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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGREEMENT BETWEEN THE

NEW HAMPSHIRE DIVISION OF PUBLIC HEALTH SERVICES

AND THE

NEW HAMPSHIRE DIVISION OF HUMAN SERVICES

RELATIVE TO

JOINT PLANNING, COORDINATION

AND IMPROVEMENT OF

HEALTH PROGRAMS UNDER

TITLE V, TITLE X, TITLE XIX AND WIC/CSFP

**JOINT PLANNING, COORDINATION AND IMPROVEMENT OF HEALTH PROGRAMS
COORDINATION AGREEMENT**

UNDER TITLE V, TITLE X, TITLE XIX AND WIC/CSFP

I. HISTORY

When Title XIX was enacted in 1965, it included a requirement for the development of cooperative arrangements between the state health agency administering Title V Maternal and Child Health programs and the Medicaid agency. In 1970, the enactment of Title X included a requirement for the development of a written agreement between the Family Planning Program and Title XIX. Subsequent amendments to the Social Security Act made the relationship between these two agencies more explicit requiring provisions for Medicaid reimbursement of Title V services, coordination of services, and interagency collaboration. The Omnibus Reconciliation Act of 1989 (P.L. 101-239) expanded and further defined this relationship. The 1990 Title V Maternal and Child Health Services Block Grant emphasized the need to identify children with disabilities and provide them with benefits and coordinated services through existing agencies and funding streams.

The WIC Program's statutory mandate, Public Law 101-11147, the Child Nutrition Act of 1989, requires adjunct income eligibility and coordination of services for WIC applicants who are recipients of Food Stamps, AFDC or Medicaid. In addition, WIC regulations, 264.4(a)(B) and pending CSFP regulations, require the coordination of program operations.

Accordingly, this cooperative agreement has been developed for the following purpose:

II. PURPOSE

The purpose of this agreement shall be to:

- A. Promote the joint planning, development, coordination, monitoring and evaluation of a comprehensive N.H. health care system for women, children and families administered under Title V, Title X, Title XIX, and WIC/CSFP.
- B. Identify and reduce duplication of services, implement innovative solutions to health care issues, share data, resources and provide clear statements of responsibilities and mutual objectives.
- C. Develop and implement strategies to assure compliance with federal and state statutes and the efficient and effective use of federal and state resources.
- D. Simplify the Title V application and referral process and improve child and family access to and utilization of health services.
- E. Develop and implement procedures for making interagency decisions and for planning, developing and coordinating policies.
- F. Promote the collaboration, development and implementation of health standards.

III. OBJECTIVES

- A. Improve the planning, coordination and accountability of health care services for N.H. women, children and children with special

health care needs by providing accurate and timely information regarding changes in programs, policies and procedures.

- B. Improve Title V, Title X, Title XIX and WIC/CSFP health services programs by simplifying the application and referral process and by eliminating barriers to health services. Assure that all Medicaid-eligible children and women have access to the full range of assessment, diagnostic and treatment services, including those funded by Title V, Title XIX, WIC/CSFP and Title X.
- C. Improve data collection and utilization of management information systems by coordinating data collection and reporting activities required under the Social Security Act, or as necessary for program management and operation.
- D. Improve program planning, coordination and operations by establishing formal interagency linkages, defining mutual responsibilities, collaborating in data gathering analysis, reporting and planning on projects of mutual benefit.
- E. Improve the delivery of health services by participating in joint training, technical assistance and educational activities.
- F. Improve interagency and interprogram coordination, resource and information sharing through formal standing committees and work groups.

IV. RESPONSIBILITIES

- A. The Division of Public Health Services and the Division of Human Services shall:
 - 1. Designate one or more staff persons to assume responsibilities of liaison and coordination of activities between the Division of Human Services and the division of Public Health Services.
 - 2. Participate in joint training education, and technical assistance activities to maintain and improve services and coordination of programs.
 - 3. Establish a schedule of periodic meetings as may be required to achieve mutual objectives and activities, improve coordination and ensure proper execution of this agreement.
- B. Pursuant to P.L. 101-239, the Division of Human Services shall be responsible for providing the following information to the Division of Public Health Services on an annual basis:
 - 1. Unduplicated total number of women provided prenatal, delivery, or postpartum care.
 - 2. Unduplicated total number of infants, birth to one year of age provided services.
 - 3. Total number of service recipients ages 0-21.
 - 4. Total number of special health care needs services recipients ages 0-21.
 - 5. Total number of SSI recipients under age 16.
 - 6. Total number enrolled in Medicaid and CHAP/EPST ages 0-21

- C. *The Office of the Commissioner shall be the Medicaid liaison with federal and state officials, and shall provide verbal and written interpretation between HCFA and DPMS concerning Title V, X and WIC/CSFP.*

