

**MEMORANDUM OF UNDERSTANDING**  
**between**  
**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES**  
**and**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**

This Memorandum of Understanding (MOU) has been made and entered into between the North Dakota Department of Human Services, Medical Services Division (includes the North Dakota Medicaid/Title XIX and Children's Health Insurance Program/Title XXI), hereinafter referred to as DHS and the North Dakota Department of Health, Maternal and Child Health (MCH/Title V) programs, hereinafter referred to as DoH.

This MOU replaces the Cooperative Agreement entered into of July 2003 between DoH, DHS and the Primary Care Office/Primary Care Association.

**BACKGROUND**

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 United States Social Security Act (SSA). The following specific sections delineate the authority and intent of this MOU:

Title XIX of the SSA [SSA §1902(a)(11)(A)] provides for entering into cooperative agreements with the State agencies responsible for administering and/or supervising the administration of health services to ensure maximum utilization of such services. Title XIX of the SSA [SSA §1902(a)(11)(B)] requires provision of appropriate reimbursement to any Title V funded project by Title XIX for services which are included in the State plan and provided to Medicaid beneficiaries; and

Title V of the SSA [§505(5)(F)] 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(1)(1) and, once identified, to assist them in applying for such assistance.

42 CFR 431.615 requires that the State Title XIX plan describes written cooperative agreements with the State health agencies and Title V grantees; provides for arrangements with Title V grantees under which the Medicaid agency will utilize the grantee to furnish services included in the state plan; provides that the content of agreements must meet the requirements of paragraph (d) of 42 CFR 431.615; and provides, if requested by the Title V grantee in accordance with the agreement, that the Medicaid agency reimburse the grantee or the provider for the cost of services furnished to beneficiaries by or through the grantee.

## **PURPOSE**

The purpose of this MOU is to enable the DHS and the DoH to carry out the mandate of cooperation contained in the related provisions of the federal and state statutes and regulations.

## **OBJECTIVES AND GOALS**

This MOU has been established to meet the following objectives:

### *Coordination:*

- To assure quality and accessible care and services to improve the health status of families, especially children, pregnant women, mothers, infants' children, and adolescents, including children and youth with special health care needs (CYSHCN).
- To meet the requirements of the SSA and to comply with other applicable State and Federal statutes, regulations, and guidelines, including the Health Insurance Portability and Accountability Act (HIPAA).
- To increase coordination/collaboration between the Title V and Title XIX (and other, if applicable) agencies.
- To maintain clear communication between agencies.
- To develop and implement initiatives that address the underlying causes of preventable diseases.
- To develop and implement standards of care.

### *Programmatic and Relationship Building:*

- To strengthen relationships and promote long-range planning.
- To prevent duplication, overlap, and/or fragmentation of effort and/or services.
- To develop and maintain capacity for state and local level services and to provide information and care coordination, as needed.

### *Identification, Outreach, and Referral:*

- To coordinate identification of infants, children, adolescents, CYSHCN 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 implement an established joint referral process.

### *Reimbursement and Financial:*

- To specify the reimbursement and financial arrangements applicable.
- To facilitate the claim for Federal matching funds for the efficient and effective administration of the Medicaid State Plan (State Plan).

- To ensure the maximum utilization of Title XIX resources.

*Data Sharing:*

- To promote timely sharing of programmatic data.
- To allow joint access to critical Medicaid and public health data.
- To cooperate in creating linked, de-identified data files that will be used for public health and health care research, program evaluation, and surveillance.

Common goals between the DHS and DoH that are being measured include:

- Prenatal care: the percent of pregnant women who receive prenatal care beginning in the first trimester.
  - Goal – to ensure early entrance into prenatal care to enhance pregnancy outcomes.
- Low birth weight deliveries: percent of low birth weight deliveries (<2,500 grams or ~5.5 pounds).
  - Goal – to reduce the proportion of low birth weight deliveries.
- Dental sealants: the percent of children at elevated caries risk that received dental sealants.
  - Goal – to increase the number of schools in ND with a dental sealant program.

**RESPONSIBILITIES**

Whereas the mission of DHS is to provide quality, efficient, and effective human services, which improve the lives of people. The Medical Services Division of DHS is responsible for administering the Title XIX program and has further responsibility for Medicaid Expansion, the Children’s Health Insurance Program (Healthy Steps), Early Periodic Screening, Diagnosis and Treatment (EPSDT-Health Tracks) program, the state autism voucher program, and the following children’s Medicaid waivers: Children with Medically Fragile Needs, Autism Spectrum Disorder Birth through Age 12, and Children’s Hospice.

