



Memorandum of Understanding (MOU) between Oregon's Title XIX and Title XXI Medicaid Program, Title V Maternal Child and Adolescent Health Program, and Title V Children and Youth with Special Health Needs Program

This agreement has been made and entered into by and between:

- Oregon Health Authority's Public Health Division (Title V agency) hereafter known as Title V MCAH;
- Oregon Health Authority's State Medicaid Agency (Title XIX and Title XXI agency) hereafter known as Medicaid; and
- Oregon Health & Science University's Oregon Center for Children and Youth with Special Health Needs (Title V CYSHCN agency) hereafter known as Title V CYSHCN.

Title V CYSHCN and Title V MCAH in combination are hereafter known as the Title V Program.

Author: This document has been jointly developed and agreed upon by the above agencies.

1. Effective Date

This MOU will go into effect on the date this agreement is signed/executed/issued by authorized representatives of each agency.

2. Duration

This IAA is to remain in effect for five years. Any of the parties can request to cancel or amend the agreement with 30 days' notice by one party to the other parties.



3. Type of Agreement

This agreement is a Memorandum of Understanding (MOU) between the Oregon Health Authority (OHA) Health Systems, and Health Policy and Analytics Divisions (Title XIX and Title XXI Medicaid Program); The Oregon Health Authority Public Health Division (Title V MCAH Program); and the Oregon Health & Science University's (OHSU) Oregon Center for Children and Youth with Special Health Needs (Title V CYSHCN Program). This 3-way agreement reflects the unique nature of the Title V program in Oregon, where primary Title V responsibility rests with the Public Health Division, and responsibility for Title V services for children and youth with special health care needs is legislatively delegated to Oregon Health & Science University.

4. Authority Cited and Purpose

Federal laws and regulations mandate cooperation between State agencies responsible for the administration and/or supervision of both Title V and Title XIX and Title XXI of the Social Security Act (SSA). The following specific sections delineate the authority and intent of this agreement:

Legislative. Whereas

(i) 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 services to ensure maximum utilization of such services. Section 1902(a)(11)(B) requires provision of appropriate reimbursement to any Title V funded project by Title XIX for services and care provided to Medicaid consumers; and

(ii) Title V of the SSA [§505(5)(F)] provides for: (a) participation in the coordination of activities between such programs and the EPSDT program under Section 1905(a)(4)(B) (including the establishment of periodicity and content standards for EPSDT services), to ensure that such programs are carried out without duplication of effort; (b) participation 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); (c) participation 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 (d) provision, directly and through their providers and institutional contractors, for services to identify pregnant women and infants who are eligible for Medicaid under subparagraph (A) or (B) of Section 1902(l)(1) and, once identified, to assist them in applying for such assistance.

Regulatory. Whereas

(i) 42 CFR 431.615 requires that the State Title XIX plan includes written cooperative agreements with the State health agencies and Title V grantees to ensure that Title V recipients eligible for Medicaid receive services with particular emphasis on EPSDT services. 34 CFR Part 303, Early Intervention Program for Infants and Toddlers with Disabilities requires coordination, cooperation, and prevents unnecessary duplication with Title XIX in several areas including: (a) comprehensive child find system; (b) all available resources; (c) non-substitution of funds; and (d) non-reduction of benefits. See 34 CFR 303.321; 522; and 527.

Therefore, the purpose of this agreement is to enable Oregon's Medicaid, Title V MCAH, and Title V CYSHCN programs to carry out the mandate of cooperation contained in the related provisions of the federal statutes and regulations and achieve their shared goal of improving the health of women, children, adolescents, children and youth with special health care needs, and families in Oregon.

More specifically, the purpose is to:

- Develop and implement initiatives that address the underlying causes of preventable diseases;
- Increase coordination/collaboration between the Title V Program and Medicaid;
- Support a system of care across various agencies providing services for the maternal, child, adolescent, and children/youth with special health care needs populations;
- Formalize the responsibilities of each agency;
- Hold agencies accountable for their roles and responsibilities;
- Ensure policy continuity over time;
- Provide methods for communication and information exchange; and
- Meet the requirements of both Title V and Title XIX.

