

## **EXHIBIT A**

### **STATEMENT OF WORK: INTERLOCAL AGREEMENT**

**THIS AGREEMENT**, Pursuant to Chapter 39.34 RCW and all relevant and associated statutes, is made and entered into by and between the DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS) and THE DEPARTMENT OF HEALTH (DOH).

**THE PURPOSE OF THIS AGREEMENT IS TO PROVIDE** DOH reimbursement for a portion of the expenses they incur when performing Medicaid-related administrative activities as described in the Exhibit(s). Only Exhibits A, B, C, D, E, and F are attached to and incorporated into this Interlocal Agreement. The reimbursed activities are to be congruent with and supportive of furthering the goals and objectives of Washington State's Medicaid programs and services.

**AN ADDITIONAL PURPOSE OF THIS AGREEMENT IS TO DOCUMENT** responsibilities for implementation of the shared Department of Health (DOH) and Medical Assistance Administration (MAA) programs and activities; and to assure documented accounting procedures are adhered to and maintained per the instructions specified in the DOH/M AA Accounting Procedures.

**ANOTHER PURPOSE OF THIS AGREEMENT IS TO DOCUMENT** the delegation of certain administrative duties from the Title XIX Single State Agency to the DOH; and to designate responsibilities of DOH and DSHS in their jointly operated programs and activities included under this agreement.

**IT IS MUTUALLY AGREED** that DSHS/MAA and the DOH shall have joint responsibilities and/or coordination requirements in operating the programs and activities listed under Exhibit B of this agreement.

**DOH SHALL FURNISH** the necessary personnel and/or services and otherwise do all things necessary for or incidental to the performance of work set forth in this agreement. Unless otherwise specified, the DOH shall be responsible for performing all fiscal and program responsibilities as set forth in this agreement.

## EXHIBIT B7

### AGENCY RESPONSIBILITIES

#### DEPARTMENT OF HEALTH (DOH) RESPONSIBILITIES

The Department of Health will claim Medicaid administrative match for salaries, benefits, goods and services, travel, contracts, and related expenditures required for conducting the activities described in this agreement.

- DOH will claim Medicaid administrative match reimbursement for activities related to responsibilities identified in Exhibit B with an asterisk (\* or \*\*) in this agreement including indirect costs through a federally approved cost allocation plan. The indirect costs will be billed at the 50/50 federal/state reimbursement. *(See Exhibits C and D for description of types of activities eligible for administrative match reimbursement.)*
- Responsibilities/activities marked with one asterisk (\*) are entirely related to administration of the Medicaid program and are therefore eligible for administrative match. Responsibilities/activities marked with two asterisks (\*\*) are eligible for administrative match only for the portion of expenses related to administration of the Medicaid program.

#### I. MCH ADMINISTRATION:

(DOH Account Coding 731xx)

The MCH Administration has oversight over all MCH program activities. For the portion of expenses linked to the administration of the Medicaid related program activities, the MCH office director and the administrative support staff charges administrative match for their salaries and benefits.\*\*

#### II. CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN):

(DOH Account Coding 732xx)

- Promote collaboration with DSHS-MAA to facilitate access and delivery of services for Medicaid eligible children with special health care needs.\*
- The CSHCN-Supplemental Security Income (SSI) coordinator will: continue to serve as a liaison with the Disabilities Determination Service Unit; be responsible for maintaining a systematic mechanism for identifying Title V recipients who are potential SSI applicants and refer those recipients to the Social Security Administration (SSA); and provide Local Health Departments information on children who may be eligible for SSI.\*

- For children enrolled in both the CSHCN program and any Medical Assistance Program, maintain policies and procedures for use by Local Health Departments or their subcontractors to review and certify requests for hearing aid purchases.\*\*
- For Medicaid-eligible children with complex maxillofacial problems, maintain procedures and guidelines for regional maxillofacial teams.\*
- Coordinate with DSHS to maintain guidelines on reimbursement of special formulas and nutrition supplements for Medicaid-eligible children with complex medical/nutritional needs.\*

- For Medicaid eligible children enrolled in the CSHCN program and not enrolled in a Medical Assistance managed care plan, maintain policies and procedures for use by Local Health Departments or their subcontractors to review and certify requests for occupational, physical and speech therapy services.\*
- Assist MAA in facilitating access to health care for eligible SSI children.\*
- Coordinate with MAA to provide consultation to CSHCN contractors and providers regarding service delivery requirements and quality assurance.\*

### **III. MCH ASSESSMENT:**

(DOH Account Coding 734xx)

- Conduct PRAMS surveillance system including operations and assessment, analysis, and evaluations from PRAMS data on maternity outcomes, behaviors, perceptions, and care received. Studies will include comparisons between Medicaid and non-Medicaid reported information and outcomes.\*\*
- Reimburse MAA for providing analyses and report on *“living with illness measures”* from the Consumer Assessment of Health Plans Survey (CAHPS). *(Completed September 2000)*

### **IV. GENETICS:**

(DOH Account Coding 735xx)

- Maintain and update prenatal genetic counseling services billing instructions, provider application requirements, and review agency requests.\*
- Provide consultation and on-site visits to prenatal genetic counseling providers to ensure minimum requirements are met and quality services are provided and to assist in evaluation and utilization of the program.\*
- Assure availability of DOH funds for the state match for Title XIX reimbursement of these services.\*
- Coordinate training and monitoring activities with MAA.\*

### **V. MATERNAL INFANT HEALTH:**

(DOH Account Coding 736xx)

#### **A. Maternity Support Services (MSS) and Childbirth Education**

- Maintain and update MSS Policy and Billing Instructions and provider application requirements;\*

- Review MSS and Childbirth Education provider applications received and forward recommended approvals for contract processing to MAA;\*
- Provide MSS and Childbirth Education consultation, orientation, monitoring, training and ongoing communication with providers to assure minimum requirements are met and quality services are provided.\*
- Analyze data and prepare reports on MSS utilization, provider availability, and services provided.\*

