

COOPERATIVE AGREEMENT

between

**MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TITLE XIX MEDICAID AGENCY,
TITLE V MATERNAL AND CHILD HEALTH AGENCY AND THE
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS
AND CHILDREN (WIC)**

WHEREAS, the Medical Assistance Program, Maryland Department of Health and Mental Hygiene (hereinafter “the Medicaid Program”) is established pursuant to the federal Social Security Act, 42 U.S.C. §1396 et seq., and the Maryland Health – General Code Annotated, Title 15, Subtitle 1, for the purpose of providing comprehensive health care services to certain eligible low income residents of the State of Maryland including Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) services; and

WHEREAS, the State Children’s Health Insurance Program (herein known as the Maryland Children’s Health Program or MCHP) is established pursuant to the federal Social Security Act, 42 U.S.C. §1397aa-1397jj, and the Maryland Health – General Code Annotated, Title 15, Subtitle 301, for the purpose of providing comprehensive health care services to certain eligible low income children under age 19 who are not otherwise eligible for Medicaid and;

WHEREAS, the Medicaid Program operates the Maryland Children’s Health Program as a Medicaid expansion with the full benefit package and;

WHEREAS, the Title V Maternal and Child Health Agency, Maryland Department of Health and Mental Hygiene (hereinafter “the Family Health Administration or FHA) is responsible for the utilization of funds provided for by Title V Maternal and Child Health Block Grant of the Social Security Act, and the Maryland Health – General

Code Annotated, §18-107, in the provision of Maternal and Child Health Services and Services for Children with Special Health Care Needs; and

WHEREAS, the Special Supplemental Nutrition Program for Women, Infants and Children, Maryland Department of Health and Mental Hygiene (hereinafter “the WIC Program”) is established pursuant to Section 17 of the Child Nutrition Act of 1966, as amended, for the purpose of providing supplemental foods and nutrition education to pregnant, and postpartum women, infants and young children from families with low incomes who are at risk by reason of inadequate nutrition or health care, or both; and

WHEREAS, the FHA also administers the Title X/ Family Planning Program with responsibility for Statewide needs assessment, program planning, development, implementation and evaluation of Title X family planning (FP) programs; and

WHEREAS, together these programs have the capacity to reduce maternal and infant mortality and childhood morbidity and mortality, promote the health of mothers, infants and children, and reduce disparities in health outcomes due to race; and

WHEREAS, the FHA plays a key role in identifying pregnant women, infants and children who are eligible for Medicaid and, once identified, assisting them in applying for such assistance; and

WHEREAS, the FHA, often through its local health department designees, provides the infrastructure for health care programs which may be utilized to provide services to the Medicaid Program’s beneficiaries; and

WHEREAS, the FHA, is responsible for Statewide needs assessment, program planning, development, implementation and evaluation of maternal and child health programs; and

WHEREAS, family planning is a key strategy for improving MCH outcomes, and

WHEREAS, a medical home is of utmost importance for all children to assure early identification and treatment of health problems, and

WHEREAS, the Medicaid Program is responsible for payment for Medicaid services delivered to Medicaid beneficiaries by Title V providers; and

WHEREAS, the Medicaid Program is responsible for outreaching and informing all EPSDT eligible individuals about the importance of preventive health care, the Healthy Kids Program and Expanded EPSDT services, and the WIC Program; and

WHEREAS, the Medicaid Program is responsible for the daily operations of the Maternal and Child Health 800-line for the State of Maryland and FHA/MCH will provide staff upon request at high volume times such as mass media campaigns, and

WHEREAS, FHA is responsible for providing funding for clinical services for low income maternal and child health populations not eligible for Medicaid; and

WHEREAS, FHA is responsible for assuring access to specialty care for children with special health care needs; and

WHEREAS, the WIC Program administered by FHA through its local agencies, is responsible for ensuring that high-risk populations who are potentially eligible for WIC are identified and made aware of the Program's benefits and services; and

WHEREAS, the WIC Program serves as an adjunct to good health care during critical times of growth and development:

WHEREAS, the WIC Program is responsible for certifying eligible applicants, informing applicants of the health services which are available, making referrals to appropriate health services, providing nutrition education to participants; and employing a voucher system to make WIC foods available to participants at no cost to eligible persons; and

THEREFORE, this Cooperative Agreement is entered into with the Medicaid Program, the Family Health Administration as the Title V Agency and the WIC Program in order to establish roles and responsibilities between the parties for the purpose of providing coordination of services to promote prompt access to high quality prenatal, intrapartum, postpartum, postnatal and child health services for women and children eligible for benefits under Title V and XIX of the Social Security Act, and section 17 of the Child Nutrition Act of 1966, as amended.

