From: Peeler, Nancy (DHHS)
Sent: Thursday, December 10, 2015 4:56 PM
To: Travis, Rashmi (DHHS) <TravisR@michigan.gov>
Cc: Dykema, Linda D. (DHHS) <DykemaL@michigan.gov>; Moran, Susan (DHHS) <MoranS@michigan.gov>
Subject: RE: case management for children in Flint/Genesee older than age 5.

That could certainly be a point of discussion.

From: Travis, Rashmi (DHHS)
Sent: Thursday, December 10, 2015 4:47 PM
To: Peeler, Nancy (DHHS) <PeelerN@michigan.gov>
Cc: Dykema, Linda D. (DHHS) <DykemaL@michigan.gov>; Moran, Susan (DHHS) <MoranS@michigan.gov>
Subject: RE: case management for children in Flint/Genesee older than age 5.

So, for children older than 5 yrs of age, case management can occur through Medicaid billing. For those not on Medicaid, would we allow them to use the "Flint Water" funds if they feel Case Management is critical?

From: Peeler, Nancy (DHHS)
Sent: Thursday, December 10, 2015 4:22 PM
To: Travis, Rashmi (DHHS) <TravisR@michigan.gov>
Cc: Dykema, Linda D. (DHHS) <DykemaL@michigan.gov>; Moran, Susan (DHHS) <MoranS@michigan.gov>
Subject: case management for children in Flint/Genesee older than age 5.
Importance: High

Hi Rashmi, in response to your inquiry:

- The list being send to GCHD for case management was originally developed based on instructions we received from Administration; Bob and I were asked to include 0-5 year olds with an EBL >=5, living in the identified high risk zip codes (I believe it is zip codes 01-07, but Bob can confirm that detail). To my knowledge, those are still the parameters for the list that is being used.
- We estimated the number of children potentially needing case management, and requested an amount of special 'Flint water' CM funding, based on the size of this list.
- We support the focus on the youngest children because of the disproportionate impact lead exposure has on their growth, learning, and development. This impact starts to decrease dramatically around age 6 because of change in behavior, change in growth and development, etc.
- The current 'Flint water' contract language does speak to providing services to children on the list (see attached).
- In response to an inquiry from the GCHD CM Supervisor about a child with and EBL of 4, we did agree that there will be unusual circumstances that they encounter, for children not on the list, in which they should use their discretion about providing CM under the 'Flint water' contract. I sent them an email to this effect, which I forwarded to you earlier today.

- Simultaneous to the above activity, the Surveillance staff continue to send GCHD a weekly list of ALL elevated BLLs in the entire county, as required by PH Code.
- Children with EBLs older than age 5 are included on that regular weekly list.
- Medicaid Policy is in effect for GCHD (any health department) to bill for 2 'Nursing Assessment' visits (e.g. what we call Case Management) for any child with an EBL >= 5.
- Therefore, the components are already in place for GCHD to provide and bill for CM for older children (in fact all ages of children, throughout the entire county). The difference is that the activity wouldn't be part of the 'Flint water' contract.
- An issue could be if they identify an older child for whom they feel CM is critical, who is not enrolled in Medicaid.

I hope the above information is helpful – please let me know what questions you have. I'm not sure there is a problem or barrier, but if one is identified, I'm confident we can figure out a good way to deal with it!

Nancy