Designing More Effective Title V MCH/Medicaid Interagency Agreements: A Technical Assistance Opportunity for State Programs

Interagency Examples:
State IAAs that deal with EPSDT
Interagency Examples:
State IAAs that Deal with EPSDT

The following States address Medicaid’s Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services program in their IAAs: Alabama, California, Colorado, Connecticut, Idaho, Illinois, Iowa, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New York, North Carolina, Oregon, Rhode Island, South Dakota, and Wisconsin.

Summary:

**Alabama**: IAA states that “ADPH shall provide a monthly summary of EPSDT Care Coordination to the Agency's EPSDT staff.”

**California**: IAA states that “Title V in collaboration with Title XIX is responsible for outreaching and informing all EPSDT eligible individuals about the program.”

**Colorado**: IAA states that “HPC Medical Home Initiative shall promote use of EPSDT outreach activities to Primary Care Physicians for Medicaid-enrolled families, and CDPHE shall work with Department EPSDT Program Outreach Coordinators to develop and maintain a mechanism whereby Medicaid-enrolled clients shall be informed of the availability of Title V funded services, and referred for these services as appropriate.”

**Connecticut**: IAA’s objective is “to recognize shared goals and to establish methods of coordination and cooperation to ensure that children and youth served by the Regional Medical Home Support Centers who are enrolled in Connecticut's HUSKY, Part A managed care program receive timely and comprehensive health care services under the EPSDT program. Detailed services to be provided by the State’s MCOs are provided. See more in Details section.

**Idaho**: IAA states that the Division of Health, BMCH, must “use Medicaid funding to contract for development, implementation, and direction of an EPSDT Provider Training Program for registered nurses.”

**Illinois**: IAA states that DPA must “provide to the local health departments data relative to children enrolled in the Medical Programs within their jurisdiction to increase EPSDT participation, including immunizations and lead screening.”

**Iowa**:
- Document #1’s objective is “to define the responsibilities of the parties in assessment, planning, and care coordination activities related to the recipients of EPSDT and the HCBS-IH programs of the Iowa T19 program.”
- Document #3’s objective is “to retain IDPH to coordinate administration of the EPSDT program in order to: A. Develop and maintain local capability for conducting screening examinations required under the EPSDT program. B. Increase program efficiency and effectiveness by assuring that needed services are provided timely and efficiently. C. Develop and maintain local capacity for MCH Services and to provide Medicaid information and care coordination to EPSDT clients. D. Develop a cooperative and collaborative relationship at all levels to prevent duplication of services.”
- Document #4 calls for IDPH to “conduct a minimum of 4 health education activities that link the target population with available health services. Health education activities will be mutually agreed upon by the Title V director and the EPSDT program specialist and to submit an annual report combined with the EPSDT program report which identifies the activities provided in the previous year. This report will contain information on the
outreach activities that occurred, the number of toll-free calls received, and other activities provided.”

• See more in Details section.

Kansas: IAA provides details on the Kan-Be-Healthy (EPSDT) Program, including “General Services” and “Expanded Nutrition Services for High Risk Consumers.”

Louisiana: IAA states that MCH must “identify Medicaid-eligible children and to refer these children for EPSDT services; provide EPSDT services; and assure that EPSDT patients receive the full range of services.” Medicaid must “provide EPSDT services.”

Michigan: IAA requires “Title XIX to designate a staff member to serve as EPSDT coordinator and liaison with Title V. See also Section 8, Service A9, B6.”

Minnesota: IAA states that the DOH “contracts with counties to perform outreach and follow-up EPSDT services for eligible children.”

Mississippi: IAA states that DSS will “provide DOH with Year to Date EPSDT participation rates.”

Missouri: IAA (document #6) objective is “to provide the most efficient and cost efficient, effective administration of Title XIX EPSDT aka in the state as Healthy Children and Youth (HCY).” See more in Details section.

Nebraska: IAA requires “FHD shall promote preventive health care and encourage eligible children to receive EPSDT screening examinations.” See more in Details section.

