From: Crawford, Cathy J. (DHHS)
Sent: Friday, December 11, 2015 11:43 AM
To: Anderson, Kara (DHHS);Asher, Nancy (DHHS);Behringer, Debra (DHHS);Booncharoen, Aurea R. (DHHS);Borucki, Lisa (DHHS);Burkitt-Wesolek, Suzette (DHHS);Charest, Deanna (DHHS);Clark, Dyanne E. (DHHS);Cooper, Jessica (DHHS);Corey, Robyn (DHHS);Crawford, Cathy J. (DHHS);Dakers, Jennifer A. (DHHS);Davis, Ingrid P. (DHHS);Deming, Susan (DHHS);Derman, Barbara (DHHS);Detwiler, Joni (DHHS);Doll, Taggert (DHHS);Dunbar, Paulette Dobynes (DHHS);Eisfelder, Penny (DHHS);Esch, Trudy (DHHS);Estrada, Erin (DHHS);Fink, Brenda (DHHS);Frantz, Connie (DHHS);Garcia, Maria (DHHS);Garcia, Michelle (DHHS);Hamel, Jessica (DHHS);Harsch, Kristin (DHHS);Hennesey, Diane (DHHS);Hines, Sophia (DHHS);Houk, Emily (DHHS);Jegede, Brenda (DHHS);Johnson, Tamika (DHHS);Kazee, Lauren (MDE);Kelly, Patricia (DHHS);Kimball, Debra (DHHS);Kostelec, Tiffany (DHHS);Lishinski, Karen (DHHS);Livingston, Christy (DHHS);Lounds, Elizabeth (DHHS);Marciniak, Deb (DHHS);Mayes, Nanette (DHHS);McMillan, Darin (DHHS);McNulty, Cassandra (DHHS);Meeder, Linda (DHHS);Miller, Christopher (DHHS);Moore, Jill (DHHS);Mueller, Mary (DHHS);Orsborn, Robin (DHHS);Peeler, Nancy (DHHS);Ross-Jordan, Cherie (DHHS);Said, Manal (DHHS);Saxon, Shani (DHHS);Schumann, Rachel (DHHS);Scott, Robert L. (DHHS);Shaffer, Jessica (DHHS);Shanafelt, Dawn (DHHS);Spitzley, Jeff (DHHS);Stafford, Wendy (DHHS);Stein, Joyce (DHHS);Stiles, Judy L. (DHHS);Tarry, Carrie (DHHS);Taylor, Lucie (DHHS);Turner, Hillary (DHHS);Twichell, Michelle (DHHS);Utter, Stephen (DHHS);Walker, Tylene (DHHS);Wilkins, Rosemary (DHHS);Wisinski, Karen (DHHS);Yoder, Karen (DHHS)
Subject: MCMCH FW: Friday Notes December 11, 2015

Fyi: As always, lots of DFCH program relevant info:

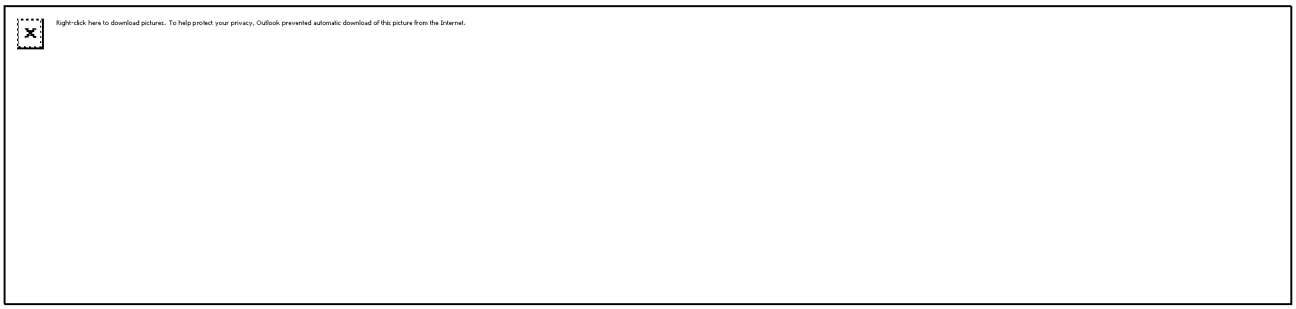
I tried to see what info is being collected by the Infant Mortality Survey but you have to actually complete the survey to move to the next item.
Survey Seeks Information on Infant Mortality Reduction Programs

Bridge Magazine Looks at Lead Problem Beyond Flint
Bridge Magazine has a piece this week, Far from Flint, lead remains an irreversible scourge, which examines the fact that although lead poisoning rates have dropped dramatically in Michigan over the past decade, in many cities and towns, child exposure rates far exceed those in Flint.

