MEMORANDUM OF UNDERSTANDING
BETWEEN
THE ALABAMA MEDICAID AGENCY
AND
THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

WHEREAS, The Alabama Medicaid Agency, hereafter referred to as Medicaid, and the Alabama Department of Public Health, hereafter referred to as ADPH, have acted cooperatively since 1991 to outstation Medicaid eligibility workers at ADPH sites, we hereby enter into this agreement in order to ensure adequate facilities and equipment for Medicaid Outstationed Workers and to ensure prompt, efficient service for Medicaid applicants and recipients. This memorandum supercedes memoranda regarding computer equipment purchases dated September 11, 1991, and amended December 12, 1994, and May 29, 1997.

ADPH and Medicaid are agencies in service to the people of Alabama. As such, we expressly acknowledge that this agreement places no limitation on our ability to do more to further their interest. It is intended that the agencies work together cooperatively to solve the problems that inevitably will occur in such an enterprise. If any provision of this agreement becomes impractical to carry out, they may, by mutual agreement, make adjustments to meet the requirements of a specific location and/or situation.

ADPH welcomes Medicaid eligibility staff as co-workers. ADPH values their contribution to Public Health's mission and extends to them the consideration accorded public health employees. ADPH recognizes that efficient enrollment of Medicaid patients is a consideration of high value and will be taken into account in the administration of its clinics.

Medicaid acknowledges ADPH's contribution of workspace, equipment and support. Medicaid recognizes that efficient public health operations are a consideration of high value to be taken into account in the management of Medicaid Outstationed Workers.

**Article One: Minimum Requirements for Medicaid Outstationed Worker Placement**

ADPH shall ensure that each Public Health facility adequately equips each Medicaid Outstationed Worker to perform normal duties by providing at a minimum the following office equipment: a desk with drawers, a swivel chair, two chairs for clients, table space for a computer and printer, a telephone, a calculator, a wall bulletin board and five vertical (five drawer) cabinets or equivalent filing space which is easily accessible and ensures privacy of records. The file cabinets will store active case records as well as inactive records. ADPH agrees to provide work supplies such as ink pens, post-it notes, file folders and envelopes. ADPH shall incur all postage costs associated with Medicaid eligibility processing and shall provide mail pickup and delivery to the outstationed site daily.
Medicaid requires that ADPH designate and make available a private office for the worker, so that Title XIX Federal regulations pertaining to confidentiality and HIPAA (Health Insurance Portability and Accountability Act) compliance can be assured for the Medicaid client during interviews and telephone contacts. The worker must also have the ability to lock the office door or file cabinets where Medicaid records are stored. Each Medicaid Outstationed Worker must have the use of a copy machine and fax machine within a reasonable distance, as determined by Medicaid. Medicaid shall approve each outstation location prior to allowing a Medicaid Outstationed Worker to be moved to an ADPH site. ADPH shall provide a designated place for clients to drop off their application.

ADPH shall ensure that each ADPH facility administrator appoint an On-Site Coordinator. This appointment shall be confirmed in writing through completion of the designated form. The On-Site Coordinator shall be responsible for the on-site monitoring of the worker, including coordinating work hours, lunch hours and breaks, and identifying staff personnel who will be available to provide information and assist clients when the Medicaid Outstationed Worker is unavailable.

Article Two: System Requirements

ADPH shall furnish for the use of each Medicaid Outstationed Worker, a personal computer, laser printer, peripherals including laser printer cartridges and non-consumable equipment and emulation software as described by Medicaid as the minimum computer specification requirements for successful installation and operation of a Medicaid Outstationed Worker site and full utilization of AMAES (Alabama Medicaid Application and Eligibility System). Specifically, ADPH will provide the standard PC configuration, which includes installation of Lotus Notes, PCom mainframe access software, Internet Explorer, and Lotus Smartsuite.

ADPH shall also furnish a dedicated multi-point frame relay telephone line with modem interface. ADPH agrees that the installation cost and on-going use and lease charges for this line, by the Information Services Division of the Alabama Finance Department, shall be the sole responsibility of ADPH. Those charges shall be paid in accordance with the schedule set forth by the Alabama Finance Department in their billing documents.