V. ACTIVITIES FOR ENHANCING INTERAGENCY PLANNING AND COORDINATION

To promote and support the provision of interagency coordination, planning and delivery of quality health services for children and families, both agencies shall:

1. *Exchange information regarding changes in programs, policies, and procedures.*
2. *Develop and implement policies and procedures for making interagency decision and resolving problems.*
3. *Identify and eliminate gaps in necessary resources, reduce duplication and identify and eliminate barriers to health services.*
4. *Collaborate on fee setting for EPSDT visits by Medicaid eligible children, data analysis and rate setting for family planning programs.*
5. *Share guidance materials, information on new programs and projects of mutual benefit.*
6. *Collaborate in the development of policies and standards for specialty health services to assure the provision of comprehensive health system.*
7. *Develop and implement joint outreach activities, including making printed materials available to DHHS District Office personnel.*
8. *Plan, coordinate and participate in joint training, education and technical assistance activities.*
9. *Communicate timely information regarding training, education and technical assistance opportunities and resources.*
10. *Exchange practitioner-specific information, including Medicaid provider status, as required to identify areas with reduced access to health care, and such exchanges for the purpose of requesting federal or state designation of an area as being medically underserved or as a health professional shortage area.*

VI. ATTACHMENTS

Attachment A is a description of 1991-1993 DPMS and DHS cooperative agreement activities undertaken to enhance services funded by title V, X, XIX, and U.S.D.A.

Attachment B is a description of the 1993-1994 DPMS and DHS cooperative agreement activities which will be undertaken to enhance services funded by Title V, X, XIX, and U.S.D.A.

VII. TERMS AND CONDITIONS

A. Agreement Period

The term of this agreement shall begin on the first day of September, 1993, and will continue thereafter until termination by either party upon 30 days written advance notice to the other.

B. *This agreement pertains to all Medicaid State Plan services that are provided by the Division of Public Health Services or by contract agencies.*

AGREEMENT BETWEEN THE
NEW HAMPSHIRE DIVISION OF PUBLIC HEALTH SERVICES
AND THE
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RELATIVE TO
JOINT PLANNING AND
COORDINATION OF HEALTH PROGRAMS UNDER TITLE V, TITLE X, TITLE XIX AND WIC/CSFP

Whereas the Division of Public Health Services and the Division of Human Services share a common responsibility in the delivery of quality comprehensive cost-effective health services to women, children and children with special health care needs and low income families; and in consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this cooperative agreement according to the provision set out herein.

This agreement is entered into and supported by the following staff of the operating agencies:

9/17/93
Date *Arnold D. Gouin*
Director, Division of Public Health Services

9/23/93
Date *William Peterson*
Director, Division of Human Services

9/27/93
Date *Henry H. Bush*
Commissioner, Department of Health and Human Services

ATTACHMENT A

1991 - 1993

SUMMARY OF JOINT AGENCY ACTIVITIES

This attachment summarizes existing collaborative activities as well as activities planned or in process. At the Division level, the Medicaid Medical Care Advisory Committee includes three representatives from DPHS as permanent members, and the Department's Policy Coordination Committee includes one representative from DPHS.

The following collaborative activities are listed by DPHS programmatic unit.

BUREAU OF MATERNAL AND CHILD HEALTH (BMCH)

- Periodicity schedule for screening services to children ages 0-6: MCH child health programs and the EPSDT program known as the Child Health Assurance Program in New Hampshire (CHAP) utilize essentially similar periodicity schedules.
- Extended Prenatal Care: Effective January 1990, Medicaid approved an extended care reimbursement schedule for Public Health-funded prenatal clinics for services, including case management, to Medicaid eligible clients. Services are provided in accordance with policy developed by the Medicaid agency, public health, and prenatal clinics. During 1992, smoking cessation counselling was added.
- Public Information "Caring for Tomorrow's Children:" Public Health, Medicaid, Concord Hospital, and Blue Cross collaborated on a multi-media public information campaign and telephone hot line designed to increase the number of women seeking prenatal care in their first trimester. The campaign was implemented in October 1990.
- Uniform Eligibility: Discussion is ongoing on the concept of a uniform eligibility level as a standard for Medicaid and MCH programs serving women and children.
- Referrals: Discussions are ongoing with respect to the quality of referrals to the local DHH District Offices by local child health programs. Fact sheets developed by the Bureau of Special Medical Services and the Office of Economic Services for families will be adapted to assist agencies. A training session was done to assist in this process.
- Rate Setting: The BMCH collaborated with the Medicaid agency on program development and rate setting for state family planning programs by facilitating meetings between family planning agencies and the Medicaid program.
- The BMCH and Medicaid also collaborated on fee setting for EPSDT visits by Medicaid eligible children who attend local agency child health programs. Discussions are ongoing with respect to rates and procedure codes for other local child health program services such as home visits.

