

Bulletin Number: MSA 05-29

Distribution: Local Health Departments

Issued: June 1, 2005

Subject: Local Health Department Outreach Activities

Effective: July 1, 2005

Programs Affected: Medicaid

This policy is being issued to assure funding is available to support Medicaid outreach activities on a statewide basis. The policy was developed through a workgroup convened by the Michigan Department of Community Health (MDCH) to review Medicaid-related outreach activities performed by Local Health Departments (LHDs) and to determine ways to maximize reimbursement available for these services. The activities described in the attachment to this bulletin represent those Medicaid outreach activities approved by the Centers for Medicare and Medicaid Services (CMS) to receive Medicaid administrative matching funds under the Comprehensive Planning, Budgeting and Contracting (CPBC) Grant Agreements between MDCH and the LHDs.

Local Health Departments, under their CPBC agreements, will formalize the reporting of Medicaid outreach activities effective for dates of service on and after July 1, 2005. The attachment describes the categories of Medicaid outreach activities that the LHDs are expected to perform under the agreement along with billing requirements and the submission of the Financial Status Report (FSR).

In order to bill for Medicaid Outreach Activities, the LHDs will need to add this activity to their existing cost allocation plans in accordance with OMB Circular A-87. MDCH will require the LHDs to certify that their existing cost allocation plan is in compliance with A-87 and that the plan identifies Medicaid Outreach Activities as a specific element of the plan. The certification will be accepted by MDCH as documentation to continue this administrative claiming. Each cost allocation plan will be subject to MDCH review for compliance with A-87.

The LHD Cost Allocation Plan certifications are due July 1, 2005 and should be submitted to:

Michigan Department of Community Health
Budget and Contracts Division
Contract Management Section
320 S. Walnut St.
Lansing, MI 48913

Manual Maintenance

The information in this bulletin will be incorporated into the July 2005 online version of the Medicaid Provider Manual. Providers utilizing the online manual may discard this bulletin after that date. Providers utilizing the January 2005 CD version of the manual should retain this bulletin until the next CD version of the manual is issued.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive style with a large initial "P" and "R".

Paul Reinhart, Director
Medical Services Administration

LOCAL HEALTH DEPARTMENT MEDICAID OUTREACH ACTIVITIES

ALLOWABLE ACTIVITY CATEGORIES

Local Health Departments may perform the following Medicaid outreach activities and receive reimbursement through their Comprehensive Planning, Budgeting and Contracting (CPBC) Grant Agreement with MDCH.

All outreach activities must be specific to the Medicaid program. In addition, activities that are part of a direct service are not claimable as an administrative service.

A. MEDICAID OUTREACH AND PUBLIC AWARENESS

Activity Category Description

This category is when staff performs activities that inform eligible or potentially eligible individuals about Medicaid and how to access Medicaid programs. This category is also used for describing the services covered under Medicaid and how to obtain Medicaid preventive services.

It includes related paperwork, clerical activities, or staff travel required to perform these activities:

- Informing families and distributing literature about the services and availability of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and the many different Michigan Medicaid programs, such as Healthy Kids and Children's Special Health Care Services.
- Informing and encouraging families to access Medicaid managed care systems, i.e., Medicaid Health Plans.
- Informing families about the EPSDT and Medicaid health-related programs and the value of preventive health services and periodic exams.
- Assisting the Medicaid agency to fulfill outreach objectives of the Medicaid program by informing individuals and their families about health resources available through the Medicaid program.
- Conducting Medicaid outreach campaigns and activities (such as health fairs) that provide information about services provided by entities such as the Community Mental Health Services providers, Medicaid Health Plans, Local Health Departments, etc.
- Conducting a family planning health education outreach program or campaign, if it is targeted specifically to Medicaid-covered family planning services.
- Contacting pregnant and parenting women about the availability of Medicaid services, including referral to family planning and well baby care programs and services.
- Providing referral assistance to families with information about the Medicaid program.
- Providing information about Medicaid screenings that will help improve the identification of medical conditions that can be corrected or ameliorated through Medicaid services, such as the Breast and Cervical Cancer Control Program.

- Notifying families of EPSDT program initiatives, such as Medicaid screenings.
- Coordinating with the local media (newspaper, TV, radio, video) to inform the public about EPSDT screenings, health fairs and other health related services, programs and activities organized by the LHD.
- Coordinating or attending health fairs that emphasize preventive health care, and promoting Medicaid services by presenting Medicaid material in locations with the likelihood of high Medicaid eligibility.
- Presenting and informing families about the availability of Medicaid providers, specific covered services, and how to effectively utilize services and maintain participation in the Medicaid program.