White House Cites U of M Research When Signing Bipartisan Bill to Combat Neonatal Abstinence Syndrome
A new law signed by President Obama late last month aims to identify evidence-based approaches to care for babies affected by Neonatal Abstinence Syndrome due to drug withdrawal after birth, and their mothers. The White House announcement noting the occasion cited two studies by University of Michigan Institute for Healthcare Policy & Innovation deputy director Matt Davis, M.D., MAPP, and former U-M health services research fellow Stephen Patrick, M.D., MPH, M.S., an alumnus of the Robert Wood Johnson Clinical Scholars Program at U-M.

The law requires the Department of Health and Human Services to conduct a study and develop recommendations for preventing and treating prenatal opioid use disorders and NAS. In addition, the Centers for Disease Control and Prevention will continue to assist states in improving the availability and quality of data collection related to NAS, and encourage public health measures aimed at decreasing its prevalence.

Read the White House blog post on "The Protecting Our Infants Act of 2015" here.



December 11, 2015

In this issue

Immunization Bills Would Remove Non-Medical Waiver Education Requirement

Two bills introduced this week in the state Legislature would curtail efforts to improve Michigan's childhood immunization rate.

Introduced by Rep. Thomas Hooker, House Bills 5126 and 5127 would eliminate the rule requiring parents seeking non-medical waivers to receive balanced education about the benefits and risks of immunizations from their local public health department. The bills also would strip a local public health department's ability to exclude children with a communicable disease or those who lack vaccine protection, from attending school during an outbreak.

MCMCH, in partnership with a group of statewide advocacy organizations working to improve immunization rates in Michigan, is seeking individuals who can speak to how vaccines benefit them and their family. Whether it's someone touched by vaccine-preventable disease or a family who has an infant too young to be fully immunized, or an immuno-compromised child or older adult in their life.

Please consider sharing this message with your network, via a newsletter or other communications, as we attempt to recruit as many potential speakers as possible.

If you are willing to be part of this vaccine positive network, or would like to learn more, please send an e-mail to MCMCH Associate Director Bree Anderson.

New State Medicaid Contracts Begin January 1, Local Providers, Beneficiaries Navigate Changes

A new five year-contract to provide coverage to more than 1 million Medicaid recipients was approved by the State Administrative Board last month.

Michigan's Comprehensive Health Plan contract provides health care services to approximately 1.7 million Medicaid managed care beneficiaries. The current Comprehensive Health Plan

contract will end on December 31, 2015, and the new contracts announced will begin January 1, 2016. The Comprehensive Health Plan contract includes changes to the service area locations and requirements to align with Michigan's Prosperity Regions, as well as a new Medicaid coverage group.

This map displays the health plans listed by prosperity region.

This update produced by Health Management Associates has a comprehensive summary of the rebid process, including a table indicating the regions in which each bidder was and was not successful.

Plan First! Program Ends, MDHHS Reminds Beneficiaries They May Qualify for Medicaid Programs

MDHHS is reminding Plan First! beneficiaries that as the program comes to an end, the Department will conduct reviews to determine eligibility for other Michigan Medicaid programs including the Healthy Michigan Plan.

Eligibility will be automatically reviewed for current Plan First! beneficiaries who do not have additional health care coverage on record. Plan First! coverage will end once the department has reviewed the eligibility for beneficiaries without additional health care coverage on file.

Current Plan First! beneficiaries who have additional health care coverage through a third party must opt-in to the eligibility review process no later than December 11, 2015. To have your eligibility reviewed call 877-522-8050 before the December 11, 2015 deadline. If you have additional health care coverage and do not call, your Plan First! coverage will end January 31.

In early November, MDHHS mailed letters to all residents enrolled in Plan First! reminding them that the program is ending, and outlining the eligibility determination process for other Medicaid programs.

