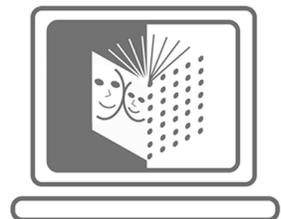




**Designing More Effective
Title V MCH/Medicaid
Interagency Agreements:
A Technical Assistance
Opportunity for State Programs**

Model Interagency Agreement: A “Promising Practices” Template for Developing or Reworking IAAs



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Georgetown
University

Model Interagency Agreement

Prepared by the IAA Project Staff, May 2009

Background

This model Interagency Agreement (IAA) is based on the document, State MCH-Medicaid Coordination: A Review of Title V and Title SIS Interagency Agreements (specifically Chapters 3 and 4; available online at <http://www.mchlibrary.info/IAA/toolkit.html>).

Federal Medicaid regulations provide a logical framework to write the State IAAs.

Under 42 CFR 431.615(c) State plans are required to describe the cooperative arrangements between the relevant agencies in order to make maximum use of services [CFR 431.615(c)(1)]; to allow for Medicaid to utilize services listed in the State plan that are provided by Title V grantees [CFR 431.615(c)(2)]; and to allow the Title V grantees be reimbursed by the State's Medicaid agency [CFR 431.615(c)(4)].

The sections of this Model IAA follow the framework established by these Federal Medicaid regulations. Use this checklist as you write/revise your IAA:

Included	Checklist of Contractual Details
	General description of document (Title/Author)
	Effective date
	Duration
	Type of agreement
	Agencies involved
	Authority cited
	Objectives
	Responsibilities
	Services provided by agency
	Cooperative Relationships
	Services provided by local agencies
	Identification and outreach
	Reciprocal referrals
	Coordinating plans
	Reimbursement
	Reporting data
	Review
	Liaison
	Evaluation
	General contract provisions

The Maternal and Child Health Library at Georgetown University, in partnership with Johnson Group Consulting, has developed a Technical Assistance (TA) program to assist States in drafting more effective Medicaid-Title V Interagency Agreements.

Questions can be directed to the IAA Project Staff:

John Richards (richarjt@georgetown.edu), or Kay Johnson (kay.johnson@johnsongci.com)

How to Use This Model IAA

Each component of the Model IAA contains several parts, including background information and a description (where necessary), **model approaches (in red)**, **examples (in blue)**, and additional information that may be useful in crafting your State's IAA.

Please read through the components of the Model IAA and copy sections into the draft IAA that you are composing or revising. Where additional information is needed, you may access the more detailed IAA analysis or specific State IAAs to use as examples from <http://www.mchlibrary.info/IAA/toolkit.html>. Please direct questions to John Richards (richarjt@georgetown.edu) or Kay Johnson (kay.johnson@johnsoncgi.com).

General Document Description

Title (see also Section 3: Type of Agreement):

Example:

Interagency Agreement (MOU, Cooperative Agreement, etc.) between <<State Medicaid Agency>> (Title XIX), <<State Maternal and Child Health Agency>> (Title V), and <<Additional Agencies, as appropriate.>>

Author:

Example:

This document has been authored by <<Authoring Agency/Division>>.

or

This document has been [jointly] developed and agreed upon by the above agencies.

1. Effective Date

Example:

This IAA will go into effect on the date this Agreement is signed/executed/issued by authorized representatives of each agency. The original date for this IAA was <<Date>> with addenda approved on <<Date(s)>>.

2. Duration

Example:

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.”

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.
-

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. Specificity regarding the type of agreement may be useful or practical in your state.

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. State-specific procedures or requirements may set forth the type of agreement that must be entered into by State agencies.

If there are specific reasons for one manner of agreement to be chosen over another, it may be useful to list those reasons in the document. While by no means necessary for the purposes of the agreement, this could shed further light on the working relationship between agencies.

4. Agencies Involved

Example:

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>>)..

This information may be slightly redundant with the title, but it’s essential to include at some point early in the document.

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.

5. Authority Cited

States can specify the relevant State and Federal authority (statutory and/or 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.

