



Meeting Summary

Agency: DHMH

Following is a summary of issues discussed at the DHMH Stat, August 24, 2010. Analysis is provided by StateStat and the Governor's Delivery Unit (GDU).

General Observations

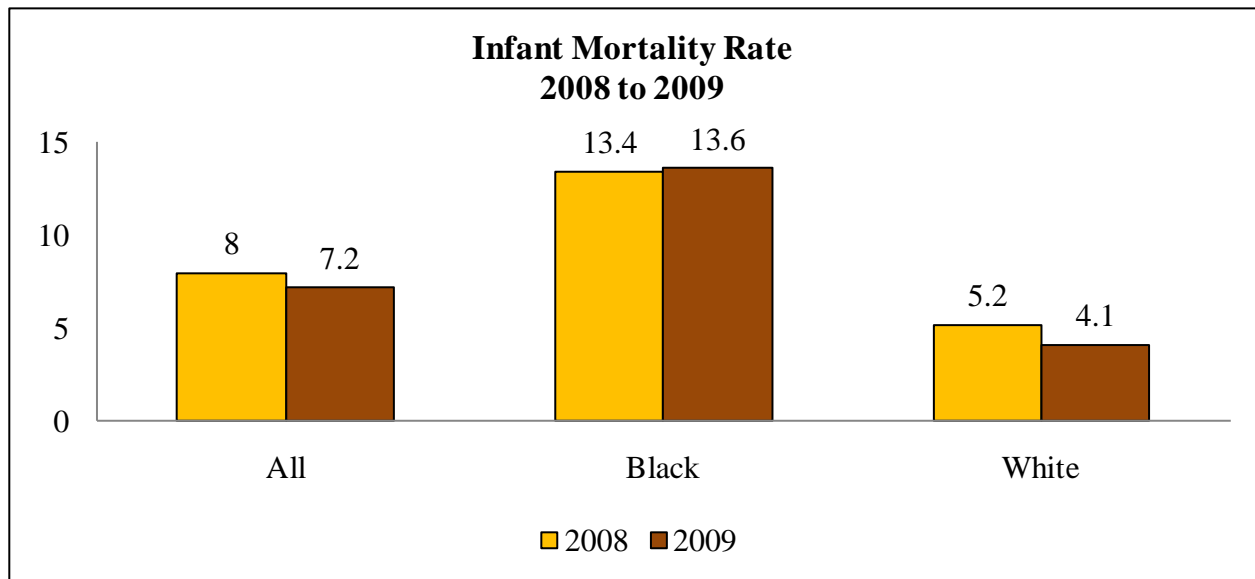
- Follow Up Items
- Energy Database
- Governor's Delivery Unit (GDU) Items
- Developmental Disabilities Administration (DDA) Items

Energy Database

- The panel may wish to remind the agency that it should be submitting its utility bills to DGS on a monthly basis, and that StateStat plans to begin increased oversight into agency utilization of the database. In addition, DGS is working on developing energy reduction goals for each agency.

GDU Items

- **Infant Mortality Background Information.** As discussed at the last DHMH Stat, preliminary data indicates that Maryland's overall infant mortality rate declined from 8 deaths per 1,000 in 2008 to 7.2 per 1,000 in 2009. This represents not only the early attainment of the Administration's 10% by 2012 reduction goal, but also the lowest recorded rate of infant mortality in Maryland history.
- Most of the state's progress can be attributed to the drop in infant mortality among whites, which fell from 5.1 per thousand in 2008 to 4.1 last year. Meanwhile, the rate among blacks remained unacceptably high and increased from 13.4 to 13.6 (with 2009 reported figures), which is exactly why the state undertook strategies to close the infant mortality gap. Maryland's baseline 2007 African-American infant mortality rate was 14.0/1000; Maryland's aim is to achieve an African-American infant mortality rate of 12.6/1000 by 2012, which would represent the lowest African-American rate recorded in Maryland. Maryland's preliminary 2009 African-American IMR of 13.6/1000 indicates that much work needs to be done to accomplish this goal
- In its follow up memo DHMH responded that a subgoal of the GDU infant mortality project is to reduce Maryland's African-American infant mortality rate by at least 10% by 2012 as well.