And whereas the mission of the DoH is to improve the length and quality of life for all North Dakotans. The Healthy and Safe Communities Section of the DoH is responsible for administering the Title V program and has further responsibility for the following services: cancer prevention and control, tobacco prevention and control, diabetes prevention and control, heart disease and stroke prevention, oral health services, breastfeeding support, obesity prevention, Women, Infants and Children (WIC), family planning services, child passenger safety, injury prevention, domestic violence/rape crisis, school health/school nursing, newborn screening, and children and youth with special health care needs.

And whereas the Title XIX and Title V agencies are jointly charged with direct responsibility to achieve the best possible outcomes for children and families.

Now, therefore, be it resolved that the DHS and DoH agree to the following services in order to fulfill their responsibilities as set forth above.

## **SERVICES PROVIDED BY AGENCY**

The DHS which administers Title XIX has the responsibility to:

- Develop reimbursement methodologies for the payment of MCH services covered in the State Plan and provided to Medicaid beneficiaries.
- Provide timely reimbursement for the services provided by the Title V agency, its local public health agencies, or contracting providers with current Medicaid rates for services covered in the State Plan and provided to Medicaid beneficiaries.
- Provide de-identified Medicaid data regarding services provided to beneficiaries to the agency that administers Title V.
- Provide case management services for Medicaid-eligible children in the child welfare system, children with serious emotional disturbances, and high-risk pregnant women.
- Refer eligible children, adolescents, and/or pregnant women to Title V providers for EPSDT screenings and/or other Medicaid services.
- Provide local health agencies with a listing of EPSDT and/or other Medicaid eligible beneficiaries and related data.
- Provide system access, Health Enterprise Medicaid Management Information System (MMIS) and Advantage Suite, to DoH programs (e.g., Special Health Services, oral health, birth defects) for claims payment eligibility information and needed Medicaid data.
- Provide education/training to Title V providers on Medicaid services, and particularly, Medicaid billing procedures.
- Collect and analyze expenditure data for Medicaid-covered services; develop, implement, and monitor Medicaid provider agreements and contract; investigate allegations of fraud, waste and/or abuse in the Medicaid program.

The DoH has the responsibility to:

- Provide breast and cervical cancer screening, WIC, family planning, oral health care, and services for CYSHCN to those who meet eligibility requirements.
- Determine the level, intensity, frequency, appropriateness, and service modality of services to be provided.
- Identify and fund local health agencies, health care facilities, human service centers, schools, universities, tribal entities, advocacy agencies, and other contractors, as appropriate, to provide the infrastructure for health care programs.
- Use Medicaid funding to reimburse DoH expenses for service development, implementation, and coordination to Medicaid eligible members (e.g., oral health, cancer, family planning, tobacco, CYSHCN).
- Provide required financial and statistical data/records to document reimbursement for Medicaid services. Collect and maintain appropriate records and health data (e.g., records of covered services furnished to eligible participants) and/or to identify needs and to ensure that the Medicaid agency will be able to collect Federal matching funds.
- Refer potentially eligible individuals to the Medicaid program and/or assist them in applying for Medicaid.
- Inform potentially eligible families of the availability and scope of the EPSDT program.
- Support provider outreach; require Title V providers that deliver services to children and youth with special health care are also Medicaid-enrolled providers.
- Develop outreach materials for informing recipients about Medicaid services.

- Maintain a toll-free number that women and families can contact and receive information from appropriately trained personnel.
- Improve health equity and assess impacts of social determinants of health.

The DHS and the DoH have shared responsibility to:

- Work collaboratively to improve the health of North Dakotans.
- Ensure that the programs included within this MOU are consistent with the needs of the participants and the programs' objectives and requirements.
- Coordinate program initiatives to avoid duplication of effort among agency programs.
- Encourage referrals between various programs.
- Develop and/or implement health care standards, policies, programs, trainings, etc. for state and local entities.
- Develop statewide advisory groups to oversee the implementation of care coordination (e.g., CYSHCN Medical Advisory, Newborn Screening Advisory Committee, Medicaid Medical Advisory Committee).
- Provide liaison staff for interagency communication and coordination.
  - DHS – CHIP/EPSTD Administrator
  - DoH – Title V Director
- Provide financial support/reimbursement to local health agencies and entities engaged in the delivery of health services to women, pregnant women, infants, children, adolescents, and CYSHCN.
- Comply with all applicable State and Federal laws, regulations, and rules regarding confidentiality of participant information, ensuring that information is disclosed only for the purpose of activities necessary for administration of the respective program(s) and for audit and examination authorized by law.
- Utilize the DoH Institutional Review Board (IRB) to evaluate and determine approval status of projects prior to the start of any research activities.
- Jointly evaluate policies that affect the cooperative work of the parties.
- Assure that WIC confidential information may be used only for the following purposes: 1) establish eligibility of WIC participants for the programs administered by the organization; 2) conduct outreach for the designated programs; 3) enhance the health, education or well-being of WIC participants currently enrolled in such programs; 4) streamline administrative procedures in order to minimize burdens on staff, applicants or participants in programs; and 5) assess or evaluate the responsiveness of a state health system to participants health care needs and health care outcomes.

