



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

June 8, 2015

MEMORANDUM OF AGREEMENT
BETWEEN
DEPARTMENT OF HUMAN SERVICES AND DEPARTMENT OF HEALTH

This MEMORANDUM OF AGREEMENT (MOA) between the Department of Human Services Med-QUEST Division (DHS MQD), and the Department of Health (DOH) Family Health Services Division, Early Intervention Section (EIS), also referred to as DOH Early Intervention Program (DOHEIP), is to provide services to Medicaid-eligible infants and toddlers. This MOA supersedes the MOA dated February 1, 2011.

This MOA covers the period from October 1, 2010 through June 30, 2018. Prior to the end of this MOA, DHS MQD shall have the option to renew the MOA for another defined term. The above-mentioned state agencies agree to the following provisions specified herein:

Early intervention services shall be furnished under the following authorities: Title XIX of the Social Security Act; Individuals with Disabilities Education Act (IDEA), Infants and Toddlers with Disabilities (Part C), P.L. 108-446, sections 631-644; 20 United States Code sections 1431 to 1444, and the implementing regulations, 34 CFR part 303; Hawaii Revised Statutes (HRS) §321-351 through 357; Hawaii Administrative Rules (HAR) Chapter 11-140; and the Hawaii IDEA Part C Early Intervention Policies and Procedures, which includes Section XX on Hawaii's System of Payments and Financial Matters.

I. THE DOHEIP SHALL:

- A. With parental consent and consistent with 34 CFR §§303.342(e) and 303.420(a)(3), provide early intervention services to Hawaii Medicaid beneficiaries between birth and age three years who meet the Part C eligibility requirements as established in HAR §11-140-4 for the following categories:
 - a. Delayed development or
 - b. Biological risk.

Services provided under this agreement are not otherwise provided by the Hawaii QUEST Integration health plan contracts. Early intervention services provided under this MOA are specified in the fee schedule in Attachment 1 and interactive complexity guidelines in Attachment 2.

Infants and toddlers residing in Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/ID) are not covered by this MOA. Those facilities are reimbursed directly by DHS MQD. If early intervention services on a child's Individual Family Support Plan (IFSP) do not qualify for Medicaid funding, DOHEIP will ensure that those services are provided and paid through other means.

Early intervention services under this MOA do not include newborn hearing screening and newborn metabolic screening services, or any follow-up diagnostic testing to establish a diagnosis.

Nothing in this MOA precludes DOHEIP from using funds under Part C to pay for any direct early intervention service for Part C eligible children that are not otherwise funded through public or private sources and are not covered under this MOA, consistent with 34 CFR §303.501(a).

Medicaid beneficiaries are not required to pay any deductibles or co-payments for services provided under this MOA.

- B. With parental consent and consistent with 34 CFR §303.420(a)(2), provide evaluation services to determine Part C eligibility for Hawaii Medicaid beneficiaries between birth and age three years who may be eligible for early intervention services due to delayed development or biological risk and are referred to DOHEIP.
- C. Implement processes for contracting and certifying Provider Agencies to determine eligibility for participation in the Early Intervention Program. Any revisions to the current process shall be approved by DHS MQD. Specifically, the DOHEIP agrees to:
 - 1. Determine Provider Agencies' eligibility for participation in the Early Intervention Program.
 - 2. Gather and review all applications from Provider Agencies seeking eligibility for participation in the Early Intervention Program. DOHEIP will provide DHS MQD information on Providers who have been approved to participate in the Early Intervention Program. DOHEIP will be responsible for communicating decisions regarding eligibility to the Provider Agencies submitting an application.
 - 3. Notify DHS MQD immediately regarding changes in the Provider Agencies'

eligibility.

4. Recertify Provider Agencies every three years.
 5. Perform on-site reviews of each eligible Purchase of Service (POS) Provider Agency once per the term of the contract to ensure they comply with departmental programmatic, operational and fiscal requirements (HAR §3-149-401 and §3-149-501). DOHEIP will establish monitoring schedules and criteria, and provide a written report to DHS MQD following the on-site reviews.
- D. Implement a utilization management process to evaluate the appropriateness of services, lengths or duration of treatments, and quality of services, to assure that services provided under this MOA are medically necessary, which is a requirement for DHS MQD payment. DOHEIP will utilize established utilization management policies and procedures for conducting these reviews. All utilization management decisions will be provided to Provider Agencies in accordance with the DOHEIP utilization management policies. Appeals by Provider Agencies regarding these decisions will be reviewed in accordance with the current DOHEIP complaint procedures, consistent with 34 CFR §303.432 and the Hawaii IDEA Part C Early Intervention Policies and Procedures. If medically necessary early intervention services on a child's IFSP do not qualify for Medicaid funding, DOHEIP will ensure that those services are provided and paid through other means.
- E. Implement procedures to ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the health care services furnished to the beneficiary.
1. The DOHEIP shall implement procedures to coordinate the services it furnishes to its members with services the member receives from other agencies.
 2. With parent consent, the IFSP is provided to all providers, including the Primary Care Physician, included on the IFSP team.
 3. To prevent duplication of activities for Special Health Care Needs (SHCN) beneficiaries, the DOHEIP must implement procedures to share results, with the written consent of the family, of its identification and assessment with other agencies from whom the member receives services.
- F. Receive and pay all claims for DHS MQD covered early intervention services from Provider Agencies or State Operated Facilities eligible for participation in the Early Intervention Program.
- G. Submit to DHS MQD on a monthly basis by the twenty-first (21) day of the month or

next business day the name of any Hawaii Medicaid beneficiary that has been enrolled or disenrolled in the previous month in a format approved by both DHS MQD and DOHEIP.