5. Objectives

The implementation of this agreement shall be guided by the following objectives:

Programmatic, Policy, and Relationship Building:

- To prevent duplication, overlap, and/or fragmentation of effort and/or services.
- To promote long-range planning.
- To strengthen relationships with local health agencies.

- To develop and maintain local capacity for MCAH Services and to provide Medicaid information and care coordination.
- To strengthen relationships with multi-cultural and multi-ethnic, and culturally responsive organizations.
- To collaborate on policy and system initiatives for the MCAH populations.
- To collaborate to ensure that children and youth with or without special health care needs and their families receive family-centered, coordinated, and ongoing comprehensive care within a medical home.
- To ensure that care is effective and based on evidence, when applicable to children and youth with or without special health care needs.
- To promote that children and their families receive care that is culturally and linguistically responsive.

Assessment, Evaluation, Surveillance and Data Sharing:

- To establish a systematic process and protocol for the 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.
- To collaborate on statewide needs assessment, evaluation, and surveillance to support the health of the MCAH/CYSHCN populations.

Identification, Outreach, and Referral:

- To coordinate identification of women, infants, children, adolescents, and children and youth with special health care needs who are potentially eligible for services.
- To provide outreach and increase public awareness of the need for health care coverage and services for women, children, and children and youth with special health care needs.
- To provide outreach related to the services provided by the Title V Program and Medicaid.
- To provide resource and referral information.
- To establish and implement a joint referral process.
- To ensure individuals and their families have freedom of choice and timely access to appropriate family-centered and medically necessary primary and specialty health services.

Reimbursement and Financial:

- To specify the reimbursement and financial arrangements applicable to a given service.
- To facilitate the claim for Federal matching funds for the efficient and effective administration of the State Plan.
- To ensure the maximum utilization of Medicaid resources, including as it relates to children and children and youth with special health care needs.
- To participate and align with Oregon's larger health system transformation efforts to lower costs and financially incentivize high quality services and better outcomes.

6. Responsibilities

Whereas Title V MCAH is responsible for administering the Title V program and has further responsibility for delivering, supporting, collaborating, and/or coordinating with the following services: child, adolescent and school health clinical preventive services; family planning services; dental health; genetic services; WIC services; public health home visiting services; well woman care; tobacco prevention and cessation services; mental health; suicide prevention; substance use prevention; and immunizations. Oregon's Title V Director will oversee the execution of the responsibilities of the Public Health Division.

And whereas Medicaid is responsible for administering the Title XIX and Title XXI programs and has further responsibility of managing and administering the state's addiction and mental health services, including the children's mental health system. Oregon's Medicaid Director will oversee the execution of the responsibilities of the Health Systems Division.

And whereas Title V CYSHCN is responsible for managing Title V strategies for children and youth with special health care needs (CYSHCN) and supporting a system of coordinated care for this population. Oregon's Title V CYSHCN Director, will oversee the execution of the responsibilities of the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN).

And whereas the Title V Program and Medicaid are jointly charged with direct responsibility to achieve high quality care and improved health outcomes for all children, youth, and families, including children and youth with special health care needs; to deliver culturally and linguistically responsive, trauma informed, and youth friendly services; to provide outreach and education to overlapping populations; to use surveillance and administrative data to plan and guide implementation of health services; and to promote health equity and eliminate health disparities among subpopulations.

Now, therefore, be it resolved that Title V MCAH, Title V CYSHCN, and Medicaid agree to the following services in order to fulfill their responsibilities as set forth above. OHA and OHSU will collaborate and actively communicate on the services they provide (see below) to meet the joint responsibilities above.

7. Services Provided by Agency

Title V MCAH has the responsibility to:

I. General and Coordination

- Work collaboratively with Medicaid and Title V CYSHCN to improve the health of State residents.
- Plan and implement policies, programs and systems to support the MCAH population as indicated by the Title V Needs Assessment.
- Determine the level, intensity, frequency, appropriateness, and service modality of the strategies to be provided.
- Identify and fund local health authorities, tribes and other contractors to implement maternal and child health policies, systems and programs.
- Facilitate Medicaid funding for development, implementation, and provision of strategies and services for eligible women, infants, children, youth, and families.
- Maintain a toll-free MCAH warmline (211info) that women and families can contact to receive information from appropriately trained personnel.