New York: IAA state that “Title V and Title XIX share de-identified data relative to health outcomes, gaps in services, concerns for placement and proficiency of providers, and the utilization of the EPSDT program.”

North Carolina: IAA states that the agencies must “develop a system of local service providers to refer pregnant women and EPSDT children under age 5 to WIC and MCC programs.”

Oregon: IAA states that DCRC shall provide EPSDT screenings.

Rhode Island: IAA’s objective is “to specify the administrative activities related to the Medicaid/EPSDT programs that include all activities designed to assure the availability, accessibility, and coordination of required health care resources.” See more in Details section.

South Dakota: IAA states that DOH must “inform any Title XIX/CHIP eligible families with children about the EPSDT program and make appropriate referrals” and “participate in the establishment of periodicity schedules and content standards for the EPSDT program.”

Wisconsin: IAA states that “HealthCheck (EPSDT) services are to be mutually agreed upon” and that agencies must “review content standards for HealthCheck.” Section 5 of the IAA deals exclusively with EPSDT services; see Details section for more information.

Note: Wisconsin and Iowa have the most comprehensive sections on EPSDT. Other states list it integrally among other services. For this list, we have included the section that EPSDT appears in to give a sense of how it relates to the overall IAA.
Details:

Alabama


Objective

To amend the original T5/T19 provider contract regarding EPSDT services (care coordination).

Services Provided by Agency:

Care Coordination.
1. ADPH shall develop and maintain a care coordination system which shall ensure Medicaid-eligible children receive appropriate services.
2. ADPH shall utilize reports provided by Medicaid monthly to identify children who have not received screenings.
3. ADPH shall follow-up on positive findings for sickle cell and metabolic screenings, newborn hearing screens, and immunization status.
4. ADPH shall receive referrals from physicians and dentists regarding medically-at-risk clients.
5. ADPH shall arrange for necessary transportation.
6. ADPH shall utilize the appropriate diagnosis codes to identify high-risk children.
7. ADPH shall provide a monthly summary of EPSDT Care Coordination to the Agency's EPSDT staff.

Reimbursement
Medicaid will reimburse ADPH for care coordination services based on Medicaid's current reimbursement rates. ADPH agrees to reimburse Medicaid the state share of costs associated with providing care coordination services.

California


Identification and Outreach
Title V will identify infants, children, adolescents, and women who are potentially eligible for Medi-Cal and, once identified, aid them in applying. Title V in collaboration with Title XIX is
responsible for outreaching and informing all EPSDT eligible individuals about the program. See also Section 8, Service C1c.

Colorado

Document URL: http://www.mchlibrary.info/iaa/states/CO_1_2.pdf

Identification and Outreach
A. HPC Medical Home Initiative shall promote use of EPSDT outreach activities to Primary Care Physicians for Medicaid-enrolled families.
B. CDPHE shall work with Department EPSDT Program Outreach Coordinators to develop and maintain a mechanism whereby Medicaid-enrolled clients shall be informed of the availability of Title V funded services, and referred for these services as appropriate.

Connecticut

Document URL: http://www.mchlibrary.info/iaa/states/CT_2_2.pdf

Objectives
To recognize shared goals and to establish methods of coordination and cooperation to ensure that children and youth served by the Regional Medical Home Support Centers who are enrolled in Connecticut's HUSKY, Part A managed care program receive timely and comprehensive health care services under the EPSDT program.

Services Provided by Agency
A. CYSHCN Regional Medical Home Support Centers.
1. Support CYSHCN and their families by assisting them with coordination of multiple systems of care.
2. Provide training and support to the Pediatric Primary Care providers by addressing family needs.
3. Assist the Pediatric Primary Care Providers with care coordination of CYSHCN who have high severity needs.
4. Assist with the coordination between the Pediatric Primary Care Providers and specialists.
5. Promote the establishment of a "Medical Home."
6. Contract with Parents Network across the State to support families with CYSHCN.
7. Provide respite services to underinsured and uninsured families of CYSHCN.
B. MCOs.
1. Inform families about EPSDT.
2. Conduct outreach to ensure children receive EPSDT services.
3. Link children to primary care providers and dental providers.
5. Remind families when EPSDT exams are due.
6. Ensure that primary care providers participating in HUSKY A are knowledgeable about EPSDT.

