training while central office staff will carry out functions related to planning and management, computer systems and budget.

1. Eligibility Determination and Outreach

Assure that the following services are provided at the local level, by outreach workers or other local office staff:

a. Eligibility determination: Workers will determine eligibility of individuals for the Medical Assistance Program, see that eligibility status is entered and updated on central computer files, and assist clinic staffs or providers with eligibility questions.

b. Informing and outreach:

1) Social Services will consider Public Health proposals for outreach services, using the following criteria: a) completeness and rationale of the proposal, b) cost effectiveness, c) adherence to the established staffing formula, d) local Social Services effectiveness and position on the proposal, and e) other pertinent factors.

2) Outreach staff will inform those eligible for medical assistance of the availability of EPSDT services and encourage/facilitate participation. On a monthly basis, computer generated informing letters will be sent to clients appropriate for screening; a list of these clients will be sent to local offices for locally initiated contact. As clients call the local office in response to the letter, workers will discuss the program, answer their questions and schedule screening appointments. Workers will contact those clients who do not respond to the letter. Face-to-face contact per written procedures will be made on all new or re-opened cases. Special procedures will be used for informing blind, deaf or illiterate clients.

c. Scheduling: Using a screening time schedule provided by the clinic, workers will schedule screening appointments for clients or reschedule as necessary. With the exception of a relatively small number of walk-ins, all clients who wish to be screened will be scheduled for a specific time at a specific clinic. Clients will be assisted in completing health history forms prior to the clinic visit. Daily screening schedules, listing individual appointments, will be prepared and sent to screening clinics five working days in advance; such listing will also provide clinic staff with client information necessary for completing screening summaries. For all clients who are appropriate for screening but are not screened for any reason, workers will prepare a Refusal Notice (EPSDT), identifying reasons for nonparticipation and date of refusal, to be placed on file for future reference and follow-up. When advised by screening clinics of missed appointments, workers will contact clients to determine reasons and seek to eliminate barriers to participation, and reschedule if appropriate.

d. Supportive services: To facilitate attendance at screening appointments, workers will offer and arrange transportation for clients as needed; on referrals from local health departments/clinics, provisions will be made for transportation, child care or other supportive services to facilitate diagnostic and treatment appointments.

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2. Information Services

   a. Maintain a computerized reporting and monitoring system, to ensure all clients are systematically and periodically contacted regarding EPSDT, and to furnish to local offices:

      1) A listing of eligible clients, distributed monthly, providing a master list of clients eligible for screening or rescreening.

      2) Case summary report, distributed monthly, also listing eligible clients, to facilitate documentation of local office activities in attempting to screen clients. The form will be completed for all families contacted and retained as permanent record of a family's program experience.

      3) Outreach case management report, distributed monthly, to identify the number of clients forwarded to local offices as appropriate for screening, and the outcomes. Clients due for screening must either be screened or their nonparticipation must be documented on a Refusal Notice.

      4) Other lists and reports needed to effectively perform outreach, scheduling and follow-up activities, and to meet federal requirements for reporting, documentation, and maintenance of complete client records.

   b. Provide accurate lists of clients due for screening to local health departments or other organizations performing outreach functions.

   c. Provide to Public Health a list of enrolled Medical Assistance providers by county and such additional information as may be required and agreed upon, to implement, maintain and evaluate the screening program.

   d. Maintain a record of expenditures for the diagnosis and treatment portion of the program to document client participation in the program and the accruing costs.

3. Contracts and Budget

   a. Central office Social Services will review all local health department contract proposals within one month, with input from local Social Services offices; agree on number of appointments to be made available, by county, as well as the anticipated contract costs, by health district and state total. Approvals of screenings and budgets shall be within the limits of authorized funding. Numbers of target screenings will be predicated on program goals, past experience, available funds and local Social Services recommendation.

   b. Provide funds to Public Health equal to the actual costs of rendering services under this agreement, such costs to include all state and local costs necessary to staff, equip and operate screening clinics, provide outreach services in selected areas, provide related activities and administer the screening program. Such funds are to be paid at periodic intervals on a mutually agreed to schedule, and are not to exceed amounts appropriated for EPSDT services.

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4. Program Coordination

Designate a staff member to serve as EPSDT coordinator and liaison with Public Health and with the Division of Family Services, Social Services.

5. Auxiliary Services

a. At both central office and local levels, develop publicity for the program to increase client participation and facilitate clients' access to health care by assuring availability of medical/dental resources through adequate provider participation and arrangement of other services as needed.

b. Provide training for outreach necessary in the program, when outreach functions are performed by local departments of social services; and, as appropriate, coordinate efforts with Public Health in outreach training.