II. Programmatic, Policy, and Relationship Building

- Advance statewide Title V priorities.
- Provide technical assistance to Title V grantees to implement work that advances state-identified Title V priorities.
- Collaborate and coordinate with provision of immunizations.
- Support and provide technical assistance to providers that deliver population and clinical preventive adolescent and school health services.
- Assure a robust oral health program for the MCAH population.
- Assure implementation of evidence based home visiting programs.
- Assure that Title V supports a comprehensive MCAH program inclusive of other federally funded programs such as EHDI.
- Collaborate and coordinate with the provision of Women, Infants and Children Supplemental Nutrition Program.
- Collaborate with Medicaid, Title V CYSHCN, local public health agencies and other partners to implement legislative mandates for shared populations.
- Provide legislative and policy analysis on Oregon state legislation and proposed regulation as they relate to Oregon children, youth, women, and families. This includes collaborating with the Medicaid legislative analysts on bills that affect Medicaid services to this population.
- Work with Medicaid, Title V CYSHCN, Oregon Department of Education and other partners to navigate federal privacy laws including the Health Insurance Portability and Accountability Act ("HIPAA") and Family Education Rights and Privacy Act (FERPA).

- Collaborate with other state agencies and partners to address social determinants of health such as transportation, housing, and education.
- Partner with Medicaid, Title V CYSHCN, OHA innovator Agents, the OHA Transformation Center, and local Title V grantees to ensure alignment and support for Coordinated Care Organizations' work that improves the health of the MCAH populations.
- Participate in committees and policy bodies to advance quality of MCAH systems and services (e.g. the Quality and Health Outcomes Committee, Public Health Advisory Board, Early Learning Council, etc.)

III. Assessment, Evaluation, Surveillance, and Data Sharing

- Collect, maintain, and analyze surveillance data for use in planning and implementation of MCAH and oral health programs.
- Collaborate with Title V CYSHCN, Medicaid on data sharing of Medicaid claims data.
- Share surveillance data outlined in subsection III with public through reports, infographics, and data requests.

IV. Identification, Outreach, and Referral

- Refer potentially eligible women, children, youth and families through MCAH programs including School-Based Health Centers, home visiting, etc. to the Medicaid program and/or assist them in applying for Medicaid.
- Partner with Medicaid and Title V CYSHCN to develop and disseminate outreach materials to inform MCAH populations about Medicaid services and eligibility.
- Fund and support provision of MCAH information and referral through 211info.
- Provide technical assistance to Title V grantees for Title V outreach and education initiatives related to Medicaid and Title V priorities.

V. Reimbursement and Financial

- Provide technical assistance to Local Public Health Authorities, schools, and other venues where providers bill Medicaid for eligible Title V services, including Targeted Case Management, Medicaid Administrative Claiming, billing for school health services (nursing and therapy services, and billing in school-based health centers).
- Work with Medicaid to develop billing methodologies and resolve issues related to billing and confidentiality/privacy of patients.
- Work with Medicaid to maximize Medicaid billing for school health services.
- Provide technical assistance to schools on billing.
- Work with Medicaid to maximize providers' appropriate use of Medicaid Administrative Claiming (school nursing, etc.)

- Work with Medicaid to obtain federal match for Title V program IT infrastructure that enhances or supports Medicaid services.

Medicaid has the responsibility to:

I. General and Coordination

- Work collaboratively with Title V program to improve the health of State residents.
- Implement Oregon’s health systems transformation efforts through Medicaid 1115 Waiver (Oregon’s Coordinated Care Model).
- Provide and collaborate on delivery of case management services.
- Provide the Title V program and/or local health departments with a listing of Medicaid eligible beneficiaries and related data.
- Provide training and technical assistance to Title V providers on Medicaid services, and particularly, Medicaid billing procedures.
- Provide and collaborate on the delivery of training to Coordinated Care Organizations on quality metrics related to Title V program priority areas through OHA’s Transformation Center.
- Monitor the quality of services being provided by the Title V providers and the quality of services delivered by Coordinated Care Organizations (CCOs) to Title V populations.
- Support the collaboration and coordination of Title V, CCOs and Oregon’s Early Learning Hubs.

