

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>22</u> — <u>0004</u>	2. STATE <u>MI</u>
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE
April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 441.35

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$0
b. FFY 2023 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-E, Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)


Attachment 3.1-E, Pages 1, 1a, 1b, 1c, 1d, 1e, 1f (TN 87-11)

9. SUBJECT OF AMENDMENT

This SPA updates the Medicaid State Plan language pertaining to the coverage of medically necessary organ and tissue transplant procedures and related services.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



11. TYPED NAME
Kate Massey

12. TITLE
Director, Behavioral and Physical Health and Aging Services Administration

13. DATE SUBMITTED
April 4, 2022

15. RETURN TO
Behavioral and Physical Health and Aging Services Administration
Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

Standards for the Coverage of Organ Transplant Services

COVERAGE OF ORGAN AND TISSUE TRANSPLANT SERVICES

ORGAN AND TISSUE TRANSPLANT SERVICES, INCLUDING INPATIENT AND OUTPATIENT PRE-AND POST-OPERATIVE MEDICAL, SURGICAL, HOSPITAL, AND RELATED TRANSPORTATION SERVICES, ARE COVERED FOR ELIGIBLE BENEFICIARIES WHEN MEDICALLY NECESSARY. FOR PURPOSES OF THIS COVERAGE, THE TERM ORGAN IS DEFINED AS KIDNEY, LIVER, HEART, LUNG, PANCREAS, INTESTINE (INCLUDING THE ESOPHAGUS, STOMACH, SMALL AND/OR LARGE INTESTINE, OR ANY PORTION OF THE GASTROINTESTINAL TRACT), ANY VASCULARIZED COMPOSITE ALLOGRAFT, OR OTHER ORGAN DEFINED IN THE NATIONAL ORGAN TRANSPLANT ACT OF 1984, AS AMENDED, AND HEMATOPOIETIC STEM/PROGENITOR CELLS, CORNEA, BONE, AND SKIN.

COVERAGE CRITERIA

MEDICALLY NECESSARY TRANSPLANT SERVICES ARE COVERED WHEN THE TRANSPLANT IS LIKELY TO PROLONG LIFE AND RESTORE A RANGE OF PHYSICAL AND SOCIAL FUNCTION TO ACTIVITIES OF DAILY LIVING. ALL OTHER MEDICAL AND SURGICAL THERAPIES THAT MIGHT BE EXPECTED TO AFFECT SHORT- AND LONG-TERM SURVIVAL MUST HAVE BEEN TRIED OR CONSIDERED. THE FOLLOWING CRITERIA MUST BE SATISFIED FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES:

- TRANSPLANT SERVICES MEET THE REQUIREMENTS CONTAINED IN SECTION 1138(B) OF THE SOCIAL SECURITY ACT, HOSPITAL PROTOCOLS FOR ORGAN PROCUREMENT, FOOD AND DRUG ADMINISTRATION REGULATIONS, AND STANDARDS FOR ORGAN PROCUREMENT AGENCIES AS DEFINED UNDER STATE LAW WHERE APPLICABLE.
- TRANSPLANT SERVICES MEET THE GENERAL REQUIREMENTS FOR PHYSICIAN AND HOSPITAL SERVICES.
- COVERAGE IS LIMITED TO TRANSPLANT SERVICES THAT ARE DEFINED BY THE STATE.

FACILITY REQUIREMENTS

TRANSPLANT SERVICES FOR ORGANS DEFINED IN THE NATIONAL ORGAN TRANSPLANT ACT OF 1984, AS AMENDED, MUST BE PROVIDED IN A FACILITY WITH THE FOLLOWING QUALIFICATIONS:

- A QUALIFIED ORGAN PROCUREMENT ORGANIZATION AS DEFINED IN 42 U.S. CODE §273
- A MEMBER OF THE ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK (OPTN) WHERE APPLICABLE TO THE TRANSPLANTED ORGAN

PRIOR AUTHORIZATION

PRIOR AUTHORIZATION FOR TRANSPLANT SERVICES, WHERE APPLICABLE, IS REVIEWED ON A CASE-BY-CASE BASIS. APPROVAL IS BASED ON CRITICAL MEDICAL NEED FOR TRANSPLANTATION AND A MAXIMUM LIKELIHOOD OF SUCCESSFUL CLINICAL OUTCOMES.

DONOR-RELATED SERVICES

DONOR EXPENSES, INCLUDING MEDICAL SERVICES, LODGING, AND TRANSPORTATION, INCURRED DIRECTLY IN CONNECTION WITH AND IMMEDIATELY ATTRIBUTED TO THE TRANSPLANT SURGERY, MAY BE COVERED. THE DONOR MUST EXHAUST ALL POSSIBLE INSURANCE SOURCES BEFORE MEDICAID IS BILLED FOR THE SERVICES.

