

Medicaid State Plan Eligibility

Medicaid State Plan Eligibility: General Information

State/Territory name: **Michigan**
 Transmittal Number: **MI-16-0110**

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

Eligibility Process (MI 16-0110)

**PDFs superseded by this SPA
 (Include Transmittal Number):**

Description:

Single streamlined application or alternative, renewals, coordinatoin for enrollment and eligibility.

Amendment 01 provides updated screen shots of the on-line application related to adding Medicaid coverage above 133% up to 400% FPL for children under 21 and pregnant women. This coverage is to further the Flint, Michigan demonstration project authorized under section 1115 of the Act (Project No. 11W 00302/5) and will begin when the demonstration authority is approved and end when the demonstration authority expires.

Medicaid State Plan Eligibility: File Management Summary

State/Territory name: **Michigan**
 Transmittal Number: **MI-16-0110**

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	no
MAGI-Based Eligibility Groups	S25	Mandatory: Parents and Other Caretakers	no
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	no
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	no
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	no
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	no
MAGI-Based Eligibility Groups	S50	Optional: Individuals Above 133% of the FPL	no
	S51	Optional: Optional Parents and Caretakers	no

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups			
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	no
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	no
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	no
MAGI-Based Eligibility Groups	S55	Optional: Tuberculosis	no
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	no
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	no
Eligibility Process	S94	Single streamlined application or alternative, Renewals, Coordination for enrollment and eligibility (agreements with Exchanges)	yes
MAGI Income Methodology	S10	Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)	no
Single State Agency	A1-3	Addresses single state agencies delegation of appeals and determinations	no
Residency	S88	State affirms residency regulations and addresses interstate agreements and temporary absence	no
Citizenship & Immigration Status	S89	State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility	no
Hospital Presumptive Eligibility	S21	State specifies options for presumptive eligibility conducted by hospitals	no
Marriage Policy	S12	Medicaid Eligibility Marriage Policy	no

Medicaid State Plan Eligibility: File Management Detail

Form S14: AFDC Income Standards

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S25: Eligibility Groups - Mandatory Coverage: Parents and Other Caretaker Relatives

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S28: Eligibility Groups - Mandatory Coverage: Pregnant Women

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S30: Eligibility Groups - Mandatory Coverage: Infants and Children under Age 19

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S32: Eligibility Groups - Mandatory Coverage: Adult Group

Form Description:

Uploaded Form:	<input type="text"/>	Date Uploaded:	<input type="text"/>
Support Documents			
<input type="text" value="Document"/>			

Form S33: Eligibility Groups - Mandatory Coverage: Former Foster Care Children

Form Description:	<input type="text"/>
Uploaded Form:	Date Uploaded:
<input type="text"/>	<input type="text"/>
Support Documents	
<input type="text" value="Document"/>	

Form S50: Eligibility Groups - Options for Coverage: Individuals above 133% FPL

Form Description:	<input type="text"/>
Uploaded Form:	Date Uploaded:
<input type="text"/>	<input type="text"/>
Support Documents	
<input type="text" value="Document"/>	

Form S51: Eligibility Groups - Options for Coverage: Optional Coverage of Parents and Other Caretaker Relatives

Form Description:	<input type="text"/>
Uploaded Form:	Date Uploaded:
<input type="text"/>	<input type="text"/>
Support Documents	

Document

Form S52: Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S53: Eligibility Groups - Options for Coverage: Children with Non IV-E Adoption Assistance

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S54: Eligibility Groups - Options for Coverage: Optional Targeted Low Income Children

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S55: Eligibility Groups - Options for Coverage: Individuals with Tuberculosis

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S57: Eligibility Groups - Options for Coverage: Independent Foster Care Adolescents

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S59: Eligibility Groups - Options for Coverage: Individuals Eligible for Family Planning Services

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S94: General Eligibility Requirements: Eligibility Process

Form Description: S94 - General Eligibility Requirements, Eligibility Process

Uploaded Form: Date Uploaded: 10/20/2013

S94 - Eligibility Process FINAL (2-5-14).pdf

Support Documents

Document

Please provide a short description of this support document:
CMS created document - Coordination placeholder