#### **B. Infant Case Management (ICM)**

- Coordinate with MAA to develop and identify quality assurance guidelines and materials and distribute to ICM agencies.\*
- Coordinate with MAA to provide consultation and training to ICM providers regarding service delivery.\*

#### **C. First Steps Training**

- Contract with WALWICA for First Steps ABC trainings to orient new MSS and ICM providers.\*
- Contract with WALWICA for First Steps Regional meetings and arrange for family planning training sessions.\*
- DOH will provide, through a contract with the University of Washington, training to community health nurses and other public health disciplines for improving access to and the quality of Medicaid covered services.\*

#### **D. Pregnancy Risk Assessment Monitoring System (PRAMS)**

- Collect, analyze and distribute PRAMS data.\*\*

#### **E. Healthy Mothers, Healthy Babies (HMHB) Outreach**

- Provide contract management for the HMHB contract requirements including specific deliverables as specified in contract language.\*\*
- Maintain a HMHB log of all local and state donated funds which qualify for Title XIX administrative match and consult with MAA regarding Title XIX matchable activities and funding sources included in the contract.\*
- Participate in HMHB planning and coordination activities.\*

#### **F. Perinatal**

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- DOH will provide, through contracts with Regional ~~Peri~~renatal Centers, for training to Medicaid enrolled obstetrical and neonatal medical, nursing and other health care providers to improve the quality of obstetrical and neonatal services provided to Medicaid clients.\*
- Consult with MAA on quality of care activities with medical providers, e.g., provider focus group follow-up activities.\*

#### G. Consultation

- Upon request by DSHS-MAA, participate in planning activities related to Medicaid maternal infant health initiatives and provide consultation (e.g. targeted intensive case management).\*

#### H. Home Birth

The Department of Health (DOH) will assist the Department of Social and Health Services (DSHS) Medical Assistance Administration (MAA) with program management required for implementation of reimbursement for home births. ~~This will occur through DOH staff support and contracts.~~ DOH program management activities include: \*

- ~~• Work with DSHS, RDA and others to establish a process for collecting summary data and sentinel events reports on a regular basis to be shared with the Home Birth Oversight Subcommittee. (Completed June 2002.)~~
- ~~• With DSHS staff, plan and coordinate regional trainings for home birth providers. Trainings will include: practice guidelines, Policy and Billing Instructions and use of data collection form. (Completed June 2002.)~~
- ~~• Provide administrative support in collaboration with DSHS to Home Birth Oversight Subcommittee. (Completed June 2002.)~~
- ~~• Coordinate logistics for the meetings; including location. (Completed June 2002.)~~
- ~~• Prepare and disseminate agendas, handouts and minutes for each meeting; this includes arrangement of speakers/presenters. (Completed June 2002.)~~
- ~~• Prepare and disseminate summaries of data. (Completed June 2002.)~~
- ~~• Prepare and disseminate reports to DOH. (Completed June 2002.)~~
- ~~• Responsibilities of this oversight subcommittee include:
 
  - ~~nMonitor program and critical incidents.~~
  - ~~nPeriodic review of risk screening criteria, equipment, and contraindications.~~
  - ~~nReview summaries of data.~~~~

~~nReport regularly to the Assistant Secretaries of MAA and DOH.~~  
~~nEstablish a liaison between MAWS, WSOA, WSMA, and other professional organizations as appropriate.~~  
~~nReview audit reports submitted by DSHQS.~~

- ~~Continue e~~Consultation on MAA home birth reimbursement policies and procedures.\*

#### **I. Tobacco Cessation Activities**

Provide consultation and technical assistance to MAA related to the development and implementation of the MAA Smoking Cessation Counseling Benefit. DOH will develop and disseminate best practice materials.\*

### **VI. CHILD & ADOLESCENT HEALTH / CHILD PROFILE:**

(DOH Account Coding 737xx and 733XX)

- A.** Collaborate with MAA in developing and implementing strategies to improve access to Medicaid services for child and adolescent populations and support MAA quality improvement efforts. –Activities include the Foundation for Accountability Health Measurement Initiative project, the State Child Health Insurance Program, Bright Futures, and Early & Periodic Screening, Diagnosis and Treatment improvement activities for young children and adolescents.\*

#### **B. Oral Health**

Promote collaboration with DSHS-MAA to facilitate access to oral health services for Medicaid eligible children and pregnant women.\*

#### **C. CHILD Profile (DOH Account Coding 733XX)**

Collaborate with MAA in including parent targeted Medicaid messages in the CHILD Profile health promotion materials. Update the materials and use the defined process for Medicaid review (*MAA staff person participation in CHILD Profile materials development workgroup*).\*\*

Collaborate with MAA in facilitating the sharing of immunization data between MAA and health care providers via CHILD Profile immunization tracking.\*\*

### **VII. IMMUNIZATION:**

(DOH Account Coding 738xx)

#### **A. Medicaid Program**

- Promote provision of immunizations for Medicaid clients at their medical homes, including Healthy Options, whenever possible.\*

- Promote collaboration with MAA for Medicaid eligibles to increase immunization levels through specific program initiatives.\*
- Provide technical support for local health jurisdictions and health care providers that treat Medicaid eligibles on vaccine and immunization practice issues.\*
- Determine what proportion of the state distributed vaccine was purchased for Title XIX clients.\*
- Promote assessment activities for Medicaid eligible children.\*
- Participate in meetings with DSHS-MAA to review and assess progress toward year 2000 goals.\*\*

#### **B. State Children's Health Insurance Program (S-CHIP)**

- Promote provision of immunizations for S-CHIP clients at their medical homes whenever possible.
- Promote collaboration with DSHS for S-CHIP eligibles to increase immunization levels through specific program initiatives.
- Provide technical support for local health jurisdictions and health care providers that treat S-CHIP eligibles on vaccine and immunization practice issues.
- Determine what proportion of the state distributed vaccine was purchased for S-CHIP clients.
- Promote assessment activities for S-CHIP eligible children.
- Participate in meetings with DSHS to review and assess progress toward year 2000/2010 goals.

