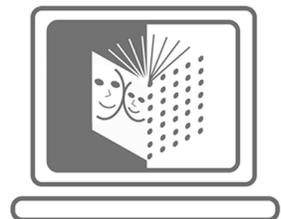




**Designing More Effective  
Title V MCH/Medicaid  
Interagency Agreements:  
A Technical Assistance  
Opportunity for State Programs**

## **State Intake Form: A Model Outline for Developing or Reworking an Interagency Agreement**



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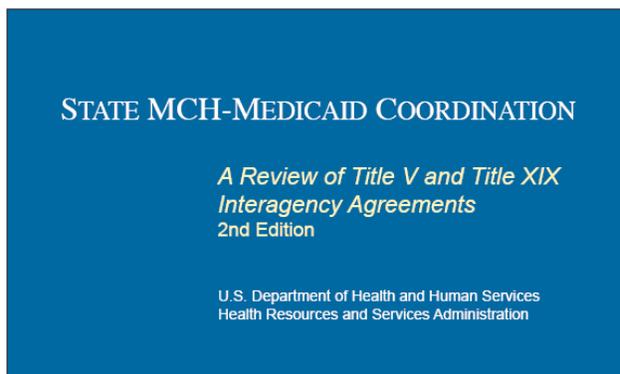
# State Intake Form: A Model Outline for Developing or Reworking an Interagency Agreement

## Introduction

The Maternal and Child Health (MCH) Services Block Grant and Medicaid, authorized by Title V and Title XIX of the Social Security Act (SSA), have complimentary purposes and goals in terms of improving the health of children. State-level coordination and partnerships between the two programs can greatly enhance their respective abilities, increase their effectiveness, and guard against duplication of effort.

Such coordination can be basic or complex, extensive or limited. In any case, State MCH and Medicaid coordination and collaboration is guided by of a long series of legislative decisions which mandate that the two programs to work together. This is particularly true in the case of the Medicaid child health benefit package known as the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program.

Interagency Agreements (IAAs), required by both Title V and Title XIX legislation, can serve as a key factor in ensuring coordination and mutual support between the two agencies (or divisions within an agency) that administer the two programs.



It is recommended that States review the document shown at left (<http://www.mchlibrary.info/IAA>) in addition to using the following outline to prepare for developing a new or reworking an existing IAA.

**Chapter Four: Development of Successful IAAs and Promising Practices** (pp. 52-72) provides specific examples of language and approaches.

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## **Model Outline for MCH-Medicaid IAA** <http://www.mchlibrary.info/IAA>

This outline summarizes a proposed “Model” IAA as outlined in the document *State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements (2nd Edition)*.

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.

### **Contractual Details**

The checklist below tracks the framework of 42 CFR 431.615(c) and is detailed in the following pages.

| <b>YES/NO</b> | <b>Checklist of Contractual Details</b> |
|---------------|---|
|               | General description of document         |
|               | 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             |

## **General Document Description**

**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.

### **1. Effective Date**

IAAs may specify an effective date and or 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.

*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.

### **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.

### **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**

As an agreement between agencies (and as with any similar type of agreement or contract), it is important to list the involved parties at the beginning. Most IAAs begin the narrative by listing the agencies involved. Typically, this consists of the Title V and the Title XIX agencies, but other agencies such as Title XXI, WIC, and local provider groups may 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.

### **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.

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.

## **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 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.

## **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.

## **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. A listing of specific activities that appear repeatedly in current IAAs is presented in *Chapter Three*.

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.

### *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.

*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.

*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.

## **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.

*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.

## **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.

*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.

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 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.

*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.

## **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.

## **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.

## **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.

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- Nondiscrimination clauses.
- Provisions for lack of funds.
- Regulations regarding subcontracts.
- Systems for maintenance of records.
- Tobacco policies.

*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.