INTERAGENCY AGREEMENT
between the
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES,
FAMILY HEALTH DIVISION
and the
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
FINANCE AND SUPPORT,
MEDICAID (TITLE XIX)

This agreement is entered into by and between the Nebraska Department of Health and Human Services, Family Health Division (hereinafter FHD) and the Nebraska Department of Health and Human Services Finance and Support, Medicaid Program, Title XIX (hereinafter Title XIX Agency).

WHEREAS this written agreement specifically references the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Title V Programs within the FHD, it is the intent of FHD and Title XIX to coordinate broadly in the assurance of services for low income families, including such services as family planning, immunizations, school and adolescent health and newborn screening/genetics.

WHEREAS, Title V of the (Public Health) Social Security Services Act (Maternal and Child Health Services Block Grant), Section 505 (a)(5)(F)(I) requires the State Title V Agency to "participate in the arrangement and carrying out of coordination agreements described in section 1902(a)(11)" of the Social Security Act; and

WHEREAS, the Child Nutrition Act of 1989, Section 17(e)(4)(B) requires the WIC Agency and the Food, Agriculture, Conservation, and Trade Act of 1990 (Farm Bill) for the CSFP Agency, requires that each individual applying or reapplying for the WIC Program or the CSFP be provided with written information about Medicaid and referral to Medicaid, or the Title XIX Agency or to agencies authorized to determine presumptive eligibility for Medicaid, if such individuals are not participating in Medicaid and appear to have family income below the applicable maximum income limits for Medicaid.

WHEREAS, Title XIX of the Social Security Act (Medicaid), Section 1902(a)(11) (A) provides for entering into cooperative arrangements with the State agencies responsible for administering and/or supervising the administration of services to ensure maximum utilization of such services. Section 1902(a)(11)(B) requires provision of appropriate reimbursement for the cost to any Title V project (included in the State Plan) by Title XIX for services and care provided to Medicaid recipients; and

WHEREAS, 42 CFR 441.61 Title XIX Medical Assistance Programs (Medicaid), specifies that the State Title XIX plan for HEALTH CHECK, the Nebraska Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services incorporate 1) the identification of available Title V screening, diagnosis and treatment facilities and services; 2) procedures to assure maximum utilization of such facilities and services; and 3) procedures for assuring that Title XIX recipients eligible for Title V services be informed of such services and are so referred; and

WHEREAS, 42 CFR 431.615 Title XIX Medical Assistance Program (Medicaid), requires that the State Title XIX plan include written cooperative agreements with Title V grantees to assure that Title V recipients eligible for Title XIX receive services with particular emphasis on HEALTH CHECK; and
WHEREAS, the Nebraska Department of Health and Human Services is responsible for the conduct of the Family Health Division Programs and the Department of Health and Human Services Finance and Support is responsible for the conduct of the Title XIX Program and no party to this Agreement may assume the responsibilities of any other party unless such is specifically delegated as a term of this Agreement;

WHEREAS, the inherent goal of both parties is to assure an integrated system of high quality, comprehensive, adequately financed health services to FHD/Title XIX eligible individuals; and

WHEREAS, the parties agree to the following definitions of services central to this agreement:

**Family Health Division**
The Family Health Division (FHD) is a unit within the Office of Preventive Health and Public Wellness, Nebraska Department of Health and Human Services. This unit is broadly responsible for core public health functions as they specifically address the following population groups: pregnant women and all women of reproductive age, infants, children, adolescents, and their families. The FHD administers specific programs including: Commodity Supplemental Food Program; Immunization Program; Newborn Screening/Genetics Program; Perinatal and Child Health Program (includes management of the Maternal and Child Health Block Grant/Title V); Reproductive Health (includes management of the Title X Family Planning grant); School and Adolescent Health Program (includes management of the Abstinence Education Block Grant); and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

**Maternal and Child Health Block Grant (MCH)/Title V**
Maternal and Child Health (Block Grant) funding provides access to maternal and child health services that are family centered, community-based, effectively coordinated, and facilitate development of system of care for children with special health care needs and their families. Services provided under the Maternal and Child Health Block Grant improve the health of mothers and children, especially those who do not have access to quality maternal and child health care, are consistent with federal requirements. In accordance with the Omnibus Reconciliation Act (OBRA) of 1989, service provision is identified by three components: Component A which is preventive and primary services for pregnant women, mothers, and infants up to age one; Component B which is preventive and primary health care services for children and adolescents (through 21); and Component C which is family-centered community-based coordinated care and the development of community-based services for children with special health care needs and their families. Services are provided through subcontracts awarded through a Request for Proposal process as defined in federal law and guidance materials.