E. Medical Assistance and the Crippled Children Program

This section provides for casefinding and case management of crippled children eligible for Medical Assistance. It also provides for additional certification of certain facilities for the care of children eligible for Medical Assistance and delegation of the Title V fiscal intermediary responsibility.

The crippled children program is a state/federal funded program administered by Public Health, Bureau of Personal Health Services, Division of Services to Crippled Children (DSCC). The crippled children program is authorized by the Michigan Public Health Code (Act 368 of the Public Acts of 1978, as amended) to serve single or married individuals "under 21 years of age whose activity is or may become so restricted by disease or deformity as to reduce the individual's normal capacity for education and self-support". Cooperation between the Medical Assistance Program and the Crippled Children Program is required for effective delivery of services to those individuals eligible for both programs.

PUBLIC HEALTH WILL:

1. Determine which children in, or eligible for, the Medical Assistance Program qualify as crippled children under legislative mandate and Public Health's rules and procedures.

2. Provide case management including approval of physicians, hospitals and other providers for the provision of services, to those determined to be eligible for Crippled Children Program benefits. This management will be provided by physicians, nurses, and other health professionals in the central and regional offices that serve crippled children.

3. Utilize the same method of payment for services rendered to crippled children (including rates of reimbursement) used by Social Services to pay for services rendered to Medical Assistance recipients.

4. Provide to Social Services, on a timely basis, all information relating to eligibility, authorization and other information as required, which would enable invoices for services rendered to be processed for prompt payment.

5. Certify to Social Services hospitals and nursing-care facilities approved for the inpatient care of children eligible for Medical Assistance benefits.

6. Certify to Social Services the speech and hearing centers approved for the

evaluation of recipients suspected of being hard of hearing.

7. Prior authorize those selected services for Social Services program recipients which may from time to time be mutually agreed upon.

8. Provide to Social Services, on a timely basis, all reports necessary to fulfill federal reporting requirements.

9. Designate appropriate personnel to work on a Public Health/Social Services task force to examine issues of reimbursement, claims processing, cost-accounting, and systems development.

SOCIAL SERVICES WILL:

1. Determine the financial eligibility of children for whom application has been made for Medical Assistance and who are or have been determined medically eligible for assistance under the Crippled Children Program.

2. Serve as the fiscal intermediary, and make payments for covered services authorized by Public Health for eligible Crippled Children Program recipients, and bring to the attention of Public Health for resolution, before payment, invoices for services that appear to be inconsistent with program requirements.

3. Provide Public Health with the opportunity to review modifications of standards used to authorize payments so that the standards may be justified or revised jointly before implementation.

4. Provide data processing support to maintain computer systems relative to eligibility, government and management reporting for Crippled Children Program activities as mutually agreed upon.

5. Provide reimbursement to Public Health for the cost of covered services provided in the Crippled Children Program's diagnostic clinics to individuals eligible for Medical Assistance in accordance with mutually agreed upon procedures.

6. Provide reimbursement to Public Health by interaccounting for the cost of medical management and prior authorization of services provided to children eligible for Medical Assistance.

7. Provide Public Health, on a timely basis, all reports necessary to fulfill federal reporting requirements.

8. Review with Public Health, in advance, all initial and final cost settlements for hospitals, which affect Crippled Children Program expenditures.

9. Review with Public Health, in advance, all gross adjustments as may be mutually agreed upon, which affect Crippled Children Program expenditures.

10. Designate appropriate personnel to work on a Public Health/Social Services task force to examine issues of reimbursement, claims processing, cost-accounting, and systems development.

F. Medical Assistance and Title V Projects

The purpose of this section is to provide for cooperative arrangements between

the program of projects administered by Public Health (Title V grantee) and the Medical Assistance Program. The program of projects carried out under Title V of the Social Security Act include:

Maternity and Infant Care 79-11

--initial assessment and plan of care for duration of pregnancy
--post partum care
--nursing services
--nutrition services

Intensive Infant Care

Health of Children and Youth

Family Planning

Dental Health of Children and Youth

These projects have as their purpose the reduction of infant mortality and morbidity and the reduction of the incidence of mental retardation and other handicapping conditions.

PUBLIC HEALTH WILL:

1. Promote cooperative program planning and monitoring efforts at the state and local levels.

2. Identify individuals in need of preventive, diagnostic, treatment and medical care and services.

3. Identify and refer to Social Services individuals who may be eligible for Medical Assistance Program benefits.

4. Provide or arrange for health care and services mandated by the program of projects incorporating appropriate diagnostic, preventive, prenatal, delivery and postnatal services, surgical and specialized perinatal services to the high-risk obstetrical patient and neonate including long-term development assessment; family planning counseling and medical services; medical and dental care for children and youth including screening, diagnosis, preventive services, treatment, correction of defects and aftercare.