In recognition of the foregoing, the Medicaid Program, the Family Health Administration and the WIC Program mutually agree to the following:

I. ADMINISTRATION AND POLICY

1. That the Medicaid Program will establish eligibility policy, regulations and procedures which facilitate access to care for pregnant women and children.
2. That the Medicaid Program will perform outreach to encourage low income maternal and child populations to apply for Medicaid and to utilize preventive and primary care services.
3. That the FHA and its designees will provide services without regard to race, creed, color, age, sex, national origin, marital status, or physical or mental handicap.
4. That FHA will provide Medicaid with expertise and technical assistance related to programs and policies for children with special health care needs.

5. That FHA programs and their local health department designees will refer its clients who are eligible for Medicaid benefits and assist them in receiving services from providers who participate in the Maryland Medical Assistance Program.
6. That all parties will coordinate activities to enhance customer service and work to resolve problems with impact on timely access to services.
7. That all parties will coordinate strategic planning efforts to assure coordination in the design, implementation and evaluation of program services for women, infants and children.
8. That all parties will keep each other apprised of those services which are available to eligible individuals pursuant to federal law and State regulations and guidelines.
9. That all parties will collaborate when implementing significant changes to program policies that may impact the other (i.e. eligibility policy, regulations, budget priorities, operational or compliance changes).
10. That all parties will develop program policies and regulations that address standards of quality care.
11. That all parties will promote family planning and prenatal care as key strategies for improving MCH outcomes.
12. That all parties will promote the importance of a medical home for all children and encourage early identification and treatment.
13. That FHA and Medicaid will collaborate on the development of tools and processes for identifying high- risk pregnant women and will jointly provide support for the Maryland Prenatal Risk Assessment system.
14. That the FHA and the Medicaid Program will develop training and education programs for medical professionals and consumers to benefit maternal and child health populations
15. That WIC and Medicaid will notify each other of policy or procedural changes that may have an affect on access to services and will coordinate with FHA on initiatives to improve maternal and child health.
16. That FHA will coordinate with Medicaid regarding activities and programs regarding childhood health promotion and prevention programs, such as obesity, asthma, and lead poisoning.

II. REIMBURSEMENT & CONTRACT MONITORING

17. That the FHA and its local health department designees will assure that clinical services are furnished by or under the direction of a physician or dentist.
18. That the FHA and its local health department designees will maintain adequate medical and financial records for a minimum of six years in a manner prescribed by the Medicaid Program and provide them to the Medicaid Program upon request.
19. That the FHA and its designees will refrain from knowingly employing or contracting with a person, partnership or corporation which has been disqualified from the Medicaid Program to provide or supply services to the Title XIX recipients unless prior written approval has been received from Medicaid.
20. That when Medicaid makes payment to a Title V designee for a covered service, the Title V designee, e.g., local health department, will not require additional payment from the individual. If Medicaid denies payment or requests repayment on the basis that an otherwise covered service was not medically necessary or preauthorized if required by regulation, the Title V Agency will not seek payment for that service from the recipient.
21. That if an individual is eligible for services covered by both Medicaid/Title XIX and Title V programs, Title XIX funds will be utilized to reimburse providers for services covered by the Program. That if the Title XIX recipient has insurance or other coverage or if any other person is obligated, either legally or contractually, to pay for, or to reimburse the recipient for services covered by Medicaid the Title V programs agree to seek payment from that source first. If payment is made by both Medicaid and the insurance or other source, the Title V Agency shall refund to the Medicaid, within sixty days of receipt, the amount reimbursed by Medicaid or the amount paid by the insurance or other source, whichever is less.
22. That all parties will assure that services provided by its grantees are not duplicative and that services are consistent with Medicaid policies.
23. That FHA will collaborate with Medicaid regarding the planning and implementation of publicly funded oral health initiatives.
24. That FHA, WIC, and Medicaid will maintain a system to assure coverage for special infant formulas.
25. That FHA will provide specialty services that are not covered by Medicaid within limitations imposed by regulations and budgetary constraints.