**WIC**
The Special Supplemental Nutrition Program for Women Infants and Children is a preventive health and nutrition program designed to influence lifetime nutrition and health behaviors. WIC was developed to prevent poor birth outcomes and improve health during critical times of growth and development. The program serves low income women who are pregnant, breast-feeding, or postpartum, and infants and children up to age five who are at nutritional risk. Program benefits include a monthly prescription of nutritious foods tailored to supplement participants' dietary needs, nutrition and health education, support during breast-feeding, and referrals to health services and other services and programs as needed. The program is federally funded by annual Congressional appropriations. Services are provided through subcontracts with local non-profit health, and human services agencies.
HEALTH CHECK (EPSDT)
HEALTH CHECK (EPSDT) is a service delivery system established to each eligible individual the opportunity for achieving and maintaining optimal health status. This can be facilitated by early detection of illness or conditions through regular and periodic screening examination, by providing follow-up care of the conditions detected during the screening, by providing continuity of care, and by promoting healthful lifestyles. It is intended to encourage and ensure that treatment is available and received by those eligible. Policy and criteria for HEALTH CHECK services are outlined in Chapter 33-000 of Title 471.

HEALTH CHECK (EPSDT) OUTREACH
HEALTH CHECK (EPSDT) Outreach is to actively promote an increased level of participation in HEALTH CHECK by (1) providing program information and, as needed, professional health education to parents, (2) by helping parents understand the need for preventive medical care through HEALTH CHECK, and (3) to maximize local resources to increase the quality and continuity of health care for eligible children. The goal is to increase the number of children screened in the outreach area by 5-10% per contract year.

NEBRASKA HEALTH CONNECTION
The Nebraska Health Connection (NHC) is the managed care program in which certain Medicaid eligible persons are required to participate. Medicaid eligible persons in Douglas, Sarpy and Lancaster Counties who are required to participate in NHC choose a primary care physician (PCP) and a medical health plan for medical/surgical care. Mental health and substance abuse benefits are provided statewide through a mental health/substance abuse plan for persons required to participate in managed care. These persons are automatically enrolled for a mental health/substance abuse plan. Policy for the NHC is outlined in Chapter 482 of Title 471.

KIDS CONNECTION
Kids Connection is a new health coverage program for uninsured children with funding available through Title XXI of the Social Security Act. It will be implemented as an extension of Medicaid and will cover children birth to nineteen years of age whose parents have income at or less than 185 percent of poverty who are not eligible under existing Medicaid eligibility criteria. Along with the expansion of this new Medicaid eligibility group is the implementation of presumptive eligibility for children and eligibility for a 12-month period before determination of eligibility. Kids Connection is expected to begin September, 1998.

NOW THEREFORE, the parties agree as follows to -

I. MUTUAL OBJECTIVES AND RESPECTIVE RESPONSIBILITIES:

A. Promote continuity of care, sharing of scarce expertise, reduction of unnecessary duplication of effort, efficient allocation of resources, and the achievement of greater accountability to produce an enhanced and expanded health care services system to mutual clients and improve the health of the families of the State of Nebraska.

B. Assure maximum utilization of Title XIX resources by those served by the programs of the Family Health Division and their providers.
1. The Title XIX Agency shall:
   a. Reimburse FHD program providers who are also Medicaid providers, in accordance with current Nebraska Medicaid rates and fees, for all services within the scope of the Nebraska Medicaid program.

   b. Establish a formal method of communication, collaboration and cooperation with FHD regarding procedures, periodicity and content standards for HEALTH CHECK (EPSDT), rates and reimbursement methods for services provided to mutual clients by regularly scheduled meetings at least semi-annually or as the need arises.

   c. Encourage and support the FHD policy to recover third party reimbursement and other revenues to the maximum extent possible so Federal grant dollars will be used most productively. It is the intent to make Medicaid funds the first and primary source of payment for medical services provided to Medicaid clients through the FHD programs.

   d. Plan, in conjunction with the Family Health Division, to address and remedy the following problems and issues in the fiscal relationship between Medicaid and the FHD providers:
      1) The potential for double billing, e.g., billing both Title XIX and various FHD programs for the same services.

      2) The possibility of missed billing, e.g., billing a FHD provider instead of Title XIX. Delegate the responsibility to the FHD providers to determine those individuals who are qualified Medicaid clients by requesting to see a current Medicaid eligibility document (Medicaid card, N-Focus card, or NHC ID document).

      3) The identification of individuals potentially eligible for both Title XIX and HEALTH CHECK services. These individuals will be informed of the availability of the screening and referred to the appropriate service to meet the client’s needs and to bill the Title XIX agency for HEALTH CHECK services with the appropriate procedure codes to ensure that accountability requirements for HEALTH CHECK are met.

   e) Identify overall services and provide, as needed, the maximum allowable rate information for procedures and updates.