5. In accordance with mutually agreed upon procedures, request from Social Services reimbursement for the cost of covered Medical Assistance care and services provided by Title V projects to individuals eligible for Medical Assistance.

6. Establish, maintain standards and guidelines for quality of health care rendered by Title V projects.

7. Certify to Social Services public providers of family planning services.

8. Designate hospitals, physicians, and transportation providers for eligibility for the newborn intensive care program.

9. Designate appropriate personnel to work on a Public Health/Social Services task force to examine issues of coordination, policy development, quality

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assurance, and reporting and evaluation.

SOCIAL SERVICES WILL:

1. Promote cooperative planning at the state and local levels.

2. Determine the financial eligibility of individuals for whom application has been made for Medical Assistance.

3. Identify and refer individuals in need of health care and services available by and through Title V projects to Public Health.

4. Establish the scope of services and reimbursement levels available under the State Plan for Medical Assistance.

5. Reimburse, as first payor, the cost of care and services furnished by or through the Title V grantee to individuals eligible for Medical Assistance.

6. Designate appropriate personnel to work on a Public Health/Social Services task force to examine issues of coordination, policy development, quality assurance, and reporting and evaluation.

G. Trust Fund Procedures

This section provides a procedure for verification of compliance of trust fund records pursuant to Act 368 of the Public Acts of 1978, as amended, Sections 21321 and 21721.

SOCIAL SERVICES WILL:

1. Audit the patient trust funds on a continuing basis, concurrent with the financial audit of each Michigan nursing home.

2. At the conclusion of the audit, direct a written statement indicating evidence of compliance or non-compliance to Public Health.

PUBLIC HEALTH WILL:

1. Determine facility compliance with Act 368 of the Public Acts of 1978, as amended.

2. Support Social Services' budget request for the cost of the above audit functions.

ARTICLE IV

Assigned functions will be carried out by Public Health and Social Services in full compliance with Michigan's approved State Plan for Medical Assistance and the statutory and regulatory requirements of the Department of Health and Human Services. The respective responsibilities of Public Health and Social Services detailed in Sections A through G above are not meant to exclude any other delegations of function that are mutually agreed to and within the scope of this contract. Each section of this contract will be reviewed at least annually and, in the absence of revision, will be noted with the date of the review.

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It is understood and agreed that the parties shall have the right to examine all physical records originated or prepared pursuant to this contract, including working papers, reports, charts and any other documentation arising out of this contractual relationship. Said records shall be made available for review by the parties upon reasonable notice. The parties shall, for three years, maintain all pertinent data, information, and reports. Any exchange or release of medical or eligibility information relating to recipients affected by this agreement shall be in accordance with state and federal confidentiality guidelines. It is also agreed by Public Health that it will assign appropriate professional health personnel when indicated to coordinate with financial auditors where questions regarding medical service to Medical Assistance recipients are identified.

ARTICLE V

In the performance of the functions, Public Health is not authorized and may not change, disapprove or delay action on any administrative decision of Social Services or otherwise substitute its judgment for that of Social Services as to the application of policies, rules and regulations promulgated or otherwise initiated by Social Services.

It is further agreed and understood between the parties that, in recognizing the ultimate authority of Social Services as the single State agency for those matters falling within that authority, Social Services shall solicit recommendations from Public Health in the development and implementation of Medical Assistance Program policies and procedures. However, decisions of Social Services within its authority shall be final and binding on all parties hereto.

ARTICLE VI

Term, Extension, and Termination: This contract supersedes any prior agreement between the parties and shall continue in effect for a period of one year from the date hereof. It shall remain effective for successive periods of one year each thereafter unless during any such period, this contract shall be cancelled in accordance with the terms contained herein. This contract may be terminated, when either party requests termination, by giving 90 days written notice to the other party of its intention to terminate.

ARTICLE VII

This instrument contains the entire contract between the parties and shall not be modified in any manner except by an instrument in writing executed by both parties. If any term or provision of this contract or the application thereof to any person or circumstances shall, to any extent, be invalid or unenforceable, the remainder of this contract, or the application of such term or provision to person or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and each term and provision of this contract shall be valid and be enforced to the fullest extent permitted by law.

