TEXAS HEALTH AND HUMAN SERVICES COMMISSION

THOMAS M. SUEHS
EXECUTIVE COMMISSIONER

April 22, 2011

Mr. Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health
Centers for Medicare & Medicaid Services
Department of Health and Human Services
1301 Young Street, Room 833
Dallas, Texas 75202

Dear Mr. Brooks:

The purpose of this letter is to inform the Centers for Medicare & Medicaid Services (CMS) of the state's intent to add 16 full-time positions in the Texas Childhood Lead Poisoning Prevention Program (TX CLPPP) to the state's Medicaid administrative claim effective July 1, 2011.

The state is aware that there is currently no formalized process for the state to propose, or CMS to approve, modifications to the state's administrative claim. However, included with this letter is a description of the activities performed by the TX CLPPP staff and the state's rationale for seeking reimbursement as a Medicaid administrative activity. If CMS has any questions or concerns about the proposal, the state would appreciate a response from CMS by May 20, 2011.

If additional discussion is needed to determine the best way to proceed, or provide more information, please contact Emily Zalkovsky, Manager for Policy Development Support at (512) 491-2078 or by e-mail at emily.zalkovsky@hhsc.state.tx.us.

Sincerely,

Billy R. Millwee
State Medicaid Director

Attachment

cc: Billy Bob Farrell, CMS
Cheryl Rupley, CMS

Texas Childhood Lead Poisoning Prevention Program -
Medicaid Administrative Claiming

The Texas Health and Human Services Commission (HHSC) plans to add certain state personnel to the state's administrative claim effective July 1, 2011. Texas has identified 16 full-time positions in the Texas Childhood Lead Poisoning Prevention Program (TX CLPPP) as eligible to receive Medicaid administrative funds. The positions are in the Texas Department of State Health Services (DSHS) and are dedicated to TX CLPPP.[1] The computation of the administrative claim would include the employee salaries and the DSHS indirect cost rate (5.9 percent for 2011). No other federal dollars would be used to pay for the administrative functions performed by the TX CLPPP personnel.

Under 42 U.S.C. §1396(a), Medicaid administrative claiming is permitted for program expenditures found by the Secretary of Health and Human Services to be necessary for the proper and efficient administration of the Medicaid State Plan. Allowable functions under this authority must be directly related to the administration of the Medicaid program and include administration of the EPSDT program. As CMS has observed, "to the degree that a governmental agency directs some fraction of its efforts exclusively to Medicaid claimable administrative services, and can accurately identify that fraction, it may claim an appropriate fraction of its operating costs to support that function."[2]

Texas believes that the 16 identified TXCLPPP administrative personnel perform administrative, health-related functions that are directly related to the proper and efficient administration of the EPSDT program and qualify for administrative claiming funds.[3]

Program description

The TX CLPPP administrative personnel perform functions that are directly related to the proper and efficient administration of the EPSDT program, as described in 42 U.S.C. §1396d(r)(1)(B)(iv). In an October 22, 1999 State Medicaid Director Letter (SMDL), CMS cites a January 1999 General Accounting Office report on lead poisoning which "raised issues concerning the reliability of state Medicaid data" and states' efforts to provide medically necessary follow-up services. The resulting Lead Screening Taskforce specifically identified the development of state-specific data as one of the taskforce's key objectives. The October SMDL included a lead poisoning Task Force Update, which highlighted the signal importance of "sharing data, such as providing a list of Medicaid-eligible children or of Medicaid-eligible children who have received a blood lead test with other state and local agencies involved in lead screening or lead

[1] The Texas Department of State Health Services is an operating agency of Texas Medicaid.

[2] State Medicaid Director letter, Dec. 20, 1994, p.1.

[3] 42 U.S.C. §1396d(r)(1)(B)(iv).

poisoning prevention,"[4] and noted that such activity "would qualify as an allowable administrative cost."

TX CLPPP personnel are the hub to the state's data sharing and follow-up efforts. A detailed description of the Medicaid administrative activities performed by the TX CLPPP staff follows below.

Data sharing (50% federal financial participation (FFP))

TX CLPPP maintains a statewide registry of blood lead testing for children under age 15. During 2009, the Lead Registry received 485,949 blood lead test results, 420,388 (87 percent) of which were for Medicaid-enrolled children. For 2010, the Lead Registry so far has received 553,160 test results, 398,460 (86 percent) of which have been identified as Medicaid-enrolled children. This percentage will increase as more test results are submitted for matching with the Medicaid database. The state anticipates that the 2010 percentage of tests for Medicaid-enrolled children will be equal to or greater than that for 2009.

TX CLPPP staff receives blood lead data from laboratories, health care providers, and others required to report in different formats with varying degrees of data completeness. To address data reliability issues, staff consolidate the data into a consistent format; remove duplicates; evaluate whether the test received is an initial test, a verification test, or a required follow-up test; initiate appropriate actions; and maintain a database of follow-up activities. Data are analyzed to identify areas of high risk, areas on which to focus prevention activities, and needs for policy change. The data are also sent to the Centers for Disease Control and Prevention (CDC). Last but not least, staff works with the DSHS laboratory to increase completeness of reporting and prepare a newsletter for health care providers to alert them about reporting lead poisoning issues and changes in care guidelines.

Facilitating medically necessary follow-up services and administrative case management (50% FFP)

Once prepared, the data are sent to local health departments, which have committed to provide follow-up for children in their jurisdictions. In addition, program staff send letters to health care providers and parents for all children identified with elevated blood lead levels (6,000 yearly) and for children whose blood samples were deemed unsatisfactory by the laboratory (17,000 yearly). These letters are sent to inform the parents of the importance of returning to the health care provider and to alert the health care provider that the child should be retested. In addition, program staff contact health care providers via telephone for children with very high lead levels to discuss appropriate follow-up care. Staff works with health care providers and parents to address barriers to testing, sources of exposure, and ways to prevent exposure. Staff make referrals for missed appointments, case management, Early Childhood Intervention, environmental

[4] State Medicaid Director letter, Oct. 22, 1999, Enclosure 2, p.3 of 4 (unnumbered) pages.

lead investigations (ELI), other Medicaid funded services, and help parents address issues identified during the ELI.

Facilitating medically necessary follow-up services and administrative case management by skilled professional medical personnel (75% FFP)

A registered nurse (RN) follows up on children with very high lead levels (20 mcg/dL and greater). The RN consults with health care providers about the need for additional testing, which may include abdominal x-rays and additional needed laboratory testing as well as the need for diagnostic and follow-up testing for these children. The RN makes referrals to specialists when physicians call about treatment for children with levels of 45 mcg/dL and greater.