#### **VIII. MCH PROGRAMWIDE ACTIVITIES**

(DOH Account Coding 739xx)

Contract with HMHB for a toll-free line and outreach activities to include Maternity, Immunizations, WIC, Family Planning, and CSHCN.

#### **VIII.IX. CLIENT SERVICES:**

(DOH Account Coding 724xx)

##### **HIV/AIDS Case Management**

- Maintain policies and procedures for the daily operations of the Title XIX HIV/AIDS Case Management Program, including, but not limited to, recommending payment rates, monitoring provider compliance with established scope of services



and standards of service delivery; coordinating with lead agencies/local consortia in contracting and training of providers and quality assurance measures. Quality assurance measures include technical assistance training to Title XIX HIV/AIDS populations through provider trainings and assuring coordination of services to eligible populations.\*

- Facilitate the smooth transition to Medicaid services for eligible HIV/AIDS populations through assuring coordination of services to this population.\*
- Assure availability of state/local government matching funds for all payable claims submitted within 365 days of the provision of service.\*

#### **IX.X. FAMILY PLANNING AND REPRODUCTIVE HEALTH:**

(DOH Account Coding 727xx)

- Promote collaboration with DSHS-MAA to facilitate access and delivery of family planning services for Medicaid eligible clients.\*\*
- ~~Hire person designated by MAA to work on expanding access to family planning services starting April 1, 2000 through June 30, 2001.~~
- Prepare and update family planning educational materials used by both DOH and DSHS-MAA using the defined processes for DOH and DSHS-MAA review.

#### **X.XI. WOMEN, INFANT AND CHILDREN (WIC) PROGRAM:**

(DOH Account Coding 750xx)

- Conduct outreach activities by local and state WIC staff to improve access to MAA covered health services including prenatal care, MSS, immunizations, well child exams, and family planning.\*\*

#### **XI.XII. NEWBORN SCREENING:**

(DOH Account Coding 161xx)

- Perform administrative activities aimed at assuring Medicaid clients receive efficient and reliable newborn screening. Assure that children with abnormal test results receive appropriate consultation and referral to health care providers to facilitate prompt diagnostic and treatment services as necessary.\*\*
- Perform administrative activities aimed at assuring Medicaid clients with PKU, and other disorders specified by the State Board of Health in Chapter 246-650 WAC (Newborn Screening) are receiving appropriate long-term specialty clinical care and case management services needed to avoid the harmful effects of the disorders, including the provision of special dietary formula necessary for the treatment of PKU and other metabolic disorders included in the Newborn Screening regulations.\*\*

**XH.XIII. OFFICE OF COMMUNITY AND RURAL HEALTH:**  
(DOH Account Coding 652xx)

The Office of Community and Rural Health, DOH, will coordinate with MAA and MAA managed care contractors to secure recruitment and retention of sufficient health care personnel to provide access for Medicaid recipients and Medicaid eligible persons. In addition, OCRH will coordinate with MAA on analyses of Medicaid access and reimbursement issues.

- Develop, maintain and analyze data and information systems regarding provider shortages, and monitor provider capacity and availability. Collaborate with MAA and MAA managed care contractors in addressing the unique needs of areas that lack sufficient provider supply to assure access.\*\*
- Provide technical assistance to communities and providers and review applications for federal Health Professional Shortage Area (HPSA) designation. Compile and disseminate information on Federal HPSA's for MAA and health care personnel providing access to Medicaid patients. Assess impact of changes to Federal rules governing shortage area designations on access to care for Medicaid recipients.\*\*
- Work with the Higher Education Coordinating Board (HECB) Health Professional Scholarship and Loan Repayment (SLRP) Program to identify areas that need assistance in recruiting professionals. Share information regarding health professional shortages and placements with MAA and MAA contractors to assure that SLRP recipients serve the Medicaid populations, as required as part of their service obligation.\*\*
- Collaborate with the National Health Service Corps (NHSC), the Northwest Regional Primary Care Association (NWRPCA), Area Health Education Centers, HECB, and the University of Washington School of Medicine to recruit needed providers for shortage areas and attract providers. Share information regarding vacancy rates in shortage areas, access issues, and NHSC placements with MAA to assure collaboration with MAA contracts for related activities.\*\*
- Provide direct recruitment and retention assistance to MAA providers in rural and underserved communities. Maintain database of potential candidates interested in serving MAA recipients in rural and underserved areas and health care sites and facilities in need of providers. Provide information to candidates about possible sites that match provider preferences and information to sites about possible candidates.\*\*
- Contract with local agencies to address system development to improve access for Medicaid eligible and potentially eligible people, and to recruit and retain an adequate health workforce. DOH provides technical assistance, contract

administration and monitoring, and will share information regarding contracts with MAA to assure collaboration with MAA contracts for related activities.\*\*

- Collaborate with MAA staff in exploring reimbursement options and identifying issues.\*\*
- Provide consultation to MAA in building access analysis capability, and collaborate on mutually agreed upon specific access studies.\*\*
- Reimburse MAA for shared expenses of the software GeoNetworks, Geocoder, Streets and GeoReferral based on a prearranged set rate.

~~XIII~~.XIV. **HEALTH SERVICES QUALITY ASSURANCE:**

(DOH Account Coding 6xxxx)

Develop proposal for coordinating provider reviews/investigations between MAA and the DOH Health Services Quality Assurance program.\*

~~XIV~~.XV. **OFFICE OF THE SECRETARY:**

(DOH Account Coding 912xx)

- Provide consultation to MAA in developing the quality program for Fee-For-Service including policies and procedures for credentialing and other aspects of provider selection and inclusion in the program.\*
- Collaborate with MAA in developing and implementing policies to improve the quality and access to health care services, including patient safety.\*
- Participate in interagency activities to monitor the quality of State-purchased health care, including on-site visits to contracted health plans.\*

~~XV~~.XVI. **TOBACCO PREVENTION AND CONTROL PROGRAM**

(DOH Account Coding 751xx)

- ~~• Provide contract management for the Washington State Tobacco Quit Line contract with Group Health Cooperative of Puget Sound.\*\*~~
- ~~• Maintain and share data with MAA on the number and percent of Quit Line callers eligible for Medicaid and the type of services received through the quit line.\*\*~~
- In collaboration with MIH and MAA, develop initiatives aimed at reducing tobacco use in Medicaid populations including the MSS tobacco cessation and Environmental Tobacco Smoke (ETS) project, training of MSS and maternity-related providers, and consultation on Medicaid coverage for smoking cessation and pharmacotherapy.\*

~~XVI~~.XVII. **WASHINGTON BREAST AND CERVICAL HEALTH PROGRAM (WBCHP) TRANSITION TO MEDICAID CASE MANAGEMENT**

(DOH Account Coding 754xx)

The following Washington Breast and Cervical Health Program activities are effective July 1, 2001.