II. Programmatic, Policy, and Relationship Building

- Provide reimbursement and oversight of services through the Oregon Health Plan (OHP), including the administration and oversight of Oregon’s Coordinated Care Model and Oregon’s fee for service program.
- Provide reimbursement and oversight of services through the Citizen Alien Waived Emergent Medical (CAWEM, CAWEM+) program that provides for emergency medical care for non-citizens, including health coverage for women during pregnancy, labor, and delivery-birth of a child.
- Provide reimbursement and oversight for Oregon Contraceptive Care Program (CCARE), a Medicaid waiver program that serves Oregonians with incomes at or below 250 percent of the federal poverty line and who are not enrolled in OHP.
- Administer community mental health and addiction services for children, including early assessment and intervention, peer and social support for transition aged youth, and funding for school mental health services.
- Implement and administer Oregon Senate Bill 558 Health Care for All Children Act. Develop, implement and administer health care programs for children up to 300% FPL who reside in Oregon, regardless of documentation status.

- Collaborate with Title V program and local public health on the implementation of Oregon House Bill 3391 Reproductive Health Equity Act.
- Partner with community and stakeholders and Title V Program to execute the Strategic Plan for Oral Health in Oregon.
- Provide legislative and policy analysis on Oregon state legislation and proposed regulation as they relate to Medicaid for Oregon women, children, youth, children and youth with special health care needs, and families. This includes collaborating with legislative analysts in the Title V agency.
- Work closely with Title V program to inform development and implementation of policy related to Oregon women, children, youth, children and youth with special health care needs, and families.
- Work with Title V program, Oregon Department of Education and school districts in navigating federal privacy laws including the Health Insurance Portability and Accountability Act ("HIPAA") and Family Education Rights and Privacy Act (FERPA).
- Collaborate with other state agencies and partners to address social determinants of health such as transportation, housing, and education.
- Work with Title V program to inform incentive metrics for Oregon's Coordinated Care Organization (CCO) Model
 - Work through Innovator Agents and Transformation Center to inform local public health authorities, other Title V providers, and CCOs about incentive metrics that align with Title V priority areas.
 - Create guidance documents on incentive metrics where they align with Title V priority areas.

III. Assessment, Evaluation, Surveillance, and Data Sharing

- 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.
- Collect, maintain, and analyze the Oregon Health Insurance Survey data and use for planning and implementation of MCAH programs.
- Maintain and track CCO performance metrics as they relate to Title V priority areas and populations.
- Provide Medicaid data to the Title V Program.
- Compare Medicaid claims data with Title V administrative data to confirm the delivery of services and prevent duplication of effort from other payers.

IV. Identification, Outreach, and Referral

- Refer eligible children, adolescents, and/or pregnant women to Title V providers for screenings and/or other Medicaid services.

V. Reimbursement and Financial

- Develop reimbursement methodologies for the payment of MCAH and CYSHCN care services.
- Provide timely reimbursement for the services provided by the Title V agency, its local health departments, or contracting providers with current Medicaid rates and fees for all services within the scope of Medicaid benefits.
- Work with Title V program and Local Public Health Authorities, schools, and other venues where providers bill Medicaid for eligible Title V services, including Targeted Case Management, Medicaid Case Management, Medicaid Administrative Claiming, and billing for school health services (nursing and therapy services, and billing in school-based health centers).
- Work with Title V program to create unique billing modifiers for services Title V promotes.
- Work with Title V program on issues of billing, billing reimbursement, and confidentiality/privacy of patient.

Title V CYSHCN has the responsibility to:

I. General and Coordination

- Work collaboratively with Title V MCAH and Medicaid to improve the health of Oregon CYSHCN and their families.
- Develop, implement, and/or coordinate strategies for CYSHCN and their families that align with Title V needs assessment.
- Determine the level, intensity, frequency, appropriateness, and service modality of the strategies to be provided.
- Identify, fund, and support (including workforce development) local health authorities, tribes, and other contractors to implement strategies for CYSHCN and their families.
- Promote implementation of the national *Standards for Systems of Care for CYSHCN*.