ATTACHMENT A (Continued)

BUREAU OF SPECIAL MEDICAL SERVICES

(BSMS - Programs for Children With Special Health Care Needs)

- **Program Information and Dissemination:** Fact sheets about various medical assistance programs have been developed for use within the Bureau of Special Medical Services to counsel families about financial assistance available through Medicaid and disseminated to well-child clinics, area agencies, family support coordinators and other human services agencies. These are updated as Medicaid eligibility changes occur. In service training about Medicaid has been conducted by the Chief, Bureau of Special Medical Services. An insider's guide about Medicaid is in the planning phase.
- **Model Demonstration Project - Outreach Efforts:** Since February 1989, a Case Technician trained in economic services eligibility has been jointly funded by Medicaid and DPHS. Stationed at the Bureau of Special Medical Services' Concord Office, this individual provides enhanced access, outreach and follow-up of referrals of Title V recipients to DHHS District Offices.
- **Care Management:** Case Management under the Bureau of Special Medical Services means long-term coordination and/or the provision of specialty health care services to include: (1) periodic evaluation to determine the child's specialty health care needs; (2) recommendations for treatment/interventions to facilitate meeting identified needs of the child and family; and (3) family support services defined as information and referral linkages to community resources, flexible financing options and parent-to-parent supports. Currently, families with Medicaid-eligible children under the care of the Bureau of Special Medical Services as well as persons with AIDS on Medicaid receive care management services. Beginning FY 94, new positions will be made available through shared funding.
- **Joint Medical Review Team:** The Bureau of Special Medical Services recruits and funds a pediatrician to be a member of the Joint Medical Review Team for HC-CSD and CSD eligibility determination. Additionally, for those children not determined Medicaid eligible, the Bureau of Special Medical Services provides linkages to other community resources including Title V, and information and referral to assist families in accessing specialty care for their child(ren.)
- **Provider Relations:** A common problem experienced by Medicaid clients is the inability to access specialty health care from a provider due to the choices of some practices to limit the number of Medicaid-eligible children seen at their offices. For Medicaid eligible children receiving care coordination from the Bureau of Special Medical Services, these children have been able to gain access via Bureau providers. Discussion continues on the development of consistent policies and standards for the provision of specialty health services by providers participating in Medicaid and Title V including health systems development to ensure the provision of all necessary services from outreach to referral through assessment, treatment and follow-through care.
- **Durable Medical Equipment Authorization (DME):** BSMS has been delegated the authority to approve and preauthorize medically necessary DME items on behalf of Medicaid recipients participating in CSI and CV programs.
- **Problem Resolution:** There is a need to establish a joint interdepartmental work group to problem solve around "system failures" due to continued categorical eligibility criteria and services.

ATTACHMENT A (Continued)

BUREAU OF WIC NUTRITION SERVICES (BWNS)

- **Program Information-Sharing and Referrals:** BWNS staff have attended CHAP staff meetings upon request to provide training in the Supplemental Food Program for Women, Infants and Children (WIC) and the Commodity Supplemental Food Program CSFP eligibility and services. CHAP staff have attended WIC Nutrition in-services to discuss their program also.
- **Documentation of Referrals:** Local WIC agencies code the Medicaid status (enrolled, not enrolled, referred) of every WIC participant at each recertification. Monthly reports are available on the number/percentage of participants for each program by local agency.
- **Immunization Reminders:** The BWNS and DPHS Immunization Program, along with the Medicaid Program have developed a reminder system which is sent to the parent of each WIC child participant at approximately 14 months of age, and costs for this activity are shared by programs. This system may be expanded in coordination with Immunization Program funds.
- **Information Distribution:** The WIC and CSFP Programs are under legislative mandate to distribute information regarding Medicaid and other Division of Human Services programs to each WIC participant or adult caretaker. The Bureau of WIC Nutrition Services has developed a fact sheet on DPHS and DHS Programs for distribution to each WIC/CSFP participant or adult caretaker.
- **Joint Application:** Agency discussion is needed on the concept of a joint WIC/CSFP, Title V MCH, Title X, and Title XIX application and protocols for accepting verification of common eligibility criteria (birth certificate, income, residence) performed by another of these programs.
- **Information-Sharing for Outreach:** Agency discussion is needed on the concept of developing protocols for forwarding names and contact information on prospective clients referred between the subject programs.
- **Reimbursement Issues for Nutritional Services:** Discussions have been held concerning Medicaid reimbursement of special infant formulas in amounts not covered by WIC; rental and purchase of electric breastpumps for premature or hospitalized infants; printing and mailing costs for immunization postcard reminders to WIC participants and nutritional assessment and counseling to medically high risk women or children.