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Idaho

Document URL: http://www.mchlibrary.info/iaa/states/id_1_1.pdf

Services Provided by Agency

A. Mutual Responsibilities.
1. Promote health services for all families in need of services.
2. Enhance and monitor perinatal care statewide.
3. Provide financial support/reimbursement to local health agencies, volunteer health agencies, and other groups and individuals engaged in the delivery of health services to mothers and children.

B. Division of Health, BMCH.
1. Needs assessment: collect and analyze health data. Identify needs.
2. Program planning: Serve as a focal point for statewide planning of health education, disease prevention, diagnosis, treatment, and rehabilitative services for mothers and children (including provide technical assistance in developing referral forms).
3. Program services implementation: monitor implementation of the statewide perinatal care improvement plan.
4. Program quality assurance: provide input into the development of standards and guidelines and provide training to MCH health care providers.
5. Program evaluation: plan, collect, analyze, interpret, and report data demonstrating the effectiveness of MCH services and the impact on the health status of mothers and children.
6. Assist Medicaid in provider relations with physicians and other health care providers.
7. Conduct outreach with potential clients.
8. Promote "one stop shopping" program services.
9. Use Medicaid funding to contract for development, implementation, and direction of an EPSDT Provider Training Program for registered nurses.

C. BMPR.
1. Medicaid utilization control and review: collect and analyze expenditure data for Medicaid-covered services; develop, implement, and monitor Medicaid provider and contract agreements; and investigate inappropriate billing/utilization of Medicaid reimbursement.
2. Coordinate with other bureaus within the Division of Welfare to facilitate referrals to WIC and other MCH Programs.
3. New or revised service coverage or program changes: develop and promulgate regulations governing new/revised Medicaid-covered services; coordinate with BMCH regarding changes; inform BMCH and providers of changes; and inform Regional Welfare program Managers of changes.
4. Financial arrangements: activities requested and performed are outlined in Appendix A.

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**Illinois**


Document URL: [http://www.mchlibrary.info/iaa/states/IL_1_2.pdf](http://www.mchlibrary.info/iaa/states/IL_1_2.pdf)

**Services Provided by Agency**

A. Mutual Services.

1. Develop interagency procedures to facilitate the necessary implementation of the Program Agreement and to include the procedures in their respective policy manuals.
2. Designate a liaison person from the central administrative offices for regular interagency communications.

B. DHS-OFH.

1. Request and obtain the necessary appropriation for outreach and case management activities.
2. Submit to DPA quarterly estimates of the claims to be submitted in the next quarter.
3. Ensure that the MCH program adheres to requirement for participation.
4. Direct the use and distribution of the funds appropriated to it.
5. Be responsible for the certification that the claims for FFP submitted are for expenses that have been paid prior to submittal as well as that the claims are the actual costs.
6. Provide to DPA all documents and other necessary information to allow DPA to submit the claim for payment.
7. Provide payment to agencies performing outreach activities.
8. Provide payment to agencies performing case management activities.
9. Perform quality assurance activities.
10. Provide DPA with a fiscal year summary report.
11. Provide to each MCO a monthly report.
12. Submit to DPA a draft of the next fiscal year Family Case Management Contract Attachment.

C. DPA.
1. Maintain a hotline to address case management client concerns.
2. Provide to DHS-OFH a data information exchange.
3. Provide to the local health departments data relative to children enrolled in the Medical Programs within their jurisdiction to increase EPSDT participation, including immunizations and lead screening.
4. Inform DHS-OFH of pending termination proceedings against certified providers.
5. Draw the eligible amounts of federal monies for the applicable services.
6. Monitor the operation of services reimbursed.
7. Maintain responsibility for the coordination and implementation of State and Federal audit requirements relative to the Medical Programs.
8. Furnish DHS-OFJ data, reports, and information as may be required to ensure satisfying State and federal fiscal responsibility requirements.
9. Furnish DHS-OFH appropriate claims and eligibility information.

