Department of Vermont Health Access

And

Vermont Department of Health

Intra-Governmental Agreement

For the administration of services under

Vermont’s Global Commitment to Health Demonstration Waiver

Effective Date: August 1, 2017
1.0 Purpose

The purpose of this Intra-Governmental Agreement (IGA) is to specify the roles, responsibilities and relationship of the Department of Vermont Health Access (DVHA) and the Vermont Department of Health (VDH) pertinent to the Global Commitment to Health waiver for the administration of Children’s Personal Care services, Pediatric Palliative Care services and Pediatric High Tech Nursing services, and the administration of Substance Use Disorder (SUD) services via a network of Preferred Providers, and assures that the legislatively mandated relationship among the State Title V Block Grant Program and the State Title XIX Program is enacted.

DVHA and VDH are both departments within the Vermont Agency of Human Services (AHS).

VDH is identified as a subcontractor (i.e., “IGA Partner”) pursuant to subsection 2.5.1 (“Subcontractors”) of the AHS/DVHA IGA. This IGA complies with contracting requirements set forth in 42 CFR §438.230.

1.1 General and Coordination Objectives

- To meet the requirements of the Social Security Act and to comply with other applicable State and Federal statutes, regulations, and guidelines, including HIPAA.
- To increase coordination/collaboration between the departments that administer Title V and Title XIX (and other, if applicable).
- To maintain clear communication between departments.
- To develop and implement initiatives that address the underlying causes of preventable diseases.
- To develop and implement standards of care.

1.2 Purpose Specific to Title V / Title XIX Relationship

Specific to the Title V/Title XIX relationship, this IGA is entered into for the purpose of improving the health of women, pregnant women, infants, children, and adolescents, and shall be guided by the following objectives:

a. Programmatic and Local Relationship Building:
   - To prevent duplication, overlap, and/or fragmentation of effort and/or services.
   - To promote long-range planning.
   - To strengthen relationships at the local level.
• To develop and maintain local capacity for maternal and child health services and to provide Medicaid information and care coordination.
• To strengthen relationships with multi-cultural and multi-ethnic organizations.

b. Identification, Outreach, and Referral:
• To coordinate identification of infants, children, adolescents, and women who are potentially eligible for services.
• To provide outreach and increase public awareness of the need for health care coverage and services for women and children.
• To provide outreach related to the services provided by Title V and Title XIX.
• To provide resource and referral information; to refer the child and family to appropriate services.
• To maintain a joint referral process.

c. Reimbursement and Financial:
• To specify the reimbursement and financial arrangements.
• To facilitate the claim for Federal matching funds for the efficient and effective administration of the Global Commitment to Health Waiver and the Medicaid State Plan.
• To ensure the maximum utilization of Title XIX resources.

d. Data Sharing:
• To promote timely sharing of programmatic data.
• To allow joint access to critical Medicaid and public health data.

2.0 Background Information

2.1 Vermont's system for the delivery of Medicaid services is administered through the Global Commitment to Health waiver. This waiver, also referred to as an 1115 waiver, is an agreement between the Vermont Agency of Human Services (AHS) and the Centers for Medicare and Medicaid Services (CMS).

2.2 The Global Commitment to Health waiver identifies the AHS as the state agency (i.e., Title XIX agency) responsible for ensuring that Medicaid services are delivered in accordance with federal statutes as well as the terms of the Global Commitment to Health waiver. AHS delegates aspects of its Medicaid responsibilities to DVHA through an IGA between AHS and DVHA.
2.3 DVHA delegates aspects of its Medicaid responsibilities to subcontractors (i.e., “IGA Partners”); VDH is one of the subcontractors.

2.4 The Global Commitment to Health waiver specifies that Vermont operates its Medicaid program using a non-risk Prepaid Inpatient Health Plan (PHIP) as defined in 42 CFR §438.230 which describes a PHIP’s obligations for Subcontractual Relationships and Delegation. Pursuant to subsection 2.5.1 (“Subcontractors”) of the AHS/DVHA IGA, DVHA must have a written agreement that specifies the services and responsibilities of its subcontractors.

2.5 DVHA and VDH shall collaborate to ensure compliance with the non-risk PIHP requirements associated with the delegated services and responsibilities identified in this IGA.