Supplemental Description of Activity

This category includes activities staff or contractors perform to inform families, parents and community members about the Medicaid program, Medicaid covered services, how to obtain Medicaid preventive services, as well as assisting an individual or family in becoming eligible for Medicaid.

Examples of these activities include explaining the Medicaid program to families, giving a family a Medicaid application form, helping an individual complete a Medicaid application form, making a referral to a local or county Michigan Department of Human Services office, or helping someone gather and collect documentation to support a Medicaid application.

These outreach and application assistance activities are allowable ONLY with respect to Medicaid and Medicaid-covered services.

B. FACILITATING MEDICAID ELIGIBILITY DETERMINATION

Activity Category Description

This category is for assisting an individual to become eligible for Medicaid. This category does not include the actual determination of Medicaid eligibility.

It includes related paperwork, clerical activities, or staff travel required to perform these activities:

- Verifying an individual's current Medicaid eligibility status.
- Facilitating eligibility determination for Medicaid by planning and implementing a Medicaid information program.
- Participating as a provider of Medicaid eligibility outreach information.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
- Referring an individual or family to the local Michigan Department of Human Services or other appropriate sources to make application for Medicaid benefits.
- Assisting individuals or families to complete the Michigan Medicaid eligibility application.

- Assisting the individual or family in collecting/gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.

Supplemental Description of Activity

This category includes activities staff perform to inform individuals, families, parents and community members about the Medicaid program, Medicaid covered services, how to obtain Medicaid preventive services, as well as assisting an individual or family in becoming eligible for Medicaid.

Examples of these activities include explaining the Medicaid program to individuals or families visiting the LHD for other services, giving a family a Medicaid application form, helping an individual complete a Medicaid application form, making a referral to a local or county Michigan Department of Human Services office, or helping someone gather and collect documentation to support a Medicaid application.

These outreach and application assistance activities are allowable ONLY with respect to Medicaid and Medicaid-covered services.

C. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES

Activity Category Description

This category is used for performing activities associated with the collaborative development of programs with other agencies that assure the delivery of Medicaid-covered medical/dental/mental health services to Medicaid beneficiaries. It applies only to employees whose position descriptions include program planning, policy development and interagency coordination, and/or those staff specifically appointed to appropriate committees/programs performing required activities.

It includes related paperwork, clerical activities or staff travel required to perform these activities:

- Defining the scope of each agency's Medicaid services in relation to the other, and identifying gaps or duplication of medical/dental/mental health programs.
- Analyzing Medicaid data related to a specific program, population, or geographic area and working with Medicaid resources, such as the Medicaid Health Plans, to locate and develop EPSDT health services referral relationships to populations of need.
- Creating a collaborative of health professionals (medical and dental) to provide consultation and advice on the delivery of health care services to the Medicaid population and developing methods to improve the referral and service delivery process by Medicaid providers.

- Containing Medicaid costs by reducing overlap and duplication of Medicaid services through collaborative efforts with Medicaid Health Plans, local Community Mental Health Services providers and Local Health Departments.
- Monitoring and evaluating policies and criteria for performance standards of medical/dental/mental health delivery systems in LHDs and designing strategies for improvements.
- Overseeing the organization and outcomes of the coordinated medical/mental health services provision with Medicaid Health Plans.
- Developing internal referral policies and procedures for use by staff so that appropriate coordination of health care services occurs between the various Medicaid providers and entities, such as Community Mental Health Services providers, Medicaid Health Plans, and the respective LHDs.
- Designing and implementing strategies to: identify individuals who may be at high risk for poor outcomes because of poverty, dysfunctional families, and/or inappropriate referrals, and who need medical/dental/mental health interventions; identify pregnant beneficiaries who may be at high risk of poor health outcomes because of drug usage, lack of appropriate prenatal care, and/or abuse or neglect; and assuring individuals with any significant health problems are diagnosed and treated early.
- Presenting specific provider information about Medicaid EPSDT screening that will help identify medical and dental conditions that can be corrected or ameliorated by services covered through Medicaid.
- Developing procedures for tracking and resolving family requests for assistance with Medicaid services and providers. This does not include the actual tracking of requests for Medicaid services.
- Developing new health programs with local community health agencies for the Medicaid population, as determined by a needs assessment and geographic mapping.

These activities relate to the program and not for a specific individual.

Supplemental Description of Activity

This category includes activities staff performs in collaboration with agencies or organizations outside of the LHD to assure the delivery of Medicaid covered medical/dental/mental health services to Medicaid beneficiaries.

