

Chapter Four

Development of Successful IAAs and Promising Practices

With the increasing cost of health care and tighter state budgets, states are examining ways to offer health care services with decreasing resources. It is more important than ever to maintain the necessary services for pregnant women, children and adolescents by using the expertise, creativity and resources of both Medicaid and Title V in joint program planning and development.

-- “Working Together – The Relationship Between MCH Title V and Medicaid”
2005 AMCHP Factsheet, available from
<http://www.amchp.org/aboutamchp/pubs-amchp.htm>

A. Summary of Key Goals and Components

The IAAs in the previous chapter present an array of creative working arrangements between State agencies that often have varying responsibilities but ultimately the same goal: ensuring appropriate and cost-effective services to some of their most vulnerable populations. These IAAs represent the work and best thinking of many individuals across the State who have collaborated to problem-solve issues that have arisen over the years.

Obviously, the needs and the working relationships between agencies differ widely from State to State; similarly, the States themselves vary in racial, ethnic, and economic diversity. It is not surprising, then, that each State’s IAA is truly distinct and uniquely addresses the concerns and needs of the local population.

As such, it is not possible to point to any one State document and say that it could serve as a template for other States to use as a model. A pre-existing IAA that completely satisfies the needs of one State and population may not work simply transposed to another location and group of partners and beneficiaries.

However, despite the differences found in the IAAs, the documents *do* address many of the same basic needs and goals of the Title V and Title XIX agencies. The States themselves speak most clearly in outlining what those goals are: from the most overarching objective of improving the health of women, pregnant women, infants, children, and adolescents to detailed plans for increasing coordination and strengthening cooperative relationships between agencies.

With these common goals in mind, it is possible to survey the IAAs collected and the guiding framework provided by Medicaid regulations to come up with a “model” document that speaks to both goals and regulations. Despite its generalized format, this model document cannot serve as a simple “off-the-shelf” template for States in amending current or developing new IAAs, but rather can serve as a guide as to methodologies and formats that have proven successful in real-life settings and thus represents the best work of Title V and Title XIX staff across the country.

B. A “Model” Interagency Agreement

There are many caveats that must be addressed before presenting a model document such as this. First, this is only a general guideline of components that have been observed to work in current IAAs. A model template cannot address every need that arises, but can only provide a framework into which specific details can be placed that in turn *will* address such needs. For the model to be useful, it requires the commitment of knowledgeable individuals to take its skeleton and flesh it out with content relevant to their State’s needs. As such, this model IAA can serve as a technical assistance tool amidst a whole toolkit of resources (many of which are outlined in this publication) in crafting IAAs that will serve as aids in strengthening partnerships between Title V and Title XIX agencies.

This model follows the framework set forth in Federal Medicaid regulations [42 CFR 431.615(c)] as a logical way to summarize the contents of successful IAAs. This does not imply that each State’s IAA should also follow this structure; the organization of each IAA must follow the needs and priorities of the State for it to be useful as a coordination tool.

Each section of this model generally follows a basic structure:

- ***A summary of the respective IAA components.*** This section explains why each component is important and how it is incorporated into current IAAs.
- ***An “additional information” section.*** This section includes supplemental factors that may be considered when drafting new IAAs.
- ***A “model template.”*** This template is a “bare bones” example of how each section of the IAA could be written. It consists of “fill-in-the-blank” sections (highlighted with <<color and angled brackets>>) that allow for customizing the language to a specific State.
- ***Example(s).*** The examples are taken from IAAs that can serve as models. Some examples (and model templates) are composites of currently successful IAAs; the original IAA is cited when used.

The model template does not specifically treat the overall format of a successful IAA. For example, as noted in Chapter Two about half of the States have developed a single IAA, while the other half rely on a series of IAAs to address Title V and Title XIX coordination. Because the needs of the States – and indeed the States themselves – are so varied, the model presented below can only serve as a general technical assistance tool.

Title and Author

At the most fundamental level, the IAA is a contract between agencies or divisions within State agencies. As such, it is a legal document of record and should contain some basic identifying information such as a title that details the type of agreement and the agreeing parties.

Additional information that may be useful to include:

- The State in which the agreement is to take effect in (a surprising number of IAAs lack this key piece of information, which had to be inferred from accompanying documentation).
- The agency that initiated or issued the document (or if it is a joint product), can also be useful as an identifier.

(a) Model Template for Title and Author

Title. “<<Type of Agreement>> between <<State Agency/Division 1>> and <<State Agency/Division 2>>.”

Author. “This document has been authored by <<Authoring Agency/Division>>.”
or “This document has been [jointly] developed and agreed upon by <<Agency/Division 1>> and <<Agency/Division 2>>.”

