

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

Term:

- This agreement is effective July 1, 2016 through June 30, 2017. This intra-agency 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 intra-agency agreement between the Division of Public Health (DPH), the Division of Medicaid (DM), and the Division of Welfare (DW) within the Idaho Department of Health and Welfare. This intra-agency agreement has been developed and mutually agreed upon by all parties.
- This agreement includes programs such as Maternal and Child Health (hereafter referred to as MCH), the Idaho Women, Infants, and Children Program (hereafter referred to as WIC), Supplemental Nutrition Assistance Program (hereafter referred to as SNAP), Temporary Assistance for Families in Idaho (hereafter referred to as TAFI).

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).
- Per CFR 246.26 (d); FNS Instruction 800-1, Confidentiality; WIC Policy Memo 800-E, the WIC program is required to restrict the use or disclosure of information obtained from program applicants and participants. A Memorandum of Understanding (MOU) outlining details and the purpose of data sharing is required between the State WIC Program and applicable program(s) if information is shared.

Objective(s):

- To establish a cooperative relationship between divisions and bureaus who carry out mutual responsibilities in facilitating the provision of medical and health services to Idaho citizens.
- To meet the requirements of the Social Security Act.
- To meet requirements for WIC, SNAP, TAFI and Medicaid programs in determining eligibility, referral practices and program coordination limited to sharing current program enrollment, client name, date of birth, gender, Social Security number (if provided), address and telephone number.

- 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 DPH, DM and DW programs within the Idaho Department of Health and Welfare.
 - 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 policies that affect populations served by DPH, DM, DW and providers of services.
 - To facilitate data sharing across divisions, as appropriate.

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

- Promote health services for all families in need of services.
- Provide reciprocal referral among Idaho Department of Health and Welfare programs.
- The information will not be shared with a third party or utilized for any other purpose. If information is requested beyond basic application or eligibility information (name, address, phone number, etc.) it is the requesting program's responsibility to collect a signed release of information from WIC program clients giving permission to share client data. The release will clearly state what data is being requested. The requesting program will provide a copy of the signed release from clients. Requested data will be provided upon receipt of the signed release. Additionally, clients must be allowed the option to refuse the release of information and be notified that signing of the WIC form is not a condition of eligibility and refusing to sign the WIC form will not affect the client's eligibility or program participation.

Division of Public Health Will:

- Conduct a Needs Assessment every five years and/or per the MCH Block Grant requirement. 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 services for women of childbearing age, infants, children and CYSHCN.
- Develop and monitor the implementation of DPH 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 DM and DW 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.
- Coordinate with DM and DW programs to promote awareness of partner programs and facilitate referrals to DM and DW programs.

Division of Medicaid Will:

- Coordinate with DPH to promote awareness and facilitate referrals of MCH programs.
- Facilitate referrals for participants enrolled in Medicaid that will allow participants to be adjunctively eligible for WIC services.
- Maintain an agreement between Medicaid and WIC as required per federal regulation and Idaho WIC State policy to coordinate services and establish protection of shared confidential information.
- Collect and analyze expenditure data for DM-covered services; develop, implement and monitor DM provider contract agreements and address inappropriate billing/utilization of DM reimbursement in cooperation with the Medicaid Program Integrity Unit and the Medicaid Fraud Control Unit.
- 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.
- Enhance and monitor perinatal care statewide.
- Provide financial support/reimbursement to local health agencies enrolled with DM as providers, and other enrolled providers engaged in the delivery of health services to women of childbearing age, infants, children and CYSHCN, to the extent possible.


Division of Welfare Will:

- Coordinate with DPH to promote awareness and facilitate referrals of MCH programs.
- Facilitate referrals for participants enrolled in SNAP and/or TAFI that will allow participants to be adjunctively eligible for WIC services.
- Maintain an agreement between SNAP, TAFI and WIC as required per federal regulation and Idaho WIC State policy to coordinate services and establish protection of shared confidential information.

Methods:


- Meetings
 - Meetings between DPH, DM and DW 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, DM and DW 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 all parties shall be accomplished during special meetings, and 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 and as applicable to division.
- Program Data
 - For the purposes of evaluation, program enrollment and/or eligibility, DPH, DM, and DW programs 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 client-specific information that may be shared will be subject to department and federal confidentiality guidelines, as applicable to each division.

- Continuous Liaison
 - Central Office administration of the respective divisions shall promote liaison between the regional directors and programs.



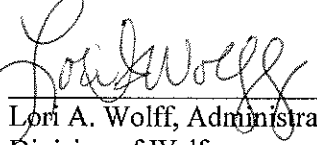
Elke Shaw-Tulloch, Administrator
Division of Public Health

6/10/16
Date



Matt Wimmer, Administrator
Division of Medicaid

6/8/16
Date



Lori A. Wolff, Administrator
Division of Welfare

6/10/16
Date