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**Iowa (document 1 of 4 IAAs)**

Document URL: [http://www.mchlibrary.info/iaa/states/IA_1_4.pdf](http://www.mchlibrary.info/iaa/states/IA_1_4.pdf)

**Objectives**
To define the responsibilities of the parties in assessment, planning, and care coordination activities related to the recipients of EPSDT and the HCBS-IH programs of the Iowa T19 program.

**Cooperative Relationships**
CHSC shall work in collaboration with agencies that participate in the HCBS-IH Waiver program or who serve as EPSDT providers.

**Identification and Outreach**
CHSC shall explain to interested families the HCBS-IH Waiver program and/or the EPSDT program and/or other DHS programs.

**Coordinating Plans**
CHSC shall consult with DHS staff to determine if the HCBS-IH Waiver and EPSDT provider qualifications and conditions of the program, including services, are being met.

**Liaison**
CHSC shall serve on the EPSDT/Care for Kids Advisory and the HCBS-IH Waiver Advisory Committees of DHS and related committees.
Iowa: EPSDT (document 3 of 4 IAAs)


Objectives
To retain IDPH to coordinate administration of the EPSDT program in order to: A. Develop and maintain local capability for conducting screening examinations required under the EPSDT program. B. Increase program efficiency and effectiveness by assuring that needed services are provided timely and efficiently. C. Develop and maintain local capacity for MCH Services and to provide Medicaid information and care coordination to EPSDT clients. D. Develop a cooperative and collaborative relationship at all levels to prevent duplication of services.

Services Provided by Agency

A. IDPH.
1. Determine if local agencies requesting to be screening centers meet the recommended standards of medical practice established by the program, etc.
2. Provide consultation and TA in communities in assessing local needs for EPSDT services.
3. Implement the EPSDT program through contracts established with Title V agencies.
4. Provide consultation and TA to schools and Area Education Agencies in investigating participation in EPSDT activities.
5. Provide continued TA to MCH Centers conducting cost analyses to determine the cost of providing services in order to promote more cost efficient services.
6. Provide consultation and TA to communities in assessing local needs for Administrative Medicaid Claiming.
7. Coordinate meetings with DHS for Prevention for Disability Policy Council and other health care providers to facilitate coordinated efforts.
8. Provide TA for targeted issues such as immunization, lead screening, developmental screening, and newborn hearing screening.
9. Assist the editor of the EPSDT Care for Kids newsletter.
10. Participate in planning and implementing the Medicaid Enterprise Activities.
11. Provide an annual report which identifies the activities provided in the previous year.

B. DHS.
1. Reimburse EPSDT screening centers for the full cost of providing screening, outreach, and care coordination.
2. Provide to IDPH a daily list of Medicaid clients who are eligible for EPSDT outreach and care coordination services.
3. Maintain a vendor number for IDPH and provide a vendor number to screening centers.
4. Submit this Agreement to CMS.
**Reimbursement**

IDPH will be paid for the services described in Section 8 a fee not to exceed $310,175 for the Agreement period. Claims shall be submitted quarterly.

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**Iowa: Outreach (document 4 of 4 IAAs)**


**Services Provided by Agency**

A. IDPH.
1. Maintain 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.
2. Assess the adequacy of the medical care and other services the woman or child utilizing the line is receiving and distribute health information concerning medical services that would meet the woman's or child's individualized needs.
3. Conduct a minimum of 4 health education activities that link the target population with available health services. Health education activities will be mutually agreed upon by the Title V director and the EPSDT program specialist.
4. Submit an annual report combined with the EPSDT program report which identifies the activities provided in the previous year. This report will contain information on the outreach activities that occurred, the number of toll-free calls received, and other activities provided.