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.

Example (taken from the Kansas IAA; changes may be needed to fit specific State needs):

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)] provides for: (a) participation in the coordination of activities between such programs and the EPSDT program under Section 1905(a)(4)(B) (including the establishment of periodicity and content standards for EPSDT services), to ensure that such programs are carried out without duplication of effort; (b) participation in the arrangement and carrying out of coordination agreements described in Section 1902(a)(11) (Relating to coordination of care and services available under this title and Title XIX); (c) participation in the coordination of activities within the State with programs carried out under this title and related federal grant programs (including supplemental food programs for mothers, infants, and children; related education programs; and other health, developmental disability, and family planning programs); and (d) provision, directly and through their providers and institutional contractors, for services to identify pregnant women and infants who are eligible for Medicaid under subparagraph (A) or (B) of Section 1902(1)(l) and, once identified, to assist them in applying for such assistance.

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. 34 CFR Part 303, Early Intervention Program for Infants and Toddlers with Disabilities requires coordination, cooperation, and prevents unnecessary

duplication with Title XIX in several areas including: (a) comprehensive child find system; (b) all available resources; (c) non-substitution of funds; and (d) non-reduction of benefits. See 34 CFR 303.321; 522; and 527.

Therefore, the purpose of this Agreement is to enable <<Agency 1>> and <<Agency>> of the state of <<State>> to carry out the mandate of cooperation contained in the related provisions of the federal statutes and regulations.

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.

6. Objectives

Objectives range from extremely general to greatly detailed. Two primary objectives often listed in 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). More comprehensive documents usually list one or more overarching goals followed by more specific, measurable goals.

Common objectives often include:

General and Coordination:

- To improve the health of women, pregnant women, infants, children, and adolescents, CSHCN, etc.
- To meet the requirements of the Social Security Act and to comply with other applicable State and Federal statutes, regulations, and guidelines, including HIPAA.
- To increase coordination/collaboration between the Title V and Title XIX (and other, if applicable) agencies.
- To maintain clear communication between agencies.
- To develop and implement initiatives that address the underlying causes of preventable diseases.
- To develop and implement standards of care.

Programmatic and Local Relationship Building:

- To prevent duplication, overlap, and/or fragmentation of effort and/or services.
- To promote long-range planning.
- To strengthen relationships with local health agencies.
- To develop and maintain local capacity for MCH Services and to provide Medicaid information and care coordination.
- To strengthen relationships with multi-cultural and multi-ethnic organizations.

Identification, Outreach, and Referral:

- To coordinate identification of infants, children, adolescents, and women who are potentially eligible for services.
- To provide outreach and increase public awareness of the need for health care coverage and services for women and children.
- To provide outreach related to the services provided by Title V and Title XIX.
- To provide resource and referral information; to refer the child and family to appropriate services.
- To implement an established joint referral process.

Reimbursement and Financial:

- To specify the reimbursement and financial arrangements applicable.
- To facilitate the claim for Federal matching funds for the efficient and effective administration of the State Plan.
- To ensure the maximum utilization of Title XIX resources.

Data Sharing:

- To promote timely sharing of programmatic data.
- To allow joint access to critical Medicaid and public health data.
- To cooperate in creating linked, de-identified data files that will be used for public health and health care research, program evaluation, and surveillance.

Model:

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>>.

Example 1 (taken from Connecticut Memorandum of Understanding, document 2; changes may be needed to meet specific State needs):

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.

Example 2 (taken from Missouri’s IAA, document 2; changes may be needed to meet specific State needs):

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.

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.

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.

Model:

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...

Example:

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.

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.

8. Services Provided by Agency

States varied approaches describe 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.

