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MEMORANDUM OF UNDERSTANDING BETWEEN DEPARTMENT OF PUBLIC HEALTH AND [NAME OF MANAGED CARE ORGANIZATION]

INTRODUCTION AND PURPOSE

The Department of Public Health (DPH) has contracted with five (5) organizations as Regional Medical Home Support Centers to enable Children and Youth with Special Health Care Needs (CYSHCN) who are zero to less than twenty-one years of age and their families to access quality health care services, respite services and Department-approved extended services/goods (Appendix A) in their local communities. This new community-based system is part of federal Maternal and Child Health Bureau, Title V, efforts to comply with the President's New Freedom Initiative: Fulfilling America's Promise to Americans with Disabilities, which charges that the following six core measures be met for Children and Youth with Special Health Care Needs: 1) Family Participation and Satisfaction; 2) Access to Medical Home; 3) Access to Affordable Insurance; 4) Early and Continuous Screening; 5) Easy-to-Access Community-based Service Systems; 6) Services Necessary to Transition to Adulthood.

PURPOSE

This agreement is made and entered into by the State Department of Public Health and [Name of Managed Care Organization]. Through this agreement, the parties intend to recognize their shared goals and to establish methods of coordination and cooperation to ensure that children and youth served by the Regional Medical Home Support Centers who are enrolled in Connecticut's HUSKY, Part A managed care program receive timely and comprehensive health care services under Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

DESCRIPTION OF ROLES AND RESPONSIBILITIES

DPH - New Community-Based System of Care – CYSHCN Regional Medical Home Support Centers

A new community-based system of care has been developed to address the gaps in services identified in the 2003 study commissioned by DPH to identify and prioritize the needs and gaps in services provided to families of CYSHCN, and to similarly assess the perspective of the provider community. Under the new system, Regional Medical Home Support Centers will:

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Support CYSHCN (zero to less than twenty-one years of age) and their families by assisting them with coordination of the multiple systems of care they need to access.

Provide training and support to the Pediatric Primary Care providers to improve quality of care by addressing family needs that will optimize the health of CYSHCN.

Assist the Pediatric Primary Care Providers with care coordination of CYSHCN who have high severity needs. (Please reference Connecticut Medical Homes CYSHCN Complexity Index and Glossary in Appendix B.)

Assist with the coordination between the Pediatric Primary Care Providers and pediatric medical specialists, surgical specialists and mental health/development professionals.

Promote the establishment of “Medical Home” with primary care practices that serve the pediatric population and care for CYSHCN.

Contract with Parents Network across the State to support families with CYSHCN through mentoring, parent leadership training, linkage to local parental support/resources and empowerment services.

Provide respite services by providing available respite funds as vouchers to families and DPH-approved extended services/goods as identified in Appendix A to underinsured and uninsured families of CYSHCN.

Managed Care Organizations:

Each managed care organization participating in Connecticut’s HUSKY, Part A managed care program is responsible for ensuring that children enrolled in the plan receive periodic screening examinations and all necessary diagnostic and treatment services in a timely fashion. Responsibilities include, but are not limited to requirements that managed care organizations:

- Inform families about EPSDT and its services and the importance of EPSDT services for their children’s health and well-being;
- Conduct outreach to ensure children receive EPSDT services;
- Link children to primary care providers and dental providers;
- Schedule appointments for children for comprehensive EPSDT screening examinations in accordance with the EPSDT periodicity schedule, for necessary interperiodic exams, and for vision and hearing services when medically necessary;

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- Remind families when EPSDT exams are due and follow-up on missed appointments.
- Ensure that primary care providers participating in the HUSKY, Part A managed care program are knowledgeable about the requirements of the EPSDT program and that the providers provide comprehensive screening exams, diagnosis, and treatment in accordance with EPSDT requirements.

AGREEMENT

To ensure that children and youth served by the Regional Medical Home Support Centers and [Name of MCO] receive appropriate health care services, to assist the Regional Medical Home Support Centers with meeting their performance standards, and to assist [Name of MCO] in meeting its contractual requirements to provide EPSDT services, the parties agree as follows:

[Name of MCO] shall provide DPH with the name of a [Name of MCO] liaison who shall serve as a consistent point of contact for the Regional Medical Home Support Centers (RMHSC). As described below, the liaison shall be responsible for providing assistance to the RMHSC to resolve any problems the RMHSC have in securing health care services for children enrolled in [Name of MCO]. The liaison shall respond to RMHSC needing assistance in resolving a problem within three working days of the date the problem is brought to the liaison's attention;

The Regional Medical Home Support Centers (RMHSC) shall provide a copy of the RMHSC health information form to the [Name of MCO] so that the [Name of MCO] can provide copies of the form to its primary care providers caring for children served by the RMHSC;

The [Name of MCO] liaison shall assist Regional Medical Home Support Centers (RMHSC) and families in obtaining information about health care services provided to children and youth served by the RMHSC when information is not readily available from the child's or youth's primary care provider;

The [Name of MCO] liaison shall assist Regional Medical Home Support Centers and families when a child or youth has not received a comprehensive EPSDT examination or the examination is incomplete, and the problem cannot be successfully resolved through contacts with the child's or youth's primary care provider;

The [Name of MCO] liaison shall assist Regional Medical Home Support Centers (RMHSC) and families in arranging for necessary hearing and vision services, and other necessary follow-up services, including behavioral health services, when screening

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examinations obtained by RMHSC staff indicate a need for follow-up diagnostic or treatment services;

The [Name of MCO] liaison shall assist Regional Medical Home Support Center staff in arranging appointments for dental and specialty services, including behavioral health care services, and shall assist in the resolution of transportation problems;

By communicating with families and assisting families in arranging appointments, Regional Medical Home Support Center staff shall assist [Name of MCO] by ensuring that children and youth enrolled in the plan establish a relationship with a primary care provider and that the children receive timely EPSDT screening examinations;

At the request of [Name of MCO], Regional Medical Home Support Center staff shall assist [Name of MCO] in ensuring that children and youth link with a primary care provider and receive necessary follow-up diagnostic and treatment services;

At the request of [Name of MCO], Regional Medical Home Support Center (RMHSC) care coordinators shall assist in formulating and carrying out treatment plans established for children and youth served by the RMHSC;

Regional Medical Home Support Center (RMHSC) staff shall assist [Name of MCO] through the provision of appropriate health education to both children and youth served by the RMHSC and to their families.

SIGNATURES