Plan First! was approved by the Centers for Medicare and Medicaid Services (CMS) in 2006 as a Demonstration Waiver for family planning services for uninsured women 19 to 44 years of age who were not eligible for Medicaid. Since that time, the Healthy Michigan Plan launched and expanded health care coverage to more than 600,000 residents who were previously ineligible for traditional Medicaid. CMS has approved the termination of the Plan First! Program.

MDHHS is encouraging Plan First! beneficiaries who have questions about their current health care coverage to contact the Department before December 1, 2015 to ensure that, if needed, they can request a Medicaid eligibility review before Plan First! benefits end on January 31, 2016.

Individuals with questions should call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Bill Offering Immunity for Reporting Drug Overdose Passes Senate

People under age 21 could call 911 to report a prescription drug overdose without having to worry about facing criminal charges under legislation approved this week in the Senate and poised to be sent to Gov. Rick Snyder for his expected signature.

The "Good Samaritan" bill, which is similar to a Michigan law on the books for minors helping someone in danger from alcohol intoxication, targets the worsening crisis of prescription painkiller addiction.

It would exempt individuals age 20 and younger from prosecution for illegally using or possessing prescription drugs if a health emergency is reported to authorities. It would apply regardless of whether someone seeks medical attention for oneself, or if another person calls for help. Suspected drug dealers with higher quantities than is sufficient for personal use would not qualify for immunity.

The bill sponsor, Republican Rep. Al Pscholka of Stevensville, introduced the legislation after 16-year-old, Mason Mizwicki of Watervliet, died when partygoers reportedly did not get him help because they feared getting in trouble, despite his repeated pleas.

The House, which approved the same version of the legislation in October, was expected to take a final procedural vote on the legislation.

Thirty-four states have some form of a Good Samaritan or 911 drug immunity law, according to the National Conference of State Legislatures. A task force created by Snyder recently recommended immunity from prosecution for those who call 911 to report overdoses.

Lt. Gov. Brian Calley, who chaired the task force, said Wednesday that he will push in 2016 to extend the legal protection to people 21 and older and to those reporting non-prescription drug overdoses, such as heroin- and cocaine-related emergencies.

Survey Seeks Information on Infant Mortality Reduction Programs

In an effort to gather consistent information on current infant mortality work across the state, the MDHHS Infant Mortality Advisory Committee is conducting a formal survey.

The group is specifically interested in learning more about community or organization based collaborative initiatives, the purpose of these initiatives, the involved community partners, interventions and/or activities being implemented, the indicators and metrics being used to document outcomes, and the opportunities and lessons learned.

The survey may be accessed here.

Please complete the survey on or before December 30, 2015.

Contributors to this Issue

Associated Press
Gongwer News Service
HealthDay

Quick Links . . .

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HRQ Announces Grant Opportunities To Address Opioid Abuse Disorder in Rural Areas
In support of growing federal efforts to reduce the abuse of opioid drugs, AHRQ has issued a funding opportunity announcement for research to expand access to evidence-based treatment for opioid abuse disorders in rural areas. Up to $12 million will be available to fund as many as four research demonstration projects to support implementation of

medication-assisted treatment (MAT) for opioid use disorder in rural primary care practices. MAT is an evidence-based approach that uses Food and Drug Administration-approved medications combined with psychosocial treatments. The projects will explore and test solutions aimed at overcoming barriers to the use of MAT in rural primary care settings. Researchers may examine how online training for physicians, in-office practice coaching and virtual counseling sessions for patients can overcome these and other barriers. The projects will also create training resources to expand patients' access to MAT. Grant applications are due March 4.

Job Posting: Parent Consultant

The Family Center for Children and Youth with Special Health Care Needs (Family Center) announces a new job opening for a Parent Consultant within the Family Center in Lansing.
An important role of the Family Center is to provide support, information, and connections to educational opportunities and community resources available to families who are navigating systems of care and services for their children and youth with special needs. The Parent Consultant will participate in meetings, site visits, conferences, and community forums, as well as plan, develop, and conduct trainings, including training materials, for CSHCS staff, families, local health departments, Managed Health Plans, health providers, systems, and practices, on family-centered care, family perspectives, family/professional partnerships, and other topics as needed.
A full job description and application is available here.

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