Date: March 1, 2000

To: Peggy Bartels, Administrator
Division of Health Care Financing

From: John Chapin, Administrator
Division of Public Health

Subject: MOU Between DPH and DHCF

Please find attached a memorandum of understanding (MOU) between the DPH and the DHCF required by the federal Maternal and Child Health Bureau (MCHB) for the Title V MCH Block Grant Application and Annual Report. This MOU addresses the formal state level coordination of MCH Program activities with the Medicaid Program, including eligibility services, EPSDT (Health Check) and the toll free hotline. This MOU also addresses the required formal referral mechanisms between Medicaid and WIC and between the Title V Children with Special Health Care Needs Program and the State Disability Determination Services (see the attached Cooperative Agreement). The federal MCHB implementing OBRA 89 also requires that the state inform parents about available providers of Title V and Title XIX services, and others who accept patients.

I am requesting that after your review and approval, sign the two attached copies, keep one for your files and forward the other back to me. A signed copy must be on file in the MCH office and available upon request from the federal MCHB.

Thank you for your attention to this request.

cc: Millie Jones, Director,
Bureau of Family and Community Health

Susan Uttech, Chief,
Family Health Section

Attachments
MEMORANDUM OF UNDERSTANDING
TITLE V, WIC, TITLE XIX and TITLE XXI

Between the Division of Public Health (DPH) -- representing Title V - Maternal and Child Health (MCH) including the Children with Special Health Care Needs (CSHCN) Program and the Supplemental Nutrition Program for Women, Infants and Children (WIC) -- and -- the Division of Health Care Financing (DHCF) -- representing Title XIX - the Medicaid Program including the EPSDT (HealthCheck) Program, BadgerCare including Title XXI, and the Bureau of Disability Determination Services (DDS) -- within the Wisconsin Department of Health and Family Services. (See also the Memorandum of Understanding between the Department of Health and Family Services and the Department of Workforce Development regarding Medical Assistance Eligibility Functions.)

GOAL
The overall goal of this memorandum of understanding is to improve the health status of low income women, infants, and children including special needs children by assuring provision of preventive services and of any necessary treatment and/or follow-up care allowed under the Social Security Act. It is intended that care be provided in the context of an ongoing provider - patient-family relationship and from continuing care providers who can provide quality and comprehensive care.

It is understood that the parties following, as representatives of the programs indicated, are in substantive agreement with the following points:

1. Title V and WIC funded agencies (projects) will be encouraged, and where appropriate required to make available their range of services to the recipients of Medicaid, including outreach to assure that all family members who may qualify are informed about the program and how to apply.

2. Recipients of Medicaid will be encouraged to utilize Title V and WIC services when appropriate.

3. Title V - funded agencies (projects) will be instructed to adhere to the precedence of Medicaid billing principles. Medicare and private third party payers as first recoverable dollar, Medicaid as second dollar, and Title V as third dollar, in payment for services rendered. Medicaid-certified Title V agencies must have an established fee schedule on file and bill Medicaid according to the schedule.

4. Title V program income from Title XIX reimbursed services will be applied as State matching resources, against requirements stated in Federal Title V regulation.

5. The parties are in agreement regarding operation of the federally mandated EPSDT Program, known in Wisconsin as "HealthCheck." (Reference 42 CFR 440.40(b) and Part 441, Subpart B).

6. The parties agree personally, or by representation, to periodically address issues and resolve problems, and to jointly develop formal procedures that will carry out the spirit and letter of the agreement. An ongoing liaison will be developed between the DPH and the DHCF to review content standards for HealthCheck.

7. This agreement will be reviewed annually by both parties and updated as necessary.
The following procedures and mechanisms have been developed to address the issues outlined above, including, but not limited, to referring eligible clients between participating programs; obtaining reimbursement for services rendered; sharing of data, reports and other relevant information; and developing collaborative and/or complementary service programs.

1. Medicaid Managed Care Expansion

A. Develop an important, system link between Wisconsin's public health system and Medicaid managed care system consistent with the mission of public health and the core functions of public health assessment, assurance and policy development.

