



**State of New Jersey**  
**DEPARTMENT OF HEALTH**  
PO BOX 360  
TRENTON, N.J. 08625-0360  
[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

SHEREEF M. ELNAHAL, MD, MBA  
*Commissioner*

**Interagency Letter of Agreement  
Between the State of New Jersey  
Department of Health  
and  
Department of Human Services,  
Division of Medical Assistance and Health Services**

This letter of agreement between the State of New Jersey Department of Health (DOH) and Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS) is intended to promote the coordination of DOH's Maternal and Child Health Services Title V Block Grant with the Title XIX Medicaid Medical Assistance Program (Medical Assistance Program) in New Jersey.

Title V programs have great expertise in providing an infrastructure and access to services related to maternal and child health that Medicaid in turn can build upon. Title V programs have knowledge in developing model programs and materials that can be used by the Medical Assistance Program. Title V personnel are also skilled in providing outreach services to Medicaid beneficiaries thus enabling access on behalf of the Medical Assistance Program.

The purpose of this letter of agreement is to describe the respective roles and responsibilities of each agency in their coordination work to avoid duplication of services and effort.

The Maternal and Child Health (MCH) Services Block Grant and the Medical Assistance Program, authorized by Title V and Title XIX of the Social Security Act (SSA), serve complimentary purposes and goals. Coordination and partnerships between the two programs greatly enhance their respective abilities, increase their effectiveness, and guard against duplication of effort. Such coordination is the result of a long series of legislative decisions that mandate the two programs to work together. Interagency Agreements (IAAs), required by both Title V and Title XIX legislation, can serve as a key factor in ensuring coordination and mutual support between the two agencies (or divisions within an agency) that administer the two programs.

DOH, Division of Family Health Services (FHS), is responsible for administering a program of maternal and child health services (administered under the Maternal and Child

Health Block Grant under Title V of the Social Security Act), pursuant to N.J.S.A. 26:1A-37.

DHS, DMAHS, is responsible for administering the Medical Assistance Program, pursuant to N.J.S.A 30:40-5; and

As the State-designated Agency to administer the Maternal and Child Health Services Title V Block Grant program, the DOH acknowledges its responsibility to coordinate with DMAHS in administration of Title V programs.

As the State-designated Agency to administer the Medical Assistance Program in New Jersey, DMAHS acknowledges its responsibility to coordinate with DOH in administration of the Medical Assistance program.

This letter of agreement represents the continued commitment of each agency to coordinate with the other agency to avoid duplication of services and effort.

Therefore, to carry out their assigned duties to further the public good, the parties agree to the following:

**Responsibilities of Both DOH and DMAHS shall:**

1. Coordinate policies and procedures that impact health care services or the delivery of health care services to maternal and child health populations, including children with special health needs.
2. Share information regarding case management services, as permitted by applicable laws and separate data sharing agreements, and coordinate case management services, when appropriate, with all interested parties including Medicaid Managed Care Organization case managers.
3. Notify each other of any changes in criteria or standards relating to the provision of services pursuant to the Maternal Child Health Title V Block Grant or Medical Assistance Program for pregnant women, mothers and children prior to such changes.
4. Notify each other of any known changes in federal or State statutes, regulations, or policies that would impact programs that are administered under the Maternal and Child Health Title V Block Grant or Medical Assistance.
5. Identify how the DOH and DMAHS can work together to identify individuals within the maternal and child health population, including children with special health care needs, in need of medical and remedial services.
6. Share appropriate and relevant aggregate data affecting health status or delivery of health care services to the maternal and child health population, including children with special health care needs.

7. Meet at least annually to review any proposed revisions regarding case management services.
8. Agree that the use or disclosure of any individually identifiable health information concerning either program's participants shall be limited to purposes directly connected with the administration of each agency's programs or provision of supports and services, and prevent any unauthorized use or disclosure of protected health information in accordance with applicable federal, State, and local laws. Any exchange of confidential information between the Departments will be documented and authorized through a memorandum of agreement for data sharing.
9. Establish appropriate administrative, technical and physical safeguards to protect the confidentiality of the information resulting from the administration of Maternal and Child Health Programs and Medical Assistance.