II. Programmatic, Policy, and Relationship Building

- Advance statewide Title V CYSHCN priorities.
- Lead efforts to increase cross-systems care coordination for CYSHCN at the state, regional, community, and practice levels.
- Strategically align with state system level partners to implement the national *Standards for Systems of Care for CYSHCN*.
- Provide technical assistance to Title V CYSHCN grantees that implement Title V CYSHCN-funded strategies for CYSHCN and their families.
- Work with Title V MCAH and Medicaid to inform metrics for Oregon's CCO Model.

- Work with Medicaid through the Transformation Center on professional development and training CCOs and CCO providers to improve payer and provider responsiveness to the needs of CYSHCN and their families.
- Work with Innovator Agents and the Transformation Center to inform local public health authorities, other Title V CYSHCN providers, and CCOs about incentive metrics that align with Title V CYSHCN priority areas.
- Create guidance documents on incentive metrics where they align with Title V CYSHCN priority areas.
- Include Title V MCAH and Medicaid representatives on the CYSHCN Advisory Group (CAG).
- Provide legislative and policy analysis on Oregon state legislation and proposed legislation as they relate to Oregon CYSHCN and their families. This includes collaborating with Medicaid analyses on bills that affect Medicaid services to this population.
- Participate in committees and policy bodies to advance quality of MCAH systems and services (e.g. the Quality and Health Outcomes Committee, Public Health Advisory Board, Early Learning Council, etc.)
- Promote family participation on all Medicaid policy boards, committees, and CCO Consumer Advisory Councils.
- Serve as a resource to the Medicaid Ombudsperson's office to provide information about non-medical supports and services for Oregon CYSHCN.

III. Assessment, Evaluation, Surveillance, and Data Sharing

- Conduct five year statewide and ongoing needs assessment of Oregon's CYSHCN population and their families.
- Evaluate OCCYSHN's Title V strategies.
- Collaborate with Medicaid in Title V CYSHCN's ongoing assessment and analysis of the needs of the Oregon CYSHCN subpopulation and their families.
- Disseminate to the public information collected through assessments and analyses of CYSHCN subpopulations.

IV. Identification, Outreach, and Referral

- Provide education and trainings to parents and families of CYSHCN about accessing insurance, which includes Medicaid, through its Family Involvement Program.
- Collaborate with Oregon 211 Information Center to assure that caregivers of CYSHCN can receive referrals to Title V CYSHCN's Family Involvement Program.

V. Reimbursement and Financial

- Align with Title V MCAH guidance and practices regarding billing for public health nurse home visiting services.
- Collaborate with Medicaid to pilot value-based payment methods that support cross-systems care of CYSHCN.

9. Cooperative Relationships

The purpose of this section is to provide cooperative activities between Title V MCAH, Title V CYSHCN, and Medicaid. In addition to the services provided by each agency (see Section 8), the three agencies commit to the following:

a. To seek collaboration and coordination in activities and strategies that affect the MCAH populations (inclusive of CYSHCN), including CCO initiatives, federal waivers, contracting, state plan amendments, and local public health strategies. These include strategies associated with the provision of:

- Perinatal, maternal and infant care
- Early Childhood and Child health
- Adolescent, school and youth health promotion
- Family planning and reproductive health services
- Oral health for pregnant women, children and youth
- Mental health services for the MCAH populations
- Care coordination, case management, and other services for children and youth with special care health needs
- Services for MCAH subpopulations that are traditionally not eligible for Medicaid,
- Immunizations
- Technical assistance and support to CCOs relative to the MCAH populations

b. To cooperate in review and implementation of fiscal policies that affect MCAH populations and providers, including payer of last resort and third-party reimbursement protocols, and provider certification.

c. To meet on a quarterly basis to share information, discuss and resolve current issues, and promote coordinated long-range planning.

d. To continue to jointly support and carry out other interagency efforts and to assure ongoing review of these efforts and any future interagency agreements that promote improved MCH outcomes.

