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DIVISION OF MEDICAID SERVICES

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Linda Seemeyer
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**MEMORANDUM OF UNDERSTANDING (MOU)
BETWEEN
THE DEPARTMENT OF HEALTH SERVICES (DHS) /
DIVISION OF MEDICAID SERVICES (DMS)
AND
DIVISION OF PUBLIC HEALTH (DPH)**

This Memorandum of Understanding (MOU) allows for the exchange of data and information products and technical assistance, and supports, the need for analysis, and exchange of data and data sets, between the Division of Medicaid Services (DMS) and the Division of Public Health (DPH).

This MOU will serve the overarching DMS and DPH Title V Maternal and Child Health (MCH) Program with the overall goal to improve the health status of low income women, infants and children including children and youth with special health care needs (CYSHCN) by assuring access to and provision of preventive services and of any necessary treatment and/or follow up care allowed under the Social Security Act. It is intended that care be provided in the context of an ongoing provider-patient-family relationship and from continuing care providers who can provide quality and comprehensive care. The MOU will allow for the sharing of data, reports, and other relevant information as well as the development of collaborative and/or complimentary service programs.

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership to improve maternal and child health. The goal of the Wisconsin MCH Program is to assure that all families in Wisconsin have access to a coordinated, integrated, and sustainable system of services and supports focused on health promotion and prevention.

This MOU is effective for the period of July 1, 2018 through June 30, 2020. The approved Projects include Title V and DMS agreed upon services and collaborations supported by federal legislation (Sub-Programs):

- Social Security Act 1902(a)(11)(B) and 505(a)(5)(F)(ii);
- Title 42, Chapter IV CFR;
- CMS's State Medicaid Manual; and
- MCHBs Title V Guidance.

All data and analytics requests and projects not specifically identified in the following document will be reviewed and approved by DMS management through the process listed herein under Section 2, prior to work beginning.

1. Scope of Work.

The Parties will exchange data for the sole purpose of completing jointly-approved Sub-Programs under the overarching Title V Maternal and Child Health (MCH) Program as defined in Exhibit I. The Parties agree to use this data consistent with the purpose and scope of the following: This MOU, and any and all Programs approved under Exhibit I and Exhibit II.

DPH and DMS Approved Programs: A “Jointly Approved Program or Sub-Program” is a project that is:

- Listed in Exhibit I and II, which lists those research Sub-Programs approved by the Parties as of July 1, 2018 or
- Approved by the Parties after July 1, 2018 under Section 2, “Sub-Program Approval Requirements”.

All Jointly Approved Sub-Programs, as defined herein, are incorporated into this MOU without need for further modification of this Agreement or its attachments or exhibits.

Timelines: For each Jointly Approved Sub-Program the parties will work together to establish a timeline for completion of services, arrange sub-programs by priority, and agree upon the frequency of meetings/status updates between the parties.

At one of the Parties’ quarterly coordination meetings, a discussion shall be held on the applicable sub-programs, progress of particular projects and any additional uses for the data at issue. The Parties agree that such discussion shall be held no less than annually.

2. Sub-Program Approval Requirements

- a. **Required Information.** In the event that one or both of the parties wish to pursue an additional Sub-Program not listed in Exhibit II, the initiator of the Sub-Program shall submit the following information to the other party.

For DPH initiated Sub-Programs, please submit the details below to:
DHSDHCAACONTRACTS@dhs.wisconsin.gov for review:

For DMS initiated Sub-Programs, please submit the details below to:
Jody.Brassfield@dhs.wisconsin.gov for review:

- i. Title of Sub-Program,
- ii. DMS Lead
- iii. DPH Lead
- iv. A description of the Sub-Program,
- v. Start and end dates,
- vi. Data elements required,

- vii. Proposed timing of required status updates during course of Sub-Program, and
 - viii. Proposed timing of final report,
- b. **Sub-Program Approval Timeframe.** The Sub-Program request will be reviewed and approved or denied within 30 days of receipt, unless there is a mutually agreed upon timeframe for a decision.
- c. **Accountability of the MOU**

The following will review progress of Title V Sub-Program and priorities:

- Bureau Director of Community Health Promotion (DPH)
- Deputy Bureau Director of Benefits Management (DMS)
- Chief Medical Officer of the Bureau of Community Health Promotion (DPH)
- Chief Medical Officer of the Bureau of Benefits Management (DMS)

3. **Data Use Restrictions**

Without mutual agreement of both Parties, Parties or any other person who would have access to the use of identifiable data and information provided under this Agreement shall not publicly present or submit for publication, in oral form or in writing, on a formal or informal basis, subjects or research which used the data and information obtained under this Agreement without entering into a Business Associate Agreement with no Contract, signed by both Parties.

4. **Confidential, Proprietary, and Personally Identifiable Information.**

In connection with the performance of work hereunder, it may be necessary for the Parties to disclose certain information. All such information that is considered to be confidential, proprietary, or containing Personally Identifiable Information (“Confidential Information”) shall not be used for any purpose other than the limited purposes set forth in this Agreement, and all related and necessary actions taken in fulfillment of the obligations herein. Parties shall hold all confidential information in confidence, and shall not disclose such confidential information to any persons other than those employees, and agents who have a need to have access to such Confidential information in furtherance of the purposes of this Agreement and who have been apprised of, and agree to maintain, the confidential nature of such information in accordance with the terms of this Agreement.

5. **Responsibilities/Termination**

DMS and DPH will identify specific staff members who will have responsibility for implementing this Agreement within their respective programs. DMS and DPH agree to

review this Agreement prior to the expiration of the terms of this Agreement and update as necessary.

Any party in this Agreement may terminate it at by providing a 30-day written calendar notice to the other parties. This Agreement may be amended in writing at any time by mutual agreement of the parties. This Agreement remains in effect until terminated or amended in accordance with this provision.

Term of the MOU:

Effective Date: 7/1/2018 through 6/30/2020

All Previous Effective Dates: 7/1/2017 through 6/30/2018 and prior SFYs.

Length of Term:

Expiration Date: 6/30/2020

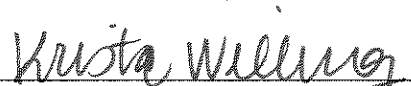
Review Cycle Period:

Target Review Date, if applicable: 3/1/2020

Termination with Notice:

Either party can terminate this MOU with a 30 calendar day notice. Other technical assistance or projects identified by either party during the MOU will be negotiated and further specified as Amendments to this MOU. The amendment(s) will be written and signed by the proper representatives of each agency and identify the exact nature of the assistance to be provided. Fiscal specifications, if any need to be identified. The Amendment(s) will be attached to this MOU.


Signatures:



Krista Willing, Assistant Administrator
Division of Medicaid Services

6/7/18

Date



Charles Warzecha
Deputy Administrator
Division of Public Health

6-13-18

Date

Exhibit I

ITEM
<u>Sub-Programs</u>
1. Medicaid Managed Care
2. Coordination of Outreach CYSHCN, DDB, SSA
3. Toll-Free Voice, Chat, and Web Portal Access
4. HealthCheck (EPSDT)
5. Prenatal Care Coordination (PNCC)
6. Medicaid Application Identification and Assistance
7. Cooperative and Collaborative Relationships
8. Quality Improvement Initiatives

**SFY 2019
Activities Section**

It is understood that the parties following, as representatives of the sub-programs indicated, are in substantive agreement with the following points – DPH and DMS:

Title V funded agencies (Sub-Programs) will be encouraged, and where appropriate required to make available their range of services to the recipients of Medicaid, including outreach to assure that all family members who may qualify are informed about the program and how to apply.

Recipients of Medicaid will be encouraged to utilize Title V services when appropriate.

Title V Program income from Title XIX reimbursement services will be applied as State matching resources, against requirements stated in federal Title V regulations.

The parties are in agreement regarding operation of the federally mandated Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program, known in Wisconsin as “HealthCheck” (Reference 42 CFR440.40 (b) and Part 441, Subpart B.)