The focus of these activities is to enhance, improve or streamline health care service delivery systems in the community.

In order to perform these activities, staff may be representing the LHD by sitting on a committee or task force such as a Multi-Purpose Collaborative Body.

D. REFERRAL, COORDINATION AND MONITORING OF MEDICAID SERVICES

Activity Category Description

This category is for developing appropriate referral sources for program-specific services for LHDs and monitoring the delivery of Medicaid services within the health department. It also is used for coordinating programs and services at the LHD level.

It includes related paperwork, clerical activities or staff travel necessary to perform these activities:

- Making referrals for, and coordinating access to, medical and dental services covered by Medicaid.
- Identifying and referring individuals who may be in need of Medicaid family planning services.
- Making referrals for and/or scheduling appropriate Medicaid-covered immunizations, vision and hearing testing, but not to include the child health screenings (vision, hearing and scoliosis) and immunizations that are required for all children.
- Providing information about Medicaid EPSDT screening (e.g., dental, vision, hearing) that will help identify medical conditions that can be corrected or improved by services through Medicaid.
- Contacting Medicaid providers of pediatric services in lower income areas to determine the scope of EPSDT services available.
- Reviewing clinical notes of staff by a designated clinician to identify medical referral and follow-up practices, and making recommendations to supervisors for improvements as needed.
- Conducting quality assurance reviews of specific Medicaid-related program objectives.
- Providing both oral and written instructions about the referral policies and procedures between the LHDs and other Medicaid provider entities for appropriate coordination of health services.
- Coordinating medical/mental health services with managed care plans as appropriate.
- Developing professional relationships for the purposes of referral of Medicaid-eligible individuals for EPSDT and other Medicaid related services.
- Developing strategies for containing healthcare costs and improving services to children as part of the goals of the EPSDT program.
- Working with agencies providing Medicaid services to improve the coordination and delivery of clinical health care services, to expand access to specific populations of Medicaid eligibles, and to improve collaboration around early identification of medical/dental problems. Activities include the development, implementation, and amending of Interagency Agreements related to Medicaid services.

Activities that are part of the direct service are not claimable as an administrative service.

Supplemental Description of Activity

- **Health-Related Referral Activities**
 - This category includes activities that LHD staff or contractors perform during the referral process for a potential health-related issue.

Examples of these activities include locating individuals with potential health-related needs.

- This category also includes activities LHD staff perform in order to develop referral sources for the health department, such as a list or brochure of the physicians, dentists or HMOs in the area who accept Medicaid patients for evaluation or treatment, or a list of other health agencies providing Medicaid services to whom families may be referred.
- **Programmatic Monitoring and Coordination of Medical Services**
 - This category includes activities that LHD staff or contractors perform to coordinate programs and services at the LHD. It also could include activities such as monitoring, or follow-up on the systematic delivery of health-related services within the health department.
 - This category includes program- or system-wide monitoring and coordination of services; it does NOT include beneficiary-specific activities such as individual service coordination or monitoring of services of a particular individual. These activities are often completed by a coordinator or supervisor of quality assurance activities or others with a broader scope related to health-related services provided within the health department.

E. MEDICAID-SPECIFIC TRAINING ON OUTREACH ELIGIBILITY AND SERVICES

Activity Category Description

This category is for coordinating, conducting, or participating in training events and seminars for staff who provide outreach services regarding the benefits of the Medicaid program, including how to assist families to access Medicaid services, and how to more effectively refer individuals for services.

It includes related paperwork, clerical activities or staff travel required to perform these activities:

- Participating in or coordinating training that improves the delivery of Medicaid services.
- Participating in or coordinating training that enhances early identification, intervention, screening and referral of children with health needs for EPSDT services.
- Coordinating training to assist families to access Medicaid services.
- Participating in or presenting training that improves the quality of identification, referral, treatment and care of children, e.g., talking to staff about the EPSDT referral process, available EPSDT and health-related services.
- Disseminating information on training sessions and conducting all related administrative tasks.
- Conducting seminars and presentations to staff related to Medicaid-covered services; providing information on where and how to seek assistance through the Medicaid program.
- Developing and preparing information about Medicaid-covered services, specific health standards and criteria associated with identification/detection of certain illnesses required by the Medicaid program.
- Developing, participating in, or presenting training that addresses the clinical importance of pediatric or other clinical standards for preventive care offered through the Medicaid program.