- The DOH will claim Medicaid administrative match for salaries, benefits, goods and services, travel, and related expenditures required for conducting the activities described in this agreement.

- DOH will identify women as candidates for screening services as provided in its cooperative agreement with the CDC's NBCCEDP, established under Title XV of the Public Health Service (PHS) Act.
- DOH will provide:
  - screening services including breast examinations, mammograms, pelvic examinations and Papanicolaou tests to such women.

- diagnostic services, such as surgical consultations and biopsies, to ensure that women with abnormal screening results receive timely and adequate diagnostic and treatment referrals.
  - signed consent for release of medical information in accordance with the Health Insurance Portability and Accountability Act {HIPAA [2701 of the PHS Act, 42 U.S.C. 300gg (c)]} or other applicable state legislation.
- DOH will enter into an agreement with the MAA to share relevant data to manage the individual treatment and follow-up process, particularly that which links Medicaid eligibility and screening and treatment results.
- DOH will assist women screened under the WBCHP program in establishing Medicaid eligibility in the new eligibility group. In order to qualify for Medicaid under the BCCPTA, a woman must:
  - be screened by a DOH WBCHP provider;
  - require treatment for breast or cervical cancer or pre-cancerous lesions;
  - be under the age of 65;
  - be otherwise uninsured; i.e., not have creditable coverage as the term is used under HIPAA.

DOH WBCHP Prime Contractors will provide verification of the above conditions for eligibility to the State Medicaid Agency and otherwise assist candidates identified above with establishing Medicaid eligibility. Such verification shall consist of:

- Completed WBCHP Client Enrollment form;
- Completed WBCHP Release and Consent for Breast and Cervical Cancer Treatment form; and
- Copies of applicable citizenship status documents that the client provides, as applicable.

Documents verifying eligibility will be faxed to the Medical Determination Unit.

DOH through its WBCHP Prime Contractors will:

- Inform beneficiaries of the requirements for redetermination of eligibility and that eligibility will end when the course of treatment is completed. Further inform the beneficiary that, if the Medicaid agency determines that the beneficiary no longer meets the requirements of 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act, eligibility will not be terminated until the Medicaid agency has determined (in accordance with 42 CFR 435.916) that she is not eligible for Medicaid under an alternate eligibility category.
- Review client treatment status 60 days prior to 1-year anniversary of transition to Medicaid. If the client is still in treatment care, the WBCHP Case Manager will complete the WBCHP Redetermination of Eligibility for Medicaid Services form and fax to MED 45 days prior to the 1-year anniversary date.
- Upon completion of the client's treatment the treating physician and the WBCHP Case Manager will sign the WBCHP Breast and/or Cervical Cancer Treatment Complete form and fax to MED.

~~XVII.~~XVIII. **ACCOUNTING AND AUDIT:**

- In coordination with MAA maintain and update DOH/DSHS-MAA Accounting Procedures outlining accounting and billing procedures.\*
- Maintain accurate fiscal records for all expenditures incurred in carrying out administrative activities and indirect costs and submit reports of applicable expenditures as needed to DSHS.\*
- Meet with and respond to federal/state auditors, including supplying all necessary documentation requests.\*

~~XVIII.~~XIX. **EXCHANGE OF INFORMATION:**

- All client-specific and aggregate data exchanged as a result of this agreement shall be maintained within the provisions of RCW 42.17, RCW 71.05, RCW 71.34, RCW 74.09, and 42 CFR 431.300 - .307. In keeping with measures to protect the confidentiality of records, DOH shall utilize strict security procedures and protection to ensure that these data are not disclosed to unauthorized third parties.\*\*
- Allow exchange of client and program information between MAA and DOH related to activities identified in this interagency agreement.\*\*
- Allow exchange of client and program information between Medicaid health care providers and CSHCN agencies as needed to effectively deliver CSHCN and Medicaid covered health care services.\*
- Allow exchange of client and program information between Medicaid health care providers and WIC agencies as needed to effectively deliver WIC and Medicaid covered health care services.\*\*
- Allow exploration of linked databases where appropriate, to better determine the needs of children with special health care needs.\*\*
- With regard to the MAA/Disease Management Program and the CSHCN Program, allow exchange of information to improve coordination of services for CSHCN.

**THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, MEDICAL ASSISTANCE ADMINISTRATION (DSHS-MAA) STAFF AND CONTRACT RESPONSIBILITIES:**

DSHS shall retain administrative authority for Title XIX programs administered for DSHS by the DOH. DSHS shall also retain administrative authority for Title XIX programs.

**I. GENERAL RESPONSIBILITIES:**

- Reimburse approved providers billing for MSS, Prenatal Genetic Counseling Services, and HIV/AIDS Case Management, ~~Community AIDS Service Alternatives (CASA), and HIV/AIDS Private Duty Nursing~~ through the Medicaid Management Information System (MMIS) in compliance with established MAA procedures.
- Provide updates to DOH regarding Medicaid and S-CHIP eligibility requirements and program changes.
- Assist Title V contractors in obtaining Title XIX administrative match for Medicaid related activities provided to Medicaid recipients.
- The Division of Disabilities Determination Services (DDDS) will refer to the Title V CSHCN program, all SSI blind and disabled childhood disability decisions who are under the age of sixteen.
- Designate individuals, as appropriate, to coordinate with DOH staff on Medicaid related activities.



