



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

**MEMORANDUM OF UNDERSTANDING # 18-374  
BETWEEN  
THE DELAWARE DEPARTMENT OF HEALTH & SOCIAL SERVICES  
DIVISION OF PUBLIC HEALTH  
AND  
THE DELAWARE DEPARTMENT OF HEALTH & SOCIAL SERVICES  
DIVISION OF MEDICAID AND MEDICAL ASSISTANCE  
TO  
IMPROVE COORDINATION AND OUTCOMES  
FOR PROGRAMS IMPACTING WOMEN, INFANTS AND CHILDREN**

**A) Introduction and Purpose:**

1. This Memorandum of Understanding (MOU) between the Division of Public Health, hereafter referred to as DPH, and the Division of Medicaid and Medical Assistance, hereafter referred to as DMMA, has been jointly developed for the agencies.
2. This MOU is entered into for the purpose of improving the maternal and child health public health service delivery and public health outcomes for underserved populations throughout the State of Delaware. In particular, the implementation of this MOU seeks to:
  - Provide coordination between the Division of Medicaid and Medical Assistance and the Division of Public Health for programs impacting women, infants and children.
  - Provide coordination in the administration of programs that are designed to improve the health of children (particularly Children with Special Health Care Needs) and families in the State of Delaware.
  - Maintain a process that allows for joint access to critical data without duplication of effort.

Further, the Memorandum will enable the agencies to:

- Define the roles of staff in each agency;
- Clarify the expectations of each agency;
- Provide guidelines for case referral and case management;
- Establish joint training schedules; and
- Organize mechanisms for information sharing and problem resolution

Federal laws and regulations mandate cooperation between State agencies responsible for the administration and/or supervision of both Title V and Title XIX of the Social Security Act. This MOU supersedes any previous agreements regarding this subject.

The following specific sections of the Social Security Act and the Code of Federal Regulations delineate the authority and intent of this MOU. In the event of amendments to current Federal or State laws which nullify any term(s) or provision(s) of this Agreement, the remainder of the Agreement will remain unaffected.

## **CROSS-AGENCY COORDINATION COMMITTEE**

DPH and DMMA jointly agree to establish a multi-disciplinary coordination committee. The purposes of the Committee shall be the following:

- A. Training – The Committee will identify the training needs of each Division and establish an ongoing, or as needed, training schedule accordingly. Training should allow for an exchange of ideas, available resources, agency coordination, and new or updated information. In addition, the Committee will consider training needs of the broader, shared, stakeholder community.
- B. Messaging – Recognizing that both Departments have shared communication interests, the Committee will assure that messaging is coordinated and effective.
- C. Case management – The committee will establish a system for reviewing cases where DPH and DMMA are serving the same client and where issues and challenges have been presented by the agencies. Both agencies will work to assure the effective and efficient management of said issues/challenges.
- D. Procedures – The Committee shall develop and maintain procedures that assure appropriate coordination between agencies and relevant partners.

The Director of each Division shall respectively appoint a Chair and Co-chair who shall jointly manage the Committee. The Chair and Co-chair may appoint sub-committees as appropriate.

3. Effective June 15, 2018, this agreement shall continue in force unless terminated or amended by both parties and supersedes all previous agreements for these purposes.

### **B) Administrative Requirements.**

1. This Agreement may be terminated in whole or part upon thirty (30) calendar day's written notice, with or without cause, by either the DPH or DMMA, to the other party.
2. In the event of amendments to current Federal or State laws which nullify any term(s) or provision(s) of this Agreement, the remainder of the Agreement will remain unaffected.
3. This Agreement shall not be altered, changed, modified or amended except by written consent of both parties to the Agreement.