B. Encourage State, regional and local health department staff to participate in any Medicaid managed care advisory groups.

C. Provide local health departments and WIC projects with essential information on how the Medicaid managed care system works, current information on Medicaid quality of care indicators and the current Medicaid reimbursement.

D. Provide HMOs with information on local health departments and WIC projects and the services they provide.

E. Promote coordination and collaboration between local health departments, WIC projects, HMOs, and other Title XIX managed care programs.

F. Title V and WIC funded agencies will encourage recipients of Medicaid who are eligible for HealthCheck services to receive preventive care through HealthCheck screening. Medicaid children who are enrolled in managed care programs must receive Medicaid services from their assigned managed care providers.

G. Require the HMOs to provide written information to and refer pregnant, breastfeeding, and postpartum women, infants, and children under age 5 years to the WIC Program, at least annually. Referrals should include relevant health data (e.g., length/height and weight measurements, hematocrit or hemoglobin, documentation of nutrition-related medical conditions, etc.). In addition, the on-going provision of relevant health data is encouraged in order to prevent duplication of services in subsequent WIC certifications.

2. Wisconsin's Program for CSHCN

The Wisconsin Program for Children with Special Health Care Needs and Title XIX will continue coordination and cooperation efforts through established mechanisms including: electronic data exchange and other data exchange for the administration, evaluation and analysis of the CSHCN Program. Title V/Title XIX cooperative work group will continue to develop mutually agreed upon procedures for CSHCN to provide technical assistance to the DHCF regarding services covered by Title XIX.

Non-duplication of Medicaid payments to SSI recipients under 16

Title V will assure the provision of rehabilitation services for blind and disabled individuals under the age of 16 receiving Supplemental Security Income (SSI) benefits under Title XVI (of the Social Security Act), to the extent such services are not covered under Title XIX (Medicaid).
The DDS agrees to continue to send to CSHCN referral materials on all selected children under 16 years of age for whom a disability determination has been requested as part of the application for SSI benefits. These selection criteria are outlined in the screening device that was attached to the 1992 Cooperative Agreement. The referral material will be sent after the disability determination has been made and will include identifying information and some medical or psychological reports. The DDS will send referral information on all selected children under age 16 whether their claim is allowed or denied.

3. Wisconsin WIC Program

The WIC Program will refer WIC applicants/participants to Medicaid programs and services (e.g., the agency that determines Medicaid eligibility, HealthCheck, Prenatal Care Coordination, Case Management). The WIC Program may disclose individual client information, such as lab results, and manual or computer-generated lists or extract files of women, infants, and children eligible for Medicaid programs to the appropriate Medicaid provider for the purpose of determining eligibility for the program or for further services. Client information disclosed will be limited to the purpose of the referral. The Medicaid provider receiving the information will not redisclose the information to a third party except to the extent the additional disclosure is for the purpose of accomplishing the purpose of the initial referral. Informed written consent of the client or person legally authorized to give consent on behalf of the client shall be obtained prior to disclosure of treatment for mental illness, developmental disabilities, and alcoholism or drug abuse; and for HIV infection as required by Wis. Stat. 252.15.

The DHCF will recommend and encourage that county economic support workers refer Medicaid and Food Stamp Program applicants to the WIC Program. The DHCF will recommend and encourage that county economic support application sites display WIC posters, and distribute WIC brochures and applications, which are available from the WIC Program.

The WIC Program can obtain a recipient’s Medicaid eligibility status from the DHCF files when they have received the recipient’s written consent on a “Confidential Information Release Authorization Form” (Form HFS-9). A sample form with language developed and approved by DHFS legal counsel and DHCF is attached. The WIC program will use a pseudo number to access the eligibility verification system (EVS) in order to obtain a recipient’s Medicaid eligibility status. The WIC program can access EVS through any of the following methods: automated voice response (AVR) system, eligibility hotline, magnetic stripe reader, personal computer software or Dial-Up.