III. CONFIDENTIALITY & DATA EXCHANGE

26. That the FHA, its designees, and WIC will maintain the confidentiality of the names and medical records of Medical Assistance recipients. Such information may be released to third party, other than another treating provider, only upon the consent of the recipient or the Program and in accordance with federal regulations and guidelines.
27. That FHA and Medicaid will safeguard and maintain the confidentiality of the names and medical records of recipients, when exchanging program data.
28. That Medicaid, FHA, and WIC shall share data and participate in joint planning efforts in order to identify service gaps and improve the delivery of services to low income pregnant women and children and in accordance with federal regulations and guidelines.
29. That Medicaid will provide FHA with access to select Medicaid files to accomplish public health surveillance in accordance with Federal and State confidentiality rules.
30. That FHA and Medicaid will participate in the exchange of data necessary for the Title V and Title X re-application that requires annual updates on standardized National and State Performance Measures, the periodic Comprehensive Needs Assessment, and the Title X Annual Report.
31. That Medicaid and FHA programs will coordinate and participate in the exchange of data related to the following: births to women enrolled in Medicaid and utilization of Family planning services; maternal, fetal, infant, and child death reviews; prenatal risk assessment data; to assure a high response rate for Pregnancy Risk Assessment Monitoring System (PRAMS); and treatment of children exposed to lead.
32. That Medicaid and FHA will exchange data necessary to conduct quality assurance and utilization studies in order to evaluate the Maryland Dent Care Loan Assistance Repayment Program.
33. That Medicaid and WIC will ensure that any sharing of client data conforms to privacy and confidentiality rules in accordance with State law and Department of Agriculture (USDA) federal WIC regulations.

The Directors of the FHA, the Medicaid Program and the WIC Program further agree to designate from their staffs appropriate liaisons whose responsibilities shall include regular and periodic communication about the programs and operations described in this Cooperative Agreement. *The remainder of this cooperative agreement addresses more specific recipient outreach and referral, training and technical assistance, provider capacity, and quality assurance activities to be carried out by Medicaid and by specific units within FHA.*

IV. RECIPIENT OUTREACH AND REFERRAL

A. Primary and Preventive Care for Children

- All FHA programs will assist Medicaid with the distribution of MA/MCHP applications.
- Medicaid, through its LHD grantees, will conduct outreach to Medicaid recipients to ensure that families are informed about EPSDT services, WIC, and relevant Title V and Title X programs.
- Medicaid and FHA programs will coordinate hotline activities to share information and assure that callers are referred to the appropriate services.
- FHA programs will verify Medicaid eligibility prior to providing services and will refer potentially eligible Medicaid/MCHP families for eligibility determination.
- FHA/Oral Health will refer children in need of oral health services who are identified through publicly funded clinics to the appropriate provider for treatment.
- FHA/Oral Health and Medicaid will work collaboratively to update the resource guide of dental providers that are willing to serve low income and the un/underinsured populations.

B. Children with Special Health Care Needs

- FHA/CSHCN will provide statewide resource and referral services to families and providers of children with special health care needs.
- Medicaid will refer those children with special health care needs that are not eligible for Medicaid/MCHP to FHA/CSHCN for assistance with resources and services.
- Medicaid will link families of children with special health care needs to the CSHCN or community resources for services not generally covered by Medicaid.
- FHA/CSHCN will refer Medicaid children in need of special assistance or care coordination to the appropriate Medicaid case manager.
- FHA/CSHCN will link those SSI recipients that are eligible for Medicaid but who are not enrolled, to the MCH hotline or appropriate LDSS/Medicaid eligibility unit.
- FHA/CSHCN will follow-up with the families of all infants with positive newborn hearing screens and positive newborn blood spots screens.
- Medicaid will assist families in accessing specialty care services and navigating the health care delivery system.
- Medicaid and FHA/CSHCN will coordinate hotline activities to share information and assure that callers are referred to the appropriate services.
- WIC will collaborate with Title V/FHA and Medicaid to improve referrals and access to WIC services for children with special health care needs.