Document	
Uploaded Document Name:	Date Uploaded: 01/29/2014
MI 13-0140 MM2 Coordination Placeholder revised (2-4-14).doc	
Please provide a short description of this support document: Michigan's Final Application for Health Coverage - DCH-1426	
Uploaded Document Name:	Date Uploaded: 10/20/2013
DCH-1426 (2-4-14).pdf	
Please provide a short description of this support document: CMS created document - Interim online application placeholder	
Uploaded Document Name:	Date Uploaded: 01/29/2014
MI 13-0140-MM2 Interim Online App Placeholder (1-27-14).doc	
Please provide a short description of this support document: CMS created document - Superseding pages	
Uploaded Document Name:	Date Uploaded: 01/29/2014
Michigan 13-0140-MM2 Superseding Pages Document (1-27-14).doc	
Please provide a short description of this support document: Updated screen shots of the on-line application related to adding Medicaid coverage above 133% up to 400% FPL for children under 21 and pregnant women. This coverage is to further the Flint, Michigan demonstration project authorized under section 1115 of the Act (Project No. 11W 00302/5) and will begin when the demonstration authority is approved and end when the demonstration authority expires.	
Uploaded Document Name:	Date Uploaded: 03/31/2016
Updated Flint Waiver Screens 3.29.2016.docx	

Form S10: MAGI-Based Income Methodologies

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form A1-3: Medicaid Administration: Single State Agency

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S88: Non-Financial Eligibility: State Residency

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S89: Non-Financial Eligibility: Citizenship and Non-Citizen Eligibility

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S21: Presumptive Eligibility by Hospitals

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S12: Medicaid Eligibility Marriage Policy

Form Description:	<input type="text"/>
Uploaded Form:	<input type="text"/>
	Date Uploaded:
	<input type="text"/>
Support Documents	
<input type="text" value="Document"/>	

Medicaid State Plan Eligibility: Tribal Input

State/Territory name: Michigan
 Transmittal Number: MI-16-0110

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document
Please provide a short description of this support document: Michigan's Tribal Notification Letter, dated 6-24-13 Uploaded Document Name: Date Uploaded: 10/20/2013 <input type="text" value="Tribal Notification Letter 6-24-13 (L-13-34).pdf"/>
Please provide a short description of this support document: The attached letter was sent out. A subsequent letter will be issued providing clarification of the actual authority used for implementing the proposed changes. The changes are actually being implemented through a series of state plan amendment and wavier authorities. The content is basically consistent. Also, a conference call and consultation with the tribes is scheduled for March 4, 2016, to discuss the current plan.

Document	
Uploaded Document Name:	Date Uploaded:
L_16-05_514929_7.pdf	

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits

Summarize Comments

Summarize Response

Service delivery

Summarize Comments

Summarize Response

Other Issue

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Michigan

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MI-16-0110

Proposed Effective Date

03/01/0016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, Subpart J and M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$0.00
Second Year	2017	\$0.00

Subject of Amendment

Updates the application the State will use for individuals who apply for coverage that may be eligible based on the MAGI standard.

This Amendment 01 provides updated screen shots of the on-line application related to adding Medicaid coverage above 133% up to 400% FPL for children under 21 and pregnant women. This coverage is to further the Flint, Michigan demonstration project authorized under section 1115 of the Act (Project No. 11W 00302/5) and will begin when the demonstration authority is approved and end when the demonstration authority expires.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Chris Priest, Director
Medical Services Administration

Signature of State Agency Official

Submitted By: Erin Black

Last Revision Date: Mar 31, 2016

Submit Date:

Mar 31, 2016



MI BRIDGES
State of Michigan

EAQ

Hello, kmg. You are logged in. Print Help

- Start
- People
- Job Income
- Other Income
- Other Info
- Liquid Assets
- Other Assets
- Housing Bills
- Other Bills
- Finish
- Submit

***Health Conditions**

Please check the box for anyone who has a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?

No one

john

jane

bob

***Flint Water Question**

Please check the box for anyone who consumed water from the Flint water system AND lived, worked, or received childcare or education at an address that was served by the Flint water system at any time from April 2014 through present day

No one

john

jane

bob

You may be asked to provide verification or proof that you consumed water from the Flint water system AND lived, worked, or received childcare or education at an address that was served by the Flint water system at any time from April 2014 through present day. Any knowingly false information or statements provided may be reviewed by the Office of Inspector General.