3.0 Agreement Review, Amendment and Renewal

3.1 This IGA shall be effective on August 1, 2017 and remain in effect for the duration of the Global Commitment to Health waiver.

3.2 This IGA shall be reviewed at least annually or at the request of either department, and if necessary, amended upon mutual agreement of the parties. Amendments shall be in writing and signed by the authorized representative of each party and will comprise an official component of this IGA from that point forward.

3.3 Both parties agree that an amendment may be necessary if there are changes to the Global Commitment to Health waiver or to the Title V/Title XIX role, responsibilities and/or relationship.

3.4 This IGA will remain in effect until a new IGA is executed (i.e., signed by both parties).

3.5 This IGA may be terminated with written notice by either party or by AHS. A termination is subject to review and approval by the Secretary of AHS.

4.0 DVHA and VDH Collaboration

4.1 To ensure effective communication between DVHA and VDH, each department shall identify a liaison for matters related to this IGA. These two individuals will work collaboratively to ensure that the terms of this IGA are fulfilled and to increase the continuity of services delivered between both departments.

4.1.1 The liaisons for this IGA are:
Stephanie Beck, Project Director, Vermont Department of Health (VDH)
Bill Clark, Managed Care Compliance Director, Department of Vermont Health Access (DVHA)

Ms. Beck and Mr. Clark shall jointly be responsible for serving as departmental liaisons for the purposes of monitoring this IGA and ensuring that ongoing communication and coordination take place between the represented departments.

If Ms. Beck or Mr. Clark resign, change positions or are otherwise reassigned, the commissioner of the department (or the commissioner’s designee) will be responsible for assigning a new IGA liaison and for notifying the other department of the change within 30 days. These changes will be reflected in the next update to this IGA and will not require a change to the current agreement.

4.1.2 DVHA’s IGA liaison shall serve as a compliance consultant to VDH, when necessary, to assist VDH to develop processes and policies that comply with federal and state statutes, rules and other requirements. Furthermore, the DVHA IGA contact person shall, as necessary, use the resources of DVHA, AHS, the Managed Care Compliance Committee and other AHS departments units and committees to answer questions, review processes and provide technical assistance to VDH.

4.4 This IGA provides a basic structure for the PIHP relationship between DVHA and VDH; however, both departments acknowledge that true collaboration must be built on positive working relationships between the departments. It is the responsibility of the departmental liaisons to keep both departments aligned with the common goal of delivering high-quality, coordinated and appropriate services.

4.5 The scope of services covered under Title XIX may impact Title V’s program plans and budgets. Similarly, actions of Title V may affect Title XIX provider service requirements and the cost of services. Therefore, VDH and DVHA hereby state their intention to coordinate plans for the following goals:
- Preventing duplication of effort among programs.
- Improving the cost effectiveness of the health care delivery system.
- Improving the availability of services.
- Focusing services on specific population groups or geographic areas.
- Maximizing effectiveness of service delivery.

4.6 The departments will meet at least annually, or when either department requests that a formal meeting be conducted, to:
• Monitor this IGA.
• Coordinate services offered.
• Review and update its provisions as necessary.
• Ensure that all Medicaid-eligible persons in need of Medicaid services receive them.
• Ensure that collaboration between the departments and coordination of joint activities is ongoing.
• Develop and annual report documenting the coordination of Title V and Title XIX work.

4.7 The departments shall coordinate to provide program implementation and administration for all programs identified in this IGA. This program coordination includes, but is not limited to: joint meetings when necessary, workgroups, telephone conference calls, review of printed materials, assistance with billing concerns, assistance with provider questions, and joint participation in program trainings.

4.8 Each party shall provide reports of services available to beneficiaries upon request.

4.9 DVHA and VDH shall share responsibility to ensure that Medicaid services are delivered in accordance with federal statutes as well as the Special Terms and Conditions (STCs) of the Global Commitment to Health waiver. In support of this goal, VDH and its staff will notify DVHA of any issue of potential non-compliance with this IGA (or any IGA between DVHA and another IGA partner) whenever VDH becomes aware of such an issue of non-compliance.