### **C) DMMA and the DPH mutually agree that:**

1. Whereas, the DPH is the agency responsible for administering the Title V Maternal and Child Health Block Grant and has further responsibility for the following services: preconception care; prenatal care; newborn metabolic screening; newborn screening for hearing; child health services (including early and comprehensive childhood systems and children with special health care needs); and oral health care and adolescent health. Whereas the DMMA is responsible for administering the Title XIX program and has further responsibility for all health planning issues in the State of Delaware. Also, whereas the Title V and Title XIX agencies are jointly charged with direct responsibility to achieve improved outcomes in maternal and child health, now, therefore, be it resolved that the Division of Public Health and the Division of Medicaid and Medical Assistance agree to the following:

Responsibility per CFR 42 §431.615	DMMA Title XIX	DPH Title V	DMMA and DPH Joint Responsibilities
<i>(d)(5)(i) Early identification of individuals under 21 in need of medical or remedial services</i>	<ul style="list-style-type: none"> <li>DMMA, will perform outreach to audiences supported by Title V and vice-versa.</li> <li>DMMA, will ensure network adequacy for the provision of maternal and child health care services under Medicaid at least to the extent such care and services are available to the general population.</li> </ul>	<ul style="list-style-type: none"> <li>DPH, Title V programs will provide public education to Medicaid beneficiaries on nutrition and oral health issues, stressing the need for such services from an early age.</li> <li>In its programs that emphasize early intervention with pregnant and postpartum women and child health, DPH, Title V will provide outreach, early intervention, case management and enrollment/referral services to eligible beneficiaries. As it relates to services covered by both Medicaid and Title V funds, Medicaid funds will be used for Medicaid beneficiaries and Title V funds will be used for those that do not have insurance coverage.</li> <li>DPH, Title V will strive to improve access to perinatal and preventive health care services for low-income women, particularly adolescents, and children, respectively, and services to children with special health care needs.</li> </ul>	<ul style="list-style-type: none"> <li>DPH, Title V and DMMA will provide EPSDT services for infants, children, and adolescents, including children with special health care needs.</li> <li>DPH, Title V and DMMA, will maximize utilization of third party resources available to Title XIX recipients.</li> <li>DPH, Title V and DMMA, will collaborate on developing strategies for expanding developmental screening in primary care practices and community organizations.</li> </ul>
<i>(d)(5)(ii) Reciprocal referrals</i>	<ul style="list-style-type: none"> <li>DMMA will refer non-Medicaid eligible children, adolescents, and/or pregnant women to Title V providers for EPSDT screenings and other services, as deemed necessary.</li> </ul>	<ul style="list-style-type: none"> <li>DPH will provide outreach and enrollment/referral services to eligible Medicaid beneficiaries</li> <li>DPH will maintain a toll-free number that women and families can contact and receive information from trained personnel who provide information and referrals for Title V services.</li> <li>DPH will provide public education to Medicaid Beneficiaries on nutrition and oral health issues, stressing the need for services from an early age.</li> </ul>	
<i>(d)(5)(iii) Coordinating plans for health services provided or arranged for recipients</i>	<p>Where identified and agreed upon:</p> <ul style="list-style-type: none"> <li>DMMA, will utilize Title V programs for care coordination and assistance in accessing treatment services, as appropriate.</li> <li>DMMA, will coordinate with</li> </ul>	<ul style="list-style-type: none"> <li>DPH, Title V and its contractors will administer programs that support Medicaid beneficiaries, not only to ensure enrollment, but to track and/or provide follow-up treatment.</li> <li>DPH, Title V will plan and support the delivery of training and</li> </ul>	<ul style="list-style-type: none"> <li>DPH, Title V and DMMA, will maintain adequate Title XIX and Title V program staff with the necessary expertise to carry out the specific functions and responsibilities of</li> </ul>