(b) Example(s)

“INTERAGENCY AGREEMENT between the <<Insert State name>> Division of Medical Assistance and the <<Insert State name>> Division of Public Health, Department of Health and Human Services. This IAA has been developed and mutually agreed upon by the above agencies.”

(1) Effective Date

Of the IAAs analyzed, roughly half include a specific effective date and about half specify that the document will take effect upon signature. Such language sometimes occurs at the beginning of the document and sometimes in the concluding paragraph, immediately followed by signatures from the agency representatives involved. To follow the structure set in Chapter Two, the effective date is listed here, but this convention is strictly for consistency.

Additional information that may be useful to include:

- An original issuance date and an amended date, if applicable.
- An effective date of signature and a specific date, with language such as “this document is to become effective on whichever date occurs first,” if applicable.

(a) Model Template for Effective Date

“This <<Document>> will go into effect on the date this Agreement is signed/executed/ issued by authorized representatives of each agency. The original date for this <<Document>> was <<Date>>.”

(b) Example(s)

“This IAA and the policies established herein will go into effect on the date this IAA is signed or on January 1, 2006, whichever occurs later. The original issuance date for this IAA was January 1, 2000, with addenda approved on January 1, 2002 and June 30, 2003.”

(2) Duration

The duration of the IAA, when stated, is most often linked to the effective date. The duration may consist of a defined period (usually 1, 3, or 5 years) from a specific date or a date range (from effective date to ending date). Conversely, it may be set to allow the IAA to remain effective in perpetuity or until cancelled or modified by one or both parties.

Additional information that may be useful to include:

- Language that requires periodic review (see *Section 16: Review*): often States specify that unless modifications are required based on this periodic review, the IAA may automatically renew at the end of each year.
- Language that details how agencies must notify each other if they require modifications to or cancellation of the IAA and the timeframe in which they must make notification.

(a) Model Template for Duration

“This IAA is to remain in effect for <<Duration or Ending Date or Date Range>> unless canceled or amended or renewed by mutual agreement with <<Amount of Time>> days notice by one party to the other party.”

(b) Example(s)

- “From July 1, 2004 – June 30, 2005.”
- “This IAA is to remain in effect for 1 year from the effective date of signature or until terminated or modified. Either party may terminate this Agreement through written notice to the other, at least 30 days prior to the effective date of such termination.”
- “This contract supersedes and prior agreement between the parties and shall continue in effect for a period of 1 year from the date hereof. It shall remain effective for successive periods of 1 year each thereafter unless during any such period, this contract shall be canceled in accordance with the terms contained herein. This contract may be terminated, when either party requests termination, by giving 90 days written notice to the other party of its intention to terminate” (Michigan IAA).

(3) Type of Agreement

Most often, the type of agreement is stated in the title with little, if any, rationale as to why that specific method of agreement or contract is employed. The term “interagency agreements” typically is used to denote agreements between separate agencies, while the term “intra-agency agreement” is used to denote that both the Title V and Title XIX agencies are housed within the same agency. However, with other terms such as Memorandum of Understanding or Agreement, Joint Power Agreement, or Standard Business Agreement, there does not appear to be a recognizable pattern to the type of agreement employed. It has been surmised that State-specific procedures or requirements set forth the type of agreement that must be entered into by State agencies.

However, if there are specific reasons for one manner of agreement to be chosen over another, it may be revealing to list those reasons in the document itself. This, while by no means necessary for the purposes of the agreement, would shed further light on the working relationship between agencies.

(4) Agencies Involved

As a contract between agencies, it is important to list the involved parties at the beginning. Often this can be done in the title of the document, but most IAAs also begin the narrative by listing the agencies involved. While most often this consists of the Title V and the Title XIX agencies, other agencies such as Title XXI, WIC, and local provider groups can also be listed.

Additional information that may be useful to include:

- The role that each agency plays in the State, such as whether the agency is Title V or Title XIX.
- Abbreviations used for each agency throughout the document.

(a) Model Template for Agencies Involved

“This agreement has been made and entered into by and between <<Agency 1 Name>> (<<Title V or Title XIX Agency>>, hereafter referred to as <<Abbreviation>>) and <<Agency 2 Name>> (<<Title V or Title XIX Agency>>, hereafter referred to as <<Abbreviation>>)”...

(b) Example(s)

“This agreement has been made and entered into this 1st day of July 2003, by and between the NORTH DAKOTA DEPARTMENT OF HEALTH (HEALTH), the NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES (DHS), the PRIMARY CARE OFFICE (PCO), and the PRIMARY CARE ASSOCIATION (PCA) to define the responsibilities of the parties hereto...” (North Dakota Cooperative Agreement).