- e. To identify annually at least one issue related to maternal or child health or children with special health care needs for joint departmental focus.
- f. To identify areas where the departments could share or maximize staff expertise or have staff participate in joint learning exercises.
- g. To review this IAA and determine if any changes are required per Section 16.
- h. To share appropriate and relevant aggregate data affecting the health status or the delivery of health care services to the MCAH populations and children and youth with special health care needs. The agencies named in this agreement will facilitate the sharing of administrative data sources not under the authority of said agencies if relationships with the owners of that data exist and the data will advance Title V goals.
- i. To collaborate on the establishment of quality improvement and performance measures relative to the delivery of MCAH care, including the collaboration on system wide performance measures.

10. Local Coordination and Services

The Title V Program primarily collaborates with Local Title V Grantees, which include Local Public Health and Tribal Health agencies as sub-grantees. As such this section of the agreement refers to Medicaid and the Title V Program's collaboration with those local grantees.

Collaboration with local agencies:

Data and information sharing

- o Title V Program shares aggregate surveillance and administrative (services delivered) data to Local Title V Grantees for purposes of planning and program development. See Section 8 of the agreement for specific data capacity of Title V program.
- o Title V Program provides Local Title V Grantees with guidance documents, evidence based programming, technical assistance on strategy implementation, marketing and outreach materials, and national resources on the strategies Local Title V Grantees may pursue to address state identified, locally chosen Title V priority areas.
- o Title V program maintains data on the performance of Local Title V Grantees toward improving their Title V priority areas.
- o Data is available on Medicaid topics to all Medicaid providers inclusive of Title V grantees.

Training

- Title V program provides Local Title V Grantees with technical assistance as they develop and implement their plans to improve MCH populations health. This includes TA in developing activities and performance measures that will address local Title V priorities.
- Title V program provides Local Title V Grantees with technical assistance in marketing and outreach to the MCH populations.
- Title V program provides Local Title V Grantees with webinars and opportunities for peer learning in meeting their obligations under the Title V grant. Title V program passes on national learning opportunities including learning hubs, webinars, and speaker series that may assist LPHAs in implementing local plan.
- Medicaid provides billing guides, newsletters, and administrative rules pertaining to participation as a Medicaid provider, inclusive of Title V grantees who are Medicaid providers.

11. Identification and outreach

The Medicaid Program and CCOs shall identify infants, children, adolescents, children and youth with special health needs, and women who are potentially eligible for Medicaid and/or who have not received appropriate screenings or services. Once identified, the agencies shall, in collaboration with other partners (per Section 8):

- 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.
- Develop outreach materials for informing recipients about Medicaid services.
- Coordinate and provide oversight for the Department of Human Services on the tracking of Medicaid outreach.

The Title V programs and their local grantees shall provide additional outreach activities by:

- Identifying infants, children, adolescents, children and youth with special health needs, and women who are potentially eligible for Medicaid and/or who have not received appropriate screenings or services.
- Informing families about Medicaid benefits through a variety of formats and venues such as health fairs, immunization clinics, community health services offices, physician and local public health offices, family listening sessions, and hospitals.

- Conducting outreach (such as scheduling appointments and reminding families when exams are due) to ensure that families are benefiting from Medicaid services.
- Assist the population in applying for Medicaid benefits or referring to application assistance.
- 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, family planning, and well-child services.
- Track outreach activities performed by local grantees which ensure families are benefiting from Medicaid services and align with Title V performance strategies.

12. Reciprocal referrals

The Title V programs 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. Programs such as those listed in Section 8 will fall into this category.

13. Coordinating Plans

A plan for coordination of services described in Section 8 and elsewhere in the agreement will be developed through the Quarterly Title V-Medicaid meetings.

14. Reimbursement

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

Unless there are other third party resources, Medicaid shall reimburse eligible providers for any service covered under the State Medicaid Plan and 1115 waiver for eligible Medicaid consumers. Compensation for services shall be based on established rates and/or in accordance with established terms.

Medicaid funds shall be the first and primary source of payment for eligible medical services provided to mutual beneficiaries of the Title V and Medicaid Programs.

Title V Program components and Local Grantees that bill Medicaid for direct services and/or Medicaid Administrative Claiming shall:

- Maintain adequate medical and financial records.

