

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
INTRA-AGENCY AGREEMENT BETWEEN THE
MATERNAL AND CHILD HEALTH AND SPECIAL MEDICAL
SERVICES SECTIONS
AND THE
OFFICE OF MEDICAID SERVICES (TITLE XIX)
RELATIVE TO
JOINT PLANNING, COORDINATION AND IMPROVEMENT
OF HEALTH PROGRAMS UNDER
TITLE V AND TITLE XIX

November 22, 2017

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I. TERMS AND CONDITIONS

- A. This Intra-Agency agreement has been developed by and is between the New Hampshire:
1. Title V Sections, which includes:
 - a. Maternal and Child Health Section (MCHS), Division of Public Health Services (DPHS), Department of Health and Human Services (DHHS) (administrator of federal Title V funding); and
 - b. Special Medical Services Section (SMS), DHHS (recipient of federal Title V funding); and
 2. Office of Medicaid Services (OMS).
- B. Title V Sections, which includes SMS and MCHS
- C. The term of this agreement shall begin on November 1, 2017 and will continue thereafter until re-negotiation, as initiated by any party.
- D. This agreement pertains to all Medicaid State Plan services that are provided by the MCHS and SMS or by Title V funded contract agencies.

II. HISTORY AND AUTHORITY CITED

When Title XIX¹ (Medicaid) was enacted in 1965, it included a requirement for the development of cooperative arrangements between the state health agency administering Title V² Maternal and Child Health Block Grants and the Medicaid agency. Subsequent amendments to the Social Security Act (SSA) made the relationship between these agencies more explicit, requiring provisions for Medicaid reimbursement of Title V services, coordination of services, and interagency collaboration. The Omnibus Reconciliation Act of 1989 (P. L. 101-239) expanded

¹ Title XIX of the Social Security Act is administered by the Centers for Medicare and Medicaid Services. Title XIX appears in the United States Code as §§1396-1396v, subchapter XIX, chapter 7, Title 42. Regulations relating to Title XIX are contained in chapter IV, Title 42, and subtitle A, Title 45, Code of Federal Regulations.

See Vol. II, 31 U.S.C. 6504-6505 with respect to intergovernmental cooperation.

See Vol. II, P.L. 78-410, §317A(a) and (d), with respect to coordination required in lead poisoning prevention.

See Vol. II, P.L. 89-73, §§203 and §306(c) with respect to agreements with other agencies.

² Title V of the Social Security Act is administered by the Health Resources and Services Administration, Public Health Service, Department of Health and Human Services.

Title V appears in the United States Code as §§701-710, subchapter V, chapter 7, Title 42.

Regulations of the Secretary of Health and Human Services relating to Title V are contained in chapter I, Title 42, and in subtitle A, Title 45, Code of Federal Regulations.

See Vol. II, P.L. 78-410, §317A(a) and (d), with respect to coordination required in lead poisoning prevention.

and further defined this relationship. The 1990 Title V Maternal and Child Health Services Block Grant (MCHB Title V Block Grant) emphasized the need to identify children with disabilities and provide them with benefits and coordinated services through existing agencies and funding streams. Since then statewide needs assessments have continued to demonstrate the ongoing need for systems and services for Maternal and Child Health, including children with special health care needs. In 2015, the federal transformation of the Title V Block Grant specifically emphasized the expectation that every state would have a current cooperative agreement between Title V and Medicaid. Documentation of various examples of cooperative agreements was subsequently provided.³

Accordingly, this Intra-Agency Agreement has been developed for the following purpose:

III. PURPOSE

The purpose of this agreement shall be to:

- A. Promote the joint planning, development, coordination, monitoring and evaluation of a comprehensive New Hampshire health care system for women, families, and children, including children with special health care needs, administered under Title V and Title XIX.
- B. Develop and implement strategies to assure compliance with federal and state statutes and the efficient and effective use of federal and state resources.
- C. Identify and reduce duplication of services, implement innovative solutions to health care issues, share data and resources and provide clear statements of responsibilities and mutual objectives.
- D. Improve referral processes and child and family access to and utilization of health services.
- E. Develop and implement process for making intra-agency decisions and for planning, developing and coordinating policies.
- F. Promote the collaboration, development and implementation of quality health standards related to the Title V and Title XIX populations.

IV. OBJECTIVES

- A. Coordination and Referral

³ U.S. Department of Health and Human Services, 2008; *State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements (2nd Ed)*.