B. DHS.
1. Claim a federal match for the funds expended and remit this match to IDPH.
2. Submit this agreement to CMS. Expenditures for outreach activities will be eligible for a 50% federal match through the Medicaid program if approved by CMS.

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**Kansas**


Document URL: [http://www.mchlibrary.info/iaa/states/ks_1_1.pdf](http://www.mchlibrary.info/iaa/states/ks_1_1.pdf)

**Services Provided by Agency**

KDHE and SRS agree to very detailed services under each of the following areas:
A. General MCH Services.
   1. Health Care Services.
   2. Program Information and Service.
   3. Collaboration, Consultation, and Continuing Education.
   4. Fees and Reimbursement.

B. The Kan-Be-Healthy (EPSDT) Program.
   1. General Services.
   2. Expanded Nutrition Services for High Risk Consumers.

C. Services for CSHCN.
   1. General Services.
   2. Medicaid Managed Care Services.
   4. Rehabilitation Services.

D. Prenatal Health Promotion/Risk Reduction.
   1. General Services.
   2. Expanded Nutrition Services for High Risk Pregnant Women.

E. Newborn/Postpartum Home Visit.
F. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
G. Commodity Supplemental Food Program (CSFP).
H. Family Planning.
   1. Farmworker Health.
   J. Refugee Health.
   K. Services for Tuberculosis.
   L. Immunizations.

M. Substance Abuse Services.
   1. Consultation and Continuing Education.
   2. Treatment Services.
   3. Fees and Reimbursement.

N. Toll-Free Telephone Number.
O. Teen Pregnancy Case Management Project.

P. HIV/STD Programs ad Services.
   1. Program Information and Services.
   2. Consultation and Continuing Education.
   4. Feed and Reimbursements.

Q. Quality Assurance.
R. Kansas Infant-Toddler Services.
S. Breast and Cervical Cancer. Outcome measures are provided for each of these areas.

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**Louisiana**

*Department of Health and Hospitals Intra-Departmental Agreement between Office of Public Health (Title V) and Bureau of Health Services Financing (Title XIX).* 1990. [Louisiana] Department of Health and Hospitals. 4 pp.

Document URL: [http://www.mchlibrary.info/iaa/states/la_1_1.pdf](http://www.mchlibrary.info/iaa/states/la_1_1.pdf)

**Services Provided by Agency**

In this agreement, objectives and services are combined together under each agency:

**A. MCH Objectives/Services.**
1. To assure mothers and children access to quality MCH services.
2. To reduce infant mortality and the incidence of preventable diseases and handicapping conditions.
3. To reduce the need for inpatient and long-term care services.
4. To increase the number of children appropriately immunized; to promote the health of mothers and children.
5. To provide rehabilitation services under Title XVI.
6. To provide services for identifying, and for medical, surgical, corrective, and other services...
7. To identify Medicaid-eligible children and to refer these children for EPSDT services.
8. To provide EPSDT services.
9. To assure that EPSDT patients receive the full range of services.
10. To assess quality of care provided by the Office of Public Health.
11. To have a major role in establishing standards, policies, and procedures for health care services.
12. To provide pertinent data for program evaluation.

**B. Medicaid Objectives/Services.**
1. To provide medical assistance to low-income persons who are age 65 or over, blind, disabled or members of families with dependent children or qualified pregnant women or children.
2. To provide EPSDT services.
Michigan

Document URL: http://www.mchlibrary.info/iaa/states/MI_1_1.pdf

Liaison
Title XIX to Designate a staff member to serve as EPSDT coordinator and liaison with Title V. See also Section 8, Service A9, B6.

Minnesota

Document URL: http://www.mchlibrary.info/iaa/states/mn_1_1.pdf

Identification and Outreach
The Department contracts with counties to perform outreach and follow-up EPSDT services for eligible children. In order to identify children under 21 in need of medical or remedial services, the Department receives screening and referral information from managed care health plans that is fed into the Department's "CATCH 3" tracking system.