## **II. IMMUNIZATIONS:**

- Report to DOH/Immunization Program, the percent of the population that is Medicaid eligible children and the number of S-CHIP enrolled children.
- Provide expenditure, utilization, encounter, fee for service, and other reports/data as mutually agreed upon by DOH and MAA.
- Coordinate with DOH Immunization Program in identifying and reporting immunization data needed to maintain compliance with federal laws pertaining to the VFC program.
- Collaborate with DOH in developing and implementing strategies to improve provider compliance with VFC program accountability requirements.
- Reimburse DOH for the state and federal S-CHIP match for vaccine supplied for S-CHIP children in accordance with DOH/DSHS-MAA Accounting Procedures in Exhibit F1 of this Agreement.

## **III. ACCOUNTING:**

- Provide DOH with a method for claiming Title XIX federal financial participation for Medicaid related administrative expenditures, direct services, and assist DOH in maintaining DOH/DSHS-MAA Medicaid accounting procedures to provide indirect costs through cost allocation.
- Operate in accordance with DOH/DSHS-MAA accounting procedures outlining accounting and billing procedures.
- In collaboration with DOH, develop a method for claiming HCFA federal and state financial participation for vaccine related expenditures used to immunize S-CHIP eligibles.
- Assist DOH in maintaining DOH/DSHS-MAA Medicaid accounting procedures to bill DOH the state share for services processed through MMIS.

## **IV. FIRST STEPS TRAINING – WALWICA**

- MAA will reimburse DOH for the state and federal match associated with the First Steps ABC's Training and Regional meetings conducted through a contract with WALWICA in accordance with DOH/DSHS-MAA MAA Accounting Procedures in Exhibit F of this Agreement.

## **V. OFFICE OF COMMUNITY AND RURAL HEALTH**

- MAA will make available to OCRH updated versions of the software

GeoNetworks, GeoCoder, Streets and GeoReferral as they become available through CY2004.

## **VII. TOBACCO CONTROL AND PREVENTION PROGRAM**

- ~~• MAA will reimburse DOH for the Title XIX federal administrative match related to the Tobacco Quit Line based on the percent of Medicaid clients making an initial contact to the Quit Line.~~
- MAA will reimburse DOH for the Title XIX federal administrative match related to DOH staffing and related costs for administering the Tobacco Quit Line and other tobacco initiatives targeted to Medicaid clients including tobacco training and materials for Maternity Support Services providers.

## **XI. WASHINGTON BREAST AND CERVICAL HEALTH PROGRAM (WBCHP) TRANSITION TO MEDICAID CASE MANAGEMENT**

MAA will:

- Accept applications and approve eligibility for Medicaid with reasonable promptness, in accordance with the requirements of the Medicaid program.
- Give formal notice to applicants of the results of the eligibility determination and offer the opportunity to have unfavorable determinations reconsidered, according to the requirements of the Medicaid program. Notice of favorable eligibility determinations shall include the date that the applicant is enrolled as a Medicaid beneficiary, including retroactive eligibility, if applicable, a description of benefits, and information on providers who are available to the beneficiary under the Medicaid program.
- MAA will provide WBCHP Prime Contractors with a copy of applicant's notice of eligibility.

## EXHIBIT C

### ADMINISTRATIVE MATCH REIMBURSABLE

#### ACTIVITIES: OUTREACH AND LINKAGE

Outreach and linkage activities reimbursed by MAA through the Administrative Match program are limited to activities that provide information about the Medicaid program, help potential Medicaid eligibles through the application process, and enhance the ability of Medicaid eligibles to access Medicaid services. **Activities that link families with services other than Medicaid are not reimbursable under the Administrative Match program.**

**Specific administrative match activities, and examples of such activities, are described below:**

- A. Contact with **client** or another agency regarding Medicaid eligibility. For example:
- Perform outreach activities to:
    - Low-income individuals and communities regarding the availability of Medicaid coverage, including coverage for children living alone or in families with family income at or below 200% of the federal income guidelines, and to pregnant and parenting teens.
    - Families with children, and to children that result in applications referred for an eligibility determination.
    - Inform individuals about Medicaid and explain the benefits of health coverage through Medicaid.
    - Assist Medicaid recipients eligible for *Healthy Options* in the selection of a contracted carrier and selection of a PCP with that participating carrier.
  - Have Medicaid application forms available and assist individuals in completing the application and gathering the needed proof to support eligibility.
    - For families desiring medical only coverage for the children, forward (mail or FAX) the application and supporting information to MAA's Medical Eligibility Determination Services (MEDS) for processing.
    - MEDS mailing address is:  
PO Box 45531  
Olympia, Washington 98504-4431, or

- FAX at (360) 586-2042
  - For families applying for cash grants, medical and/or Food Stamps for adults in addition to medical benefits for children, refer them to the local DSHS Community Services Office (CSO).
- B. Contact with **medical provider/client** regarding referral for health needs for Medicaid clients. For example:
- Perform linkage activities to help interested individuals make connections with Medicaid services.
    - For individuals enrolled in Medicaid managed care plans, assist them to access their managed care providers and those Medicaid services not covered by the managed care plans.
    - Provide outreach to and contact with clients to help them understand managed care and how to use it, including *Healthy Options* enrollment, assignments, and trouble-shooting.
    - Assist Medicaid individuals to obtain substance abuse and mental health services in the community, as appropriate.
    - Help Medicaid individuals access dental care.
  - Provide information to *Healthy Options* members on appropriate places to:
    - Request change in carrier
    - Request change in PCP
    - File a complaint or grievance
    - Request a Fair Hearing
    - Enroll new members of household
- C. Contact to **arrange transportation** for Medicaid clients to Medicaid services, including Healthy Kids (Early and Periodic Screening, Diagnosis and Treatment [EPSDT]) examinations. For example:
- Work through the Medicaid transportation broker to set up transportation to Medicaid services.
  - Educate clients on the Medicaid transportation brokerage system and help them learn to access it.