2. The Family Health Division shall:
   a. Ensure that all applicable FHD providers shall bill the Title XIX agency for services provided, including HEALTH CHECK, in a manner prescribed by the Title XIX agency.

   b. Respond to and attend annual meetings regarding rates and reimbursement methods as determined by the Title XIX agency.

   c. Assure that all third-party revenues, including Medicaid, shall be retained by the FHD provider and used to expand and improve services offered to FHD clients.

   d. Cooperate and actively participate in the planning process described in Section I.B.1.d. of this agreement.
C. Maximize the potential for delegation of tasks by the Title XIX agency to the FHD to assure that Medicaid-eligible children have access to and receive the full range of assessment, diagnostic, and treatment services.

1. The FHD shall designate a Title V grantee to:
   a) Promote preventive health care and encourage eligible children to receive HEALTH CHECK screening examinations according to the American Academy of Pediatrics periodicity schedule to the target population identified by the Title XIX agency.
   b) Encourage and increase provider participation in the HEALTH CHECK program through direct contact with local providers.
   c) Contact children who missed screening appointments and/or have been screened and who did not follow-up with treatment services to determine the barriers to treatment and assist in initiating the care. Should a home visit be needed with the primary care giver to work with the family, a health professional (RN) will include a nursing assessment for gross physical appearance and health of the child at risk for screening or treatment. An assessment of nutritional status and possible eligibility for WIC, an assessment of immunization status, and an assessment of the home environment, patterns of utilization of health services, and parent's understanding of health and attitudes toward health maintenance. After the home visit, the nurse will make the appropriate referrals and contacts for supportive services.
   d) Provide the FHD documentation of Title V match on a quarterly basis.
   e) Submit to the FHD the required fiscal and program reports of Title V activities on a quarterly basis. Documentation of the professional staff allocation of time shall be maintained.

2. The FHD shall:
   a) Support through consultation and funding (if available) maternal and child health projects at the community level.
   b) Utilize Title V overmatch for Title XIX EPSDT outreach services.
   c) Assure that state match dollars are available prior to the start of the fiscal year and notify the Title XIX agency as soon as possible in the event funding will not be available.
   d) Provide the Title XIX agency with documentation of Title V overmatch on a quarterly basis.
   e) Shall forward to the Title XIX agency the grantee's outreach program reports and an itemized invoice to support quarterly financial claims. Documentation of the skilled professional staff allocation of time shall be maintained by the grantee.
   f) Accept responsibility for federal penalties or/adjustments which result if it is found on retrospective review or audit that state general funds were not available to match federal funds.
3. The Title XIX agency shall:
   a) Provide applicable FHD grantees referrals, data, reports, and other material needed and available to support the outreach activities.
   
   b) Assist FHD or its grantees to obtain correct reimbursement.
   
   c) Provide the Federal Financial Participation, at the current administrative match rates for skilled medical professionals and other operating costs allowed and directly related to EPSDT outreach activities.
   
   d) Provide financial reimbursement directly to the grantee based upon the grantee's invoice and narrative and on FHD's quarterly overmatch documentation.
   
   e) Receive and keep on file the FHD's report of anticipated Title V match each year.
   
   f) Evaluate, in conjunction with the FHD, the impact of the HEALTH CHECK outreach activities.

D. Encourage comprehensive and continuous care to mutual clients by encouraging or requiring providers in each program enjoined by this agreement, to identify and refer potentially eligible individuals through the use of reciprocal referrals.

1. The Title XIX Agency shall:
   a) Enroll on a timely basis, as Medicaid providers, all qualified FHD program providers who apply for such status and encourage credentialing by NHC health plans.
   
   b) Inform and refer all applicable clients to FHD providers as appropriate, and in some cases, as required by federal statute.
   
   c) Coordinate with qualified FHD programs to establish presumptive eligibility sites for pregnant women and children.

2. The FHD shall:
   a) Require all FHD program providers to inquire, apply, and receive Medicaid certification if qualified, and encourage credentialing with NHC health plans, where applicable.
   
   b) Inform and refer all applicable clients to the local Health and Human Services Office for determination of Medicaid eligibility.
   
   c) Coordinate with qualified FHD programs to establish presumptive eligibility sites for pregnant women and children.

E. Increase access to and improve delivery of family planning, prenatal and obstetric care to low-income women, particularly teenagers.

1. The Title XIX agency shall:
   a) Inform/educate the local Health and Human Services staff of the family planning, prenatal and obstetrical services available through appropriate FHD providers to potential mutual clients. Special focus shall be aimed at the teen population.
b) Refer all potential mutual clients for family planning, prenatal and obstetrical services, if after having been informed of the services, the client requests a referral.

c) Ensure that all mutual clients eligible for family planning, maternal and infant care services are informed of available HEALTH CHECK services and are appropriately referred if clients request the referral.

d) Reimburse family planning, maternal and infant care providers for providing all screening requirements to comply with HEALTH CHECK program services.

e) Include FHD staff in quality assurance activities for the Medicaid managed care.

f) Coordinate with the FHD to address and resolve identified barriers to accessing health care.

