

Memorandum of Understanding  
Between  
Idaho Department of Health and Welfare  
Division of Public Health  
And  
Division of Medicaid

**Term:**

- This agreement is effective July 1, 2015 through June 30, 2016. This interagency agreement is to remain in effect for one year from the effective date of signature or until terminated or modified. Either party may terminate this Agreement through written notice to the other party, at least 30 days prior to the effective date of such termination.

**Purpose:**

- This document establishes an interagency agreement between the Division of Public Health (DPH) and the Division of Medicaid (DM) within the Idaho Department of Health and Welfare. This interagency agreement has been developed and mutually agreed upon by both parties.

**Background:**

- “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 Social Security Act.”
- “Under 42 CFR 431.615(c) State plans are required to describe the cooperative agreements between the relevant agencies in order to make maximum use of services [CFR431.615(c)(1)]; to allow for Medicaid to utilize services listed in the State plan that are provided by the 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)].
- “Whereas (i) 42 CFR 431.615 requires that the State Title XIX plan include written cooperative agreements with the State health agencies and the Title V grantees to ensure that Title V recipients eligible for Medicaid, receive services” with particular emphasis on Children and Youth with Special Health Care Needs (CYSHCN).

**Objective(s):**

- To establish a cooperative relationship between divisions and bureaus who carry out mutual responsibilities in facilitating the provision of medical services to Idaho citizens.
- To meet the requirements of the Social Security Act.
- This MOU has been established “to improve the public health service delivery and public health outcomes for low-income populations through the sharing of available Medicaid and Title V data.” More specifically:
  - To increase coordination between the DPH and the DM, within the Idaho Department of Health and Welfare for programs funded by the Maternal and Child Health (MCH) Block Grant.
  - To increase coordination in the administration of programs that are designed to improve the health of women of childbearing age, infants, children, and CYSHCN in Idaho.
  - To increase cooperation in reviewing and implementing fiscal policies that affect populations served by the DPH and DM and providers of services.
  - To implement a process that allows for joint access to division data without duplication of effort.
  - To promote long-range planning as it relates to data sharing.

**Mutual Responsibilities:** The following responsibilities are set forth as requiring participation of both parties in meeting the needs of eligible Idaho citizens.

- Promote health services for all families in need of services
- Enhance and monitor perinatal care statewide
- Provide financial support/reimbursement to local health agencies, volunteer health agencies, and other groups and individuals engaged in the delivery of health services to women of childbearing age, infants, children and CYSHCN, to the extent possible.
- Provide reciprocal referral between Title V and Medicaid programs

**Division of Public Health Will:**

- Conduct a Needs Assessment every five years and/or per the MCH Block Grant requirement. The DPH will collect and analyze health data and identify needs related to health services for women of childbearing age, infants, children and CYSHCN.
- Serve as a focal point for statewide program planning of health education, disease prevention, diagnosis, treatment and rehabilitative services for women of childbearing age, infants, children and CYSHCN.
- Develop and monitor the implementation of the Bureau of Clinical and Preventive Service (BOCAPS) service contracts that use MCH block grant funds and/or with MCH providers.
- Provide input into the development of standards and guidelines, along with training as needed, to health care providers of MCH services.
- Plan, collect, analyze, interpret and report data demonstrating the effectiveness of MCH services and the impact on the health status of women of childbearing age, infants, children and CYSHCN.
- Per request, assist Medicaid in provider relations as a liaison with health care providers in orientation and education related to MCH services.
- Conduct outreach with potential clients and provide information and referrals for services to targeted population groups (i.e. WIC, Title X, Title V, Title XIX).
- Promote a construct change approach from fee for service to value based service and a medical home/medical neighborhood concept.
- Support the DM in the delivery of appropriate developmental and preventive services, such as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and immunizations.
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**Division of Medicaid Will:**

- Coordinate with the DPH to promote awareness of MCH Programs and facilitate referrals to WIC and other MCH Programs.
- Collect and analyze expenditure data for Medicaid-covered services; develop, implement and monitor Medicaid provider contract agreements and investigate inappropriate billing/utilization of Medicaid reimbursement.
- Medicaid will develop/promulgate regulations governing new/revised Medicaid-covered services; coordinate with DPH regarding changes that may affect target populations served by the MCH Block Grant.

**Methods:**

- Meetings
  - Meetings between DPH staff and DM staff who are deemed subject matter experts will take place on an as needed basis, to review progress toward meeting mutually agreed upon objectives, including policy development and procedure revisions, for women of child-bearing age, infants, children and CYSHCN.
- Health Service Coordination

- DPH and DM will participate in the implementation of collaborative services, such as outreach campaigns and referrals to women of childbearing age, infants, children and CYSHCN as deemed appropriate and necessary.
- Evaluations
  - Evaluations of policies that affect both parties shall be accomplished during special meetings; shall be based on data from program reports and evaluated by mutually agreed upon standards, as needed.
- Reports/Manuals
  - Each division will maintain records requested by state and federal regulations and provide reports as requested.
- Program Data
  - For the purposes of evaluation, the DPH and DM may share public health data concerning types of services provided to clients, as well as number of clients receiving a specific service, where available. Any patient-specific information that may be shared will be subject to department and federal confidentiality guidelines.
- Continuous Liaison
  - Central office administration of the respective divisions shall promote liaison between the regional directors and programs.



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 Elke Shaw-Tulloch, Administrator  
 Division of Public Health

4/14/15  
 Date



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 Lisa Hettinger, Administrator  
 Division of Medicaid

6/12/15  
 Date