DEPARTMENT OF HEALTH AND HOSPITALS

Intra-Departmental Agreement

between

OFFICE OF PUBLIC HEALTH
(Title V)

AND

BUREAU OF HEALTH SERVICES FINANCING
(Title XIX)

Effective July 1, 1990

Approved:

Carolyn O. Maggio, PD
Director, Bureau of Health Services Financing

Joel L. Nitzkin, MD, DPA
Director, Office of Public Health
1. **Parties to the agreement:**

42CFR 431.615, and the Social Security Act, Section 1902 (a) 11 (Title XIX), and Section 513 (c) (Title V), set forth the requirement for a collaborative agreement between the State Title V Agency and the State Title XIX agency.

This agreement fulfills the requirement for this collaborative agreement and outlines the relationship between the Bureau of Health Services Financing, the State’s designated Title XIX Agency, and the Office of Public Health, the State’s designated Title V Agency.

The Louisiana Department of Health and Hospitals is the organizational entity within state government that is charged with the responsibility to administer both the Bureau of Health Services Financing and the Office of Public Health. The Bureau of Health Services Financing, hereafter referred to as Medicaid, is responsible for policies, planning and management of the Medicaid Program. The Office of Public Health, hereafter referred to as Public Health, is responsible for program planning, policies, and operational management of the Title V programs and has organizational responsibility for the health units in all parishes of the State except Orleans and Plaquemines parishes.

11. **Content of the agreement:**

   A. **Goal/Purpose of Agreement**

   The overall goal of this agreement is to improve the health status of children by assuring the provision of preventive services, health examinations, and the necessary treatment, and follow-through care, preferably in the context of an on-going provider-patient relationship and from comprehensive, continuing care providers.

   B. **Mutual Objectives of the Agreement/Responsibilities of each Party**

   Medicaid and Public Health share the same goal of improving the health status of indigent women of childbearing age and the population under age 21 in Louisiana.

   1. **General Objective** - to assure that the State MCH agency under Title V of the Social Security Act and the State Medicaid Agency have in effect a functional relationship via an interagency agreement which provides for the maximum utilization of the care and services available under the MCH programs, and utilizes the MCH programs to develop a more effective use of Medicaid resources in financing services to Medicaid eligibles provided by Title V programs.

   2. **MCH Objectives**

   a. to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services;

   b. to reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children;

   c. to reduce the need for inpatient and long-term care services;

   d. to increase the number of children (especially preschool children) appropriately immunized against disease and the
number of low income children receiving health assessments and follow-up diagnostic and treatment services, and otherwise to promote the health of mothers and children (especially by providing preventive and primary care services for low income children, and prenatal, delivery, and postpartum care for low income mothers);

e. to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI of this Act;

f. to provide services for identifying, and for medical, surgical, corrective, and other services, and care for, and facilities for diagnosis, hospitalization, and aftercare for children who are crippled or who are suffering from conditions leading to crippling;

g. to identify Medicaid-eligible children receiving services in parish health units and refer these children promptly for EPSDT services;

h. to provide EPSDT services through the parishes health units of the Office of Public Health and the eight district Handicapped Children’s Program offices;

i. to assure that EPSDT patients served by MCH have access to and receive the full range of services. This includes scheduling and following up assessment, diagnostic and treatment services;

j. to assess quality of care provided by the Office of Public Health utilizing a uniform quality assurance mechanism;

k. to have a major role in establishing standards, policies and procedures for health care services. MCH interprets standards to providers, provides education to enhance implementation, promotes quality of care and assesses progress; and

l. to provide pertinent data for program evaluation.

3. Medicaid objectives

a. General - to provide medical assistance to low-income persons who are age 65 or over, blind, disabled or members of families with dependent children or qualified pregnant women or children.

b. EPSDT

1. to manage a comprehensive child health program of prevention and treatment;

2. to assure the availability and accessibility of required health care resources;

3. to help Medicaid recipients and their parents or guardians effectively use them;

4. to seek out eligibles and inform them of the benefits of prevention and the health services and assistance available;

5. to help them and their families use health resources, including their own talents and knowledge, effectively and efficiently;

6. to assess the child’s health needs through initial and periodic examinations and evaluation; and

7. to assure that health problems found are diagnosed and treated early, before they become more complex and their treatment more costly.
4. Method for reimbursement - Public Health will be reimbursed on a fee for service basis.

5. Method of exchange of information
   a. Both parties shall maintain strict confidentiality of patient medical records and other similar records in accordance with the law and established ethical standards.
   b. Both parties agree to establish accounting procedures, fiscal reporting and other records to assure proper accountability for fiscal transactions and for documentation of Title V services delivered to Medicaid-eligibles.
   c. The books, records and documentation of Public Health, insofar as they relate to work performed or money received under this agreement shall be maintained in conformity with generally accepted accounting principals for a period of three full years from the date of the final payment, and shall be subject to audit, at any reasonable time and upon reasonable notice by Medicaid or their duly appointed representative.
   d. All services delivered by Title V agencies/clinics to Medicaid-eligibles shall be documented in the patients medical record in accordance with current accepted and approved standards and practices.

6. Method for periodic review and joint planning for changes in the agreement
   a. Public Health will establish, jointly with the Bureau of Medicaid, a Medicaid/Title V advisory committee to monitor implementation of this agreement, to coordinate services offered and to review and update its provisions as necessary.
   b. The Advisory Committee will meet at least every six months when either party requests that a formal meeting be conducted.
   c. The Advisory Committee, at a minimum, will be comprised of:
      1. Maternal and Child Health Director
      2. Maternal and Child Health Medical Director
      3. WIC Director
      4. Medicaid representative as designated by that Bureau

7. Joint Evaluation of Policies
   a. It will be the function of the joint Medicaid/Title V Advisory Committee to review periodically the tenets of this agreement with the aim of assuring
      1. that all Medicaid-eligibles in need of Title V services receive them
      2. that appropriate fiscal documentation is ongoing
      3. that patient services are documented in accordance with accepted standards
      4. that information flows freely between both parties.