4. Toll-free Telephone Numbers

MCH Hotline
Title XIX, Title V, and WIC will maintain a toll-free MCH Hotline service for all Wisconsin residents including Title XIX recipients, who may call to locate: Title V grantees, HealthCheck, WIC, Alcohol and Other Drug Abuse (AODA), Healthy Start, Presumptive Eligibility, Genetic Services, Prenatal Care Coordination (PNCC), and other health care providers.

In addition, DPH will provide and update a list of Title V services available at the county level to the Medicaid Recipient Hotline for families currently receiving Medicaid or BadgerCare benefits.

CSHCN Program
The State of Wisconsin CSHCN Program has a toll-free number intended to provide families with access to State CSHCN staff. CSHCN staff rely on these toll-free calls to facilitate rapid response to family needs. The CSHCN program will use the toll-free number as an additional opportunity to refer families for Title XIX and Title XXI services. In addition the CSHCN Program and the Birth to Three will have a comprehensive hotline called First Step Program to provide information and referral.
DPH and DHCF further agree to collaborate on the development and dissemination of materials used to publicize these toll-free numbers, including both print and electronic media.

5. HealthCheck (EPSDT)

The purpose of HealthCheck is to provide comprehensive preventive services, to identify health problems early and to assure coordinated follow-up services to Medicaid children and youth birth to 21 years of age. Title V state agencies and Title XIX state agencies have a mutual commitment - to improving services to this population. Title V providers serve a predominantly low-income population, many of whom are Title XIX eligible. Title V providers are responsible for billing Title XIX for covered services, so as to maximize availability of Title V funding for non-Title XIX clients.

In order to maximize the effective operation of Wisconsin's fee for service Title XIX, Title V and WIC Programs, the following methods for coordination have been established.

A. For identification of individuals under 21 years of age needing health services, HealthCheck Outreach providers must utilize the quarterly and monthly reports to assist their outreach and case management efforts. Managed care enrollees are excluded from this list.

B. Title V agencies certified and providing HealthCheck Outreach services may request listings of Medicaid providers in their service area from DHCF for purposes of referral.

C. HealthCheck outreach agencies will refer all identified Title XIX recipients to the appropriate ancillary service such as; WIC Program, Title V projects, local health departments, community based agencies, Head Start, school health programs, the CSHCN Program, and any other public or private provider.

D. The Title V and WIC providers must refer all Medicaid HMO enrolled children to their HMO for the comprehensive HealthCheck screening.

E. Title V agencies certified as HealthCheck providers will identify all primary health care and nutritional needs of their Title XIX recipients and will refer patients, as appropriate, to the WIC program, Title V projects, local health departments, community based agencies, Head Start, school health programs, the CSHCN Program, and any other appropriate public or private provider.

F. The Title V and Title XIX agencies will inform providers of Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, which is listed as a resource for providers conducting HealthCheck comprehensive examinations. HealthCheck providers, however, will be expected to adhere to the HealthCheck periodicity schedule. The Title V and Title XIX agencies will cooperate when providing technical consultation and support sessions for potential HealthCheck screeners.

G. Exchange of reports of established services are provided periodically and upon request by either agency including continued collaboration and agreement for the identification of need data needs, reporting formats, and time frames.

H. Payment and reimbursement procedures and policy clarification are provided to all HealthCheck providers and the Title V Program. Additional assistance with billing instructions is provided by the Title XIX fiscal agent. The Title XIX Agency will provide technical training on Medicaid policy and billing for HealthCheck certified providers, including the HealthCheck "other services" component.
I. Jointly evaluate policies that affect both agencies depending on changes in the clinical aspects, provider needs, utilization of the program by recipients, quality assurance reports, and state or federal mandates.

J. Periodically review and jointly plan for changes in this section based on individual agency needs, legislative inquiries, and state or federal mandates.

6. Medicaid Applicant Identification and Assistance
Wisconsin Title V, Title XIX, and WIC Programs agree to collaborate on programs and services to identify pregnant women and children who may be eligible for Medicaid and once identified, to assist them in applying for such assistance, including the following:

A. Healthy Start
B. Presumptive Eligibility
C. BadgerCare

Title V, Title XIX, and State WIC programs agree to collaborate on assisting Medicaid recipients with selecting an appropriate managed care delivery system.