Infant Mortality Rate Change, 2008 to 2009					
	Baseline 2007	2008	2009	Percentage Change	2012 Goal
Overall IMR	8	8	7.2	-10.00%	10%
White IMR	4.6	5.2	4.1	-10.87%	
Black IMR	14	13.4	13.6	-2.86%	

- Dorchester County IMR.** As discussed at the previous StateStat meeting, the IMR in Dorchester County spiked from 17.7 in 2008 to 21.9 in 2009. DHMH and the Dorchester County Health Department have identified the 9 infant deaths that resulted in the high 2009 rate and are reviewing them to determine causes, risk factors, complications, trends, and other relevant information.
- Accelerated Certification for Medicaid Eligibility (ACE).** On December 1, 2009 DHMH and DHR initiated new accelerated Medicaid eligibility protocols for pregnant women seeking Medicaid coverage in local health departments and local departments of social services. Under these new “ACE” guidelines, any pregnant applicant for Medicaid is granted presumptive eligibility for Medicaid coverage, which she must receive within 48 hours. This presumptive eligibility coverage lapses after 90 days if the applicant does not submit required documentation to determine permanent eligibility. .
- Since the introduction of the GDU initiative to reduce infant mortality, Medicaid has developed a standardized application protocol for local health departments (LHD) and local departments of social services (LDSS), to ensure that an option exists to accelerate the process for completing a pregnant woman’s Medicaid application (ACE). However, if all client information is available, Medicaid applications should ideally be processed in 10 days or less in order to ascertain final Medical Assistance determination. Based on data presented at the August 6th State Stat meeting showing that a number of pregnant women are being processed in LDSS offices outside of the 10 day timeframe, efforts are underway to reemphasize the importance of the ACE option with LDSS workers.

- DHMH, DHR and StateStat plan to work together to address the issue of front line workers processing applications in a timely manner. Part of the plan includes drilling down to specific LDSS and LHD locations.

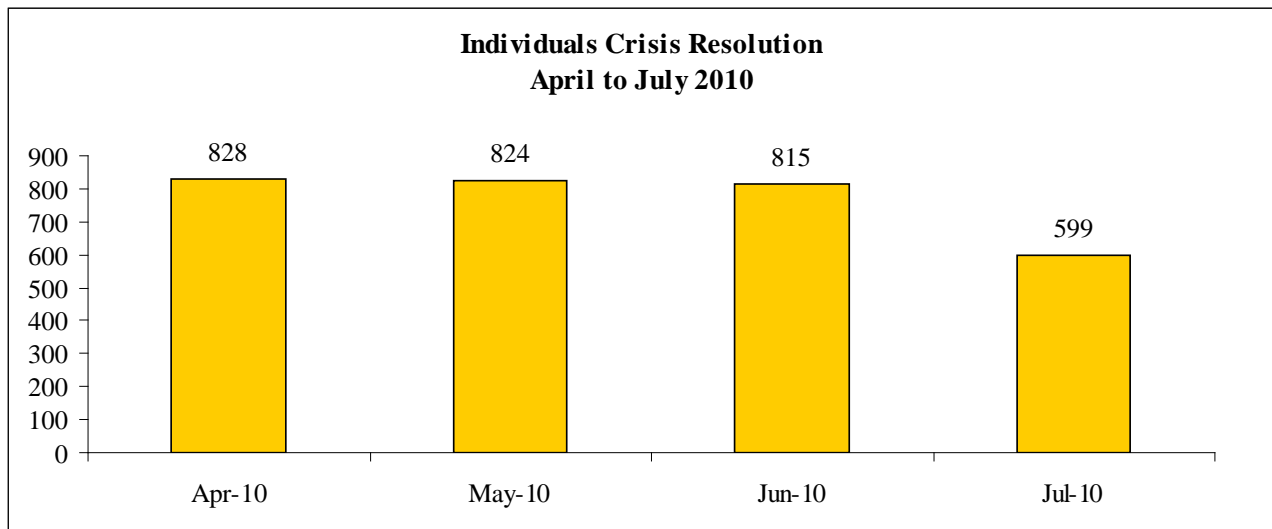
Pregnant Women Processed Medicaid Applications June 2010			
	# of Applications Processed within 10 days (includes women who were ACE'd)*	# of Applications Processed in more than 10 days	Total Applications
Baltimore City			
LDSS	104	31	135
LHD	77	3	80
Prince Georges County			
LDSS	58	27	85
LHD	80	4	84
Somerset County			
LDSS	1	0	1
LHD	2	0	2
ALL LDSS**	383	121	504
All LHD**	693	49	742
Total State**	1076	170	1246
* Target jurisdictions were matched against ACE files manually and are unduplicated.			
** Total State (> 10 days) may include women with ACE 90 day temporary coverage; programming is not yet in place to de-duplicate all counties.			