Back Save & Exit Next

Figure 1.0 – Flint Water Gatepost Question


Print Help

Hello, kung You are logged in

- Start
- People
- Job Income
- Other Income
- Other Info
- Liquid Assets
- Other Assets
- Housing Bills
- Other Bills
- Finish
- Submit

Flint Water Details

You have told us that Ron consumed water from the Flint water system AND lived, worked, or received childcare or education at an address that was served by the Flint water system at any time from April 2014 through present day

* Would you like to use the address below Yes No

145 michgan ave
Flint, MI 48501

If no, please provide address below:

Street Address: County:

City: State: Zip Code:

OR

If you do not know the address, please provide information of location in as much detail as possible

* Location Type:

* Begin Date of this address: Ex: mm/dd/yyyy

End Date of this address: Ex: mm/dd/yyyy

Has john consumed water from the Flint water system AND lived, worked, or received childcare or education at more than one address that was served by the Flint water system at any time from April 2014 through present day.

Back Save & Exit Next

[Michigan.gov/MI Bridges](#) | [Michigan.gov/MI Bridges](#) | [State.gov/MI Bridges](#) | [Privacy Policy](#) | [User Privacy](#) | [Accessibility Policy](#) | [Security Policy](#) | [Feedback](#)

Figure 2.0 – Flint Water Details screen – Use ‘Where you live’ Address





EAQ

Hello, King. You are logged in Print Help

- Start
- People
- Job Income
- Other Income
- Other Info
- Liquid Assets
- Other Assets
- Housing Bills
- Other Bills
- Finish
- Submit

Flint Water Details

You have told us that you consumed water from the Flint water system AND lived, worked, or received childcare or education at an address that was served by the Flint water system at any time from April 2014 through present day.

Please enter the physical address.

Street Address County

[click here to choose >](#)

City State Zip Code

OR

If you do not know the address, please provide information of location in as much detail as possible.

* Location Type

* Begin Date of this address Ex: mm/dd/yyyy

End Date of this address Ex: mm/dd/yyyy

Has John consumed water from the Flint water system AND lived, worked, or received childcare or education at more than one address that was served by the Flint water system at any time from April 2014 through present day.

Back Save & Exit Next

Michigan.gov/EAQ | MyMichigan | State of Michigan | Michigan.gov/EAQ | Michigan.gov/EAQ | Michigan.gov/EAQ | Michigan.gov/EAQ

Figure 3.0 – Flint Water Details screen – Homeless screen

Questions

Register MA - Questions ? * (U) (U)

Application: 111191357 Status: Application pending Date Received: 03/28/2015

Reset Previous Next

MAGI Income

Does anyone in the household have any income such as employment (waged), unemployment, pensions, social security, retirement accounts, alimony received, net farming / fishing, net rental / royalty, or other? NO

Deduction Question

Does anyone in the household pay alimony, student loan interest, or other deductions that get reported on the front page of a federal income tax return form 1040? NO

Health Insurance

Does anyone have Employer or Other health coverage now and / or is anyone offered health coverage from a job? NO

Flint Water Question

Did the applicant consume water from the Flint water system AND live, work, or receive childcare or education at an address that was served by the Flint water system at any time from April 2014 through present day? YES

Reset Previous Next

Figure 4.0 – Application Registration MA Flow Questions screen

BRIDGES Michigan Department of Health and Human Services Michigan State University

USER ID: user9 DHS Self Service Processor Center Search by APPLICATION 20 February 2016

Summary Details

Flint Water - Details ? * (U) (U)

Application: 123456729 Status: Application pending Date Received: 02/09/2016

Reset Cancel Add Individual Previous Continue

Individual Information

Name: John Smith 1 Individual #: 1200000001

Address Dates

Begin Date: 02/03/2016 End Date: mm/dd/yyyy

Impacted Address

Is the address same as

235 S GRAND AVE Ingham LANSING MI 48933-1805

123 Main St, Flint, MI 48901

Enter new address below

Street #: Fraction: Pre Election: State: Building Type: Address Line 1: County: City: Zip Code: State:

Location description for unknown address

Does the individual have more than one address to report? Address Type: NO YES

Reset Cancel Add Individual Previous Continue

Figure 4.1 – Application Registration Flint Water Details

BRIDGES Help To Legal Bridge Information Action

Search by APPLICATION 18 March 2016

Visited 89 of 84 Pages

Individual

Household Individuals - Questions

Case Name: Case #: Case Action: Case Status: Approved

[Reset](#) | [Previous](#) | [Next](#)

Aged / Disability Benefits

• Is there anyone in the case receiving or applying for aged disability benefits such as SSDI or RSDI?