DONOR SEARCH AND RELATED SERVICES ARE COVERED WHETHER OR NOT THE DONOR SEARCH RESULTS IN AN ORGAN ACQUISITION AND TRANSPLANT.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

Standards for the Coverage of Organ Transplant Services

~~STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES~~

~~Liver, heart, heart/lung, bone marrow, and pancreas transplants are reviewed on a case-by-case basis for coverage.~~

~~Each request for coverage is considered by a committee of physician experts and is judged as to the appropriateness of the transplantation procedure for funding. The committee uses a list of patient selection criteria to assist in making this judgement. The criteria are maintained for all organ-extrarenal transplants, and are periodically revised. These criteria are used as guidelines. No set of written criteria can completely anticipate all the possible circumstances that may be associated with each individual case. The criteria were developed by the Michigan Department of Public Health and are as follows:~~

~~I. Heart Transplant~~

~~A. Indications for heart transplant~~

~~1. Absolute indications~~

- ~~a. NYHA Class IV cardiac disease, without surgically correctible mechanical defects and unresponsive to medical therapy.~~
- ~~b. A fixed pulmonary vascular resistance below eight Wood units.~~
- ~~c. A thorough understanding by the patient and family of the magnitude of the operation and its sequelae, including lifetime follow-up.~~
- ~~d. Strong motivation by the patient to undergo the procedure.~~
- ~~e. A reasonable expectation that the patient's quality of life will be improved.~~
- ~~f. Medical assessment that the patient is a reasonable risk for operation and has a tolerance of immunosuppressive therapy.~~
- ~~g. Medical assessment that the patient has sufficient social stability to provide assurance that he or she will cooperate with the follow-up and the immunosuppressive program.~~

~~2. Relative indications~~

- ~~a. Not older than 55 years of age~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

Standards for the Coverage of Organ Transplant Services

~~B.——~~ Contraindications to heart transplant

~~1.——~~ Absolute contraindications

- ~~a.——~~ Active infection, including dental infection.
- ~~b.——~~ Active peptic ulcer disease.
- ~~c.——~~ Cancer, unless evidence indicates that there is a high probability that the cancer is cured.
- ~~d.——~~ Substance abuse, including ethanol and narcotic addiction.
- ~~e.——~~ Significant irreversible mental disorder
- ~~f.——~~ Severe generalized arteriosclerosis.
- ~~g.——~~ Chronic bronchitis or severe chronic obstructive pulmonary disease (COPD).

~~2.——~~ Relative contraindications

- ~~a.——~~ Insulin dependent diabetes.
- ~~b.——~~ Recent pulmonary embolism.
- ~~c.——~~ Morbid obesity.

~~II.——~~ Heart/lung transplant

~~A.——~~ Indications for heart/lung transplant

~~1.——~~ Absolute indications

- ~~a.——~~ NYHA class IV cardiac disease, without surgically correctible mechanical defects and unresponsive to medical therapy, with secondary lung damage leading to a fixed pulmonary vascular resistance of at least eight Wood units.
- ~~b.——~~ Severe terminal pulmonary disease unresponsive to all medical therapy, for example chronic emphysema, cystic fibrosis, pulmonary fibrosis, or congenital defects.
- ~~c.——~~ A thorough understanding by the patient and family of the magnitude of the operation and its sequelae, including lifetime follow-up.
- ~~d.——~~ Strong motivation by the patient to undergo the procedure.
- ~~e.——~~ A reasonable expectation that the patient's quality of life will be improved.
- ~~f.——~~ Medical assessment that the patient is a reasonable risk for operation and has a tolerance of immunosuppressive therapy.
- ~~g.——~~ Medical assessment that the patient has sufficient social stability to provide assurance that he or she will cooperate with the follow-up and the immunosuppressive program.

~~2.——~~ Relative indications

- ~~a.——~~ Not older than 40 years of age.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

Standards for the Coverage of Organ Transplant Services

B.—Contraindications to heart/lung transplant

1.—Absolute contraindications

- a.—Active infection, including dental infection.
- b.—Active peptic ulcer disease.
- c.—Cancer, unless evidence indicates that there is a high probability that the cancer is cured.
- d.—Substance abuse, including ethanol and narcotic addiction.
- e.—Significant irreversible mental disorder.
- f.—Severe generalized arteriosclerosis.

2.—Relative contraindications

- a.—Insulin dependent diabetes.
- b.—Morbid obesity.