(5) Authority Cited

States can specify the relevant State and Federal authority (both statutory and regulatory) for entering into the IAA as well as more overarching provisions that address services and activities being agreed to. This documentation can then be referenced if at any point in the future either party needs to address disputes in activities that may be beyond legal requirements.

As summarized in Chapter Two, most IAAs cite specific legislative or regulatory Medicaid Federal law, the most often cited being:

- SSA §1902(a)(11) and related sections.
- 42 CFR 431.615.

Additional information that may be useful to include:

- “Whereas” statements: the authorities cited can be included in a series of “whereas” statements, following the example of many States (and to mirror the style many States have adopted for *Section 7: Responsibilities*).
- Specific programmatic requirements: in addition to the specific statutory and regulatory citation, it may also be beneficial to list the specific programmatic requirements that the authority speaks to. This helps provide the IAA with a sense of purpose rather than simply being a list of State and Federal requirements.

(a) Model Template for Authority Cited

“Whereas, <<Federal Authority Citation>> requires <<Specific Requirement(s)>> and <<State Authority Citation>> requires <<Specific Requirement(s)>> and <<Local or Program-Specific Authority Citation>> requires <<Specific Requirement(s)>>”...

(b) Example(s)

“Federal laws and regulations mandate cooperation between State agencies responsible for the administration and/or supervision of both Title V and Title XIX of the SSA. The following specific sections delineate the authority and intent of this Agreement:

Legislative. Whereas (i) Title XIX of the SSA [SSA §1902(a)(11)(A)] provides for entering into cooperative agreements 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 to any Title funded project by Title XIX for services and care provided to Medicaid consumers; and (ii) Title V of the SSA [§505(5)(F)] requires...

Regulatory. Whereas (i) 42 CFR 431.615 requires that the State Title XIX plan include written cooperative agreements with the State health agencies and Title V grantees to ensure that Title V recipients eligible for Medicaid receive services with particular emphasis on EPSDT services...” (Kansas IAA).

(6) Objectives

Objectives can be anywhere along the spectrum of extremely general to greatly detailed. Two of the main objectives often listed in current IAAs are (1) to define the responsibilities of each respective party and (2) to satisfy the statutory and regulative requirements set forth in *Section 5: Authority Cited* (see above). The more comprehensive documents usually list one or more overarching goals followed by more specific, measurable goals. Common objectives are listed in *Chapter Three*, but can be summarized under the following categories:

- General and Coordination.
- Programmatic and Local Relationship Building.
- Identification, Outreach, and Referral.
- Reimbursement and Financial.
- Data Sharing.

Additional information that may be useful to include:

- **Categories:** States that organize their objectives by category (such as the ones above) carry these categories through the entire narrative (e.g., Services Provided by Agency, Cooperative Relationships, etc.) so that a consistent structure is maintained.
- **Activities:** many States briefly list planned activities to achieve each objective. These activities are then discussed in detail in the rest of the document.
- **Measurable goals:** some States provide measurable goals within their objectives.

(a) Model Template for Objectives

“This IAA is entered into for the purpose of <<Overarching Objective>>. The implementation of this Agreement shall be guided by the following objectives: <<Specific Objectives, often organized by category>>.”

(b) Example(s)

- This MOU has been established “to improve public health service delivery and public health outcomes for low-income populations through the sharing of available Medicaid, HUSKY Plan Part B, HUSKY Plus and Title V data.

More specifically, through the implementation of the addenda to this MOU pertaining to specific data exchanges, the purposes are as follows:

1. To increase coordination between the Department of Public Health and the Department of Social Services for programs funded by the MCH Block Grant.
2. To increase coordination in the administration of programs that are designed to improve the health of children and adults in Connecticut.
3. To increase cooperation in reviewing and implementing fiscal policies that affect populations served by DPH and DSS and providers of services.
4. To implement a process that allows for joint access to critical Medicaid and public health data without duplication of effort.

5. To promote long-range planning as it relates to data sharing.”
(Connecticut Memorandum of Understanding #2).

- “An agreement is established... to continue to implement a State-wide program [the Well Child Outreach Project] designed to promote the health of children, adolescents, and pregnant women. The Department of Health’s goal is to reduce the inadequate prenatal care rate to no more than 10% by year 2000. The Division of Medical Services’ goal is to screen 80% of all Medicaid-eligible children each year.” (Missouri IAA #2).

(7) Responsibilities

Defining specific agency responsibilities often begins by identifying which agency has oversight in administering the respective Title V, Title XIX, and other relevant programs. A summary of responsibilities or specific tasks can follow to further clarify each agency’s role in the State.

These responsibilities can be contained in a series of “whereas” paragraphs; this format makes this section clearly identifiable and “sets the stage” for the rest of the agreement. Sometimes, this format is carry forwarded from *Section 5: Authority Cited* (see above). While this is often an editorial decision, it can help to provide a strong rationale and introduction to the rest of the document.