Specific activities that appear repeatedly in current IAAs are:

Agencies that administer Title V often have the responsibility to:

- Provide EPSDT, family planning, immunizations, prenatal care, early intervention, and/or case management and related services to those who meet eligibility requirements.
- Determine the level, intensity, frequency, appropriateness, and service modality of services to be provided.
- Identify and fund local health departments and other contractors to provide the infrastructure for health care programs.
- Use Medicaid funding to contract for development, implementation, and direction of services to eligible children and mothers.
- Provide required financial and statistical data/records to document reimbursement for Medicaid services. Collect and maintain appropriate records and health data (e.g., records of covered services furnished to eligible participants) and/or to identify needs and to ensure that the Medicaid agency will be able to collect Federal matching funds.
- Refer potentially eligible children and pregnant women to the Medicaid program and/or assist them in applying for Medicaid.
- Inform potentially eligible families of the availability and scope of the EPSDT program.
- Support provider outreach; require Title V providers to also be Medicaid providers.

- Develop outreach materials for informing recipients about Medicaid services.
- Maintain a toll-free number that women and families can contact and receive information from appropriately trained personnel.

Agencies that administer Title XIX often have the responsibility to:

- Develop reimbursement methodologies for the payment of MCH care services.
- Provide timely reimbursement for the services provided by the Title V agency, its local health departments, or contracting providers with current Medicaid rates and fees for all services within the scope of Medicaid benefits.
- Provide Medicaid data to the agency that administers Title V.
- Provide case management services.
- Refer eligible children, adolescents, and/or pregnant women to Title V providers for EPSDT screenings and/or other Medicaid services.
- Provide the agency that administers Title V and/or local health departments with a listing of EPSDT and/or other Medicaid eligible beneficiaries and related data.
- Provide training to Title V providers on Medicaid services, and particularly, Medicaid billing procedures.
- Monitor the quality of services being provided by the Title V providers.
- Collect and analyze expenditure data for Medicaid-covered services; develop, implement, and monitor Medicaid provider and contract agreements; investigate inappropriate billing/utilization of Medicaid reimbursement.

Agencies administering Title V and Title XIX often share responsibility to:

- Work collaboratively to improve the health of State residents.
- Ensure that Title V, Title XIX (and other) services are consistent with the needs of the participants and the programs' objectives and requirements.
- Coordinate program initiatives to avoid duplication of effort among agency programs.
- Encourage referrals between various programs.
- Develop and implement, in cooperation, health care standards, program policies, and pilot programs.
- Develop, in cooperation, provider manuals, billing instructions, and provider training.
- Develop statewide advisory groups to oversee the implementation of care coordination.
- Provide liaison between agencies for interagency communication and coordination.
- Provide financial support/reimbursement to local health agencies and other groups and individuals engaged in the delivery of health services to mothers and children.
- Comply with all applicable State and Federal laws, regulations, and rules regarding confidentiality of participant information, ensuring that information is disclosed only for the purpose of activities necessary for administration of the respective program(s) and for audit and examination authorized by law.

No one model or approach can describe the range of services defined in existing IAAs; however, the examples below illustrate provisions used in IAAs across the country. These may be helpful in drafting future agreements.

Approach 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 for Approach 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>>

Approach 2

Some states organize services according to type, similar to those presented in *Section 6:*

Objectives. In this way, the services can be tracked 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 for Approach 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...

Approach 3

A third approach currently in use by some States is 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 for Approach 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...

Approach 4

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.

9. Cooperative Relationships

Defining cooperative relationships between agencies in writing requires attention to detail and careful drafting. This is particularly true because the relationships are mainly visible through the activities in which they participate. In writing an IAA, it becomes important to include language emphasizing each agency's required activities. By specifying that the agencies need to work collaboratively on activities the IAA can guide (and force when necessary) the process.

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*. IAAs also might 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

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.

Current IAAs typically 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.

Model:

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>>

11. Identification and Outreach

Outreach for identification and information of families and children who are eligible but not enrolled or who have not received Medicaid benefits is an important category of services for both Medicaid and MCH programs. 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.

Model:

<<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.”

Additional information that may be useful to include:

- Information on providing referrals and/or services to individuals once identified.
 - Reporting of data on outreach activities conducted in the State.
-

12. Reciprocal Referrals

As with identification and outreach, reciprocal referrals are 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.

Model:

<<Agency Name>> will establish a system of referrals for those services not directly ordered 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).