Providers will agree not to disclose any of the client information received from the WIC Program without written consent of the WIC recipient; use the information for any other purpose than stated; or disclose the information to a third party.

### **SERVICES PROVIDED BY LOCAL AGENCIES**

According to ND Century Code, Chapter 23-41-06, Duties of human service zones. A human service zone shall:

1. Cooperate with the department in administering this chapter in its human service zone, subject to rules adopted by the state health council.
2. Make surveys and reports regarding children with special health care needs in the various counties to the department when the department directs and in the way the

department directs.

3. Provide for the transportation of a child with special health care needs to a clinic for medical examination and to a hospital or a clinic for treatment.

The DoH Special Health Services Policy, Procedure, and Resource Manual further defines county roles as follows.

Outreach responsibilities include:

- Informing community partners within the service area about available programs through Special Health Services.
- Identifying children with special health care needs and referring them to appropriate services.
- Maintaining awareness of community resources and services for CYSHCN and their families.
- Promoting local public awareness about issues affecting CYSHCN.

Administrative responsibilities include:

- Participating in select Special Health Services multidisciplinary clinics, and responsible for providing backup if primary family interviewer is unavailable.
- Completing and submitting summaries and reports as directed by the Special Health Services State Office.

North Dakota's public health system is decentralized with independent local public health units working in partnership with the DoH and DHS. The local public health units are organized into single or multi-county health districts, city/county health departments or city/county health districts. In this decentralized approach, the units are required to meet state standards and follow state laws and regulations, but they can exercise their own powers and have administrative authority to make decisions to meet their local needs (ND Century Code, Chapter 23-35, Public Health Units).

## **IDENTIFICATION AND OUTREACH**

The DoH shall:

- Maintain a toll-free number that women and families can contact and receive information from appropriately trained personnel who provide information and referrals for MCH program services.
- Shall identify infants, children, adolescents, CYSHCN and women who are potentially eligible for Medicaid and/or who have not received appropriate screenings or services. Once identified, the agency shall:
  - Assist them in applying for such benefits.
  - Provide the appropriate referral and/or services.
  - Conduct outreach to inform the individuals about services for which they are qualified.

The DHS and the DoH shall provide additional outreach activities by:

- Informing families about Medicaid benefits, especially EPSDT services through a combination of oral and written formats at venues such as health fairs, community health services offices, physician and public health offices, hospitals, etc.
- Conducting outreach (such as scheduling appointments and reminding families when exams are due) to ensure that families are benefiting from Medicaid services.
- Developing brochures and other materials for informing recipients about Medicaid services.

### **RECIPROCAL REFERRALS**

The DHS and the DoH will establish a system of referrals for those services not directly rendered by the agency but are essential to meet the individual's need. To the degree possible, these referrals will be made at the time of client contact (e.g., multidisciplinary clinics, newborn screening, oral health). Sub-grantees of the DHS and DoH also provide a system of referral (e.g., local public health units, human service centers, clinics, hospitals, schools).

Per 42 CFR 431.635, Medicaid is required to coordinate with the Special Supplemental Food Program for Women, Infants and Children (WIC) by providing timely written notice to Medicaid beneficiaries and referrals to the WIC program.

### **COORDINATING PLANS**

The scope of services covered under Title XX and XXI may impact Title V's program plans and budgets. Similarly, actions of Title V may affect North Dakota Medicaid provider service requirements and cost of services. Therefore, each agency hereby states its intention to coordinate plans in an effort to prevent duplication among department programs; improve the cost effectiveness of the health care delivery system; improve the availability of services; focus services on specific population groups or geographic areas; and maximize effectiveness of service delivery. Medicaid is required to be the first payer for special formula/food for qualifying individuals if the Medicaid policy allows coverage.

The North Dakota Medicaid Assistant Director or designee will actively participate in the annual Special Health Services Medical Advisory Council meeting (April or May). A family representative is invited to every meeting. Meeting topics include information sharing and discussion of issues concerning eligibility for various state services, reimbursement, and gap-filling services for Medicaid-eligible children are discussed amongst state-level staff, various medical professionals, and other pertinent partners.

The DoH State Health Officer will serve on the North Dakota Medicaid Medical Advisory Committee, which advises the state's Medicaid agency and its Medicaid director on health and medical services.