C. Pregnant Women and Infants

- FHA/MCH programs will assure a local point of entry for all under/uninsured pregnant women and will link these women with providers willing to serve patients on a sliding scale basis.
- FHA programs will verify Medicaid eligibility prior to providing services and refer pregnant and postpartum women and infants who are potentially eligible for Medicaid/MCHP for eligibility determination.
- Medicaid and FHA programs will coordinate hotline activities to share information and assure that callers are referred to the appropriate services.
- Medicaid will refer pregnant women and infants that are not eligible for Medicaid or MCHP to Title V programs.
- Medicaid, FHA/MCH programs, and their respective grantees, will encourage OB providers to complete the Maryland Prenatal Risk Assessment and refer high-risk pregnant women to the Healthy Start program.
- Medicaid and FHA Programs will refer pregnant and postpartum women to WIC.

D. Family Planning

- FHA programs and Medicaid will collaborate on strategies to increase utilization of family planning services, especially among women enrolled in managed care and the Medicaid Family Planning Waiver.
- Medicaid will ensure that eligible women whose Medicaid pregnancy-related benefits have ended are enrolled in the Medicaid Family Planning waiver.
- FHA/FP programs will refer Medicaid Family Planning waiver clients to primary care providers for services provided on a sliding scale basis.
- Medicaid will refer women who lose family planning waiver eligibility to Title X/FP programs who serve women on a sliding scale basis.

E. WIC

- Medicaid, through its grantees, hotlines, and managed care providers, will refer pregnant and postpartum women, infants and children to WIC.
- WIC will accept verification of Medicaid eligibility as proof of financial eligibility for WIC services.
- WIC will link families to Medicaid/MCHP, Title V, and Title X services and other health-related and social services for children with special health care needs.
- WIC will identify outreach networks; distribute literature and perform targeted community outreach publicizing program availability.
- WIC and Medicaid will coordinate to ensure that information about the WIC program is available in areas where Medicaid/MCHP applications are processed.

V. TRAINING AND TECHNICAL ASSISTANCE

A. Primary and Preventive Care for Children

- Medicaid will train LHD staff in the processing of Medicaid and MCHP applications.
- Medicaid will provide training and technical support to LHD grantees related to Medicaid administrative functions, such as outreach, care coordination.
- FHA programs and Medicaid will collaborate to provide training, consultation, and technical assistance to Medicaid, Title V and Title X providers in the delivery of home visiting and case management services and other health services for children at-risk.
- FHA/Oral Health will provide oral health educational materials for providers, clients, LHDs, family planning clinics, the WIC Program, MCOs and organizations, such as Head Start.

B. Children with Special Health Care Needs

- Medicaid and FHA/CSHCN will collaborate to provide training, consultation and technical assistance to Medicaid, Title V and Title X providers regarding the delivery of home visiting and case management and other health services for children with special health care needs.
- FHA/CSHCN will provide technical assistance to Medicaid regarding therapy and audiology services
- FHA/CSHCN will conduct, through its grantees, targeted provider education regarding programs and services, such as the Newborn Screening Program, Infant Screening Hearing Program, and Genetic Services Network and will make educational materials about these services available to Medicaid.

C. Pregnant Women and Infants

- Medicaid and FHA will collaborate to provide training, consultation and technical assistance to Medicaid, Title V and Title X providers in the delivery of home visiting and case management and other health services for pregnant women and infants.
- Medicaid and FHA will collaborate on the production of outreach materials to be used by FHA programs, Medicaid, providers and staff to assure that Medicaid and MCHP information is included.
- Medicaid will train LHD staff in the processing of Medicaid applications for pregnant SOBRA eligible women.

D. Family Planning

- FHA programs and Medicaid will collaborate to provide training, consultation and technical assistance to Medicaid, Title V and Title X providers in the delivery of comprehensive family planning services.