13. Coordinating Plans

A discussion of how both agency plans will be coordination helps to define the need for the IAA. The discussion of coordination can be placed in *Section 8: Services Provided by Agency*, integrated as a specific activity under each category. Alternatively, coordination may be placed its own section in the IAA or a separate category of related activities.

Model:

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: ...

Example (taken from Virginia’s IAA; changes may be needed to address specific State needs):

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...

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.

14. Reimbursement

The requirements set forth by States for reimbursement are so varied that it is not feasible to present a detailed approach here. There are, however, some 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.
 - The Title V MCH fee schedules for various services to be reimbursed.
 - 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 schedule for filing reimbursement claims.
- The assignment of first and primary sources for payment and third party reimbursement.

The following are examples of how specific States treat reimbursement:

Examples of Reimbursement Discussed in Sample State IAAs (listed alphabetically):
<p>Alabama (Region IV): Medicaid will reimburse Title V for care coordination services based on Medicaid’s current reimbursement rates. Title V agrees to reimburse Medicaid the State’s share of costs associated with providing care coordination services.</p>
<p>Colorado (Region VIII): A. Title XIX shall intervene with the Department’s Designated Entity to ensure payment of the correct rate for Medicaid covered services. B. Title XIX shall bill the State match for Medicaid expenditures to CMS. C. Title V shall bill the Department no less than quarterly. D. Title V shall submit a request for reimbursement within 45 working days after the final State fiscal year. E. Family planning client claims are paid directly out of MMIS. F. Payments shall be made from State funds not to exceed \$102,346 for the administrative costs of the Medicaid Prenatal Plus Program. G. HCP specialty clinic providers are paid out of MMIS. H. HCP Developmental and Evaluation Clinic services are billed directly by Medicaid providers and paid through the Department Designated Entity. I. Immunizations and vaccines are paid out of the MMIS. J. Medicaid covered Lead Poisoning Prevention Program benefits are paid out of MMIS. K. Benefits to BCCP clients are paid directly out of MMIS. L. Payment shall be made to the NHVP providers as earned.</p>
<p>Georgia (Region IV): Title XIX agrees to provide to Title V the FFP payments received by Title XIX that are attributable to the administrative cost of these services on a quarterly basis. For specified services, Title XIX agrees to pay Title V the appropriate non-Federal share of the benefit cost on a regular basis.</p> <p>Both Title V and Title XIX agencies agree that this is a cost reimbursement agreement. Title V agrees to provide the State portion of matching funds necessary to receive FFP for</p>

all applicable supplements. Title V agrees that reimbursable costs will be determined in accordance with 45 CFR Part 74. This includes reimbursement for administration cost and reimbursement for benefit cost.

Hawaii (Region IX):

The Title V agency shall submit a monthly invoice to Title XIX for Early Intervention Services provided to Medicaid infants and toddlers receiving services.

- A. The Title XIX agency shall pay the Title V agency for the Federal share at the Hawaii Federal Medical Assistance Percentage (FMAP) in place for the month for which reimbursement is made. The Title V agency is responsible for the State share of the expenditures.
- B. All Federal reimbursement funds received under this agreement will be deposited into the Early Intervention Special Fund.
- C. The total amount of the MOA shall not exceed \$2,500,000 in Federal funds per State fiscal year.
- D. Title V shall reimburse Title XIX any amount disallowed by CMS for services provided under this MOA.
- E. If State and/or Federal regulations and/or QAP standards are not met, the Medicaid division will provide Title V with notice and such other due process protections as the State may provide. Title V and Title XIX will collaborate to develop a Correction Action Plan that will include clearly stated objectives and time frames for completion.

Iowa (Region VII):

Each of the parties to this agreement shall continue to cooperate in their usual and customary fiscal relationship to ensure Federal dollars will be used more productively.

It is intended that WIC funds will be the first and primary source of payment for nutritional products and services for persons eligible for WIC services. Title XIX will be the primary source of payment for Title XIX medical services provided to mutual beneficiaries through Title V providers.