	<p>Title V programs in utilizing community specialists who provide relevant care for children with special health care needs, as appropriate.</p> <ul style="list-style-type: none"> <li>• Where applicable, DMMA, will use materials developed by DPH, Title V and its grantees, either directly or with modification.</li> <li>• DMMA, will support the retention of culturally and linguistically competent, and geographically strategic safety net and traditional providers of maternal and child health services who have a positive track record of serving the Medicaid population.</li> <li>• DMMA, will develop health care standards, guidelines and administrative procedures for providers who deliver Maternal &amp; Child Health services to eligible Title XIX beneficiaries by utilizing professional medical, nursing, health education, social work and nutrition expertise, with feedback from DPH, Title V.</li> <li>• DMMA will have a process for reminders, follow-ups, and outreach to members eligible for EPSDT services</li> </ul>	<p>education programs for health professionals and the community, including beneficiaries of Title XIX and V services.</p> <ul style="list-style-type: none"> <li>• DPH, Title V will collaborate with and provide DMMA feedback regarding the development of health care standards, guidelines and administrative procedures for providers who deliver Maternal &amp; Child Health services to eligible Title XIX beneficiaries by utilizing professional medical, nursing, health education, social work and nutrition expertise.</li> </ul>	<p>providing direct support in administering the Title XIX and Title V programs.</p>
<p><i>(d)(5)(iv) Payment or reimbursement</i></p>		<ul style="list-style-type: none"> <li>• DPH, Title V will pay for gap-filling services to Medicaid beneficiaries, where identified and agreed upon.</li> <li>• DPH, Title V will provide funds for services needed and for necessary services not covered by Medicaid and other sources, where identified and agreed upon.</li> <li>• DPH, Title V will provide funding, where identified and approved, and expertise for development and implementation of model programs that benefit Medicaid beneficiaries.</li> </ul>	
<p><i>(d)(5)(v) Exchange of reports of services furnished to</i></p>	<ul style="list-style-type: none"> <li>• DMMA, program will utilize DPH, Title V population data collected through the Title V Information System to provide</li> </ul>	<ul style="list-style-type: none"> <li>• DPH, Title V will develop and implement data collection and reporting systems that support assessment, surveillance and</li> </ul>	<ul style="list-style-type: none"> <li>• DPH, Title V and DMMA will collaboratively analyze utilization patterns and recommend evidence-</li> </ul>

<i>recipients</i>	key population and service statistics, performance and outcome measures, and benchmarks, as related to maternal and child health.	evaluation with respect to health status indicators and health outcomes among the populations served by both programs.	based treatment service options for families.
<i>(d)(5)(vi) Periodic review and joint planning for changes in the agreements</i>			See details of CROSS-AGENCY COORDINATION COMMITTEE
<i>(d)(5)(vii) Continuous liaison between the parties, including designation of State and local liaison staff</i>			See details of CROSS-AGENCY COORDINATION COMMITTEE
<i>(d)(5)(iii) Joint evaluation of policies that affect the cooperative work of the parties</i>	<ul style="list-style-type: none"> <li>DMMA, will develop provider manuals, billing instructions, and provider training relative to the health care scope of benefits and services for eligible populations, with feedback from DPH.</li> </ul>	<ul style="list-style-type: none"> <li>DPH, Title V will participate in the joint development and implementation of pilot projects for the eligible population as required by legislation or to test new models of health care delivery.</li> <li>DPH will collaborate and provide feedback regarding DMMA policies.</li> </ul>	<ul style="list-style-type: none"> <li>DPH, Title V and DMMA, will develop and/or revise jointly agreed upon policies and standards of care for Medicaid beneficiaries (especially for Early and Periodic Screening, Diagnosis and Treatment [EPSDT] services).</li> <li>DPH, Title V and DMMA, will coordinate to share information, problem solve and develop/set policy impacting women, children and families.</li> </ul>

2. The parties agree that no information obtained pursuant to this Agreement may be released in any form except in compliance with applicable laws and policies on the confidentiality of information and except as necessary for the proper discharge of the agencies' obligations under this Agreement.

3. Nothing in this agreement shall be deemed a waiver of the doctrine of sovereign immunity on the part of the State of Delaware.