4.10 Whenever DVHA becomes aware of a dispute or an issue of potential non-compliance with this IGA (whether through a DVHA audit, external audit or any other source), the following steps will be taken to resolve the issue:

a. The DVHA IGA liaison shall contact the VDH IGA liaison to discuss and research the issue. The DVHA IGA liaison and the VDH IGA liaison will attempt to create a resolution to the issue. If a resolution is reached, the resolution will be documented, including the plan of action developed to address the non-compliance. This resolution document will be delivered to the Managed Care Compliance Committee.

b. If the issue cannot be resolved through the process above, the issue will be raised to the Managed Care Compliance Committee (“Committee”). The Committee will investigate the issue, document whether an issue of non-compliance is present, and generate a “Notice of Non-Compliance”. The Notice of Non-Compliance will be sent to the VDH IGA liaison (with a copy to AHS). VDH will have 30 calendar days to develop a Corrective Action Plan (CAP) and deliver it to the DVHA IGA liaison (this timeline may be shortened or extended by AHS). The CAP will include a plan and timeline to address the issue of non-compliance as well as a process for re-evaluating the issue once it has been corrected. This CAP must also demonstrate how the issue of non-compliance will be corrected within 30 calendar days...
from the date that the CAP is accepted by DVHA. If the issue of non-compliance is fully resolved at this level, the Committee will document the actions taken and provide a copy of this documentation to VDH as well as the Managed Care Compliance Director.

c. In the event that the processes above do not accomplish a satisfactory result to either party, the compliance issue will be resolved through the executive leadership communication process described in section 5.0.

4.11 VDH will have a representative on the Medicaid Exchange and Advisory Board (MEAB); the MEAB advises DVHA on Title XIX and Title XXI policy development and program administration.

5.0 Engagement with Senior Leadership

To effectively perform the responsibilities outlined in this IGA, DVHA and its IGA partners will use the organizational structure of the Agency of Human Services (AHS). This structure provides a chain of command and oversight that flows directly to senior leadership, including deputy commissioners, commissioners and the Secretary of AHS. This oversight process is designed to facilitate executive-level communication, monitoring and direction and includes senior-level managers from each IGA partner. This reporting and oversight process also provides:

- Strategic leadership of the PIHP.
- Resolution of any compliance issues escalated from the compliance committee.
- Identification of and implementation of opportunities to provide more integrated and cost effective services to Vermonters served by the PIHP.

6.0 Managed Care Compliance: Plan & Committee

6.1 DVHA in collaboration with its IGA Partners shall maintain a comprehensive Global Commitment to Health Managed Care Compliance Plan. The Managed Care Compliance Plan is approved by the members of the Managed Care Compliance Committee, which has representation from each of the IGA partners.

6.2 DVHA is responsible for convening meetings of the Managed Care Compliance Committee ("Committee"). This Committee manages: 1) compliance issues related to AHS’s role as the State Medicaid Entity and 2) the PIHP/managed care compliance issues. This Committee will be responsible for reviewing procedure manuals, plans and policies for compliance with federal rules. This Committee will report to leadership, pursuant to section 5.0, whenever executive-level guidance is required or whenever leadership should be made aware of a major change or issue related to PIHP operations or compliance.
6.3 VDH agrees to adhere to the Managed Care Compliance Plan for the applicable Medicaid services.

6.4 VDH agrees to participate in Managed Care Compliance Committee meetings to report on mutually agreed upon compliance metrics applicable to the Medicaid services administered by VDH.

6.5 Auditing and Notification

6.5.1 VDH shall participate fully in any state or federal audits of the services described in this IGA.

6.5.2 VDH agrees to notify the DVHA IGA contact person if VDH is audited for any function related to this IGA. Any files, information, interviews or other data required for the purposes of completing an audit must be furnished as soon as is reasonably possible, but no later than 30 calendar days after the request for the information has been received by VDH. Entities authorized to perform the audits include: AHS, DVHA, the Office of the Vermont State Auditor, federal entities (including CMS and the Office of the Inspector General) and any other entity legally authorized to perform the audits.

7.0 Managed Care Quality Management: Plan & Committee

7.1 DVHA in collaboration with its IGA Partners shall maintain a comprehensive Global Commitment to Health Quality Management Plan (AHS/DVHA IGA section 2.10.1).