Maurice S. Reizen, M.D., Director
Michigan Department of Public Health

12-16-80
Date

John T. Dempsey, Director
Michigan Department of Social Services

12/26/80
Date

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Rev. 1/01/81

ADDENDUM TO THE CONTRACT BETWEEN
THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES
AND
THE MICHIGAN DEPARTMENT OF PUBLIC HEALTH

This addendum refers to the Section H of Article III of the contract between the Michigan Department of Social Services and the Michigan Department of Public Health for the provision of services under Michigan's Medical Assistance Program.

Section H - Certification of Diabetes Outpatient Education Programs

This section provides for the certification and recertification of Diabetes Outpatient Education Programs established for Medicaid recipients throughout the State of Michigan for FY 96 through FY 97.

PUBLIC HEALTH WILL:

1. Certify local health departments, publicly funded clinics and hospital outpatient programs eligible for reimbursement of diabetes outpatient education services.

2. Provide the Michigan Diabetes Outpatient Education Program Standards to certified programs.

3. Perform certification procedures, on-site visits, and recertification of eligible agencies, in a manner and at a frequency to be determined by Public Health.

4. Notify Social Services in writing of eligible agencies which have been certified and the date that status was obtained.

5. Notify Social Services in writing of any agency which, at time of recertification no longer meets the requirements for certification.

6. Respond to inquiries and/or conduct workshops for interested agencies regarding the certification or recertification process.

7. Provide the necessary matching state funds.

SOCIAL SERVICES WILL:

1. Add a specialty code to the provider's enrollment file when notified by public health of certification. If the provider is not currently enrolled with Medicaid, the enrollment application will be sent for completion.

2. Process provider claims.

3. Fund provider reimbursement effective October 1, 1995.

4. Respond to inquiries regarding billing and reimbursement.

5. Audit participating providers as indicated in the State Plan.

6. Create and generate reports on expenditures and utilization as requested by Public Health.

7. Approve and adopt program standards, revisions and certification procedures developed by Public Health.

8. Provide FFP funds by means of the regular quarterly flow-through process for FY 96 and FY 97 to certify and certify eligible agencies for their diabetes outpatient education programs.

DATE: 12-26-95

Gerald H. Miller, Director
Michigan Department of Social Services

DATE: 10-13-95

James K. Haveman Jr., Acting Director
Michigan Department of Public Health

RECOMMENDED BY DATE: 10/6/95

Jean Chabut, Chief
Center for Health Promotion
And Chronic Disease Prevention

ADDENDUM TO THE CONTRACT BETWEEN

THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES

AND

THE MICHIGAN DEPARTMENT OF PUBLIC HEALTH

This addendum incorporates a new section to Article III of the contract between the Michigan Department of Social Services (MDSS) and the Michigan Department of Public Health (MDPH) and sets forth the responsibilities of MDSS and MDPH relative to the vaccine replacement program which will use the MDPH produced diphtheria, tetanus, and pertussis (DTP) vaccine, and purchase at Federal Contract rates of oral polio, measles, mumps, and rubella vaccines (OPV and MMR, respectively) for distribution on a dose replacement basis to Medicaid providers for Medicaid recipients throughout the State of Michigan, effective for dates of service on and after April 1, 1987. Note: The term "Medicaid recipient" refers to Medicaid, Crippled Children, and General Assistance Medical Program recipients.

SECTION J IMMUNIZATION

In order to control and eliminate diphtheria, tetanus, pertussis, polio myelitis, measles, mumps, and rubella (diseases frequently associated with early childhood), available vaccines and immunization techniques should be fully utilized. Further, in order to make the most efficient use of public funds, vaccines and immunization services should be made available at the lowest possible cost to the State for meeting the immunization requirements of children who are eligible for comprehensive preventive health care services under Michigan's Medical Assistance Program (Medicaid). To accomplish this, a dual system will reimburse Medicaid providers for the immunization of Medicaid eligible recipients through 1) MDSS payment of a provider administration fee; and 2) MDPH replacement of vaccines used by providers. Reimbursement for MDPH produced DTP vaccine and OPV and MMR vaccines purchased at Federal contract prices (distributed through local health departments), the local health department dispensing fee, and vaccine spoilage will be accomplished via MDPH inter-account billings to MDSS.

SOCIAL SERVICES WILL:

1. Notify Medicaid providers of the vaccine replacement program.

2. Respond to inquiries from Medicaid providers regarding policy, billing, and reimbursement for vaccine replacement.

HCFA-179 # 87-13 Date Rec'd 8/21/87
Supercedes _____ Date Appr. 9/29/87
State Rep. In. _____ Date Eff. 4/1/87