2. The FHD shall -

   a) Inform all FHD providers that referral for Medicaid benefits should be made to all potential mutual clients.

   b) Refer all potential mutual clients who qualify for Medicaid, if after having been informed of the services, the client desires to be referred.

   c) Inform all mutual clients of the availability of HEALTH CHECK program services and provide such screening services and refer, if the client so desires, to appropriate services to meet the client's needs.

   d) Submit to the Title XIX agency for the HEALTH CHECK program services on the approved form so accountability requirements for HEALTH CHECK can be met.

   e) Participate in quality assurance activities for Medicaid managed care.

   f) Coordinate with the Title XIX to address and resolve identified barriers to accessing health care.

F. Develop a system that assures early identification of Title XIX eligible individuals, including pregnant women, in need of preventive health, medical, or remedial care and services, and assists and supports such individuals in obtaining needed services.

1. The Title XIX agency shall - (these may be tasks performed by local office staff in a different H&HS agency)

   a) Inform and educate all Title XIX state and local health and human services agencies to make them knowledgeable of the services offered by FHD programs to enable personnel to make referrals of potentially mutual clients who qualify for such services.

   b) Refer all potential mutual clients for FHD programs, if after having been informed of the benefits and services, the client requests a referral.
c) Cooperate with the FHDI in stressing the need at the local level for development of a reciprocal referral system.

d) Cooperate with the development, establishment, implementation, and ongoing evaluation of the Title V toll-free phone line for expectant mothers and mothers of children and share provider enrollment information on a regular basis. Cooperate with Title V in establishing protocol on how referrals are made to Title XIX providers.

2. The FHDI shall (these tasks may be performed by local grantees as a designee):
   a) Inform and educate all FHDI staff and providers to make them knowledgeable of the services offered by, and eligibility requirements of Title XIX and enrollment requirements for the NHC for potentially mutual clients.

b) Refer to and inform local Title XIX agencies of a potential mutual client.

c) Cooperate with the Title XIX agency in encouraging and developing reciprocal referral systems at the local level.

d) Cooperate with the development, establishment, implementation, and ongoing evaluation of the Title V toll-free phone line for expectant mothers and mothers of children and share toll-free phone line information regarding utilization problems, reports, and any other activities related to Title XIX.

II. DOCUMENTATION

Program reports will be developed to support financial claims for federal Medicaid financial match funding. The FHDI or its grantees will maintain a method of readily identifying Medicaid eligible children benefiting from the activities within the scope of this agreement.

The FHDI will:

Assure that state match dollars are available prior to the start of the fiscal year and notify the Title XIX agency as soon as possible in the event funding will not be available.

Provide the Title XIX agency with documentation of Title V overmatch on a quarterly basis.

Forward to the Title XIX agency the grantee's outreach program reports and an itemized invoice to support quarterly financial claims. Documentation of the skilled professional staff allocation of time shall be maintained by the grantee.

The Title XIX Agency will:

Provide financial reimbursement directly to the grantee based upon the grantee's invoice and narrative and on FHDI's quarterly overmatch documentation

III. CONSIDERATION

The Title XIX agency agrees to pay the FHDI or its grantee the applicable federal share of the allowable and reasonable costs incurred in providing the HEALTH CHECK outreach services defined in this agreement, as well as for other services should they be agreed upon by parties to this agreement. Allowable and reasonable costs include items such as staff time, telephone, equipment,
rent and postage. Billing will be submitted quarterly showing the different type of expense and amount for each type. Payment will be made within thirty days of the receipt of the billing and certification statement from the Title V agency stating state general funds are available to match the federal funds.

IV. AGREEMENT DURATION

A. Term: The term of this agreement shall be for a period commencing July 1, 1998 and shall continue through June 30, 1999 and renew annually unless otherwise terminated as provided in section IV.B. of this article.

B. Termination for Lack of Funding: The FHD or the Title XIX agency may terminate immediately this agreement in whole or in part when federal funding is terminated, suspended, not released, or otherwise not forthcoming.

Executed by duly authorized representatives of the parties on the dates indicated.

FOR THE TITLE XIX AGENCY
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

11/13/98
Date
Jeff Elliott
Director
Nebraska Department of Health and Human Services Finance and Support

FOR THE FAMILY HEALTH DIVISION
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

11/11/98
Date
Jessie K. Rasmussen
Director
Nebraska Department of Health and Human Services Services