7.2 DVHA is responsible for convening meetings of the Managed Care Quality Committee.

7.3 VDH agrees to adhere to the Quality Management Plan for the applicable Medicaid services.

7.4 VDH agrees to participate in Managed Care Quality Committee meetings to report on mutually agreed upon quality metrics applicable to the Medicaid services administered by VDH.

7.5 VDH will participate in applicable Performance Improvement Projects (PIPs) in accordance with CMS guidelines whenever CMS, AHS or DVHA requires a PIP.

8.0 PIHP/Managed Care Statutes
8.1 VDH shall adhere to federal regulations at 42 CFR §438 as applicable to a non-risk PIHP unless specifically limited or waived by the Global Commitment to Health waiver. VDH shall comply with federal program integrity and audit requirements for services covered under this IGA.

8.2 VDH shall meet the requirements of all applicable Federal and State laws and regulations including Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the Americans with Disabilities Act.

9.0 Grievance and Appeals

9.1 VDH shall maintain a grievance and appeals process that complies with 42 CFR §438 Subpart F and Vermont Medicaid regulations. This process must be described in writing and must be approved by the Managed Care Compliance Committee (including any changes made to the process). The grievance and appeals process must describe how VDH will manage and record fair hearings.

9.2 VDH shall ensure that records are kept of all grievance and appeals actions and dates to ensure compliance with the timeline and member notice requirements in the regulations cited above.

10.0 Service Authorizations

In accordance with 42 CFR §438.210, VDH will maintain a process for requests for initial and continuing service authorizations. This process must be described in writing, must be based on written clinical criteria and comply with all elements of 42 CFR §438.210. The process must also describe how VDH will track decision timelines and member/provider notices to ensure compliance with the regulation cited above. The process shall include monitoring to ensure consistent application of the review criteria for making service authorization decisions. This written process is subject to review by the Managed Care Compliance Committee (including any changes made to the process).

11.0 Confidentiality and Record Retention

11.1 The parties agree that all information, records, and data collected pursuant to this IGA shall be protected from unauthorized disclosures.

11.2 VDH will maintain a process to ensure compliance with HIPAA privacy rules (45 CFR §160 and §164), 42 CFR §431 Subpart F, 42 CFR §438.224, and section 1902(a) (7) of the Social Security Act and 33 VSA 1902(a). This confidentiality
and privacy process must be described in writing and the process is subject to review by the Managed Care Compliance Committee (including any changes made to the process).

11.3 Any other party may be granted access to confidential information only after complying with the requirements of State and Federal laws and regulations, including 42 CFR §431, Subpart F and 33 VSA 1902(a) pertaining to such access. AHS shall have absolute authority to determine if, and when, any other party shall have access to this confidential information. Nothing herein shall prohibit the use of confidential information by DVHA or VDH to produce in summary, statistical, or other data which does not identify specific individuals.

11.4 Nothing in this section shall be construed to limit or deny access by Medicaid members or their duly authorized representatives to medical records or information compiled regarding their case, or coverage, treatment or other relevant determinations regarding their care, as mandated by State and/or Federal laws and regulations.

12.0 Program Integrity

12.1 Vermont’s Medicaid program maintains a Program Integrity Unit and the State of Vermont has a Medicaid/Medicare Fraud and Residential Abuse Unit (MFRAU), both of which are designed to combat fraud, waste and abuse per 42 CFR §438 Subpart H.

12.2 DVHA will be responsible for conducting Program Integrity investigations and will take the lead on communicating with outside entities such as MFRAU and CMS.

12.3 VDH staff who become aware of a potential fraud, waste or abuse issue, will make a referral to DVHA’s Program Integrity Unit to investigate the issue.

12.4 VDH agrees to comply with 42 CFR §438 Subpart H by following the Managed Care Compliance Plan.

12.5 VDH agrees to participate in DVHA compliance trainings, maintaining effective lines of communications between staff and management and follow corrective action procedures described in the plan as applicable.

12.6 Prohibited Affiliations

Federal Financial Participation is not available for amounts expended for providers excluded by Medicare, Medicaid, or CHIP, except for emergency services.
12.6.1 The parties agree that a prohibited relationship is defined as an employment relationship that exists between a
debarred, suspended, or otherwise excluded individual, or an affiliate, as described above, and a commissioner or
deputy commissioner or officer of the department or a person with an employment consulting or other business
arrangement with the department.