III.—Liver transplant

A.—Indications for liver transplant

1.—Absolute indications

- a.—Irreversible chronic liver disease which has progressed to the point of significant interference with the patient's ability to work or quality of life, and for which no effective medical or surgical therapeutic alternative is available.
- b.—A thorough understanding by the patient and family of the magnitude of the operation and its sequelae, including lifetime follow up.
- c.—Strong motivation by the patient to undergo the procedure.
- d.—A reasonable expectation that the patient's quality of life will be improved.
- e.—Medical assessment that the patient is a reasonable risk for operation and has a tolerance of immunosuppressive therapy.
- f.—Medical assessment that the patient has sufficient social stability to provide assurance that he or she will cooperate with the follow up and the immunosuppressive program.

2.—Relative indications

- a.—Not older than 50 years of age.
- b.—Stable patient with history of a failed hepatic transplant.
- c.—A specific liver disease state characterized by
 - 1) Albumin less than 2.0 gm/dl.
 - 2) Serum bilirubin greater than 15 mg/dl.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Standards for the Coverage of Organ Transplant Services

~~B. Specific disease states for liver transplant~~

- ~~1. Alcoholic cirrhosis if the patient has abstained for two years as documented by multidisciplinary institutional review.~~
- ~~2. Budd-Chiari syndrome.~~
- ~~3. Caroli's disease.~~
- ~~4. Chronic active hepatitis (HBsAg negative)~~
- ~~5. Congenital hepatic fibrosis.~~
- ~~6. Cryptogenic cirrhosis.~~
- ~~7. Extrahepatic biliary atresia with or without prior portoenterostomy~~
- ~~8. Hepatic adenomatosis.~~
- ~~9. Inborn errors of metabolism:~~
 - ~~a. Alpha-1 antitrypsin deficiency (ZZ phenotype).~~
 - ~~b. Byler's disease.~~
 - ~~c. Criqler-Najjar syndrome, Type I.~~
 - ~~d. Galactosemia.~~
 - ~~e. Glycogen storage disease, Type I and IV.~~
 - ~~f. Hemachromatosis.~~
 - ~~g. Protoporphyrria.~~
 - ~~h. Sea blue histiocyte syndrome.~~
 - ~~i. Trysinemia.~~
 - ~~j. Wilson's disease.~~
 - ~~k. Other rare diseases considered on a case by case basis.~~
- ~~10. Neonatal hepatitis.~~
- ~~11. Pediatric hepatoblastoma and other primary hepatic tumors of low grade malignancy.~~
- ~~12. Portal hypertension requiring a portan decompressive procedure concomitant with end-stage liver disease.~~
- ~~13. Post-hepatic cirrhosis.~~
- ~~14. Primary biliary cirrhosis.~~
- ~~15. Sclerosing cholangitis.~~
- ~~16. Secondary biliary cirrhosis.~~
- ~~17. Subacute hepatic necrosis.~~

~~C. Contraindicators to liver transplant~~

- ~~1. Absolute contraindications~~
 - ~~a. Active infection, including dental infection.~~
 - ~~b. Active peptic ulcer disease.~~
 - ~~c. Anasarca.~~
 - ~~d. Cancer, unless evidence indicates that there is a high probability that the cancer is cured; pediatric hepatoblastoma is an exception.~~
 - ~~e. Hepatitis B surface and e antigen positivity.~~
 - ~~f. Portal vein thrombosis.~~
 - ~~g. Severe generalized arteriosclerosis.~~
 - ~~h. Severe irreversible coagulopathy.~~
 - ~~i. Severe life-limiting associated extrahepatic disease.~~
 - ~~j. Substance abuse, including ethanol and narcotic addiction.~~
 - ~~k. Significant Irreversible mental disorder.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

Standards for the Coverage of Organ Transplant Services

~~2. Relative contraindications~~

- ~~a. Hepatitis B surface antigen positivity without e antigen positivity.~~
- ~~b. Insulin dependent diabetes mellitus.~~
- ~~c. Intrahepatic or biliary sepsis.~~
- ~~d. Morbid obesity.~~

~~IV. Pancreatic transplant~~

~~A. Indications for pancreatic transplant~~

~~1. Absolute indications~~

- ~~a. Irreversible severe diabetes mellitus which has progressed to the point of significant interference with the patient's ability to work or quality of life, and for which no effective medical or surgical therapeutic alternative is available.~~
- ~~b. A thorough understanding by the patient and family of the magnitude of the operation and its sequelae, including lifetime follow-up.~~
- ~~c. Strong motivation by the patient to undergo the procedure.~~
- ~~d. A reasonable expectation that the patient's quality of life will be improved.~~
- ~~e. Medical assessment that the patient is a reasonable risk for operation and has a tolerance of immunosuppressive therapy.~~
- ~~f. Medical assessment that the patient has sufficient social stability to provide assurance that he or she will cooperate with the follow-up and the immunosuppressive program.~~