Mississippi

Document URL: http://www.mchlibrary.info/iaa/states/ms_1_1.pdf

Responsibilities
A. The Department is the state agency responsible for the general supervision of the health interests of the people of that state and is authorized to enter into contracts and agreements with other state or federal agencies in effecting an efficient delivery of public health services. B. The Division is responsible for providing case management and extended services for high risk pregnant/postpartum women through approved case management agencies and EPSDT.

Services Provided by Agency
Exhibit A lists the criteria for case management and the enhanced services to be provided for various target groups. A. High risk infants, age birth to one (1) year old. 1. Case management. 2. Medical risk assessment. 3. Enhanced EPSDT services for high risk infants. B. High risk pregnant women (services to be provided during pregnancy and through the end of the month in
Reporting Data
The Department shall submit a monthly report to the EPSDT Division and/or the PHRM Unit of
the division, for Medicaid enrolled pregnant women and/or Medicaid enrolled infants receiving
services. The Department shall report detailed information to the Division annually. The
CMS1500 claim form information submitted by the Department to Medicaid's fiscal agent must
show all Medicaid procedure codes for all services.

Missouri (document 2 of 6 IAAs)

*Interagency Agreement between the Missouri Department of Health and the Missouri
Department of Social Services: Well Child Outreach.* 1997. Missouri Department of Social
Services. 3 pp.

**Services Provided by Agency**

A. DSS.
1. Designate one or more persons who will serve as a contact for DOH.
2. Reimburse DOH 100% of the Title XIX federal share for staff responsible for implementing
the Well Child Project.
3. Reimburse DOH 100% of the Title XIX federal share for expense and equipment costs.
4. Provide DOH with Year to Date EPSDT participation rates.

B. DOH.
1. Employ staff and incur necessary expenses to carry out the Project; account for the activities
of the staff.
2. Involve DSS in program process.
3. Keep records and provide written reports to DSS on relevant program data related to print
material distribution, outreach activities, etc.
4. Evaluate the Project and share the results with DSS.
5. Return to DSS any federal funds which are deferred and/or ultimately disallowed.
6. Provide the billing information necessary to obtain federal financial participation. Maintain the
confidentiality of client records.
7. Conduct all activities recognizing the authority of the single state Medicaid agency.
Missouri (document 6 of 6 IAAs)


Objectives
To provide the most efficient and cost efficient, effective administration of Title XIX EPSDT aka in the state as Healthy Children and Youth (HCY).

Responsibilities
Mutual Responsibilities. A. To assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner. B. To assure that services are of sufficient amount, duration, and scope. C. To establish a medical care home for those Medicaid eligible children receiving HCY services. D. To assure services are provided by appropriate Medicaid enrolled providers. E. To assure that all children requiring technical and/or nursing services are provided service coordination. F. To assure that service coordination is available for all clients requiring service coordination as a result of substance abuse.

Services Provided by Agency
A. DSS.
   1. Reimburse DOH the Title XIX Federal share for HCY services.
   2. Reimburse DOH the Title XIX Federal share for research services.
   3. Reimburse DOH the Title XIX Federal share of costs incurred from EDP for their provision of data.
   4. Provide DOH access to the information necessary to properly provide HCY services.
   5. Provide DOH access to the information necessary to properly provide HCY administration.
   6. Meet and consult on a regular basis, at least quarterly, with DOH.

B. DOH.
   1. Employ all necessary professional staff.
   2. Employ administrative staff.
   3. Provide linkage of data systems for coordination, identification, and effective case planning.
   4. Aid ad assist in the development of screening tools.
   5. Provide HCY administration and act as liaison.
   6. Account for activities of the staff employed.
   7. Provide the information necessary to request Federal funds.
   8. Return to DSS any federal funds which are deferred and/or ultimately disallowed.
   9. Maintain the confidentiality of client records.
  10. Seek General Review appropriations to provide the federal matching share for HCY services.
  11. Meet and consult on a regular basis with DSS.
  12. Conduct all activities recognizing the authority of the single state Medicaid agency.
Nebraska

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). Nebraska Department of Health and Human Services. 10 pp. Document URL: http://www.mchlibrary.info/iaa/states/ne_1_1.pdf

Identification and Outreach
The FHD shall promote preventive health care and encourage eligible children to receive EPSDT screening examinations.