Kansas (Region VII):

Unless there are other third party resources, Title XIX shall reimburse eligible providers for any service covered under the State Medicaid Plan for eligible Medicaid consumers. Services provided to consumers covered under managed care programs will be paid in accordance with managed care guidelines.

Title XIX funds shall be the first and primary source of payment for medical services provided to mutual beneficiaries of the Title V and Medicaid Programs.

Kentucky (Region IV):

- A. The Title XIX Agency shall be billed for services as per this agreement.
- B. The Title XIX Agency shall pay for services under this agreement up to a specified amount in State and Federal matching funds. Any additional expenditures in excess of that amount will be reimbursed only if the necessary state match is provide to the Title XIX Agency.
- C. The Title XIX Agency shall reimburse the certified and enrolled provider at payment levels that shall not exceed the cost of providing the service.

Maryland (Region III):

- 1. *Title V and Local Health Departments shall:*

- A. Ensure that clinical services are furnished.
- B. Maintain adequate medical and financial records.
- C. Refrain from knowingly employing or contracting with entities that have been disqualified from the Medicaid program.
- D. Not require additional payment from an individual after Medicaid makes payment to the Title V designee for a covered service. If Medicaid denies payment or request repayment on the basis that an otherwise covered service was not medically necessary or preauthorized, the Title V Agency will not seek payment for that service from the recipient.
- E. Title XIX funds will be used to reimburse providers for services covered by that program if the individual is eligible for services covered by both Title XIX and Title V programs.
- F. Collaborate with Medicaid regarding oral health initiatives.
- G. Provide specialty services that are not covered by Medicaid.

2. Mutual Services (Title V and Title XIX):

- A. All parties will ensure that services provided by its grantees are not duplicative.
- B. All parties will maintain a system to ensure coverage for special infant formulas.

Nebraska (Region VII):

A. Title XIX Agency.

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

B. Title V Agency.

- 1. Ensure that Medicaid 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 Medicaid provider.
- 4. Cooperate and participate in the planning process.

Washington (Region X):

- A. Consideration for the work provided in accordance with this Agreement has been established under the terms of RCW 39.34.130. Compensation for services shall be based on established rates or in accordance with establish terms.
- B. For all Title XIX delegated program and administrative activities included in this agreement, Title V is responsible for maintaining compliance with Medicaid Federal regulations and any overpayments requested as a result of audit findings.

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 should 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.

Example (taken from Indiana's MOU; changes may be needed to address specific State needs):

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.

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.

16. Review

While the majority of IAAs currently do not build in an automatic or routine process for review, the addition of this element would help to assure the agreement remains current. Many existing IAAs do not have dates specified or out-of-date.

Model:

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.”

17. Liaison

IAAs need a defined mechanism to ensure that the terms of the agreement 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.

Model:

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.

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.

Model:

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>>.

19. General Contract Provisions

The general “boilerplate” contract provisions are usually formulaic and based on both State and Federal regulations. These provisions may consist of the following:

- Amendment/modification of agreement.
- Audit.
- Confidentiality/HIPAA compliance.
- Default.
- Dispute resolution mechanisms.
- Drug-free workplace provisions.
- Failure to satisfy scope of work (SOW).
- Grounds for termination of agreement.
- Indemnification/liability clauses.
- Lobbying statements.
- Methods for payment.
- Nondiscrimination clauses.
- Provisions for lack of funds.
- Regulations regarding subcontracts.
- Systems for maintenance of records.
- Tobacco policies.

The mandates of the Health Insurance Portability and Accountability Act (HIPAA, mandated in 42 USC 1320d and set forth in Federal regulations at 45 CFR Parts 160 and 164) are also addressed in detail by the majority of the IAAs in the use and disclosure of protected health information. The agreement to comply with HIPAA ensures that individually identifiable information in any medium pertaining to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual is protected by law.

Additional information that may be useful to include:

A section on definitions/terms and acronyms used in the document. Many of the IAAs collected 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. These can be downloaded from <http://www.mchlibrary.info/IAA/toolkit.html#IAAs>.