12.6.2 VDH shall not knowingly have a relationship with either of the following:

a. An individual who is debarred, suspended, or otherwise excluded from participating in procurement activities
under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations
issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
b. An individual who is an affiliate, as defined in the Federal Acquisition Regulation, of a person described
above.

13.0 Reimbursement and Financials

Reimbursement to the VDH for clinical services through Children with Special Health Needs (CSHN) shall be through the
processes established for claims authorization by the State’s fiscal intermediary. Reimbursement shall be based on actual costs of
the VDH for those clinical services. Medicaid Administration costs shall be reimbursed through the Agency of Human Services
(AHS) based on processes authorized in Vermont’s Cost Allocation Plan approved by U.S. Department of Health and Human
Services (DHHS).

13.1 VDH shall comply with federal Cost Allocation Services requirements and Generally Accepted Accounting Principles
(GAAP). Additionally, accurate completion of the VDH’s Financial Balancing Report (FBR) will occur on a quarterly
basis. The FBR will include all Medicaid and CHIP expenditures, including GC MCO investment expenditures from the
VDH quarterly earnings report.

13.2 VDH will submit the FBR to AHS (and copied to DVHA) no later than the 20th of the month (or first business day after
the 20th) following the quarter-end close. Information contained in the FBR will follow all federal and state cost
reimbursement allowances and will align with proper coding in the State’s Vision accounting system.

14.0 Title V / Title XIX Responsibilities

The Title V services described in this IGA may be provided by local entities as well as at the State level.
14.1 VDH is responsible for administering the Title V program and has further responsibility for the following programming services:

- Women's and maternal health and preconception health.
- Sexual and reproductive health, including family planning services and domestic and sexual violence prevention.
- Perinatal, infant and early childhood health.
- Evidence-based home visiting.
- Special Supplemental Nutrition Program for Women and Infants (WIC).
- School and adolescent health.
- Children with Special Health Needs (CSHN).
- Newborn genetics screening and early hearing detection and intervention.
- Injury prevention.
- Oral health.

14.2 VDH has the responsibility to:

- Support the EPSDT mandate.
- Establish, maintain, and distribute guidelines for Vermont’s EPSDT periodicity schedules, including medical screenings, immunizations, and oral health services.
- Develop outreach materials to inform individuals about the availability and scope of the EPSDT program.
- Work in partnership with health care providers and other state and community partners to reduce barriers to accessing health care services for children.
- Use Medicaid funding to contract for development, implementation, and direction of services to eligible children and mothers.
- Refer potentially eligible children and pregnant women to the Medicaid program and/or assist them in applying for Medicaid.
- Oversee Vermont’s Children with Special Health Needs (CSHN) program and ensure eligible families have access to comprehensive, community-based and family-centered services, through care coordination, financial technical assistance, and direct clinical services (Child Development Clinic, Psychiatry, Cleft Lip and Palate, among others).
- Through the CSHN program, administer the following Medicaid programs:
  - Children’s Personal Care Services
  - Pediatric Palliative Care
- Pediatric High-Tech Nursing
  - Facilitate quality improvement activities in partnership with the Vermont Child Health Improvement Program (VCHIP) aimed at developing, measuring, promoting, and disseminating positive changes that can improve health care delivered to children, women and families by practitioners who participate in Vermont’s Medicaid program, as well as support evidence-based health care practice.
- Manage Vermont’s Medicaid Administrative Claiming (School-Based Health Access) program as outlined by the Centers for Medicare and Medicaid Services (CMS), and work with CMS to ensure necessary oversight, monitoring, and implementation plans are in place; create formal partnerships between the VDH and Local Education Agencies to further efforts that support the administration of Medicaid for Vermont’s children.
- Establish and maintain relationships with primary care providers through the Vermont Chapters of the American Academy of Pediatrics (AAP) and Academy of Family Physicians to further efforts to reduce barriers to access, and health care systems and messaging improvements in support of Medicaid eligible children and families.
- Coordinate with Office of Local Health staff to work locally with, including but not limited to, schools and health care and dental providers to further promote the administration of Medicaid for Vermont children, and support VDH efforts and responsibilities outlined in this IGA.
- Manage and oversee all aspects of Vermont’s WIC program.