Responsibilities can be broken down into categories, such as:

- The Title V agency’s responsibilities.
- The Title XIX agency’s responsibilities.
- Other agencies’ responsibilities.
- Joint or shared responsibilities.

Additional information that may be useful to include:

- A summary sentence that follows the listing of agency responsibilities and serves to introduce the discussion of services to be provided in support of these responsibilities.
- A specific contact or position within each agency who is responsible for making sure that responsibilities are being met.

(a) Model Template for Responsibilities

“Whereas <<Agency 1>> is the State agency responsible for administering <<Program 1>> and has further responsibility for <<Agency 1’s Specific Responsibilities>>; <<Agency 2>> is the State agency responsible for administering <<Program 2>> and has further responsibility for <<Agency 2’s Specific Responsibilities>>; etc....

Now, therefore, be it resolved that <<Agency 1, Agency 2, etc.>> agree to perform the following in connection with this agreement”...

(b) Example(s)

“Whereas the Department of Health is responsible for administering the Title V program and has further responsibility for the following services: child health services; family planning services; dental health; genetic services; WIC services...

And whereas the Department of Human Services is responsible for administering the Title XIX program and has further responsibility for all health planning issues in the State...

And whereas the Title V and XIX agencies are jointly charged with direct responsibility to achieve...

Now, therefore, be it resolved that the Department of Health and the Department of Human Services agree to the following services in order to fulfill their responsibilities as set forth above.”

(8) Services Provided by Agency

There can be no single model that details services to be provided by each agency (Title V, Title XIX, and other relevant agencies and programs) in the IAA, since there is such wide variety of format and range of activities in current agreements. Overall, States have divided tasks to address their specific needs and working arrangements; some States provide great detail in documenting their respective services and responsibilities while other States summarize their division of responsibilities in a couple of paragraphs. However, there are several examples of services provided by agency that have appeared in IAAs across the country. These may be useful in drafting future agreements.

Model 1

In the most basic approach to delineating services, each agency’s services are listed separately and are followed by a list of joint responsibilities (see below). This is the approach that most States currently use in their IAAs.

Model 2

An alternate approach to this straight-forward model would be to organize services according to type, similar to those presented in *Section 6: Objectives*. In this way, the services can be traced back directly to the objective that they are to support. The categories could still be as follows:

- General and Coordination.
- Programmatic and Local Relationship Building.
- Identification, Outreach, and Referral.
- Reimbursement and Financial.
- Data Sharing.

Other categories such as administration and policy, confidentiality, contract monitoring, training and technical assistance, etc. could be used to fit the specific needs of the State.

Model 3

A third approach, currently in use by some States, would be to organize services by the State program under which they fall. While many of the activities under each program have a tendency to be repetitive, this model can provide a high degree of detail for each program.

Model 4

Finally, many States currently issue separate IAAs for specific programs or sets of activities. By focusing individual documents on such specific topics, it may be easier to go into greater detail and delineation of responsibility than if one single IAA were to be issued.

Obviously, there are additional methods of organizing agency responsibilities; these are initial suggestions to generate thought when drafting new documents. The diversity among the activities themselves is even greater. States assign roles to agencies as the needs of their population demand. However, a listing of specific activities that appear repeatedly in current IAAs is presented in *Chapter Three*.

(a) Model Templates for Services Provided by Agency

Model 1

“The agency that administers Title V has the responsibility to:

- <<Responsibility 1>>
- <<Responsibility 2>>

The agency that administers Title XIX has the responsibility to:

- <<Responsibility 1>>
- <<Responsibility 2>>

Other/local agencies have the responsibility to:

- <<Responsibility 1>>
- <<Responsibility 2>>”

Model 2

“The agency that administers Title V has the responsibility to:

General and Coordination.

- <<Responsibility 1>>
- <<Responsibility 2>>

Programmatic and Local Relationship Building.

- <<Responsibility 1>>
- <<Responsibility 2>>

Identification, Outreach, and Referral.

- <<Responsibility 1>>
- <<Responsibility 2>>

Reimbursement and Financial.

- <<Responsibility 1>>

- <<Responsibility 2>>

Data Sharing.

- <<Responsibility 1>>
- <<Responsibility 2>>

The agency that administers Title XIX has the responsibility to...”

Model 3

“Program 1: <<Program Name>>

- The agency that administers Title V has the responsibility to...
- The agency that administers Title XIX has the responsibility to...

Program 2: <<Program Name>>

- The agency that administers Title V has the responsibility to...
- The agency that administers Title XIX has the responsibility to...”