1. Improve the planning, coordination and accountability of health care services for New Hampshire women, families, and children, including children with special health care needs, by providing accurate and timely information regarding changes in programs, policies and procedures.
2. Improve Title V and Title XIX health services programs by simplifying the application and referral process and by eliminating barriers to health services. Assure that all Medicaid-enrolled children and women have access to the full range of assessment, diagnostic and treatment services, including those funded by Title V and Title XIX.
3. Improve program planning, coordination and operations by establishing formal intra-agency linkages, defining mutual responsibilities, collaborating in data gathering, analysis, reporting and planning on projects of mutual benefit. This shall include communicating and collaborating with any federal waiver processes, state plan amendments, shortage designations and/or Federally Qualified Health Center (FQHC)/Rural Health Center (RHC) applications and statewide grant initiatives, such as DSRIP-NH's Building Capacity for Transformation Waiver, D70 grants, etc. that may impact Title V populations.
4. Improve the delivery of health services by participating in joint quality improvement activities, training, technical assistance and educational activities.

B. Data and Information Sharing

1. Improve data collection and utilization of information systems by coordinating data collection and reporting activities required under the Social Security Act, and as necessary for program management and operation.
2. Improve intra-agency and inter-program coordination, and resource and information sharing through formal standing committees and work groups.
3. Promote long range planning as it relates to data sharing.
4. Implement a process that allows for joint access to data without duplication of effort.
5. Promote timely sharing of programmatic data.

C. Reimbursement

1. Clarify reimbursement policy for health care delivery between Title V and Title XIX.
2. Ensure timely provision of information related to changes in fee schedules, contracting and billing processes related to Medicaid and Title V programming.

V. RESPONSIBILITIES

A. The Title V Sections and OMS shall be responsible for:

1. Representing the perspectives of both the children and youth with special health care needs and the general maternal and child health population.
2. Participating in joint quality improvement, training, education, technical assistance activities, and National conferences and meetings to maintain and improve services and coordination of programs.
3. Coordination and Referral by-
 - a) Designating one or more staff persons to assume responsibilities of liaison and coordination of activities between the Office of Medicaid Services and the Title V Sections including MCHS and SMS.
 - b) Establishing a schedule of periodic meetings, at least annually and as may be required, to:
 - i. Achieve mutual objectives and activities;
 - ii. Improve coordination;
 - iii. Problem-solve around gaps, “systems failures” and emerging issues;
 - iv. Collaborate on implementation and revision of the administrative rules that jointly impact Medicaid and Title V populations, including but not limiting He-W 549 Home Visiting NH and Child/Family Health Care Support Services; and
 - v. Ensure proper execution of this agreement and timely revision.
4. Data Collection- Each Title V Section shall be responsible for data collection as required by the MCHB Title V Block Grant.

- a) SMS will collect data for national and state specific performance measures and other capacity measures regarding special populations and children and youth with special health care needs.
 - b) MCH will collect data regarding the general maternal and child health population for national and state specific measures and other capacity measures.
- B. OMS shall be responsible for providing the following to SMS:
1. Identification of shared populations and coordination of services to those populations (i.e. Managed Care Organizations [MCOs], Early and Periodic Screening, Diagnosis and Treatment [EPSDT], etc.).
 2. Access to Medicaid Management Information Systems (MMIS) for enrollment and service utilization.
 3. Timely access to information regarding Medicaid program development, including quality improvement activities, and service delivery changes.
- C. OMS and its designees shall be responsible for providing the following to MCHS:
1. De-identified data⁴ from MMIS and the Comprehensive Health System (CHIS), which can be used as needed by MCHS.
 2. Information on Medicaid billing policies, including covered services and reimbursement procedures.
 3. Ensuring that Public Health or its designee has a permanent seat on the Medical Care Advisory Committee. *See* 42 C.F.R. § 431.12(d)(3).
 4. Timely access to information regarding Medicaid program development, including quality improvement activities, and service delivery changes.
- D. MCHS of DPHS is responsible for administering the Title V Program and shall be responsible for:
1. Coordination and Referral by-
 - a) Requiring MCHS Title V funded contract agencies to identify, enroll and re-enroll Medicaid eligible clients, and refer clients to appropriate

⁴ OMS shall provide identified data to a staff person in DPHS who shall de-identify the data as needed for the business need. However, that individual shall not share any personally identifiable data with any other employee of the Department, but for OMS.

services and provide OMS with information regarding enrollment, including use of Navigators, non Navigator assistance personnel, and certified application counselors.

- b) Performing chart audits and other agreed-upon information gathering for OMS during scheduled site visits to MCHS Title V funded contract agencies.
 - c) Including SMS in any program development or activities that may pertain to children and youth with special health care needs.
2. Data and Information Sharing by-
- a) Sharing data with OMS, upon request, from the MCHS-stewarded data systems.

