From: Wells, Eden (DHHS)
Sent: Wednesday, December 09, 2015 10:15 AM
To: Miller, Corinne (DHHS);Moran, Susan (DHHS);Dykema, Linda D. (DHHS)
Subject: Moran/Miller/Wells sections
Attachments: Intensified Screening Efforts for Children on Medicaid_GTF_1Response.docx

Medicaid/Blood Lead Testing and Provider Engagement-Moran/Miller/Wells combined.

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From: Miller, Corinne (DHHS)
Sent: Wednesday, December 09, 2015 8:49 AM
To: Wells, Eden (DHHS) <WellsE3@michigan.gov>
Subject: FW: scanned document

Sorry!!!!!!!!!!!!!!!comment/edit if you can. This is in response to the first task force document.

Bullets 1 & 2 of first draft letter indicate

Bullet 1: MDHHS should set minimum BLL screening goals among Flint children < 6 years of age enrolled in Medicaid at 80% with a more aggressive target of 100 percent. Goals should be monitored weekly and if not met MDHHS should establish progressively intensified screening efforts if goals are not met. Intensified screening efforts should be coordinated with local providers to minimize disruption of children's medical homes to ensure appropriate clinical follow-up.

Response: The MDHHS Medicaid goal for BLL screening among Flint children < 6 years of age is 80%. 80% BLL testing is the first target for this age group. MDHHS met with Medicaid health plans during the week of November 30. Medicaid met with health plan CEOs that same week and a discussion of Flint was placed on the agenda. Dr. Wells participated by telephone in this meeting to describe the situation in Flint and the need for testing. MDHHS Medicaid leadership identified individuals to work with childhood lead poisoning epidemiology staff to develop methods for tracking testing of Flint children enrolled in Medicaid. Due to the data sources, measurement of the 80% goal is set at bi-weekly, not weekly as recommended by the task force. MDHHS developed a Health Alert Network (HAN) message to be distributed to providers after review by the local health department. The HAN recommends testing of any child < 6 in Flint who has not been tested, not only those who are 1 and 2 years of age. Medicaid health plan staff along with MDHHS childhood lead poisoning program staff are planning to host a meeting with Flint health care providers in early 2016. MDHHS will involve Flint-based primary care providers in the meeting planning to assure the meeting as a focus that represents community needs.

Bullet 2: Broaden blood lead level testing among infants (under 12 months of age in Flint), especially those infants living in high risk Zip codes. The most appropriate partners for this effort are primary care providers and WIC clinics.

Response: The HAN mentioned above particularly requests testing of infants in Flint. In addition, testing of this age group will be on the meeting agenda mentioned above. Testing of infants will be looked at separately in the metrics developed by the Medicaid and childhood lead poisoning epidemiology workgroup. In addition, the WIC program is committed to assuring that the youngest children are protected and will work closely with the MDHHS childhood lead poisoning project on messaging. The Medicaid and childhood lead poisoning workgroup will set a metric to the degree possible that identifies proportions of Flint infants in WIC who have been tested for elevated blood lead levels.

From: Dykema, Linda D. (DHHS)
Sent: Tuesday, December 08, 2015 8:35 AM
To: Miller, Corinne (DHHS) <MillerC39@michigan.gov>; Moran, Susan (DHHS) <MoranS@michigan.gov>; Wells, Eden (DHHS) <WellsE3@michigan.gov>; Peeler, Nancy (DHHS) <PeelerN@michigan.gov>
Cc: Bruneau, Michelle (DHHS) <BruneauM@michigan.gov>
Subject: RE: scanned document
Importance: High

Slightly revised timeline: please have your sections to me by 9:00 am on Wednesday. I'll pull them all together and send to Sue by Wed. noon. Thanks

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From: Miller, Corinne (DHHS)
Sent: Monday, December 07, 2015 3:33 PM
To: Dykema, Linda D. (DHHS); Moran, Susan (DHHS); Wells, Eden (DHHS); Peeler, Nancy (DHHS)
Cc: Bruneau, Michelle (DHHS)
Subject: RE: scanned document
Importance: High

Despite the fact that we don't have the modified letter, Nick requested that we pull together our responses to this draft document. Nick/Geralyn would like this by tomorrow, so can we all get our drafts to Linda Dykema by noon tomorrow for consolidation.

From: Dykema, Linda D. (DHHS)
Sent: Thursday, December 03, 2015 5:37 PM
To: Moran, Susan (DHHS) <MoranS@michigan.gov>; Miller, Corinne (DHHS) <MillerC39@michigan.gov>; Wells, Eden (DHHS) <WellsE3@michigan.gov>; Peeler, Nancy (DHHS) <PeelerN@michigan.gov>
Cc: Bruneau, Michelle (DHHS) <BruneauM@michigan.gov>
Subject: FW: scanned document
Importance: High

As Sue indicates below, we'll likely receive something similar to the attached letter from the Task Force. Director Lyon would like a prepared response by Monday. .which means we need to have drafts done by COB tomorrow (Friday 12/4/15).

Sue suggested we prepare responses to the final set of bullets on pages 2 and 3, and staff that can best respond as follows:

- Bullets 1 and 2, Corinne with help from Sue and Eden
- Bullet 3, Nancy Peeler for the case management response portion and myself for the EBL Env. Portion.
- Bullet 4, Michelle and I can describe our communication efforts
- Bullets 5 and 6, all me
- Bullet 7, Nancy Peeler

Sue, please correct if I didn't get this right.

From: Moran, Susan (DHHS)
Sent: Thursday, December 03, 2015 10:42 AM
To: Dykema, Linda D. (DHHS); Miller, Corinne (DHHS)