Supplemental Description of Activity

This category includes activities such as conducting or participating in training events and seminars for staff or contractors regarding general Medicaid information, including the benefits of the Medicaid program, how to assist families in accessing Medicaid eligibility and services, and how to more effectively refer individuals for services.

Allowable training activities must be associated in some way with connecting individuals and families to the Medicaid program or to Medicaid services.

F. ARRANGING FOR MEDICAID-RELATED TRANSPORTATION

Activity Category Description

This category is for assisting an individual to obtain transportation for Medicaid-covered services. This does not include the provision of the actual transportation service, but rather the administrative activities involved in providing transportation. This activity also does not include activities that contribute to the actual billing of transportation as a medical or dental service, nor does it include accompanying the Medicaid-eligible individual to Medicaid services as an administrative activity.

It includes related paperwork, clerical activities or staff travel required to perform these activities:

- Scheduling or arranging transportation for Medicaid-covered services.
- Assisting or arranging for transportation for the family in support of the referral and evaluation activities.

Supplemental Description of Activity

This category includes activities staff perform in assisting an individual to obtain transportation in order to access Medicaid health-related services.

G. ARRANGING FOR PROVISION OF MEDICAID-RELATED TRANSLATION SERVICES

Activity Category Description

This category is for LHD employees who provide translation services related to Medicaid-covered services as an activity. Translation may be allowable as an administrative activity if it is not included and paid for as part of a medical assistance service.

It includes related paperwork, clerical activities or staff travel required to perform these activities:

- Arranging for or providing translation services that assist the individual to access transportation and medical/dental/mental health services.
- Arranging for or providing translation services that assist the individual to "communicate" with service providers about medical/dental services being provided.
- Arranging for or providing translation services that assist the individual to understand necessary care or treatment.
- Assisting the individual to define/explain their symptoms to the physician/dentist.

- Arranging for or providing signing services that assist family members to understand how to provide necessary medical support and care to an individual.

Supplemental Description of Activity

This category also includes the arranging for or providing of translation/interpretation services to enable an individual to access Medicaid health-related services.

REPORTING REQUIREMENTS

LHDs that bill for Medicaid Outreach Activities are expected to provide a quarterly summary report of Medicaid outreach activities. MDCH will develop the reporting format and specifications. Guidelines and reporting requirements will be described in the CPBC Grant Agreement.

BILLING AND REIMBURSEMENT

A. GRANT AGREEMENT

MDCH will work with LHDs to add a provision to the fiscal year Comprehensive Planning, Budgeting and Contracting (CPBC) Grant Agreement between the LHDs and MDCH identifying this administrative policy and describing the expectations for reporting and billing for these Medicaid outreach activities.

In FY 04/05, the CPBC Grant Agreement will be amended to include the new Medicaid Outreach Activities provision. In subsequent years, this provision will be part of the standard CPBC Grant Agreement language.

Each fiscal year MDCH will identify Medicaid outreach priorities. LHDs that bill for Medicaid outreach activities must focus, at a minimum, on one of the identified outreach priorities.

B. BILLING

The LHDs will bill for these outreach activities on a quarterly basis in a single column on a Financial Status Report (FSR). The column should be titled Medicaid Outreach Activities. The FSR should be part of the LHDs quarterly CPBC FSR submission to MDCH. MDCH will aggregate all of the quarterly amounts billed for LHD Medicaid outreach activities and will submit a claim for the federal portion of the costs. MDCH will reimburse the LHDs after MDCH receives the reimbursement of the federal claim.

These Medicaid Outreach Activities are claimed at the 50% administrative match rate.

Full cost reimbursement is not allowed for Medicaid administrative services and should not be included on the Medicaid Cost Report.

C. COST ALLOCATION PLANS

LHDs need to add the Medicaid Outreach Activities to their existing cost allocation plans in accordance with OMB Circular A-87. MDCH will require the LHDs to certify that their existing cost allocation plan is in compliance with A-87 and that the plan identifies Medicaid outreach activities as a specific element of the plan. The certification will be accepted by MDCH as documentation to continue this administrative claiming. Each cost allocation plan will be subject to MDCH review for compliance with A-87.

D. CERTIFICATIONS

The LHD Cost Allocation Plan certifications are due July 1, 2005 and should be submitted to:

Michigan Department of Community Health
Budget and Contracts Division
Contract Management Section
320 S. Walnut St.
Lansing, MI 48913

New certifications will be required if a modification occurs in the LHD's cost allocation plan that impacts the Medicaid Outreach Activities element or upon a Department review that results in a finding of non-compliance. If neither of these conditions exist, the certification remains valid in subsequent fiscal years.