- H. Provide a paid, adjusted, and voided claims file to the DHS MQD or its fiscal agent on a regular basis, in accordance with instructions and filing requirements established by DHS MQD. The format shall be 837/835 or similar format mutually agreed upon by DHS MQD and DOHEIP. DOHEIP shall conduct reviews of eligible Provider Agencies' documentation to ensure that they are maintaining sufficient records of services provided. DOHEIP shall provide quarterly reports to DHS MQD regarding these reviews.
- I. Maintain a current provider manual for the Early Intervention Program, as approved by DHS MQD. DOHEIP will distribute the manual to eligible Provider Agencies.
- J. Provide sufficient professional staff to coordinate, supervise and implement their responsibilities under this MOA.
- K. Agree to pay the state share for Early Intervention services, which are determined to be eligible for Federal Financial Participation and furnished to Medicaid beneficiaries.
- L. Agree to return any federal share that is disallowed by the federal government, or determined to be inappropriate for reimbursement by the DHS MQD. Cooperate with the activities of the DHS MQD Fraud Unit and assist in recovering any overpayments or inappropriate payments from certified DOHEIP providers. DOHEIP shall monitor DOHEIP providers for fraud and report suspected fraudulent activity in writing to DHS MQD and the Department of the Attorney General, Medicaid Investigations Division within thirty (30) days of discovery.

II. THE DHS MQD SHALL:

- A. Pay the DOHEIP on a regular basis the federal reimbursement for eligible paid claims based on the paid claims file submitted by DOHEIP based upon the fee schedule in Attachment 1 and interactive complexity guidelines in Attachment 2.

Reimbursement shall be allowed on clean claims determined payable after review by the edits in the DHS MQD claims processing system. Clean claims reimbursement shall be paid within thirty (30) days of submittal by DOHEIP. Claims denied by DHS MQD's claims processing system will be returned to DOHEIP for resolution.

- B. Establish and/or terminate Provider Agencies within thirty (30) days of receipt of information from DOHEIP.
- C. Provide eligibility information to DOHEIP on a regular basis, but no less than

monthly, using a batch process agreed upon by DHS MQD and DOHEIP.

- D. Review, during the term of this MOA, the operations and policies of DOHEIP as necessary to determine if the terms of this MOA are met.
- E. Conduct desk reviews and audits of Provider Agencies' claims and inform DOHEIP of the results of such reviews and audits within thirty (30) days of their completion.
- F. Not reduce Medicaid medical or other assistance or alter Medicaid eligibility solely for children who are eligible for Part C services and have an IFSP, when such services are provided for other Medicaid beneficiaries of the same age who are not eligible for Part C services, consistent with 34 CFR §303.510(c).

III. DOHEIP and DHS MQD

- A. DOHEIP and DHS MQD shall work together toward resolving any intraagency and interagency disputes about payments for a given service, or disputes about other matters related to the DOHEIP, consistent with 34 CFR §303.511(c), using the following methods:
 - 1. Internal resolution of the disputes in a timely manner.
 - 2. If the dispute cannot be resolved internally in a timely manner, the Governor or Governor's designee will make a final determination, which shall be binding upon both the DOHEIP and DHS MQD.
 - a. If the Governor or Governor's designee determines that the assignment of financial responsibility was inappropriately made, the Governor or Governor's designee shall reassign the financial responsibility to the appropriate agency; and
 - b. If the financial responsibility is reassigned, the lead agency (DHS MQD) shall arrange for reimbursement of any expenditures incurred by the agency that was originally assigned the financial responsibility.
- B. As the provider of early intervention services through state and contracted programs, DOHEIP shall ensure that no services that a child is entitled to receive under Part C are delayed or denied because of disputes between DOHEIP and DHS MQD regarding financial or other responsibilities, consistent with 34 CFR §303.511(d)(1).

Either party for any reason may terminate this MEMORANDUM OF AGREEMENT upon ninety (90) calendar day's written notice to the other party. Amendments, as mutually agreed upon, may be made, as appropriate, in writing.

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DEPARTMENT OF HUMAN SERVICES

 /signed/
Rachael Wong, DrPH
Director

 June 18, 2015
Date

DEPARTMENT OF HEALTH

 /signed/
Virginia Pressler, MD
Director

 June 10, 2015
Date