E. SMS is responsible for administering the Title V Children and Youth with Special Health Care Needs (CYHCN) services and shall be responsible for:

1. Coordination and Referral by-

- a) Identifying shared populations and coordinating services to these populations (i.e.: Managed Care Organizations (MCOs), Early and Periodic Screening, Diagnosis and Treatment (EPSDT), etc...).
- b) Interfacing with enrollees meeting Home Care-for Children with Severe Disabilities (HC-CSD) qualifications. This will include outreach to all new HC-CSD enrollees, offer of care coordination to those who are eligible and interested and will be responsible for offering assistance to families who need to develop cost reduction plans.
- c) Participating in joint efforts related to the development, implementation, monitoring and evaluation of restructuring of service delivery, as it relates to the establishment of Medical Homes, in the NH Medicaid program. This includes conveying, across agencies, information and updates about activities and initiatives that may be relevant or of interest.

2. Data and Information Sharing by-

- a) Providing Medicaid and its agents, upon request, access to client information that will facilitate determination reviews for enrollment,

prior authorizations for services and coordination of comprehensive care.

- b) Supporting requests for in-service training regarding Medicaid and CYSHCN. In addition SMS program information will be shared and writing materials will be disseminated.

VI. LIAISON

The Director of OMS or his/her designee shall be the Medicaid liaison with federal and state officials, and shall provide direction/clarification related to the interpretation of CMS regulations pertaining to Titles V and XIX.

The Director of DPHS or his/her designee shall be the Public Health liaison with federal and state officials and shall provide direction/clarification related to the interpretation of Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC) and other applicable regulations to Title XIX and XXI.

VII. ACTIVITIES FOR ENHANCING INTRA-AGENCY PLANNING AND COORDINATION

To promote and support the provision of intra-agency coordination, planning and delivery of quality health services for children and families, Title V Sections and OMS shall be responsible for:

1. Coordination and Referral by-

- a) Developing a standard process for making intra-agency decisions and resolving problems, to include coordinating efforts with contractors.
- b) Identifying and eliminating gaps in necessary resources, reduce duplication and identify and eliminate barriers to health services.
- c) Collaborating in the development of policies and standards for specialty health services to assure the provision of a comprehensive health system.
- d) Planning, coordinating and participating in joint quality improvement, training, education and technical assistance activities.

2. Data and Information Sharing by-

- a) Exchanging information regarding changes in programs, policies, and procedures.
- b) Sharing guidance materials and information on new programs and projects of mutual benefit.
- c) Communicating timely information regarding training, education and technical assistance opportunities and resources.
- d) Developing and implementing joint education and outreach activities, including making printed materials available to DHHS District Office personnel.
- e) Developing and implementing joint quality improvement activities, including the sharing of data and outcome measures.

3. Reimbursement by-

- a) Collaborating on development of reimbursement rates for Title V populations and MCH/SMS related services for Medicaid enrolled children.
- b) Exchanging practitioner-specific information, including Medicaid provider status, as required to identify areas with reduced access to health care.

VII. PROTECTION OF CONFIDENTIALITY

The parties agree that the information shared under this agreement is confidential and will be kept secure. The parties agree to:

1. Acknowledge that they are subject to and must comply with all applicable state and federal laws and regulations relating to confidentiality and privacy.
2. Undertake all reasonable administrative, physical, and technical safeguards without limitation to protect the confidentiality and integrity of the Data.
3. Notify all the parties to this agreement if there has been a breach of this agreement.
4. Store the electronic or paper data in an area that is physically safe from access by unauthorized persons during duty hours as well as non-duty hours or when not in use.

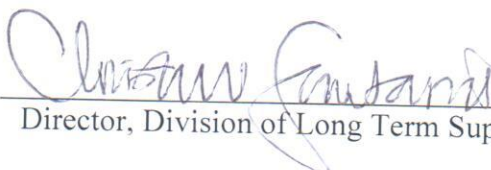
5. Restrict access to the data to only those authorized staff as described under this Agreement.
6. Access the data only as allowed under this Agreement.

IX. AGREEMENT

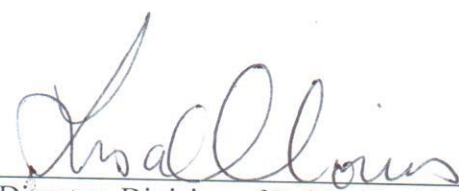
Whereas the Title V Sections and the Office of Medicaid Services share a common responsibility in the delivery of quality, comprehensive, cost-effective health services to women, children, children with special health care needs, and low income families; and in consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this intra-agency agreement according to the provision set out herein.

This agreement is entered into and supported by the following staff of the operating agencies:


1/9/18
Date


Director, Division of Long Term Supports and Services

12/12/17
Date



Director, Division of Public Health Services (DPHS)

11/03/2018
Date


Interim Director, Office of Medicaid Services (OMS)

Intra-Agency Agreement between the NH TITLE V SECTIONS and the NH OMS, Relative to Joint Planning,
Coordination and Improvement of Health Programs under Title V and Title XIX
November 22, 2017

11/5/18
Date


Administrator, Title V Children and Youth with Special Health Care
Needs, Special Medical Services Section

12/6/17
Date


Administrator, Title V Maternal and Child Health Section