The parties agree personally, or by representation, to periodically address issues and resolve problems, and to jointly develop formal procedures that will carry out the spirit and letter of the agreement. An ongoing liaison will be developed between the DPH and the DMS to review content standards for Health Check.

An ongoing workgroup of staff from DMS and DPH agree to meet on a regular basis to discuss opportunities, changes, and proposed revisions within workflows and coverage for populations being served by the parties’ part of this MOU.

This MOU has been developed to address issues outlined including, but not limited to referring eligible clients between participating programs, obtaining reimbursement for services rendered; sharing of data, reports and other relevant information; and developing collaborative and/or complimentary service programs, promoting access to services, coordination of care that is of high quality, family centered, data driven, evidence based, evaluated and capable of being sustained.

1. Medicaid Managed Care

- A. Develop an important system link between Wisconsin’s Public Health System and Medicaid Managed Care System consistent with the mission of public health and core functions of public health assessment, assurance and policy development.
- B. Encourage state, regional and local health department staff to participate in any Medicaid Managed Care Advisory or Work Groups.

- C. Provide local health departments' projects with essential information on how the Medicaid Managed Care System works current information on Medicaid quality of care indicators, and the current Medicaid reimbursement.
- D. Provide HMOs with information on local health departments, MCH and CYSHCN projects and the services they provide.
- E. Promote coordination and collaboration between local health departments, MCH, CYSHCN, HMOs and other Title XIX Managed Care Programs.
- F. Title V funded agencies will encourage recipients of Medicaid who are eligible for HealthCheck services to receive preventive care through HealthCheck screening. Children receiving Medicaid who are enrolled in managed care programs must receive Medicaid services from their assigned managed care providers.
- G. Require the HMOs to provide written information to and refer potentially-eligible pregnant, breastfeeding, and postpartum women, infants and children to the WIC Program, at least annually. Referrals should include relevant health data (e.g. length/height and weight measurements, hematocrit or hemoglobin, documentation of nutrition-related medical conditions, etc.). In addition, the ongoing provision of relevant health data is encouraged in order to prevent duplication services in subsequent WIC certifications.

2. Coordination of Outreach between the Wisconsin Program for Children and Youth with Special Health Care Needs (CYSHCN), Division of Medicaid Services (DMS) – Disability Determination Bureau (DDB), and Social Security Administration (SSA).

- A. Assure social security applicants under the age of 16 years access to information and referral services provided by the CYSHCN Program's Regional Centers through the coordination of outreach between the CYSHCN Program, DDB, and SSA.
- B. To ensure access to information and referral sources, the following process and procedure is proposed:
 - i. Parent name and mailing address for children under 16 years of age for whom a disability determination has been requested as part of the application for SSI benefits is submitted electronically monthly to the CYSHCN Program contact from the DDB contact as a password protected Excel spreadsheet after the determination has been made. A letter in English and Spanish along with the CYSHCN Regional Centers brochure (English and Spanish) are sent to the name and address indicated. The password protected Excel data file is deleted once mailing labels are

printed for mailing. The following data elements are required: Name of Parent applying on behalf of child for social security benefits and Parent's Mailing Address.

- ii. SSA offices have access to Regional Center brochures and other CYSHCN Program materials through the DHS publication center to promote client referral to the Regional Centers for additional information about supports and services available. The SSA agrees to make CYSHCN materials available to child claimants who are determined to be financially ineligible for SSI or to those applying for other SSA programs.

3. Toll-Free Voice, Chat, and Web Portal Access

Wisconsin Public Health Referral and Access to Information Services and Resources

Medicaid, MCH, and related funding partners will support the Well Badger Resource Center to provide a web portal to facilitate customer access to information and referral services and resources to include the following topics: Title V grantees, HealthCheck, Alcohol and Other Drug Abuse (AODA), Presumptive Eligibility, Genetic Services, Prenatal Care Coordination (PNCC), Title V CYSHCN, and other health care providers. DPH and DMS further agree to collaborate on the development and dissemination of materials used to publicize this service and resource.