- FHA/FP will sponsor the Annual Reproductive Health Update for Title X, Title V, and Medicaid providers.

E. WIC

- WIC will educate provider groups about the WIC Program through meetings, conferences, and periodic distribution of WIC provider education packet.
- Medicaid will ensure that WIC is apprised of eligibility income standards and will work to streamline the eligibility verification process.

VI. PROVIDER CAPACITY

A. Primary and Preventive Care for Children

- FHA programs and Medicaid will collaborate to recruit and retain medical and dental providers willing to serve children on Medicaid and MCHP.
- FHA programs will refer providers interested in serving the Medicaid population to MCOs to negotiate contracts.

B. Children with Special Health Care Needs

- FHA/CSHCN and Oral Health will work with Medicaid to increase specialty pediatric dental providers.
- FHA/CSHCN will collaborate with Medicaid to ensure that there are sufficient OT, PT, Speech, and Audiology providers, and other specialty care providers that are willing to treat Medicaid, MCHP and the un/underinsured population.

C. Pregnant Women and Infants

- Medicaid and FHA programs will collaborate to recruit and retain providers to serve women and infants enrolled in Medicaid/MCHP and the uninsured.
- Medicaid and FHA programs will encourage perinatal providers to link their prenatal clients with pediatricians prior to delivery to assure access to care for newborns.
- FHA programs and Medicaid will work with perinatal providers, hospitals and birthing centers to assure the adequacy of primary, secondary and tertiary care.

D. Family Planning

- FHA/FP and Medicaid will collaborate to ensure that there are sufficient family planning providers willing to serve women enrolled in Medicaid/MCHP.
- FHA/FP will ensure that there are providers willing to serve uninsured/under insured clients on a sliding scale basis.

E. WIC

- WIC will ensure that there are sufficient WIC vendors Statewide.
- WIC will ensure that the local WIC sites are located in proximity to potential WIC-eligible and WIC clients (community-based, hospitals, LHD)

VII. SYSTEM INTEGRATION

A. Primary and Preventive Care for Children

- FHA and Medicaid will collaborate to establish and maintain relationships with providers who serve low-income and Medicaid/MCHP enrolled children and to help facilitate problem resolution.
- Medicaid and FHA will collaborate to assure that there are public forums for exchange of information such as the Medicaid Advisory Committee, Oral Health Advisory Committee and other ad hoc advisory groups.

B. Children with Special Health Care Needs

- FHA/CSHCN, in coordination with the Centers of Excellence, will work to identify, recruit and retain providers willing to participate in the Genetic Services Network and conduct targeted provider education and outreach regarding services available.
- FHA/CSHCN will work to increase the awareness among specialty care providers of the role of the MCO Special Needs Coordinators and how to refer families to this resource.
- FHA/CSHCN in collaboration with MSDE Infants and Toddlers Program will inform providers about the Newborn Hearing Screening Program and assure referrals are made for follow-up services.
- Medicaid will ensure that MCOs provide medically necessary specialty services to children.

C. Pregnant Women and Infants

- FHA programs and Medicaid will work to ensure that there is a process in place to link women with appropriate services in all Maryland jurisdictions.
- Medicaid and FHA/MCH will partner with perinatal providers to facilitate access to care, tracking of, and management of pregnant women.
- Medicaid and FHA/MCH will encourage all prenatal care providers to complete the Maryland Prenatal Risk Assessment form and refer high-risk women to Healthy Start.
- Medicaid and FHA/MCH will work to enhance partnerships between obstetricians and pediatricians to make care more seamless from pregnancy through delivery.
- Medicaid and FHA/MCH will collaborate to establish and maintain relationships with perinatal providers and help facilitate problem resolution.

D. Family Planning

- Medicaid and FHA/FP will collaborate to establish and maintain relationships with providers, inform providers of the self-referral option for family planning services and help facilitate problem resolution.
- FHA/FP, Medicaid, and their respective grantees will assist providers with linkages and resources for family planning clients to access primary care services.

E. WIC

- WIC will partner with FHA programs and Medicaid to integrate WIC eligibility and application process into provider practice patterns.
- WIC, Medicaid, FHA programs, will collaborate to identify opportunities to improve service delivery.
- WIC staff will assure that appropriate referrals are made health and social services.