- D. Client contact **encouraging Healthy Kids** (EPSDT) examinations and follow-up activities. For example:
- Inform children/families about the importance of Healthy Kids examinations -- including immunizations and dental care.
  - Assist in scheduling appointments for Healthy Kids examinations and follow-up treatment.
  - Make transportation arrangements to Healthy Kids examinations and/or follow-up care.
  - Inform children/families when and where children are to be screened and/or immunized.
  - Work with carriers/PCPs on improving EPSDT immunizations.
- E. Discussion with a **provider to accept Medicaid** clients. For example:
- Recruit community medical/dental providers to accept and serve Medicaid eligible individuals and assist Medicaid eligibles to keep scheduled appointments.
  - Assist with arrangements for specialty care.
- F. **Community resource development/system coordination** to improve capacity to provide services to Medicaid-eligible clients. For example:
- Encourage medical/dental providers to accept and serve Medicaid eligibles and streamline referral system to improve client access to services.
  - Educate the client/provider/community regarding managed care.
  - Assist with appropriate systems development, participate with Medicaid studies, etc.
  - Work with *Healthy Options* Plans and participate in community assessment/planning processes to increase network adequacy.
  - Coordinate Medicaid-related service delivery systems to increase access by Medicaid clients, including serving on Medicaid-related committees and participating in local Medicaid-related activities.

- Work together with providers to create greater linkages to services and support to individuals who are Medicaid eligible, but who are not fully utilizing their Medicaid benefits.
- Work with carriers to assist them in development of working relationships within respective communities.
- Be active participants on *Healthy Options* oversight committees within respective counties.

G. Medicaid **training**. For example:

- With MAA staff assistance, train providers about managed care in general and about specific services to high need groups such as Supplement Security Income (SSI) eligibles, children, and pregnant women.
- Provide or receive training specifically related to performing Medicaid administrative match services. Includes Skilled Professional Medical Personnel when training is non-health related such as computer training necessary to administer the Medicaid program.

H. Activities performed by **Skilled Professional Medical Personnel**

These linkage activities are to be performed only by Skilled Professional Medical Personnel (SPMP), and only when their professional knowledge and expertise is required. For example:

- Efforts to identify medically at-risk potentially eligible Medicaid individuals who may benefit from program participation.
- Care planning and coordination activities for Medicaid clients that lead to, carry out and maintain a plan of treatment or care that is designed to achieve a positive health outcome or stabilize a poor health condition.
- Anticipatory guidance for complex health needs to prepare for, coordinate or provide information about growth and development and the prevention of injury, disease and/or disability.
- Skilled professional medical consultation and assistance to individuals, providers, staff of the other agencies, and the community.
- Provider relations and resource development that establish, expand and maintain the pool of eligible service providers.
- Participation in regional and statewide provider meetings and workshops on issues of client care and treatment when related to Medicaid service delivery.

- Skilled professional medical training when SPMP are conducting or participating in activities that result in Medicaid-related training. The content of the training, the amount of time of the training, and the names and titles of attendees must be documented for audit allowance. The training agenda, descriptive brochure, and attendance record or training log for each training occurrence must be kept.
- Internal quality management by SPMP only when performing Medicaid-related quality management activities such as utilization review, ongoing evaluation, development of standards and protocols.

When assisting clients to select a health care plan, the Contractor and its subcontractors, if any, shall inform clients of all enrollment options and not unduly influence clients to select a plan in which the Contractor or its subcontractors, if any, participate.

This Agreement DOES NOT cover:

- Direct patient medical/health services or remedial services.
- Physician extender activities that are an integral part or extension of a direct medical/health or remedial service.
- Expenses related to the development and production of materials or public marketing (including but not limited to materials for outreach, education, and training) **EXCEPT WHEN PRIOR WRITTEN APPROVAL FROM MAA HAS BEEN OBTAINED THROUGH AN AMENDMENT TO THIS CONTRACT.**
- Expenses related to outreach and linkage activities provided to residents and/or inmates of public institutions who are ineligible for Medicaid.
- Activities performed by case managers or maternity support workers on behalf of clients (and their families) receiving services under the following programs: Maternity Case Management, Maternity Support Services, or HIV/AIDS Case Management.
- General public health promotion activities.
- Professional development and training that a professional needs to know to perform the duties of his/her profession appropriately.

The Contractor shall not sub-contract for activities covered under Exhibit C with Medicaid providers of direct client care (such as hospitals, clinics, physicians, etc.), unless prior approval for such sub-contracting is obtained from MAA.

At MAA's request, the Contractor will supply MAA with the names of each sub-contractor, a description of what the Contractor is paying each sub-contractor to do and the dollar amount of each sub-contract.

This Agreement does not authorize the Contractor to provide training and/or technical assistance to other contractors or potential contractors regarding administrative match claiming. The Contractor is authorized to describe its administrative match program, encourage others to participate, and refer interested parties to MAA for additional information, training and technical assistance regarding administrative match claiming. MAA retains sole responsibility for all state policy, procedure and interpretations thereof.



## **EXHIBIT E**

### **COMPENSATION AND ADMINISTRATION**

#### **I. CONSIDERATION AND PAYMENT**

Consideration for the work provided in accordance with this Agreement has been established under the terms of RCW 39.34.130. Compensation for services shall be based on the following rates or in accordance with the following terms.

- The Federal Financial Participation (FFP) rate for reimbursable administrative Home Birth activities will be 50%.
- The FFP rate for reimbursable administrative Client Outreach Project activities will be 90%.
- To the extent allowed by federal regulations, the appropriate Federal Financial Participation (FFP) match rate of 50% will be applied on family planning related Medicaid activities including outreach and the development, printing and distribution of family planning materials for Medicaid providers and clients. General public outreach is not matchable.
- To the extent allowed by federal regulations, a 75 percent FFP match rate will be applied on activities performed by skilled professional medical personnel and their related support staff for salary, benefits, travel and training expenses as defined in the federal regulations and per approval with DSHS MAA.
- To the extent allowed by federal regulations, a 50 percent FFP match rate will be applied on all other Medicaid administrative activities, including indirect costs related to activities performed by skilled professional medical personnel and their related support staff.