ATTACHMENT B

1993-1994

PLANNED COOPERATIVE ACTIVITIES


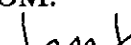
1. Establish minimum interagency health care standards for child and family health programs.
2. Develop and implement procedures for making interagency decisions, and resolving problems.
3. Develop policy and procedures which will authorize prenatal clinics to be "Qualified Providers" to enable them to expedite prenatal Medicaid eligibility determinations.
4. Improve the child health programs referral system.
5. Establish an enhanced care service component of child health programs, including Medicaid coverage of the provision of health care support and other services to improve childrens health status and function within the family and community.
6. Develop a CHAP Plus-Enhance EPSDT service plan.
7. Establish a reimbursement schedule for family planning counseling/education services.
8. Continue the discussion and work regarding a uniform eligibility level as a standard for Medicaid and MCH programs serving women and children.
9. Develop a multi-program health services application form, and referral process and follow-up protocols for services offered through Title V, WIC-CSFP, Title X and Medicaid.
10. Establish nursing coordinators for HC-CSD/AIDS/SSI/Medicaid clients.
11. Continue the work and discussions regarding revisions to the administrative rules for HC-CSD/CSD eligibility.
12. Develop an insider's guide to Medicaid.
13. Improve notification to Medicaid recipients of the availability of services provided by the Family Planning Program by participating in joint outreach activities.
14. Provide Medicaid with a listing of health clinics and satellite sites which will participate as providers of Medicaid services. Notify Medicaid of new clinics and name changes when appropriate.
15. Improve access to and utilization of maternal and child health services for uninsured, low-income pregnant women and children by:
 - a. expanding Medicaid eligibility,
 - b. establishing procedures in the medical assistance program for improved outreach and enrollment for pregnant women and children,
 - c. establishing procedures for improved coordination of the Medicaid program for pregnant women and children with other publicly funded health programs serving mothers and children
 - d. instituting an aggressive public education campaign regarding the availability of Medicaid coverage for maternal and child health services, the existence of other publicly-funded health programs

- serving mothers and children, and the advantage of preventive health care,
- e. instituting a newborn home visiting program whereby a licensed health professional makes a home visit to targeted households with Medicaid covered newborns within 60 days after birth to encourage families to participate in the EPSDT program, conduct a health screen, and to better ensure continued Medicaid coverage of the infant,
 - f. providing for the receipt and initial processing of initial Medicaid applications from individuals at locations which are other than HHS District Offices and which include providers of Title V MCH services and Child Health Services, Title X Family Planning Services, WIC/CSFP, and Early Intervention program sites, as well as those required under 42 U.S.C. 1396 a (a) (55),
 - g. instituting a formal procedure for taking maternity-related medical assistance applications at the offices of "qualified providers" including the providers listed in RSA 167:68, and non-district office sites,
 - h. instituting a formal procedure of making Medicaid services available to a pregnant woman during a "presumptive eligibility period" as provided in 42 U.S.C. 1396 r-1 and
 - i. continuing rulemaking and other measures designed to make Medicaid reimbursement available to these publicly funded health programs for medically necessary case management and care coordination services provided by these agencies to Medicaid eligible pregnant women and children.

STATE OF NEW HAMPSHIRE
Inter-Department Communication
Division of Human Services

DATE: January 11, 1994

TO: Lee Bezanson, Administrator
Office of Medical services

FROM: 
Carol Currier, DHS/OMS

Jane Hybsch, DPHS/BSMS

SUBJECT: STANDARD OPERATIONAL PROCEDURES
IMPLEMENTATION OF THE BSMS MOU

Jane and I have reached the following agreement on the procedures to be followed to implement the Memorandum of Understanding as it pertains to the prior authorization process for DME and medical supplies. This process incorporates the comments and suggestions of Diane Peterson and George Copadis.

1. For the population they serve, BSMS will review and recommend DME and other services to be approved under the "Medical Necessity" criteria for EPSDT;
2. BSMS agrees that the individual requesting the PA will not be the same person as the individual who certifies the medical necessity;
3. BSMS will follow the policy found in He-W 504.10 as interpreted by OMS;
4. BSMS will forward recommendations, including a suggested vendor and/or provider information, to the Office of Medical Services and OMS will prepare a Prior Authorization form;
5. OMS will enter all services approved on the basis of medical necessity in a log.
6. OMS will provide training to appropriate BSMS;
7. OMS will set all prices and determine who is an appropriate provider;
8. BSMS and OMS staff will meet on a quarterly basis to address any issues or problems.
9. OMS and BSMS staff will continue to develop policy on diapers; and
10. BSMS will provide OMS with a list of the children it serves.