Caretaker

• Is there a caretaker of a disabled person in the case?

Disability

• Does anyone in the case claim to be disabled?

Out of State Benefit

• Has anyone in the case received benefits from another state any time after August 1996?

Pregnancy

• Is anyone in the case pregnant/postpartum?

Newborn

• Is there a newborn in the case?

Room and Board

• Does anyone in the case pay for room and/or board?

Facility

• Does anyone in the household reside in one of the following facility types: Hospital, Intermediate Care for Mental Retardation, Nursing Facility / Long Term Care, Psychiatric Hospital?

Medicare Claim

• Is anyone in the case enrolled in Medicare Part A or B?

Pursuit Benefits

• Should anyone in the case be pursuing other benefits?

Other In State Benefits

• Does anyone in the case receive any other in-state benefits, such as WIC, Indian Tribal Food Benefits or Michigan Rehabilitation Services?

Minor Parent

• Is there a minor parent in the case?

Special Medicaid Approval

• Does anyone in the case have special Medicaid approvals (such as Home and Community Based?, Walker), Breast and Cervical Cancer Program, Serious Emotional Disturbances?

Flint Water Question

• Did the applicant consume water from the Flint water system AND live, work, or receive childcare or education at an address that was served by the Flint water system at any time from April 2014 through present day?

[Reset](#) | [Previous](#) | [Next](#)