The DHS and DoH work together to improve data collection and health equity by expanding the understanding of what creates health; working collaboratively on needs assessment processes; implementing a Health in all Policies approach with health equity as the goal; and strengthening the capacity of communities to create their own healthy

futures. The DoH will facilitate Health Equity Committee meetings with representation on the committee from DHS and DoH.

## **REIMBURSEMENT**

Each of the parties to this MOU shall continue to cooperate in their usual and customary fiscal relationship to ensure Federal dollars will be used productively.

DHS will reimburse for applicable Medicaid-covered services provided by the DoH, including but not limited to the Oral Health Seal! ND Program and Special Health Services multidisciplinary clinics.

Medicaid-enrolled participating providers are reimbursed for eligible services rendered through the implementation of several DoH programs. Programs include but are not limited to: Special Health Services, Oral Health Program, Family Planning, Women's Way, Immunization Program, and Tobacco Prevention and Control.

## **DATA REPORTING AND SHARING**

The DHS shall:

- Provide specific data summaries regarding populations served by Title V programs needed to fulfill Title V Federal reporting requirements, such as the CMS 416 Medicaid Report.
- Supply needed reports to DoH staff that cannot be accessed through Advantage Suite that include but are not limited to:
  - Weekly DHS Journal Vouchers for Special Health Services claims payment (Report ID: ND-RP-08-0023)
  - Weekly DHS Zero Paid Report for Special Health Services claims payment (Report ID: CSHS Zero Paid Claims Report)
  - Monthly Pharmacy Report for Special Health Services pharmacy claim verification

The DoH shall:

- Provide, in compliance with HIPAA regulations, the necessary client data files and vital records data to facilitate client care administration and to permit matching of population-based and other data files for program and evaluation purposes.
- Access claim-level data through the DHS Advantage Suite program, which pulls reports from the ND Health Enterprise Medicaid Management Information System (MMIS).
- Utilize the ND Health Enterprise MMIS to facilitate claims payment for Special Health Services.
- Maintain the Birth Defects Registry.

The DHS and the DoH have shared responsibility to:

- Work together to improve the State's capacity to integrate data, link data files, and to utilize program data to improve program administration and outcomes.
- Work collaboratively, along with the Indian Affairs Commission and the Public Employees Retirement System, to comply with North Dakota Century Code 23-01-40.

Diabetes goals and plans – Report to legislative management. The report will be developed before June of each even-numbered year that provides information on the prevalence of diabetes, status and benefits of current programs, funding sources for current programs, action plans, recommendations to improve diabetes related health outcomes and collaborative efforts among agencies.

- Conduct Child Find activities (e.g., Birth Review Program, state-mandated reportable conditions, etc.).

### **LIAISON**

Meetings between agencies will take place at least twice a year to review progress toward meeting mutual objectives. The DHS EPSDT/CHIP Administrator and the DoH MCH/Title V Director shall be jointly responsible for serving as agency liaison for the purposes of implementing this MOU and ensuring that ongoing communication and coordination take place between the represented agencies.

### **TERMS AND CONDITIONS**

This MOU shall be effective from the date of the final signature and shall remain in effect until terminated by either party with 30 days' written notice to the other party.

The DoH will organize a meeting by September of every odd year after the Legislative Assembly or at the request of either party by the DoH MCH/Title V Director, DoH Children with Special Health Care Needs Director, the DHS Medicaid Director or designee, and/or the DHS EPSDT/CHIP Administrator. These individuals will review and evaluate the MOU for the following purposes:

- To monitor implementation of this MOU.
- To coordinate services offered.
- To review and update its provisions as necessary.
- To provide a joint review of policies that affect cooperative work.
- To ensure that all Medicaid-eligible persons in need of Medicaid services receive them.
- To ensure the appropriate fiscal documentation is ongoing.
- To ensure that collaboration between agencies and coordination of joint activities is ongoing.

Any additions or modifications to the terms of this MOU or the roles and responsibilities of either party must be agreed to by both parties. Such changes shall be incorporated in written amendments to this MOU.

### **TERMINATION**

Either party may terminate this MOU upon a 30 days' written notice to the other party.

The undersigned have read this MOU and will abide as outlined within this MOU.

Signed: *Caprice Knapp*  
Caprice Knapp, Medicaid Director  
North Dakota Department of Human Services

Date: June 19, 2020

Signed: Kim Mertz  
Kim Mertz, Chief, Healthy and Safe Communities  
Title V Director  
North Dakota Department of Health

Date: 7-2-2020

Signed: Brenda M Weisz  
Brenda Weisz, Chief Financial Officer  
North Dakota Department of Health

Date: 7-8-2020