Reimbursement

A. Title XIX Agency.
1. Reimburse FHD program providers who are also Medicaid providers.
2. Establish a formal method of communication, collaboration, and cooperation with FHD regarding procedures, periodicity, and content standards for EPSDT, rates and reimbursement methods by regularly scheduled meetings.
3. Encourage and support the FHD policy to recover third party reimbursement and other revenues. 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.
4. Plan, in conjunction with FHD, to address billing concerns.
5. Identify overall services and provide the maximum allowable rate information for procedures.

B. FHD.
1. Ensure that FHD providers shall bill the Title XIX agency.
2. Respond to and attend annual meetings regarding rates and reimbursement methods.
3. Assure all third-party revenues shall be retained by the FHD provider.
4. Cooperate and participate in the planning process.

New York


Reporting Data
Title V and Title XIX share de-identified data relative to health outcomes, gaps in services, concerns for placement and proficiency of providers, and the utilization of the EPSDT program. See also Section 8, Service A3, A6, B1, B2.
North Carolina

Document URL: http://www.mchlibrary.info/iaa/states/nc_1_1.pdf

Services Provided by Agency

Mutual Services.
1. Collaborate in (a) planning, (b) consultation and TA to providers, (c) development of agreements with other state agencies.
2. Consult with appropriate groups and develop health services policies.
3. Administer the Baby Love Program.
4. Promote appropriate access to comprehensive care.
5. Take part in joint initiatives.
6. Coordinate activities between health programs.
7. Assure allowable cost reimbursement for services provided to eligible Medicaid clients.
8. Provide public health specific program guidance as needed.
9. Update and develop program manuals and guidance.
10. Develop a system of local service providers to refer pregnant women and EPSDT children under age 5 to WIC and MCC programs.
11. Determine when changes are needed to the list of covered services.

Oregon

Document URL: http://www.mchlibrary.info/iaa/states/or_1_1.pdf

Services Provided by Agency

A. CDRC shall provide the following services to Medicaid recipients:
1. Multidisciplinary evaluation.
2. Case management and medical services such as physicians services, nursing services, laboratory and other diagnostic testing, physical and occupational therapy, evaluations and treatment, psychological/psychiatric evaluations, speech and audiological evaluations and treatment, hearing aids, dental services, amniocentesis and genetic counseling for parents of children with disabling conditions, prosthetic, orthotic, and other medical supplies and equipment, and EPSDT screenings.
3. Specialized treatment services through outpatient clinics at CDRC centers
Rhode Island

Document URL: http://www.mchlibrary.info/iaa/states/ri_1_2.pdf

Objectives
To specify the administrative activities related to the Medicaid/EPSDT programs that include all activities designed to assure the availability, accessibility, and coordination of required health care resources.

Responsibilities
The Department of Human Services (DHS), Division of Family Health is responsible for coordinating and care planning to assist individuals to enroll in a program; arranging for and providing a support plan of care; program planning and development to establish strategies and model projects to ensure system capacity; conducting activities that assure needed services; and billing for activities that will not include costs for activities currently being provided in accordance with the Head Start, Early Intervention, and Adolescent Pregnancy Medicaid agreements.