ADPH shall assume full responsibility for computer equipment and software maintenance through warranties, maintenance contracts, or other methods so that 24-hour initial response is ensured. ADPH agrees to assume full responsibility of supporting this equipment and software and responding to associated calls. Medicaid will provide a checklist to Medicaid Outstationed Workers with specific instructions regarding whether to contact Medicaid or ADPH Help Desk. Once the appropriate Help Desk has been contacted a 24-hour response is required.
If computer equipment is relocated, the agency that requests the move shall pay all costs associated with the move and reinstallation. Whichever agency initiates the move shall notify the other agency 30 days prior to the move. ADPH must notify Medicaid’s Information Systems Division of changes in IP addresses.

ADPH will ensure that no worker’s equipment is down more than three business days. If any piece of equipment is down at a site more than three days, ADPH agrees to provide loaner equipment until the equipment can be restored to working condition or replaced.

Article Three: E-mail and Internet Service

ADPH agrees to assume full responsibility for the installation of the software and configuration of the workstations in order to provide e-mail capability and Internet service sufficient to support the on-line, interactive web enabled application process for the Medicaid workers located at ADPH sites.

Article Four: Computer Purchase, Replacement, and Maintenance

ADPH agrees to purchase and install computer equipment and software and bill Medicaid for the equipment and software. Medicaid will pay ADPH for the computer equipment and software and will then bill ADPH for the state share of the computer equipment at a 25% match rate, or applicable rate at the time of purchase.

ADPH agrees to upgrade existing outstationed equipment to support e-mail, Internet, and the software as outlined in this agreement, and to initiate computer replacement at the intervals required by ISD, which is at least every five years, unless a performance issue arises that requires replacement prior to five years.

ADPH agrees to ensure that computers purchased in the future will contain sufficient memory for e-mail and Internet in addition to AMAES (Alabama Medicaid Application and Eligibility System) on-line files and the interactive web enabled application process.

ADPH agrees to provide maintenance for outstationed equipment including replacement of parts and consumables such as printers, printer cartridges, ribbon, and paper for all outstationed equipment purchased for use by Medicaid workers at ADPH facilities.
Medicaid and ADPH agree that this amendment applies to all computer and office equipment and software at ADPH facilities currently used by Medicaid workers and computer and office equipment and software purchased for use by Medicaid workers at ADPH facilities in the future. Both agencies agree to abide by terms and conditions above as well as those addressed in the Alabama Medicaid Agency SOBRA Outstationed Worker Procedures (Attachment A).

IN WITNESS WHEREOF, this agreement has been duly executed on this the 23rd day of September, 2002.

Alabama Department of Public Health
This contract has been reviewed for and is approved as to content.

[Signature]
State Health Officer

[Signature]
Commissioner

This contract has been reviewed for legal form and complies with applicable laws, rules, and regulations of the State of Alabama governing these matters.

[Signature]
Legal Counsel

Approved:

N/A
Finance Director

N/A
Governor
ALABAMA MEDICAID AGENCY
MEDICAID OUTSTATIONED WORKER PROCEDURES
FOR ALABAMA DEPARTMENT OF PUBLIC HEALTH SITES

ON-SITE COORDINATOR: An On-Site Coordinator will be appointed at every facility where Medicaid Outstationed Workers will be based. The Public Health Area Administrator will consult with other area staff to appoint an On-Site Coordinator who serves the Department of Public Health in a permanent, non-contract, supervisory capacity. A new On-Site Coordinator should be appointed within 14 days of the On-Site Coordinator position becoming vacant for any reason. Each appointment/reappointment will be confirmed in writing through the completion of the designated form (Appointment of Facility On-Site Coordinators for SOBRA Outstationed Workers).

The On-Site Coordinator will be responsible for the on-site monitoring of the Medicaid worker, including coordination and monitoring of work hours, lunch hours and breaks. The On-Site Coordinator will review local operating procedures/problems with the Health Department staff and/or the Medicaid Outstationed Worker, and with the Medicaid Regional Supervisor when deemed necessary. Additionally, the On-Site Coordinator will designate a staff person to provide information and assist clients when the Medicaid Outstationed Worker is unavailable.

The Medicaid Regional Supervisors will perform the professional supervision of the Medicaid Outstationed Workers including performance appraisal and any disciplinary action if appropriate. The job duties of the Medicaid Outstationed Worker will be defined by the Alabama Medicaid Agency and will be restricted to those listed in the employee's responsibilities and results. The Medicaid Regional Supervisor will meet on a regular basis (quarterly at a minimum) with the On-Site Coordinator to discuss the performance of the Medicaid Outstationed Worker and any perceived or identified problems.