Model 4

If a State chooses to use separate IAAs for specific programs or activities, such IAAs can be organized by any of the models above. The decision to issue separate agreements can give the State the flexibility to provide more detail about each program without any one document becoming overly long.

(b) Example(s)

Model 1

See the Virginia IAA for services organized by agency.

Model 2

See the Indiana MOU for services organized by topic.

See the Iowa Cooperative Agreement #2 for services organized by objective.

Model 3

See the Kansas Cooperative Agreement and the Colorado IAA #1 for services organized by program.

Model 4

See the six Missouri Cooperative Agreements for separate agreements based on program and/or service.

(9) Cooperative Relationships

Defining on paper the cooperative relationships between agencies is a very tricky process, since often the aspects that make up the relationships are mainly visible through the activities in which they participate. In writing an IAA, it becomes important to include language emphasizing cooperation and collaboration into each agency’s required activities. By specifying that the agencies need to work collaboratively on activities the IAA forces the process of cooperation to occur if the activities are to be completed.

The importance of establishing and maintaining cooperative relationships between agencies can also be emphasized in other parts of the IAA, including *Section 13: Coordinating Plans* and *Section 17: Liaison* (both described below). Consideration should be given to having the IAAs include a provision encouraging the State Medicaid agency to involve the Title V agency in the planning, development and implementation of Medicaid changes made via State Plan Amendments and waivers.

(10) Services Provided by Local Agencies

In the IAAs collected, the trend is to list information that needs to be shared with local agencies, such as data relative to children enrolled in Medicaid and information on the services that Medicaid offers. Similarly, it is important to set forth the training and technical assistance to be provided to local health agencies by Title V and/or Title XIX staff.

If not included as part of the overall services provided by agency, it may be beneficial to include a section on local coordination and services as part of new IAAs.

(a) Model Template for Services Provided by Local Agencies

“Local Coordination and Services:

Collaboration with local agencies:

- Data and information sharing: <<List Data>>
- Training: <<List Training>>
- etc.

<<Local Agency Name>> has the responsibility to:

- <<Responsibility 1>>
- <<Responsibility 2>>

(b) Example(s)

Excerpted examples of collaboration with local agencies from the Wisconsin MOU:

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

B. 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.

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

D. Promote coordination and collaboration between local health departments WIC Projects, HMOs, and other Title XIX managed care programs.”

(11) Identification and Outreach

Identification of individuals who are potential beneficiaries or who are not receiving Medicaid services and outreach to these groups needs to occur before appropriate referrals and/or services can be provided. The structure of how these activities will be accomplished can be included in *Section 8: Services Provided by Agency* or highlighted as a separate section of the IAA.

Additional information that may be useful to include:

- Follow up information on providing referrals and/or services to individuals once identified.
- Use of proper diagnosis codes to identify high-risk children.
- Reporting of data on outreach activities conducted in the State.

(a) Model Template for Identification and Outreach

“<<Agency Name>> shall identify infants, children, adolescents, and women who are potentially eligible for Medicaid and/or who have not received appropriate screenings or services. Once identified, the agency shall:

- Assist them in applying for such benefits.
- Provide the appropriate referral and/or services.
- Conduct outreach to inform the individuals about services for which they are qualified.

<<Agency Name>> shall also provide additional outreach activities by:

- Informing families about Medicaid benefits, especially EPSDT services through a combination of oral and written formats at venues such as health fairs, immunization clinics, community health services offices, physician and public health offices, and hospitals.
- Conducting outreach (such as scheduling appointments and reminding families when exams are due) to ensure that families are benefiting from Medicaid services.
- Developing brochures and other materials for informing recipients about Medicaid services.
- Maintaining a toll-free number that women and families can contact and receive information from appropriately trained personnel who provide information and referrals for prenatal care, family planning, and well-child services.”

(b) Example(s)

- See Kansas’ Cooperative Agreement for an example of activities related to identification.
- See Iowa’s IAA for an example of a specific agreement focused on outreach.

(12) Reciprocal Referrals

As with identification and outreach, reciprocal referrals are most often covered in *Section 8: Services Provided by Agency*. One of the challenges is to ensure that the importance for referrals does not become lost among a long list of activities.

(a) Model Template for Reciprocal Referrals

“<<Agency Name>> will establish a system of referrals for those services not directly rendered by the agency, but are essential to meet the individual’s need. To the degree possible, these referrals will be made at the time of client contact. Programs such as <<List Programs>> will fall into this category.” (Adapted from Kansas’ Cooperative Agreement).

(b) Example(s)

See Nebraska’s IAA for a rationale in establishing a system of reciprocal referrals.