4. HealthCheck

HealthCheck is Wisconsin's name for the federally required Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit for Medicaid-enrolled children under age 21. The purpose of HealthCheck is to provide comprehensive preventative services to identify health problems early and to assure coordinated follow-up services. Title V/MCH and Title XIX/Medicaid programs have a mutual commitment to improving services to this population. In order to maximize the effective operation of Wisconsin's fee-for-service Title XIX and Title V/MCH Programs, the following methods for coordination have been established:

- A. Promote HealthCheck preventive services, including immunizations and lead screening, within MCH/CYSHCN and WIC programs.
- B. Support Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, which is listed as a resource for providers conducting HealthCheck comprehensive examinations.
- C. Cooperate when providing technical consultation for potential HealthCheck screeners.
- D. Provide reports of established services upon request.

5. Prenatal Care Coordination (PNCC)

The purpose of Prenatal Care Coordination is to support women during pregnancy by enhancing the support they receive complimentary to medical prenatal care. PNCC consists of socioeconomic, psychosocial and emotional support along with health education. In order to maximize the quality and reach of this benefit for Wisconsin's Title XIX and Title V Programs, the following methods for coordination have been established.

- A. MCH Consultants will coordinate regional PNCC provider meetings in collaboration with MCH Regional Consultant staff to promote and guide quality improvement activities.
- B. The MCH Perinatal Nurse Consultant will work with DMS staff to promote quality care coordination within the OB Medical Home Initiative.

6. Medicaid Applicant Identification and Assistance

Wisconsin Title V and Title XIX Programs agree to collaborate with programs and services to identify pregnant women and children who may be eligible for Medicaid and once identified, to assist them in applying for such assistance. Title V-contracted agencies providing Women's Health services will support enrollment in the Family Planning Only Services (FPOS) benefit.

7. Cooperative and Collaborative Relationships

Title V and Title XIX Programs agree to establish cooperative and collaborative relationships, including periodic meetings, with respect to the following programs and services including, but not limited to:

- HealthCheck (EPSDT)
- Immunizations
- CYSHCN
- Member Access/Provider Participation
- Prenatal Care Coordination (PNCC)
- Medicaid Outreach Eligibility related to BadgerCare Plus and Family Planning Only Services Family Planning Services
- PRAMS (Pregnancy Risk Assessment Monitoring System)

Maternal, Child and Obstetric Projects Quarterly Check-Ins

DPH and DMS will hold quarterly check-in meetings on Maternal and Child Health Initiatives including CYSHCN that are relevant to both divisions. Each division will present project updates and together attendees will discuss opportunities for continued collaboration. Topics will include, but are not limited to: 1) OB Medical Homes for High Risk Pregnant Women; 2) Title V Block Grant priorities and activities; 3) Tobacco

Cessation for pregnant women; and 4) Relevant policy updates. DMS shall identify a DMS-employee who will be responsible for scheduling and facilitating these meetings.

Maternal and Child Health Advisory Committee

DMS will actively participate with DPH in the MCH Advisory Committee to include up to 4 meetings per year.

8. Quality Improvement Initiatives

A. Wisconsin Perinatal Quality Collaborative (WisPQC)

DMS and DPH will both be active members and participants upon request in WisPQC. This will include participation in regular planning meetings, supporting the development and implementation of quality improvement change packages, facilitating the involvement of local health departments, Medicaid providers and/or health plans (when appropriate), and contributing DHS data to help inform and track WisPQC efforts.

B. Collaborative Improvement and Innovation Network (CoIIN)

DPH and DMS will participate upon request in CoIINs to reduce infant mortality and improve maternal and child health, including CYSHCN. This will include supporting quality improvement efforts, facilitating reporting of data on selected measures, and contributing to evaluation.

C. Wisconsin Collaborative for Healthcare Quality (WCHQ) Initiatives

DPH and DMS will participate upon request in the following initiatives:

- MCH Quality Network, an umbrella group for quality collaboratives to improve perinatal, child and adolescent health, including CYSHCN.
- Child Health Quality Collaborative focusing on developmental screening
- Adolescent Health Quality Collaborative focusing on well visits

This will include participation in regular meetings, supporting the development and implementation of quality improvement change packages, and tracking progress with selected measures.