7. Cooperative and Collaborative Relationships
Title V, Title XIX, and the State WIC programs agree to establish cooperative and collaborative relationships, including work groups and periodic meetings, with respect to the following programs and services, including, but not limited to:

A. HealthCheck (EPSDT)
B. Immunizations
C. CSHCN
D. Recipient Access/Provider Participation including Electronic Benefits Transfer
E. Medicaid Clinical Review
F. Prenatal Care Coordination
G. Healthy Start
H. Birth to Three
I. Children Come First
J. Expansion of Medicaid Managed Care programs statewide
K. Medicaid outreach and eligibility
L. BadgerCare including Title XXI
M. Family Planning waiver service
N. Implementation of Medicaid eligibility functions with the Department of Workforce Development

This agreement may be terminated at any time by order of the Secretary of the Department of Health and Family Services. Either party may terminate this agreement at any time by providing written notice to the other party. The agreement may be amended in writing at any time by mutual agreement of the parties. This agreement remains in effect until terminated or amended in accordance with this provision.

John D. Chapin, Administrator
Division of Public Health
(Representing the Wisconsin Title V – MCH, CSHCN and WIC Programs)

Peggy Bartels, Administrator
Division of Health Care Financing
(Representing the Wisconsin Title XIX and XXI – Wisconsin Medicaid, HealthCheck, and BadgerCare Programs)

(Revised 7/99)
CONFIDENTIAL INFORMATION
RELEASE AUTHORIZATION

If mental illness, developmental disabilities, alcoholism or drug abuse treatment
records are disclosed by this authorization, the record subject may have a right to
upon paying any applicable fees, obtain a copy of the records disclosed. Except for
medication and somatic treatment records, the treatment facility director or designee
may deny the right during treatment in some circumstances. Section 51.30, Wis.
Stats., HFS 92.03-92.96 Wis. Adm. cods.

Name and Address - Agency/Organization Authorized to Release Information

EDS
6406 Bridge Road
MADISON WI 53704

Specific Records Authorized for Release (Include dates of record, if applicable)

Information confirming whether the record subject is currently receiving Medicaid
benefits.

Purpose or Need for Release of Information (Be Specific)

The Wisconsin WIC Program and the Wisconsin Medicaid Program have the same income standards
for eligibility. The purpose of this release is to simplify the application process for WIC
benefits by allowing the WIC Program to find out whether the record subject is currently
eligible for Medicaid. If the record subject is currently eligible for Medicaid, the record
subject will automatically meet the income standards for the WIC Program.

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization.
Unless revoked, this authorization will remain in effect until the expiration time I have indicated and initialed below.

Authorization expires as of ______ (Date)

Authorization expires six month(s) from the date I sign this authorization.

Authorization expires after the following action takes place.

As evidenced by my signature, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

Signature - Individual Who Is Subject of Record

Signature - Other Person Legally Authorized to Consent to Disclosure

Title or Relationship to Individual who is Subject of Record

Date Signed
3. The SSA agrees to disseminate CSHCN materials to SSA district offices. These CSHCN materials will be given to child claimants who are financially ineligible for SSI or to those applying for other SSA programs. CSHCN agrees to formally refer to the SSA with client consent, information on all children whose medical condition may have improved so that disability may no longer exist. CSHCN continues to agree to respond to requests from the SSA for medical records with client consent.

4. The three organizations represented in this document of agreement will identify specific staff members who will have assigned responsibility for implementing this document within their respective programs. The organizations agree to review the document annually and update as necessary.

5. Any party in this agreement may terminate it at any time by providing written notice to the other parties. This agreement may be amended in writing at any time by mutual agreement of the parties. This agreement remains in effect until terminated or amended in accordance with this provision.

John D. Chapin, Administrator
Division of Public Health, DHFS
(Representing the Wisconsin Title V Maternal and Child Health Program)

Peggy Bartels, Administrator
Division of Health Care Financing, DHFS
(Representing the Disability Determination Service)

James F. Martin, Chicago Regional Commissioner
(Representing the Social Security Administration)