(13) Coordinating Plans

A discussion of the activities to coordinate agency plans to provide appropriate Medicaid services helps support the clear need for the IAA in the first place. Without coordination between agencies, there can be no successful maintenance of the system that provides such services. Therefore, it is important to stress the ongoing need to have coordinated plans between agencies. The discussion of coordination can take place in *Section 8: Services Provided by Agency*, integrated as a specific activity under each category; likewise, coordination may also assume its own section in the IAA or a separate category of related activities.

Additional information that may be useful to include:

The benefits of coordinating plans, such as:

- Preventing duplication of effort among agency programs.
- Improving the cost effectiveness of the health care delivery system.
- Improving the availability of services.
- Focusing services on specific population groups or geographic areas.
- Maximizing effectiveness of service delivery.

(a) Model Template for Coordinating Plans

“In order to secure the following benefits: <<List Benefits>>, <<Agency 1>> and <<Agency 2>> jointly agree to work collaboratively and coordinate program activities in the following areas: ...”

(b) Example(s)

“The scope of services covered under Title XIX may impact Title V’s program plans and budgets. Similarly, actions of Title V may affect Medicaid provider service requirements and the cost of services. Therefore, each agency hereby states its intention to coordinate plans...” (Virginia’s IAA).

(14) Reimbursement

The requirements set forth by States for reimbursement are so varied and often so detailed, that it is not logical to present a model template for this section. However, there are many common elements that should be considered in drafting an IAA:

- The rate and/or total amount of reimbursement.
 - Often at the current Medicaid reimbursement rate or at the State match/share of costs based on a fee schedule.
 - Not to exceed the cost of providing the service.
- The activities (administrative and services provided) that are to be reimbursed.
- The documentation needed to ensure reimbursement.
- The mechanism and periodicity for filing reimbursement claims.
- The assignment of first and primary sources for payment and third party reimbursement.

For examples of how specific States treat reimbursement, see Chapter Two: C(14) or the individual summary tables in Chapter Four.

(15) Reporting Data

As with many of these sections, details of data reporting may take the form of specific activities to be performed by each agency or they may be explained in a separate section of the IAA. Since the mechanisms for reporting data can be extremely detailed and confusing, it may be beneficial to begin the IAA’s section on data by explaining what the overall goals for the process are (e.g., to improve program administration and outcomes; develop performance measures that rely on linked data; gaining a better understanding of the needs of the Medicaid population). Data can be reported and shared through a variety of mechanisms, including:

- Monthly, quarterly, and/or annual reports (programmatic, agency summaries).
- Electronic access to reports through State-wide data systems that collect programmatic information (e.g., number of beneficiaries, number of services provided).
- Program procedural manuals.

Issues that need to be considered in reporting of data include:

- Security and confidentiality.
- Use of data only for specified purposes.
- Mechanisms for review and audit.
- Maintenance of records.

Additional information that may be useful to include:

- A reminder that financial reimbursement is tied to accurate documentation and reporting of data.
- What activities the data will be used for (e.g., needs assessment activities, program planning, evaluation, determination of barriers to enrollment and application assistance).
- The assignment of a key contact whose responsibility is to ensure secure, accurate, and timely transfer of data.

(a) Model Template for Reimbursement

This model is adapted from Indiana’s MOU:

“Reporting Data:

A. Mutual Services.

1. Work together to improve the State’s capacity to integrate data, link data files, and to utilize program data to improve program administration and outcomes.
2. Work collaboratively in the development of performance measures that rely on linked data as a means of better understanding the needs of vulnerable populations and targeting resources to them more effectively.
3. Collaborate among programs to guide the permissible sharing and dissemination of data for program administration, policy development, and to carry out the responsibilities listed in this Agreement.
4. Implement processes to ensure data sharing requests are in compliance with HIPAA and applicable State and federal statutes, regulations, and guidelines.
5. Assign specific program designees to accept and coordinate all data request from each respective agency in accordance with individual program procedures and protocols.
6. Provide specific agreed upon program data necessary for program monitoring and evaluation.

B. Title V.

1. Work collaboratively by providing, in compliance with HIPAA regulations, the necessary client data files and vital records data to facilitate client care administration and to permit matching of population-based and other programmatic data files for evaluation purposes.
2. Cross-match computerized participant files to generate lists of newly enrolled members who are not participating in all potential services to increase service coordination efforts.
3. Provide data through standard reports about population-based health care assessments.
4. Collaborate with Title XIX to determine joint outcome indicators and objectives to be evaluated regularly.

C. Title XIX.

1. Work collaboratively by providing, in compliance with HIPAA regulations, the necessary client data files and vital records data to facilitate client care administration and to permit matching of population-based and other programmatic data files for evaluation purposes.
2. Provide specified demographic data summaries regarding populations served by Title V programs needed to fulfill Title V Federal reporting requirements and to track MCH-related Healthy People 2010 Objectives.
3. Make available each month to other State agencies the names of newly certified Medicaid beneficiaries to be used for eligibility determination.”