#### **D) Legislative and Regulatory Authority**

##### **1. Social Security Act**

*Title XLIX, Sec. 1902(a)(11)(B) of the Social Security act provides "to the extent prescribed by the Secretary, for entering into agreements, with any agency, institution, or organization receiving payments under (or through an allotment under) title V, (i) providing for utilizing such agency, institution, or organization in furnishing care and services which are available under such title or allotment and which are included in the State plan approved under this section (ii) making such provision as may be*

*appropriate for reimbursing such agency, institution, or organization for the cost of any such care and services furnished any individual for which payment would otherwise be made to the State with respect to the individual under section 1903, and (iii) providing for coordination of information and education on pediatric vaccinations and delivery of immunization services provide for coordination of the operations under this title, including the provision of information and education on pediatric vaccinations and the delivery of immunization services, with the State's operations under the special supplemental nutrition program for women, infants, and children under section 17 of the Child Nutrition Act of 1966*

*Title V, Sec. 505(5)(F) of the Social Security Act provides "the State agency (or agencies) administering the State's program under this title will—*

- (i) participate in the coordination of activities between such program and the early and periodic screening, diagnostic, and treatment program under section 1905(a)(4)(B) (including the establishment of periodicity and content standards for early and periodic screening, diagnostic, and treatment services), to ensure that such programs are carried out without duplication of effort,*
- (ii) participate in the arrangement and carrying out of coordination agreements described in section 1902(a)(11) (relating to coordination of care and services available under this title and title XIX),*
- (iii) participate in the coordination of activities within the State with programs carried out under this title and related Federal grant programs (including supplemental food programs for mothers, infants, and children, related education programs, and other health, developmental disability, and family planning programs), and*
- (iv) provide, directly and through their providers and institutional contractors, for services to identify pregnant women and infants who are eligible for medical assistance under subparagraph (A) or (B) of section 1902(l)(1) and, once identified, to assist them in applying for such assistance*

**2. Code of Federal Regulations (CFR)**

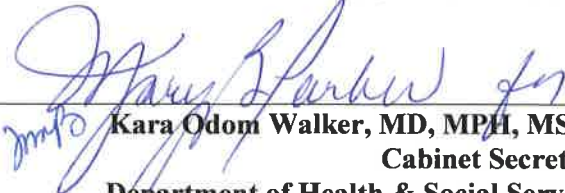
42 CFR 431.615 requires that the State Title XIX plan include written cooperative agreements with the State health agencies and Title V grantees to ensure that Title V recipients eligible for Medicaid receive services with particular emphasis on:

- (i) Early identification of individuals under 21 in need of medical or remedial services;*
- (ii) Reciprocal referrals;*
- (iii) Coordinating plans for health services provided or arranged for recipients;*
- (iv) Payment or reimbursement;*
- (v) Exchange of reports of services furnished to recipients;*
- (vi) Periodic review and joint planning for changes in the agreements;*
- (vii) Continuous liaison between the parties, including designation of State and local liaison staff; and*
- (viii) Joint evaluation of policies that affect the cooperative work of the parties.*

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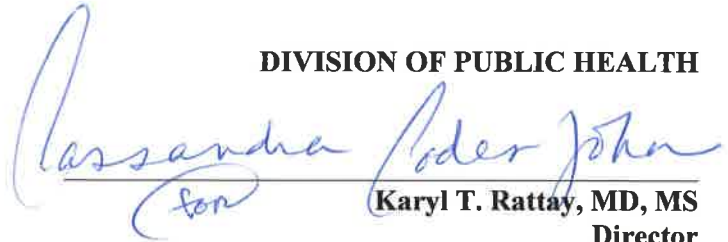
**Certification:**

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

  
Kara Odom Walker, MD, MPH, MSHS  
Cabinet Secretary  
Department of Health & Social Services


6/14/18  
Date

**DIVISION OF PUBLIC HEALTH**

  
Karyl T. Rattay, MD, MS  
Director  
Division of Public Health

6/4/18  
Date

**DIVISION OF MEDICAID AND MEDICAL ASSISTANCE**

  
Stephen M. Groff  
Director  
Division of Medicaid and Medical Assistance

6/8/2018  
Date