14.3 DVHA has the responsibility to:
- Ensure coverage for the full range of EPSDT services (screenings, preventive services, and diagnostic treatments) by all qualified and enrolled providers.
- Develop reimbursement methodologies for the payment of MCH care services.
- Provide timely reimbursement for the services provided by VDH with current Medicaid rates and fees for all services within the scope of Medicaid benefits.
- Provide Medicaid data to VDH.
- Provide case management services.
- Provide VDH/MCH with a listing of EPSDT and/or other Medicaid eligible members and related data.
- Collect and analyze expenditure data for Medicaid-covered services; develop, implement, and monitor Medicaid provider and contract agreements; investigate inappropriate billing/utilization of Medicaid reimbursement.

14.4 In partnership, VDH and the DVHA have the responsibility to:
- Collaborate to improve the health of Vermonters.
• Ensure that Title V, Title XIX (and other) services are consistent with the needs of the individuals and the programs' objectives and requirements.
• Collaborate to develop and implement a plan and materials for outreach and informing to ensure families are aware of and accessing eligible services.
• Coordinate program initiatives to avoid duplication of effort among programs.
• Encourage referrals between various programs.
• Develop and implement, in cooperation, health care standards, program policies, and pilot programs.
• Develop local and statewide advisory groups to oversee the implementation of care coordination.
• Provide liaison between departments for interdepartmental communication and coordination.
• As funding permits, facilitate financial support/reimbursement to local entities and other groups and individuals engaged in the delivery of health services to mothers and children.
• Comply with all applicable State and Federal laws, regulations, and rules regarding confidentiality of individual information, ensuring that information is disclosed only for the purpose necessary for administration of the respective program(s) and for audit and examination authorized by law.

14.5 Identification and Outreach for EPSDT

14.5.1 VDH shall determine the EPSDT periodicity schedule for medical and dental preventive care. The VDH shall, in consultation with the DVHA, provide the content for all written and oral communications to effectively inform EPSDT-eligible individuals and families of the available services.

14.5.2 VDH shall:
• Inform families about Medicaid benefits, especially EPSDT services through a combination of oral and written formats at venues such as WIC clinics, local district offices, health fairs, health provider offices and hospitals.
• Develop brochures and other materials for informing individuals about Medicaid services.
• Maintain a toll-free number that women and families can contact and receive information from appropriately trained personnel who provide information and referrals for prenatal care, WIC, family planning, well-child services, and other essential programming.

14.5.3 DVHA shall also provide additional outreach activities:
• Assist individuals in applying for such benefits.
• Provide the appropriate referral and/or services.
• Conduct outreach to inform the individuals about services for which they qualify.

14.6 Referrals

14.6.1 DVHA will maintain a system of referrals for those services not directly serviced by the DVHA, but are essential to meet the individual’s need. To the degree possible, these referrals will be made at the time of member contact. Services such as the following will fall into this category.
• Patient-centered medical homes and specialty care.
• Children’s Integrated Services.
• WIC.
• Economic services, including SNAP and Reach-Up
• Mental health and substance use disorder treatment.
• Evidence-based home visiting.
• Children with Special Health Needs (including Children’s Personal Care Services, Pediatric Palliative Care, and Pediatric High-Tech Nursing).
• Reproductive health/family planning.
Signature Page

We, the undersigned agree to the provisions of this Intra-Governmental Agreement (IGA) between the Department of Vermont Health Access (DVHA) and the Vermont Department of Health (VDH) for the administration of Children’s Personal Care services, Pediatric Palliative Care services and Pediatric High Tech Nursing services, and the administration of Substance Use Disorder (SUD) services via a network of Preferred Providers, and assures that the legislatively mandated relationship among the State Title V Block Grant Program and the State Title XIX Program is enacted.

Agreed to:

[Signatures]

Date: 7.13.17

Cory Gustafson, Commissioner

Department of Vermont Health Access

Date: 7/12/17

Mark Levine, M.D., Commissioner

Vermont Department of Health