(b) Example(s)

- California’s IAA devotes an entire objective to “develop and implement data collection and reporting systems that support assessment, surveillance, and evaluation with respect to health status indicators and health outcomes among the populations served by both programs.” See the full document for details.
- Louisiana’s Intra-Departmental Agreement details its data requirements in a section called “Methods of Exchange of Information.”
- South Carolina’s MOA deals exclusively with the maintenance and transfer of data files.

(16) Review

While the majority of IAAs currently do not build in an automatic process for review, the addition of this requirement would help ensure the document remains current and adequately addresses the needs of the Medicaid beneficiaries. Because it was noted that many of the IAAs were non-specific, out-of-date, or not signed, there should be a periodic review from each agency to help alleviate these issues.

(a) Model Template for Review

“This agreement shall be reviewed at least <<Periodicity of Review>> or at the request of either party by <<Established Committee or Representatives of Each Agency>> and, if necessary, amended upon mutual agreement of the agencies involved. Amendments shall be in writing and signed by the authorized representative of each party and will comprise an official component of the document from that time forward. This agreement may also be terminated at this time upon notification of either party.”

(b) Example(s)

Illinois’ IAA requires both an annual review of the entire agreement and a periodic review of sections at the request of either agency.

(17) Liaison

A successful IAA needs a defined mechanism to ensure that coordination between agencies is maintained and that the requirements of the agreement itself are being met. Establishing an official liaison(s) between agencies can help accomplish these goals.

Activities for the liaison(s) may include meeting with the corresponding agency on a regular basis for a variety of purposes that may include:

- Ensuring that the activities outlined in the IAA are met.
- Continuous communication between agencies.
- Coordinating areas of shared responsibility between agencies.
- Updating each agency on developments as they arise.

The assignment of a liaison is often discussed in the context of overall program coordination (see Section 13) and establishing cooperative relationships between agencies (see Section 9). The role of the liaison can be defined in either of these sections or as a separate section.

(a) Model Template for Liaison

“Meetings between agencies will take place at least <<Periodicity of Meeting>> to review progress toward meeting mutual objectives. <<Position or Name of Liaison Staff>> from <<Agency 1>> and the <<Position or Name of Liaison Staff>> from <<Agency 2>> shall jointly be responsible for serving as agency liaison for the purposes of implementing this agreement and ensuring that ongoing communication and coordination take place between the represented agencies.

(b) Example(s)

- Idaho’s Cooperative Agreement summarizes the role of liaison in general terms.
- Georgia’s Interagency Master Agreement assigns the role of liaison in terms of an overarching committee for review of progress in the implementation of the agreement.

(18) Evaluation

The evaluation of the effectiveness of the agreement and the corresponding collaboration between agencies should be integrated into the IAA itself along with measures of review and liaison. Most often, this evaluation can take place by committee that includes the designated liaisons from Section 17.

(a) Model Template for Evaluation

“The agencies that administer Title V and Title XIX will jointly establish an advisory committee for the following purposes:

- To monitor implementation of this Agreement.
- To coordinate services offered.
- To review and update its provisions as necessary.
- To ensure that all Medicaid-eligible persons in need of Medicaid services receive them.
- To ensure that appropriate fiscal documentation is ongoing.
- To ensure that collaboration between agencies and coordination of joint activities is ongoing.
- <<Additional Goals>>.

The committee will meet every <<Periodicity of Meeting>> when either agency requests that a formal meeting be conducted. The committee will be comprised of <<List Committee Members>>.

(b) Example(s)

Kansas’ Cooperative Agreement and Missouri’s IAAs are extremely detailed in regards to evaluation and form the basis for the model template above.

(19) General Contract Provisions

The general contract provisions are usually formulaic and based on both State and Federal regulations. As stated in Chapter Two, these provisions may consist of the following:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Amendment/modification of agreement. • Audit. • Confidentiality/HIPAA compliance. • Default. • Dispute resolution mechanisms. • Drug-free workplace provisions. • Failure to satisfy scope of work (SOW). • Indemnification/liability clauses. | <ul style="list-style-type: none"> • Provisions for lack of funds. • Lobbying statements. • Systems for maintenance of records. • Nondiscrimination clauses. • Methods for payment. • Regulations regarding subcontracts. • Tobacco policies. • Grounds for termination of agreement. |
|---|---|

Additional information that may be useful to include:

A section on definitions/terms and acronyms used in the document. Many of the IAAs collected (CO, HI, MO, NC, OH, and UT) contained a glossary of terms. This information proved valuable in wading through the abundance of agency names, State programs, etc. often encountered in such documents.