The On-Site Coordinator will be responsible for completing Alabama Medicaid Agency Form 299 (revised 02/16/95) “Medicaid Outstationed Worker Quarterly Work Habits” and submitting it to the Health
Department Area Administrator, or his/her designee, by the 10th of the month. This will enable the Area Administrator to assure that the On-Site Coordinators are providing the appropriate reports to the Medicaid Regional Supervisors in a timely manner. The Health Department Area Administrator or his/her designee will review the reports and forward them to the Medicaid Regional Supervisor no later that the 15th of the following month (due by the 15th of January, April, July, and October).

**WORK HOURS:** The Medicaid Outstationed Worker, the Medicaid Regional Supervisor and the On-Site Coordinator will coordinate work hour schedules. The decision to allow flex time for the Medicaid Outstationed Workers will be made jointly by the Medicaid Regional Supervisor and the On-Site Coordinator in accordance with the needs of both Medicaid, the Health Department and the clients we serve.

When two or more workers are based in one location, their lunch hours and breaks will be staggered, if necessary, in order to ensure that one worker will be available to see clients during the time the other worker is not available.

The Medicaid Outstationed Worker will arrange his/her schedule to allow time for paperwork to be completed. The Medicaid Outstationed Worker, the Medicaid Regional Supervisor and the On-Site Coordinator will discuss the need for the worker to have time allotted for paperwork and work out an arrangement that best serves the needs of the worker and the clients at their location(s). Up to eight hours per week is allotted for paperwork. Paperwork days/times are to be performed on days or times when the least number of clients present at the health department.

In emergency, high-risk situations, the On-Site Coordinator will be responsible for obtaining a completed Medicaid application and copies of the needed information/verification from the patient/parent/guardian. The On-Site Coordinator will copy verification information, date stamp and copy the Medicaid application which will be provided to the Medicaid Outstationed Worker to complete on his/her paperwork day. If the necessary information/verification cannot be obtained that day, the On-Site Coordinator will see that the application is date stamped, copied and presented to the Medicaid Outstationed Worker no later than the next working day.

The Medicaid Outstationed Worker, Medicaid Regional Supervisor, and/or Medicaid training unit will train the On-Site Coordinator or other designated back up on processing applications, reviews, changes,
computer input, and other skills needed in processing an application so that they may handle emergency situations.

**WORK HOURS FOR WORKERS WITH MULTIPLE SITES:** If workers must travel from their base site to a secondary site, work hours will be scheduled to allow travel time from the base site to the secondary site. Workers must communicate in advance with their On-Site Coordinator and Medicaid Regional Supervisor if there is a need for a work schedule change.

**NOTIFICATION OF ABSENCE:** Whenever the worker is absent from the work site on planned leave, the On-Site Coordinator is to be notified in advance in writing regarding the period of time the worker will be absent and the general reason i.e. illness, vacation, etc. The On-Site Coordinator will be given as much advance notice as possible in order to allow for the coordination of services during the worker's absence.

The approval of leave, planned or unplanned, is the responsibility of the Medicaid Regional Supervisor. When an Medicaid Outstationed Worker is scheduled to be out for two weeks or more, when possible, the Medicaid Regional Supervisor will endeavor to provide SOBRA worker coverage so that applications can continue to be entered into the computer system in a timely manner. When circumstances require the need for unplanned leave to be approved, the Medicaid Regional Supervisor or the Medicaid Outstationed Worker will promptly notify the On-Site Coordinator.

**SCHEDULING OF VISITS BY MEDICAID REGIONAL SUPERVISORS:** Face-to-face supervisory visits by the Alabama Medicaid Regional Supervisor will be scheduled at a minimum of once per quarter. These visits will be scheduled in advance with the Medicaid Outstationed Worker and the On-Site Coordinator to ensure their availability during the time periods planned for the visit. During the visit, the Medicaid Regional Supervisor will speak individually with both the Medicaid Outstationed Worker and the On-Site Coordinator. The Medicaid Regional Supervisor, the Medicaid Outstationed Worker and the On-Site Coordinator will then meet jointly to discuss issues identified during the individual meetings. When unresolved issues are identified, the Medicaid Regional Supervisor will schedule additional meetings with the appropriate people. If any person scheduled to meet cannot keep the scheduled visit, they will promptly notify the Medicaid Regional Supervisor. The Medicaid Regional Supervisor will notify all other parties of the need to reschedule.
DRESS CODE: The Medicaid Outstationed Worker’s attire will conform to the dress code of the site in which the worker is stationed.