- Refrain from knowingly employing or contracting with entities that have been disqualified from the Medicaid program.
- Not require additional payment from an individual after Medicaid makes payment to the Title V designee for a covered service. If Medicaid denies payment or requests repayment on the basis that an otherwise covered service was not medically necessary or preauthorized, the Title V Agency will not seek payment for that service from the recipient.

Medicaid, in conjunction with the Title V Program, will address billing concerns in a timely manner, especially as they relate to the CYSHCN population.

15. Reporting Data

Given the data collection mechanisms and processes described in Section 8, the Title V Program and Medicaid agree to the following data reporting services:

- 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 to inform the development of performance measures that rely on linked data as a means of better understanding the needs of vulnerable populations and targeting resources to them more effectively. This could include performance measures for public health, coordinated care organizations, and other private and public health insurance plans.
- Collaborate among the parties to guide the permissible sharing and dissemination of data for program administration, policy development, and to carry out the responsibilities listed in this Agreement.
- Implement processes to ensure data sharing requests are in compliance with HIPAA and applicable State and federal statutes, regulations, and guidelines.
- Assign program designees to accept and coordinate data requests from each respective agency in accordance with individual program procedures and protocols.
- Provide program data necessary for program monitoring and evaluation as mutually agreed.
- Provide data through standard reports about population-based health care assessments and surveillance.
- Address other data requests as mutually agreed.

16. Review

This agreement shall be formally reviewed annually or at the request of any of the parties (the Title V MCAH, Title V CYSHCN, and/or Medicaid Program) and, if necessary, amended upon mutual agreement of the agencies involved. Moreover, as stated in Section 9, the parties shall meet on a quarterly basis and shall use those meetings as an informal opportunity for continuous review of the agreement and respective responsibilities. The Title V - Medicaid quarterly meetings will also be the venue for developing the formal annual review process. Amendments shall be in writing and signed by the authorized representative of each party and will comprise an official component of the document from that time forward. Any of the parties can request to cancel or amend the agreement with 30 days' notice by one party to the other parties.

17. Liaison

Meetings between agencies will take place at least quarterly to review progress toward meeting mutual objectives. Oregon's Title V Director, Title V CYSHCN Director, and Medicaid Director shall jointly be responsible for serving as agency liaison for the purposes of implementing this agreement, staffing quarterly meetings, and ensuring that ongoing communication and coordination take place between the represented agencies.

18. Evaluation

As discussed in Sections 9, 16, and 17, the parties will establish Title V Medicaid quarterly meetings in which the named Liaisons shall continuously review the agreement. The Title V Medicaid quarterly meetings shall be responsible for the following evaluation activities to:

- Monitor implementation of this Agreement.
- Review and update its provisions as necessary.
- Ensure that agreed upon strategic priorities are being implemented.
- Develop and use process metrics of shared accountability for shared strategic priorities.
- Course correct as indicated by metric results.
- Ensure that appropriate fiscal documentation is ongoing.
- Ensure that collaboration between agencies and coordination of joint activities is ongoing.
- Report on progress and outcomes of the agreement to key stakeholders such as MCHB, CMS, or CYSHCN advisory group.

19. Key Contact People

All notices regarding this MOU should be sent to the Parties at the following addresses:

Title V MCAH Program

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Title XIX and Title XXI Medicaid Program

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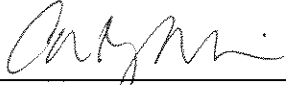
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Title V CYSHCN Program

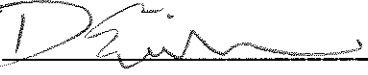
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20. Signatures


Oregon Health Authority, Public Health Division (Title V MCAH Program)

By:  Title: Title V MCH Director Date: 4/4/2018
Cate Wilcox, MPH

**Oregon Health Authority, Health Systems and Health Policy and Analytics Divisions
(Title XIX and Title XXI Medicaid Program)**

By:  Title: Interim State Medicaid Director Date: 4/12/2018
David Simnitt

**Oregon Health and Sciences University, Oregon Center for Children and Youth with
Special Health Needs (Title V CYSHCN Program)**

By:  Title: Title V CYSHN Director Date: 4/4/18
Ben Hoffman, MD