If the Contractor bills and is paid administrative match money for services that are later found undelivered or not delivered in accordance with applicable standards, the Contractor shall be responsible for any disallowances and/or penalties and shall fully cooperate in the recovery of funds.

The Contractor shall accept responsibility for any disallowances and/or penalties that the federal Health Care Financing Administration may determine during an audit. These disallowances and/or penalties may result from claims that MAA submitted on behalf of the Contractor's billing of Medicaid.

## **II. COMPLIANCE: FEDERAL REGULATIONS**

For all Title XIX delegated program and administrative activities included in this agreement, DOH is responsible for maintaining compliance with Medicaid federal regulations and any overpayments requested as a result of audit findings. (42 CFR, Parts 430-433).

DOH will reference the Title XIX regulations (42 CFR, Parts 430-433) in all DOH contracts which include Title XIX administrative activities.

The following criteria must be met to claim 75 percent FFP for activities performed by skilled professional medical personnel (SPMP):

- The expenditures are for activities that are directly related to the administration of the Medicaid program and as such do not include expenditures for direct medical services or activities which are extensions of a direct medical service.
- The activity must require the medical expertise of the SPMP in order to be performed effectively. If the activity can be performed effectively without SPMP expertise, the match rate is 50 percent regardless of the qualifications of the person performing the activity.
- The skilled professional medical personnel have professional education and training in the field of medical care or appropriate medical practice. "Professional education and training" means the completion of a two-year or longer program leading to an academic degree or certificate in a medically related profession. This is demonstrated by possession of a medical license, certificate, or other document issued by a recognized National or State medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization. Experience in the administration, direction, or implementation of the Medicaid program is not considered the equivalent of professional training in a field of medical care.
- The skilled professional medical personnel are in positions that have duties and responsibilities that require those professional medical knowledge and skills.
- The directly supporting staff are secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the skilled professional medical staff. The skilled professional medical staff must directly supervise the supporting staff and the performance of the supporting staff's work.

- An employer-employee relationship must exist between the Contractor and the skilled professional medical personnel and directly supporting staff.

State Match:

- The Contractor shall ensure that Contractor's monetary share (also known as state match) for administrative match activities is non-federal money which has not been and will not be used as match for federal money by the Contractor or any other agency.
- The Contractor shall also ensure that funds used as state match meet federal regulations regarding state match funding.
- State match funds must be available for Medicaid-related claimed activities and within your agency's control and budget.
- Funds donated by Medicaid providers may not be used as state match unless prior approved by MAA.

### **III. CONTRACT ADMINISTRATION**

The Program Manager for each of the parties shall be responsible for and shall be the contact person for all communications and billings regarding the performance of this Agreement.

The program Manager for DSHS is:

Gayleen Davis  
PO Box 45530  
Olympia, Washington 98504-5530  
(360) 753-1493

The Program Manager for DOH is:

Sherilynn Casey  
PO Box 47880  
Olympia, Washington 98504-7880  
(360) 236-3519

## EXHIBIT F7

### DOH/DSHS-MAA ACCOUNTING PROCEDURES

DOH will bill DSHS-MAA for administrative, direct service and indirect costs for Title XIX and Title XIX related activities as described in this agreement. In addition, DOH will bill DSHS-MAA for the cost of vaccines for children enrolled in the S-CHIP Program (Title XIX) in accordance with the Exhibit B. DSHS-MAA will also bill DOH for state and federal direct service and administrative activities as described in this agreement. The following accounting procedures describe the billing methodologies agreed to by DOH and DSHS-MAA.

#### **A. Title XIX Administrative Costs:**

1. Expenditures are incurred and paid by DOH, using established coding for Title XIX services. Reimbursement may be 50/50, 75/25, or 90/10 federal/state, depending on type of service. Contracted amounts are encumbered by DOH Grants Management analysts to show obligations to date, and liquidated at the time of payment. These are identified by specific NBxxxx object coding.
2. Quarterly, DOH Grants Management uses ADDS reports to consolidate direct expenditures and cost allocation system reports to reflect indirect costs associated with direct Title XIX expenditures. Indirect costs are billed at the 50/50 federal/state reimbursement rate, regardless of the direct service expenditure rate of 50/50, 75/25, or 90/10 federal/state.
3. DOH Grants Management prepares a separate worksheet and billing, quarterly, and submits it to DSHS-MAA, on an A-19. The A-19 must include: a) dollar amounts billed by federal match rates, and b) the statement *“I certify that these expenses were incurred for outreach services for potential Medicaid clients or Medicaid administrative purposes related to Medicaid-covered recipients. I also certify that funds being used to claim FFP are available and are not federal funds.”*
4. DOH Grants Management prepares journal voucher to accrue receivable. This amount shows as a negative “S” interagency reimbursement in the accrual column of ADDS reports.
5. DOH receives payment, by journal voucher, from DSHS-MAA.
6. DOH Grants Management attaches coding structure breakdown to journal voucher and submits to fiscal for input.

7. At the end of each state fiscal year, DOH Grants Management estimated billings and receivables are accrued. This is based primarily on contract balances and other significant outstanding invoices and known expenditures.
8. On HMHB contract, all donated funds are tracked by the DOH grant analyst and sent to the DOH Revenue Unit designated for the HMHB toll-free line/outreach. DOH maintains a log of all local and state donated funds which qualify for Title XIX administrative match for the HMHB contract.

