From: Moran, Susan (DHHS)
Sent: Wednesday, October 14, 2015 9:46 AM
To: Stiffler, Kathleen A. (DHHS);Prokop, Jackie (DHHS);Miles, Richard C. (DHHS)
Cc: Priest, Chris (DHHS);Linn, Cindy (DHHS)
Subject: RE: Public Comment Review of Proposed Medicaid Policy (Project #1555-LHD)

Thank you Jackie- your explanation is very helpful.

From: Stiffler, Kathleen A. (DHHS)
Sent: Tuesday, October 13, 2015 1:52 PM
To: Prokop, Jackie (DHHS); Miles, Richard C. (DHHS); Moran, Susan (DHHS)
Cc: Priest, Chris (DHHS); Linn, Cindy (DHHS)
Subject: RE: Public Comment Review of Proposed Medicaid Policy (Project #1555-LHD)

Thanks for providing this detail Jackie. I want to add that our push on the MHP side re: lead case management as a result of the new contract language in the rebid, could (hopefully will) increase the billings for these in-home environmental lead visit numbers (beyond the paltry 50 to date). We are looking at and discussing other options, but wanted to be sure everyone is aware that we are working on some things with your staff Sue (and with Medicaid Policy) to improve this.

From: Prokop, Jackie (DHHS)
Sent: Tuesday, October 13, 2015 1:47 PM
To: Miles, Richard C. (DHHS); Moran, Susan (DHHS)
Cc: Stiffler, Kathleen A. (DHHS); Priest, Chris (DHHS); Linn, Cindy (DHHS)
Subject: RE: Public Comment Review of Proposed Medicaid Policy (Project #1555-LHD)

Hi Sue,

I will try to make a long story short regarding this proposed policy change. There are two types of blood lead home visits. First, there is a nurse assessment visit where the provider goes to the family's home to discuss and teach about blood lead related issues. These visits are not part of this bulletin.

The second, is the in-home lead environmental visit, where current policy allows LHD staff to visit up to two residences for each child with an elevated blood lead level. A second residence may need to be assessed if a child spends equal time at two residences. This is the policy CMS is requiring us to change to only allow for an environment visit in one residence. CMS gave us a sunset date in our state plan to end the second residence visit as of October 2010, and we have been discussing and pushing back on this change since then. They believe that we must limit coverage for environmental investigations to one residence.

CMS wants to finalize this SPA. Just a note – the volume of in-home lead environmental visit is very low. Since FY13, less than 50 visits have been paid and these were primarily for one residence. So most if not all of these would have still been covered under the proposed policy.

As for CMS' concerns from a regulatory perspective they have been citing the following:

42 CFR 440.130(a) is the citation for "diagnostic service" which is how this was defined.

From Chapter 5 (Early and Periodic Screening) of the State Medicaid Manual on CMS' website (Section 5123.2, 1a.):

a. Diagnosis, Treatment, and Follow-Up.--If a child is found to have blood lead levels equal to or greater than 10 ug/dL, providers are to use their professional judgment, with reference to CDC guidelines covering patient management and treatment, including follow up blood tests and initiating investigations to determine the source of lead, where indicated. Determining the source of lead may be reimbursable by Medicaid under certain circumstances. Reimbursement is limited to a health professional's time and activities during an on-site investigation of a child's home (or primary residence). The child must be diagnosed as having an elevated blood lead level. Medicaid reimbursement is not available for any testing of substances (water, paint, etc.) which are sent to a laboratory for analysis.

Let me know if you need anything further.

From: Miles, Richard C. (DHHS)
Sent: Monday, October 12, 2015 10:49 AM
To: Moran, Susan (DHHS)
Cc: Stiffler, Kathleen A. (DHHS); Prokop, Jackie (DHHS)
Subject: RE: Public Comment Review of Proposed Medicaid Policy (Project #1555-LHD)

We pulled it back because MDHHS leadership was concerned about heightened anxiety resulting from the Flint crisis and because the potential fiscal impact would be minimal, even if CMS determined that we needed to fund any second investigation with all GF. There just aren't that many cases where a second home needs to be tested. Furthermore, this instance of noncompliance is to the advantage of the beneficiary.

From: Moran, Susan (DHHS)
Sent: Monday, October 12, 2015 10:40 AM
To: Miles, Richard C. (DHHS)
Cc: Stiffler, Kathleen A. (DHHS); Prokop, Jackie (DHHS)
Subject: Re: Public Comment Review of Proposed Medicaid Policy (Project #1555-LHD)

Why did you decide to pull the policy back?

Sent from my iPad

On Oct 12, 2015, at 10:36 AM, Miles, Richard C. (DHHS) <MilesR6@michigan.gov> wrote:

> The decision has already been made to pull back this policy, even though it has absolutely nothing to do with the Flint crisis. For the record, the state plan history related to this policy dates back to 2010. I am copying Jackie Prokop to request that someone in Policy provide you with the applicable federal regulation.
>
> ---
>
> **From:** Moran, Susan (DHHS)
> **Sent:** Monday, October 12, 2015 9:39 AM
> **To:** Stiffler, Kathleen A. (DHHS); Miles, Richard C. (DHHS)
> **Subject:** FW: Public Comment Review of Proposed Medicaid Policy (Project #1555-LHD)
>
> Heads up – you will likely receive request from Nick to hold off on this policy due to Flint water situation. Can you provide me with the "Medicaid federal regulations" that limit to just one visit- Thanks.
>
> ---
>
> **From:** MSADraftPolicy
> **Sent:** Thursday, October 08, 2015 12:58 PM