Services Provided by Agency
The Department of Human Services (DHS), Division of Family Health will provide the following services (multiple examples of each type of service are provided in the document):
A. Outreach and Intensive Informing: using a combination of oral and written information methods that describe the range of services available through the programs and the benefits of preventive or remedial care offered by these programs.
B. Facilitating Medicaid Applications: assisting in determining eligibility.
C. Care Planning and Coordination Activities: coordinating screenings, assessments, examination, and evaluations, assisting individuals access services, etc.
D. Interagency Coordination: performing collaborative activities with other agencies to improve the cost effectiveness of the health care delivery system, improve the availability of services, focus services on specific population groups or geographic areas in need of special attention, or define the scope of each agency's programs.
E. Other Training: conducting or participating in training.
F. Program Planning and Development: performing activities that support the planning and development of programs.
G. Quality Management: performing activities such as program monitoring and auditing that are necessary for proper and efficient Medicaid administration.
South Dakota

Joint Powers Agreement between South Dakota Department of Social Services, Office of Medical Services and South Dakota Department of Health, Division of Health and Medical Services. n.d.. South Dakota Department of Social Services. 3 pp. Document URL: http://www.mchlibrary.info/iaa/states/SD_1_1.pdf

Services Provided by Agency

A. DSS.
1. Refer Title XIX eligible children under 18 to DOH's SCHS whose physical functions and movements are impaired.
2. Refer all sexually active women of child bearing age and their male partners in need of contraception counseling to the local Family Planning Clinic or other family planning providers.
3. Refer all Title XIX pregnant women to the Community Health Services Program.
4. Refer all known pregnant, postpartum, and breastfeeding women and young children potentially eligible to WIC for services.
5. Accept financial responsibility for reimbursement of medically necessary preventive, diagnostic, medical or remedial care and services provided to any individual under 21 or any individual who is pregnant to the extent of that individual's medical assistance entitlement.
6. Accept responsibility for payment of services within the scope of the Medical Assistance Program provided by any of the eligible individuals in accordance with fees allowed through the Medical Assistance Program and South Dakota Department of Health Programs.
7. Consult with DOH in developing the standards and periodicity and vaccination schedules for EPSDT program with DOH.

B. DOH.
1. Refer to DSS all those under 21 and women of child-bearing age in need of preventive, diagnostic, medical or remedial care and services and who are, or may be, eligible.
2. Inform any Title XIX/CHIP eligible families with children about the EPSDT program and make appropriate referrals.
3. Identify pregnant women and infants who are potentially eligible for Title XIX and assist them in applying.
4. Identify potentially eligible children and assist them in applying for the CHIP program.
5. Participate in the establishment of periodicity schedules and content standards for the EPSDT program.
6. Provide risk assessments and other services to Title XIX eligible pregnant women potentially in need of administrative case management services.
7. Participate in outreach efforts of the CHIP program by providing information with health fairs, immunization clinics, Community Health Services Offices, and public health alliance offices.
8. Provide a toll-free telephone number for use by parents and consumers to access information about physicians, practitioners, and other health care providers in South Dakota.

C. Mutual Services.
1. Enhance coordination between departments by establishing procedures for the early identification of individuals under 21 in need of preventive, diagnostic, medical or remedial care, and services provided by either department.
2. Retain the sole and exclusive right to terminate eligibility.
3. Make such reports that may be required.
4. Designate a professional staff person on behalf of each department to act as the liaison for the activities contained in this agreement.
5. Enhance coordination between departments by establishing procedures for early intervention of pregnant women in need of medical care and services provided by either department.

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**Note:** Utah and Washington have a small mention of EPSDT in their IAAs, but not enough to warrant inclusion in this list.

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**Wisconsin**


**Responsibilities**

A. Title V and WIC funded agencies will be encouraged 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.
B. Recipients of Medicaid will be encouraged to utilize Title V and WIC services.
C. Title V-funded agencies will adhere to the precedence of Medicaid billing principles.
D. Title V program income from Title XIX reimbursed services will be applied as State matching resources, against requirements stated in Federal Title V regulation.
E. HealthCheck (EPSDT) services are to be mutually agreed upon.
F. The parties agree 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 DHCF to review content standards for HealthCheck.
G. This Agreement will be reviewed annually by both parties and updated as necessary.

**Services Provided by Agency**

Multiple services included in great detail. What follows relates to EPSDT:

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 new 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.