## **B. Vaccine Reimbursement:**

1. Based on the report from DSHS-MAA identifying the percent of the population that is Medicaid eligible children, DOH will determine the amount of state distributed vaccine provided to Title XIX eligible children. DOH will then seek Federal Vaccine For Children (VFC) funds as reimbursement for those eligible children.
2. Effective February 1, 2000, DOH will bill DSHS-MAA for the cost of vaccine for children enrolled in the S-CHIP Program (Title XIX). Based on the report from DSHS-MAA identifying the number of children (by age category) enrolled in the State Children's Health Insurance Program (S-CHIP) and as per Exhibit B1, the distributed vaccine for these children will be determined. As per federal requirements, DOH will bill DSHS for the cost of this vaccine.
  - DSHS will provide a monthly report to DOH, showing the age and ethnicity of the S-CHIP eligibles.
  - DOH will prepare an A-19 to be submitted to DSHS, on a quarterly basis, for the cost of vaccine for the identified S-CHIP children. The A-19 will include the statement, *"I certify that these expenses were incurred for vaccine provided to S-CHIP enrolled children."* A copy of each quarterly report will accompany the A-19.
  - DOH Grants Management prepares journal voucher to accrue Receivable. This amount shows as a negative "S" interagency reimbursement in the accrual column of ADDS reports.
  - DOH receives payment, by journal voucher, from DSHS-MAA.
  - DOH Grants Management attaches coding structure breakdown to journal voucher and submits to fiscal for input.
  - At the end of each state fiscal year, DOH Grants Management estimated billings and receivables are accrued.
    - Quarterly, DOH Grants Management uses ADDS reports to consolidate direct expenditures and cost allocation system reports to reflect indirect costs associated with S-CHIP vaccine.

## **C. Prenatal Genetic Counseling Direct Services:**

1. Agreement between DSHS and DOH to enable genetic counseling service providers to bill DSHS directly for services. DSHS will pay provider 100% of eligible expenditures and bill DOH to recover required State match.
2. DOH program staff approves eligible providers and in coordination with DSHS, gets them set up with a provider number in order to participate in this Title XIX benefit program.

3. Quarterly, DOH Grants Management analyst receives billing from DSHS-MAA. This bill reflects; provider, payment amount, month of payment, and month of service. It also reflects prior payment amount.
4. DOH Grants Management analyst receives authorized signature on A-19 from Genetics program manager.
5. Journal voucher is prepared to make payment, using one line of coding (See #4) - (General fund state dollars - Sub object NB-no sub sub). NB being used as there is a contract between DSHS-MAA/DOH although no contract between DOH and provider.
6. Journal voucher is sent to fiscal for input and copy sent to DSHS-MAA for their information and posting.

#### **D. HIV/AIDS Case Management**

1. DOH will bill providers for state match on a quarterly basis.
2. DOH will account for local matching shares in accordance with established DOH procedures, including accounting for payment to DSHS as a receivable account from providers, and reimbursement as recovery of expenditures.
3. DOH will adjust or collect from each provider the state funds portion of the quarterly expenditures according to the amounts shown on the DSHS billing.
4. DSHS will provide a quarterly report to DOH, by the 15th of the month following the quarter, showing the state and federal amounts paid to each HIV/AIDS case management provider.
5. DSHS will prepare an A-19 to be submitted to DOH for the amount of the state funds owed to DSHS by DOH. A copy of each quarterly report will accompany the A-19.

#### **E. Distribution of DOH/MAA Accounting Procedures**

A copy of the DOH/DSHS-MAA 2000 Accounting Procedures will be distributed to:

***DOH/DSHS Interagency Agreement Contract File***  
***Sherilynn Casey, Maternal Infant Health, CFH, DOH***  
***Mary Sherman, Grants Management, DOH***  
***Diana Larsen-Mills, Division of Program Support, MAA, DSHS***  
***Stacy Dillon~~Linda Hanlon~~, Division of Finance and Budget, MAA, DSHS***  
***~~Roger Harper~~, Division of Finance and Budget, MAA, DSHS***

#### **F. First Steps Training**

1. WALWICA expenditures are incurred and paid by DOH, using established coding for Title XIX services. Maximum reimbursement is not to exceed:
  - \$6,776 from April 1, 2000 through June 30, 2000
  - \$7,376 from July 1, 2000 through December 31, 2000

- \$18,950 from January 1, 2001 through June 30, 2001
- \$18,240 from July 1, 2001 through September 30, 2001
- \$7,000 from October 1, 2001 through December 31, 2001
- \$ 17,850 from January 1, 2002 through June 30, 2002
- \$ 26,340 from July 1, 2002 through September 30, 2002
- \$ 8,800 from October 1, 2002 through December 31, 2002
- \$68,550 from March 1, 2003 through December 31, 2004

Reimbursement is 50 % federal and 50 % state. Contracted amounts are encumbered by DOH Grants Management analysis to show obligations to date, and liquidated at the time of payment. These are identified by specific NBxxxx object coding.



2. Quarterly, DOH Grants Management uses ADDS reports to consolidate direct expenditures and cost allocation system reports to reflect indirect costs associated with direct Title XIX expenditures.
3. DOH Grants Management prepares a separate worksheet and billing for First Steps Training, quarterly, and submits it to DSHS-MAA, on an A-19. The A-19 must include: a) dollar amounts billed by federal and state match rates, b) the interagency agreement section references related to First Steps training-WALWICA, and c) the statement *“I certify that these expenses were incurred for Medicaid administrative purposes related to Medicaid-covered recipients.”*
4. DOH Grants Management prepares journal voucher to accrue Receivable. This amount shows as a negative “S” interagency reimbursements in the accrual column of ADDS reports.
5. DOH receives payment, by journal voucher, from DSHS-MAA.
6. DOH Grants Management attaches coding structure breakdown to journal voucher and submits to fiscal for input.
7. At the end of each state fiscal year, DOH Grants Management estimated billings and receivables are accrued. This is based primarily on contract balances and other significant outstanding invoices and known expenditures.

#### **G. Office of Community and Rural Health**

1. Expenditures are incurred and paid by MAA. Maximum amount to be billed to DOH is \$20,000 as follows: \$4000 January 2001 through June 2001; \$4000 July 2001 through June 2002; \$4,000 July 2002 through June 2003; and \$8000 July 2003 through June 2004. Reimbursement is 100 % state funds.
2. DOH Grants Management analyst receives billing from DSHS-MAA for expenditures related to the annual license fees for shared GeoNetworks, GeoCoder, Streets and GeoReferral software.
3. DOH Grants Management analyst receives authorized signature on A-19 from OCRH Coordinator.
4. Journal voucher is prepared to make payment, using one line of coding for state dollars.
5. Journal voucher is sent to fiscal for input and copy sent to DSHS-MAA for their information and posting.