**Responsibilities of DOH:**

1. Special Child Health and Early Intervention Services (SCHEIS)

DOH shall:

- (i) Provide support and collaborate with DHS on education, training, and program development relating to diagnosis and reporting requirements for birth defects including critical congenital heart defects, hearing loss, and autism.
- (ii) Meet at least annual with DMAHS to improve access to services for children with reportable birth defects, hearing loss and autism.
- (iii) Ensure that the Special Child Health Services case management network is available for the provision of case management services for children with special health care needs from birth to twenty-one (21) years of age.
- (iv) Establish quality measurements for appropriate outcomes.
- (v) Act as the primary contact for the vendor responsible for the Medicaid fund recovery.
- (vi) Ensure that early intervention services agencies comply with New Jersey Early Intervention Services (NJEIS) criteria.
- (vii) Provide assistance and input to DMAHS for the development of Medicaid manuals and regulations relating to the Early Intervention Medicaid Initiative (EIMI).
- (viii) Develop procedures for the monitoring of EIMI.
- (ix) Assure that State matching funds are available through NJEIS.
- (x) Report to DMAHS, the costs of DOH's administrative activities that are reasonable and necessary to support the requirements of EIMI.

2. Child Health:

DOH shall:

- (i) Provide support and collaborate with DMAHS on education, training, and program development relating to lead poisoning prevention.
- (ii) Promote and facilitate enrollment of children into Medicaid and/or NJ FamilyCare.

3. Childhood Lead Poisoning Prevention Surveillance System (CLPPSS):

DOH shall:

- (i) Ensure quality monitoring of lead information, inspections and abatements.
- (ii) Meet at least annually with DMAHS to improve lead screening efforts and case manage children with elevated blood lead levels.

**Responsibilities of DMAHS:**

1. Special Child Health and Early Intervention Services (SCHEIS)

DMAHS shall:

- (i) Meet at least annually with DOH to ensure timely and accurate program operation.
- (ii) Provide DOH with individual Medicaid participant claims data when the Medicaid participant requests DMAHS to provide their claim data to the DOH, and provide aggregate data to DOH, as needed, regarding children with birth defects, hearing loss and autism.
- (iii) Provide NJEIS with updates and changes to Medicaid regulations.
- (iv) Provide technical assistance, as needed, regarding requirements and specification for claims submission, processing and data reporting for Early Intervention Medicaid Initiative (EIMI).
- (v) Submit claims to the federal government to draw down federal Medicaid funding for services provided under EIMI.
- (vi) Assist DOH in maximizing federal reimbursement for the costs of allowable administrative activities.

2. Child Health:

DMAHS shall:

- (i) Provide support to and collaborate with DOH on education, training, and program development relating to lead poisoning prevention.

- (ii) Use the DMAHS website and DMAHS staff presentations at interdepartmental meetings to get information out about NJ FamilyCare, lead screening, and issues relating to children with special health care needs.

3. Childhood Lead Poisoning Prevention Surveillance System (CCLPPSS):

DMAHS shall:


- (i) Coordinate with DOH to improve lead screening efforts and case management of children with elevated blood lead levels.

This letter agreement shall become effective upon signing. This agreement may be reviewed and considered for expansion, modification, or amendment at any time upon agreement of both parties. Data sharing needs set forth in this agreement will be detailed and governed by separate data sharing agreements.



DOH Signature

Lisa A. Asare, MPH  
Assistant Commissioner, Family Health Services  
Department of Health



DHS Signature

8/7/19

Jennifer Langer Jacobs  
Director, Division of Medical Assistance and Health Services  
Department of Human Services