Developmental Disabilities Administration (DDA) Items

- **Data Collection and Reporting.** DDA is finalizing an Access database to collect statewide data elements related to individuals receiving services and requesting another service. Data specific to the individuals in services that were on the waiting list referred to as the “5666” will be reported with other Waiting List data elements with the August data. DDA IT staff members are working on a new PCIS2 system module to collect future request and data elements.
- **Waiting List and Individuals Served.** The number of individuals on the waiting list decreased from May to July 2010. Individuals on the waiting list in the Crisis Resolution priority category have decreased the most, while individuals in the Crisis Prevention and Current Request categories have increased. Within the crisis resolution category, the percentage of individuals receiving services has decreased.

DDA Waiting List				
	Apr-10	May-10	Jun-10	Jul-10
DDA Waiting List	4,829	4,958	5,028	4,942
Crisis Resolution	828	824	815	599
Crisis Prevention	614	628	641	747
Current Request	3,387	3,506	3,572	3,596
Future Need Registry	2,410	2,437	2,468	2,459
Inactive	6,580			
Crisis Resolution Breakdown				
	Apr-10	May-10	Jun-10	Jul-10
Individuals Crisis Resolution	828	824	815	599
No Services YTD	657	651	636	514
Individuals Receiving Services YTD	171(2)	173 (2)	179(2)	85(3)
Individuals in Crisis Resolution Contacted (Unduplicated Count)1	N/A	457	340	529
Individuals Removed From List This Month	10	17	23	3

Note: 1 Data collection to begin 5/1/10
2 Any DDA service in FY 2010
3 Any DDA service in FY 2011



- **Category Letters.** Below is the schedule of letters mailed to individuals whose priority categories have been changed. Letters to individuals rising in priority will be mailed first, followed by letters to

individuals with no change in priority, individuals being inactivated, and individuals dropping in priority. The letters are staggered in this way to give the Department sufficient time to address appeals.

Letter Change	Notes	Letter Mail Date
Individuals Rising in Priority		17-Sep-10
No Change in Priority	Individuals remaining in the same priority.	1-Oct-10
Individuals being Inactivated	These are individuals/families that self reported no service need at this time. Two letters will be sent out. First letter advising person to contact DDA within 30 days if mistake or to update information. Second letter officially removes from list.	15-Oct-10
Individuals Dropping in Priority (Supports Eligible)	Two letters will be sent out. First letter advising person to contact DDA within 30 days if mistake or to update information. Second letter officially changes priority status.	15-Oct-10
Individuals Dropping in Priority (DD Eligible)	Two letters will be sent out. First letter advising person to contact DDA within 30 days if mistake or to update information. Second letter officially changes priority status.	1-Nov-10