VIII. QUALITY ASSURANCE ACTIVITIES

A. Primary and Preventive Care for Children

- Medicaid will ensure that MCOs complete the required quality assurance activities and share results with FHA programs as appropriate (External Quality Review Organization “EQRO” Audit, analysis of Health Plan Employer Data and Information set “HEDIS” measures, Consumer Assessment of Health Plans “CAHPS” survey, encounter data, and value-based purchasing initiatives).
- FHA programs and Medicaid will share quality assurance reports and findings, (i.e. audits, customer satisfaction surveys).
- Medicaid will work with FHA programs in the development of the EPSDT periodicity schedule and quality standards for the care of children.
- Medicaid will offer EPSDT training to Medicaid providers rendering primary care to children under age 21 and perform periodic medical record audits to ensure that children are getting the appropriate services.
- Medicaid will perform periodic audits of LHD home visiting and case management services delivered to high-risk infants and toddlers.
- Medicaid will collaborate with FHA/MCH regarding maternal, fetal, infant and child death reviews.

B. Children with Special Health Care Needs

- FHA/CSHCN and Medicaid will collaborate on initiatives to improve the accessibility to specialty services and the quality of those services.
- FHA/CSHCN will perform contract monitoring and administrative oversight for Title V funded case management services performed in local health departments.
- FHA/CSHCN will perform contract monitoring and administrative oversight for the Model Day Care centers.

- FHA/CSHCN will participate in the review of IFSP and IEP school-health related services covered by Medicaid.
- FHA/CSHCN will assist Medicaid with preauthorization and medical review to determine necessity/appropriateness for specialty Medicaid services.
- Medicaid will consult with FHA/CSHCN to ensure that therapists and other specialty providers meet minimum quality standards and have the appropriate certification and credentials.

C. Pregnant Women and Infants

- FHA/MCH will include Medicaid as a participant in strategic planning related to Title V initiatives, such as Maternal and Infant Mortality and Racial Disparities, and the development of and periodic review of Perinatal Systems Standards.
- Medicaid will ensure that MCOs complete the required quality assurance activities and share results with FHA programs as appropriate (External Quality Review Organization “EQRO” Audit, analysis of Health Plan Employer Data and Information set “HEDIS” measures, Consumer Assessment of Health Plans “CAHPS” survey, encounter data, and value-based purchasing initiatives).
- FHA and Medicaid will share quality assurance reports and findings, (i.e. audits, customer satisfaction surveys).
- FHA/MCH will work to ensure that all perinatal providers are aware of findings from Maternal, Fetal, and Infant Mortality Reviews.
- Medicaid will perform periodic audits of LHD home visiting and case management services delivered to pregnant and postpartum women.

D. Family Planning

- FHA/FP and Medicaid will collaborate on the development of QA activities relevant to family planning services.
- FP will include Medicaid as a participant in regional family planning meetings and Title X reviews.

E. WIC

- WIC will include Medicaid as a participant in WIC strategic planning initiatives.
- WIC, through its Advisory Council, will assure that the unique needs of Medicaid recipients are considered in customer service and quality improvement initiatives.

EFFECTIVE DATE

This COOPERATIVE AGREEMENT is effective upon the signatures of the authorized officials of the Family Health Administration and the Maryland Medical Assistance Program. It shall remain in effect for a period of five years from the date the COOPERATIVE AGREEMENT is signed, or until either party provides written notification of termination. Termination notice shall be given to the other party at least 30 days in advance of the termination date.

MODIFICATIONS

The parties below, or their designees may enter into supplements and modifications to this agreement jointly.

Agreement Acceptance by Signature:

Nelson J. Sabatini, Secretary
Department of Health and Mental Hygiene

Date

Russell W. Moy, MD, MPH, Director
Family Health Administration

Date

Susan J. Tucker, Executive Director
Office of Health Services
Medical Assistance Program

Date

Approved as to Form and Legal Sufficiency, this ____ day of _____ 2004,
By

Elizabeth M. Kameen
Assistant Attorney General