~~2. Relative indications~~

- ~~a. Between 5 years and 50 years of age.~~
- ~~b. Presence of a complication of diabetes: retinopathy, neuropathy, renal failure, gastroenteropathy.~~
- ~~c. Inability to obtain a reasonable control of blood sugar with conventional treatment.~~

~~B. Specific disease states for pancreatic transplant~~

- ~~1. Type I insulin dependent diabetes.~~
- ~~2. Insulin dependent diabetes secondary to traumatic or surgical removal of pancreas.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Standards for the Coverage of Organ Transplant Services

~~C.—Contraindications to pancreatic transplant~~

~~1. Absolute contraindications~~

- ~~a.—Active infection, including dental infection.~~
- ~~b.—Active peptic ulcer disease.~~
- ~~c.—Cancer, unless evidence indicates that there is a high probability that the cancer is cured.~~
- ~~d.—Severe uncorrectable coronary artery disease.~~
- ~~e.—Substance abuse, including ethanol and narcotic addiction.~~
- ~~f.—Significant irreversible mental disorder.~~

~~2. Relative contraindications~~

- ~~a.—Morbid obesity.~~

~~V.—Bone marrow transplant~~

~~A.—Indications for bone marrow transplant~~

~~1. Absolute indications~~

- ~~a.—Specific bone marrow disease states, with a performance status of 2 or less on the ECOG scale.~~
- ~~b.—A thorough understanding by the patient and family of the magnitude of the operation and its sequelae, including lifetime follow-up.~~
- ~~c.—Strong motivation by the patient to undergo the procedure.~~
- ~~d.—A reasonable expectation that the patient's quality of life will be improved.~~
- ~~e.—Medical assessment that the patient is a reasonable risk for operation and has a tolerance of immunosuppressive therapy.~~
- ~~f.—Medical assessment that the patient has sufficient social stability to provide assurance that he or she will cooperate with the follow up and the immunosuppressive program.~~

~~2. Relative indications~~

- ~~a.—Not older than 50 years of age for allogeneic BMT.~~
- ~~b.—Not older than 65 years of age for autologous BMT.~~

~~B.—Specific disease states for bone marrow transplant~~

- ~~1. Leukemia: acute lymphocytic and non-lymphocytic leukemia, chronic myelogenous leukemia (in chronic or transformed stage).~~
- ~~2. Severe aplastic anemia.~~
- ~~3. Immune deficiency syndromes.~~
- ~~4. Steroid resistant Blackfan Diamond syndrome.~~
- ~~5. Fanconi's anemia.~~

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Standards for the Coverage of Organ Transplant Services

- ~~6. Lymphoma (high-risk group or in relapse).~~
- ~~7. Hodgkin's disease (resistant re1 apse).~~
- ~~8. Neuroblastoma (stage IV).~~
- ~~9. Congenital severe hemolytic anemias (pyruvate kinase deficiency or thalassemia major).~~
- ~~10. Hairy cell leukemia (persistent pancytopenia after splenectomy).~~
- ~~11. Myelodysplastic syndrome (with severe pancytopenia).~~
- ~~12. Chediak-Higashi syndrome.~~
- ~~13. Kostman's syndrome.~~

~~C. Contraindications to bone marrow transplant~~

~~1. Absolute contraindications~~

- ~~a. Any major irreversible organ damage.~~
- ~~b. Active infection, including dental infection.~~
- ~~c. Active peptic ulcer disease.~~
- ~~d. Substance abuse, including ethanol and narcotic addiction.~~
- ~~e. Significant irreversible mental disorder.~~

~~2. Relative contraindications~~

- ~~a. Morbid obesity.~~



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

September 1, 2021

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Coverage of Organ Transplant Services

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 of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of the SPA is to update the Medicaid State Plan language pertaining to the coverage of medically necessary organ and tissue transplant procedures and related services. The State of Michigan expects this update to have little or no impact on tribal members. The anticipated effective date of this SPA is December 1, 2021.

There is no public hearing scheduled for this SPA. Input regarding this SPA 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 517-512-4146, or via email at Elliott-EganL@michigan.gov. **Please provide all input by October 16, 2021.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, according to the tribes' preference. Consultation meetings 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 consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

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

L 21-59
September 1, 2021
Page 2

An electronic copy of this letter is available at www.michigan.gov/medicaidproviders >>
Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Massey', with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern
Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 21-59
September 1, 2021

Ms. Whitney Gravelle, President, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Mr. Soumit Pendharkar, 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. Kathy Mayo, Interim 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
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Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services
Mr. Tim Davis, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS