From: Tarry, Carrie (DHHS)
Sent: Friday, October 30, 2015 3:55 PM
To: Peeler, Nancy (DHHS);Fink, Brenda (DHHS);Taylor, Lucie (DHHS);Orsborn, Robin (DHHS);Esch, Trudy (DHHS)
Subject: RE: Genessee LHD and MCH Block funds for lead situation

I sent your email to Trudy and Robin – we will get back to you ASAP...

From the LMCH contracts spreadsheet, it looks like Genesee uses all of their funding for Immunizations – $322,297.

They could amend their FY16 plan and add in a focus on lead if they wanted too, but that would mean redirecting money out of immunizations and they may not want to do that.

I'm betting they did the same in FY15, but will confirm with Robin and Trudy.

CT

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"One can never consent to creep when one feels an impulse to soar" – Helen Keller

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

From: Peeler, Nancy (DHHS)
Sent: Friday, October 30, 2015 3:49 PM
To: Fink, Brenda (DHHS); Taylor, Lucie (DHHS); Tarry, Carrie (DHHS)
Cc: Travis, Rashmi (DHHS)
Subject: RE: Genessee LHD and MCH Block funds for lead situation

Comments, see below.

From: Fink, Brenda (DHHS)
Sent: Friday, October 30, 2015 1:26 PM
To: Peeler, Nancy (DHHS); Taylor, Lucie (DHHS); Tarry, Carrie (DHHS)

Cc: Travis, Rashmi (DHHS)
Subject: Genessee LHD and MCH Block funds for lead situation

Rashmi and I talked this morning, and I'm following up with the three of you. To get everyone on the same page, we all know about the Flint lead/water situation and that this dept,DEQ, Guv's office and legislature are involved in addressing this. Relative to our divisions' role in this $425k of new funding is now being sent to GLHD to add nurses to address the case management side of this for a number of months going forward (this is one-time, not ongoing). GLHD has other expenses related to the "child" part of this that the new money does not address (either because it's not able to be used for some other things and/or expenses incurred before 10/15 which is when this new money became available.) Mikelle is asking Rashmi if the MCH Block can pick up some of these additional costs.

Here's what Rashmi and I discussed and where we need input from the three of you:

1. Carrie, did GLHD have lead as one of their FY 15 LMCH categories? Do they have it identified for FY16? If so, how much?

2. The new $425k can be used starting on 10/15 and going forward. It's designated for CM. There may be lead testing that is needed for kids for whom there is no third party reimbursement (although this should not be a large number, given most of MI's children are covered by Medicaid, if not by some other source). We are thinking that lead testing could be used as a part of what a nurse CM does with this new money---but ONLY for kids with no other funding source. Rashmi would confirm this piece about the testing w/Mikelle so GLHD has this flexibility (but they are going to have to understand it CANNOT be for kids that they must bill for). We would expect them to be able to show us documentation that this is only who they used it for. **Testing is written in – see attached contract language.**

3. For expenses incurred during the end of FY15 that related to this situation. I'm assuming, but this is a question primarily for Lucie and Carrie, that if they did identify lead as a category in their 15 plan, that we could be very flexible with them as they submit their final costs to expand use of LMCH to cover costs related to this incident to whatever degree necessary (to the limit of whatever their allocation is and for which they would have the appropriate documentation). This would work, wouldn't it? If they did NOT have lead as a category, given the circumstances, I'm thinking they could still amend their budget and costs submitted for the final quarter to accommodate this—and maybe we'd have to have some notes here in case we're audited that would describe this local emergency situation and why we agreed they could do this??

4. Nancy, I can't remember—did we give them directly any other funding in FY15 for lead? I know they got some of the benefit of funding that we centralized to the other county that applied for it, but that wouldn't be available to them for this scenario. **Yes, however, it is directed to prevention. Karen is working with them on redefining this to focus on low in come, pregnant women, even if they don't have an elevated blood lead level. Prevent the baby from ever becoming lead exposed.**

5. This would leave the two week period of Oct 1 to Oct 15. Rashmi and I are thinking we could use Block carryover for this. She would ask Mike V to send us documentation as to what those expenses are to support whatever total amount he thinks he should have.

Comments? Carrie, I'd suggest putting this item in the first part of your updated carryover plan, with the amount TBD at this point. Rashmi needs to call Mark V and explain whatever we agree on here related to this, early next week. Please provide your comments asap. Thanks!!

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