Georgia’s Interagency Master Agreement, Ohio’s IAA, and Kansas’ Cooperative Agreement all contain detailed sections on general contract provisions that can be used as models.

C. Promising Practices and Lessons Learned

As can be seen, the amount and variety of information within the State IAAs is staggering. The ways that States have developed and use these documents is likewise as varied as their individual needs. However, one fact cuts across all the information presented above: States find their IAAs to be most successful when these documents are developed together and clearly delineate each agency’s responsibilities in a measurable manner and in a stated time frame. After contacting many of the States who provided IAAs for this study, several other “promising practices” become clear.

First, in all cases where States feel that they have IAAs that address each agency’s needs, there is a great willingness to work together on a personal level. Staff from each agency have long-standing relationships with their counterparts across the table. In each case, there is a personal dedication to making sure that the IAAs are in place and that the agencies are well aware of their details. Often the process of writing or updating the IAAs together serves as good practice in bringing staff from agencies together. When the documents become a shared project, the activities that they outline often flow out of a sense of partnership.

For the documents to be useful, staff have to know about them and have easy access to current versions. In cases where States feel that their IAAs are not sufficient, one of the major barriers is simply in obtaining a current signed copy that everyone could agree upon. This is particularly true when there is large staff turnover. States that felt that there could be room for improved coordination of activities often had agency positions that had been vacant for long periods of time. These positions, if consistently filled, could provide the liaison between agencies vital to the success of the IAAs. Another issue for staff is the simple ability to find the IAAs in a centralized location. Some staff interviewed said that they have multiple copies of their State IAAs in their desk, but were not exactly sure which one is most recent.

The need to be well acquainted with the IAAs also becomes evident. In States that are pleased with coordination between agencies, staff seem familiar with the purpose and details of their IAAs and how they serve to provide an outline for working together. Conversely, staff who feel that coordination between agencies could be improved often had only a cursory understanding of their State’s IAA. Of course, IAAs that are clear and engaging and that address specific issues and responsibilities have a greater chance of being read and referred to. One State employee said that she never read the IAA because it was “too legal to be understood.”

Overall, whether the Title V and Title XIX agencies are housed within the same State department or division (and whether their IAAs are thus interagency or intra-agency agreements), seems to have little impact on how agency staff feel they coordinate activities together. What becomes evident is that the IAAs that present detailed lists of services and responsibilities are the ones that seem to be most successful. While some States simply list mutually agreed upon activities in a long list while others link these activities to objectives and/or activity type, the most important factor is that the activities *are* spelled out so that there is no question as to responsibility. With the basics mapped out, staff are able to focus on innovative ways to collaborate.

Successful IAAs most often present each agency’s responsibilities separately and then their shared responsibilities. These documents likewise present the services to be provided by each agency in a similar fashion. Whether a State has a single IAA to address coordinated activities broadly or several smaller IAAs that focus on specific programs, again the important message is that the documents are clear and specific. One Title XIX contact, while reading the IAA over the phone, said that he didn’t realize all the services that his State Title V office actually offered.

There seems to be a fine line between the right amount of detail in the various IAAs and “just too much information.” Many States have found that while a large amount of detail regarding specific issues (e.g., documentation and reimbursement) is necessary, a long “laundry list” actually is counter productive in facilitating meaningful collaboration. There is a balance that constantly has to be met between making the IAAs detailed enough to be useful but not making them so detailed that no one can agree upon them to begin with and then no one is familiar with them enough that they are useful. There is a sense that for IAAs to be successful, they need to be specific to State Title V and Medicaid offices rather than just a modified basic provider agreement.

A common concern among State agencies is ensuring that the agreed upon responsibilities in the IAAs actually get carried out consistently throughout the State. Often the list of activities, specifically those to be carried out locally, is ambitious; however, it sometimes is difficult to track that the activities are indeed carried out at this level. Many States feel that their IAAs would benefit from more specific processes to interact with local health departments or other Title V grantees and better ongoing communication with the “front line.”

The counter balance to this desire is the constant fear of developing too many processes and reporting mechanisms that simply serve to “bog down” already busy agency staff. The fear of too much paperwork was evident in conversations with States. Successful IAAs, thus, need to find the right balance of communication and reporting required in order to remain useful tools for the agencies that developed them.

The driving point of State IAAs that cannot be emphasized enough is that they are more than just dusty legal documents providing standard contract language of roles and responsibilities. The time spent developing and refining these documents is well worth the time and effort. The linkages that they can facilitate have the potential to provide a more comprehensive system of services to those who need them the most. At their best – having been well conceived, written, and agreed upon – and in the hands of agency staff who understand their true value, the IAAs can serve as an essential road map to successful coordination.