ON-SITE STAFF ASSISTANCE: The On-Site Coordinator will assign a staff member to provide assistance to patients requesting help with making application for Medicaid coverage in the absence of the Medicaid Outstationed Worker. This staff member will be familiar with the Medicaid application(s) and the procedures to be followed in completing and returning the forms for processing. The on-site assistance provided by the staff member will consist of (1) providing applications to clients (2) answering basic application process questions (3) advising the client about information the Medicaid Outstationed Worker will need to process the application (4) making copies of client information and (5) advising clients about the work schedule of the Medicaid Outstationed Worker.

The Medicaid Outstationed Worker will notify this designated staff member if he/she will be away from their post and for what period of time. This will allow the staff member to provide accurate information to clients who ask for the worker. The staff member and the worker will be aware of the lunch hours and break times for each other and will coordinate appropriately so that staff and patients’ needs are met.

PROBLEM MANAGEMENT:

Recognizing that both Medicaid and the Department of Public are in agreement with the need to serve Medicaid patients in a positive, supportive manner, and that the presence of the SOBRA worker enhances the provision of Public Health Services to patients, if at any time the local Health Department is experiencing problems with any of the procedures/processes outlined in this document, the Area Administrator or his/her designee, may contact the appropriate Medicaid Regional Supervisor to discuss the concerns being experienced at the particular site. The Area Administrator, or his/her designee, at their request, may be included in any of the outlined meetings or decisions being made at the local level with the Medicaid Regional Supervisor, the On-Site Coordinators and the SOBRA workers. Working as a team the Medicaid Regional Supervisor and the Area Administrator, or his/her designee, will endeavor to resolve the identified problems. If the problems remain unresolved at this level the Medicaid Regional Supervisor and the Area Administrator may contact their respective State offices for further assistance.
If the Health Department requests the removal of a worker based on factors other than serving the needs of the Medicaid recipients, the Medicaid Agency will evaluate the factors related to the request and potential impact on the possible reassignment of future workers to the Health Department site.

If an On-Site Coordinator identifies a problem with a Medicaid Outstationed Worker’s performance, the On-Site Coordinator will discuss the issues first with the worker. If they are unable to resolve the problem, the On-Site Coordinator will contact the Medicaid Regional Supervisor to discuss the situation. If problems still cannot be resolved, the On-Site Coordinator will advise the Public Health Area Administrator, or his/her designee, to discuss the ways to resolve the problem with the Medicaid Regional Supervisor. If the problem persists, the Medicaid Regional Supervisor will contact his/her supervisor at the Medicaid Central Office. The Medicaid Central Office will then consult with the Bureau of Family Health Services (BFHS) Social Worker Consultant. The Area Administrator, or his/her designee may also contact the BFHS Social Work Consultant about any unresolved problems. The BFHS Social Work Consultant will then consult with the appropriate supervisor at the Medicaid Central Office in an effort to resolve the problem. If possible, problems should be resolved at the local level.

If the Medicaid Outstation Worker identifies problems with the Health Department staff or procedures, they will discuss their concerns with the Health Department On-Site Coordinator. If the issues are not resolved, they will contact their Medicaid Regional Supervisor who will further discuss the problems with the On-Site Coordinator. If the problems continue unresolved, the Medicaid Regional Supervisor will contact the Health Department Area Administrator, or his/her designee to assist with resolving the problem. If there continues to be no resolution, the Medicaid Regional Supervisor and the Area Administrator, or his/her designee, will consult with their respective Central Office staff persons to assist with the problem resolution.
I have appointed the following person(s) to serve as the On-Site Coordinator in the specified county and facility.

County Name: __________________________________________

Facility Name: __________________________________________

Address __________________________________________

On-Site Coordinator Name:

_________________________________________    _______________________________
Print Name   Signature

___________    (____)________________________
Job Title     Telephone number

_________________________________________
Signature and Title of Person making the Appointment

___________
Date