Figure 5.0 – Bridges Household Individual Questions screen

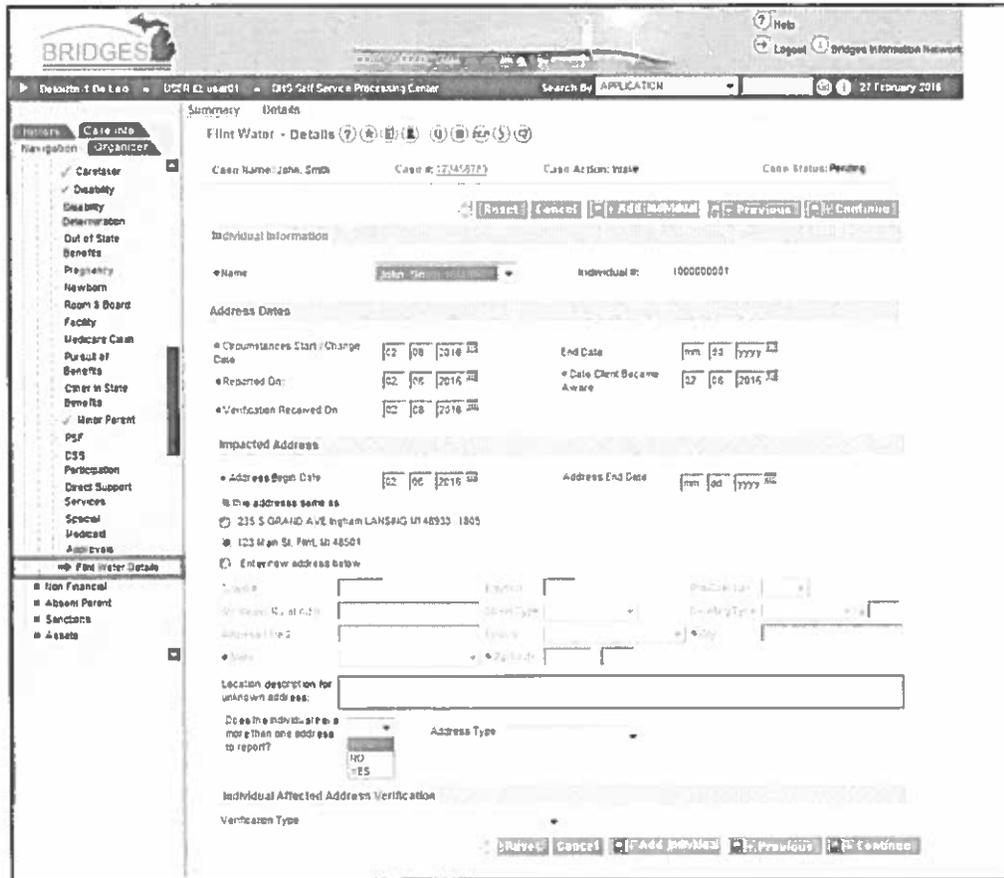


Figure 5. 1– Bridges Flint Water Details screen

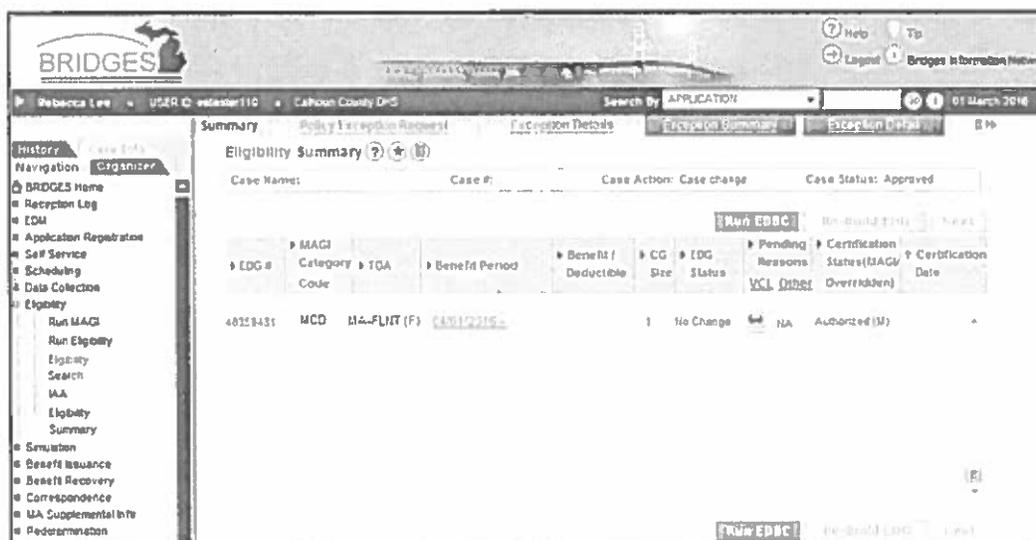


Figure 6.0 Eligibility Summary Screen with new FLNT MAGI TOA



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

February 17, 2016

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Section 1115 Waiver Request to Assist in Addressing Health Impacts from Potential Lead Exposure in Flint, Michigan.

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors that the Michigan Department of Health and Human Services (MDHHS) has submitted a Section 1115 waiver.

Pending Approval by the Centers for Medicare and Medicaid Services (CMS), MDHHS plans to:

- Expand Medicaid eligibility to children up to age 21 and pregnant woman who;
 - Are served by the Flint water system or were served by the Flint water system between April 2014 and the date on which the Flint water system is deemed safe by the appropriate authorities. AND
 - Have household incomes up to 400 percent of the federal poverty level (FPL). Individuals up to age 21 and pregnant women with household income above 400 percent FPL can buy in to unsubsidized coverage under the program.
- Establish a targeted case management group and services for children up to age 21 and pregnant women as described above.
- Seek enhancement and expansion of the State's current lead abatement program to provide abatement services to homes in the impacted area.

This Section 1115 waiver will impact Native American pregnant women and children served by the Flint water system. We anticipate that this waiver will be implemented soon after CMS approval.

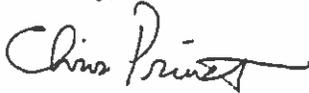
Given this request is intended to address an emergency, there is no public hearing scheduled for this Section 1115 waiver. Input regarding this waiver is highly encouraged, and comments regarding this Notice of Intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan Tribes. Lorna can be reached at 517-373-4963 or via email at Elliott-EganL@michigan.gov. **Please provide all input by April 4, 2016.**

In addition, MDHHS will set up a conference call to discuss this waiver in the near future. This meeting will allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a separate consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

L 16-05
February 17, 2016
Page 2

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in black ink that reads "Chris Priest". The signature is fluid and cursive, with a long horizontal stroke at the end.

Chris Priest, Director
Medical Services Administration

cc: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of
Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

**Distribution List for L 16-05
February 17, 2016**

Mr. Levi Carrick, Sr., Tribal Chairman, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Alvin Pedwaydon, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. JoAnne Cook, Tribal Vice Chair, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Loi Chambers, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. Warren C. Swartz, Jr., President, Keweenaw Bay Indian Community
Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Ms. Jessica Burger, Acting Health Director, Little River Band of Ottawa Indians
Mr. Fred Kiogima, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Mr. DK Sprague, Tribal Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Homer Mandoka, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Mr. Travis Parashonts, Chief Executive Officer, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. John Warren, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services
Mr. Steve Pego, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS