November 30, 2018**

Mr. Bryan Newland, Tribal Chairman, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Thurlow Samuel McClellan, Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Ruth Bussey, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. Warren C. Swartz, Jr., President, Keweenaw Bay Indian Community
Mr. Soumit Pendharkar, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Bob Davis, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services
Mr. Ronald Ekdahl, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, Region V, CMS
Leslie Campbell, Region V, CMS
Kyle Straley, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Keith Longie, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Bulletin Number: MSA 18-52

Distribution: Practitioners, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, Prepaid Inpatient Health Plans, Community Mental Health Services Programs

Issued: December 28, 2018

Subject: Clarification of Blood Lead Level Test Results

Effective: February 1, 2019

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild

The American Academy of Pediatrics (AAP) periodicity schedule recommends that children be tested for blood lead poisoning at 12 and 24 months of age, or between 36 to 72 months of age if they have not previously been tested. In 2012, the Centers for Disease Control and Prevention (CDC) established a blood lead level reference value of 5 µg/dL at which evaluations and interventions are indicated. While the AAP supports this reference level, both the AAP and CDC caution that there is no established safe level of lead for children.

Achieving accurate and precise measurements for blood lead concentrations, particularly measurements below 5 µg/dL, can be an analytical challenge as there may be inconsistency in reported results due to the variability of test methods. While the AAP and Medicaid policy indicate certain actions should begin at a blood lead level of 5 µg/dL, providers may use their own clinical judgement in determining the appropriate actions in the medical management of children potentially exposed to lead whose blood lead levels are below this level. These activities may include, but are not limited to, repeat testing, follow-up evaluations, treatment services, referral for nurse case management services through the local health department, and referral for environmental investigation.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Medicaid Provider Manual.

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, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director
Medical Services Administration