

STATE OF NEVADA

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**MEMORANDUM OF AGREEMENT  
BETWEEN**

**Division of Public and Behavioral Health (DPBH) –  
Bureau of Child, Family and Community Wellness (BCF&CW)  
Title V Maternal and Child Health (MCH) Program  
AND  
Division of Health Care Financing and Policy (DHCFP) –  
Title XIX Medicaid**

**1. Purpose:**

This Memorandum of Agreement (MOA) is an intra-agency agreement made by and between DPBH and DHCFP (hereinafter called Medicaid), both within the Nevada Department of Health and Human Services (DHHS). In compliance with their respective applicable regulations, this MOA delineates the programmatic and administrative responsibility of both agencies to ensure effective and efficient provision of services in family planning, immunizations, school and adolescent health and newborn screening/genetics, specifically, assurance of services for low income individuals and families. Furthermore, it is the intent of this MOA to share data between entities for public health purposes, which may include public health surveillance, other activities related to preventing or controlling disease, and auditing validation of public health reporting requirements. This MOA places no limitation on the ability of both entities to cooperatively work together in service to the people of Nevada.

**2. References:**

A. Authority and Funding sources

- i. Title V Maternal and Child Health Block Grant (Sections 501-510, SSA, in 1935) and administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) – discretionary Federal “block” grant
- ii. Title XIX (Sections 1901-1936, SSA, in 1965 and Section 1902(a)(11) and 42 CFR 441.61) of the Social Security Act and administered by the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid (CMS), Center for Medicaid and State Operations (CMSO) – Joint Federal/State entitlement program
  1. Including Nevada Check Up (NCU), which is Nevada’s Children’s Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act

### 3. Term:

This MOA will become effective upon the approval of all parties and will expire on June 30, 2020.

### 4. Overview:

Federal Title V regulations have an overarching goal to improve the health of women of reproductive age, infants, children, adolescents, and their families. Federal Medicaid regulations have an overarching goal to pay for medical assistance to eligible children and families with low incomes. These federal regulations guide the goals in Nevada, which are key in achieving the purpose of this MOA between DPBH and DHCFF, which is the provision of preventive services, health examination, and the necessary treatment and follow-through care. The overall goal of this memorandum of agreement is to promote continuity of care, sharing of scarce expertise, reduce unnecessary duplication of effort, efficiently allocate resources, and achieve greater accountability to produce an enhanced and expanded health care service system.

Coordination between the DPBH/MCH program and DHCFF are key to improving access and health outcomes for women of reproductive age, infants, children, adolescents and their families, especially children with special needs. The MCH program works with community partners and stakeholders to identify needs/gaps so that statewide systems of health care for all children and families are ensured. As such, Nevada:

- A. Utilizes MCH grantees to develop more effective uses of Medicaid resources in financing services to Medicaid-eligible children and families when the person is eligible for Medicaid based on income
- B. Provides for the maximum utilization of the care and services available under the MCH program, understanding that MCH funds are the payer of last resort for services not otherwise covered by insurance or when the person is eligible for Medicaid based on income

### 5. Scope of Work

- A. As indicated across this MOA, the responsibilities of both entities are to:
  1. Collaborate on action strategies to improve the health of Nevadans;
  2. Ensure that Title V, Title XIX, Title XXI and other services are consistent with the needs of the participants and the programs' objectives and requirements;
  3. Coordinate program initiatives to avoid duplication of effort among Nevada DHHS programs;
  4. Develop and implement, in cooperation, health care standards, program policies, and pilot programs;
  5. Provide liaison between agencies for interagency communication and coordination;
  6. As applicable, provide financial support/reimbursement to local health agencies and others engaged in the delivery of health services to children and families; and
  7. Comply with all applicable State and Federal laws, regulations and rules regarding confidentiality of participant information (including data), ensuring that information is disclosed only for the purpose of activities necessary for administration of the respective program(s) and for audit and examination authorized by law.
- B. The responsibilities of the DPBH, including the MCH program are to:

1. Collaborate with stakeholders to increase the percentage of adequately insured Nevadans, especially children and youth with special health care needs (via community meetings, outreach and other activities);
2. Conduct outreach and educational campaigns with stakeholders regarding access to health and human services available to improve the health of Nevadans;
3. Expand family and professional partnerships to increase the percentage of children who receive a developmental screening between the ages of 10-71 months; and
4. Collaborate with stakeholders to ensure timely access to health care services, integration across health care providers, and other supports to improve health outcomes for Nevadans, especially children and youth with special health care needs.

C. The responsibilities of DHCFP are to:

1. Collaborate with stakeholders to identify Medicaid reimbursable services
2. Promote early identification and referral of individuals to appropriate services who may be eligible for Medicaid benefits;
3. Assist local agencies/entities to obtain reimbursement for Medicaid services provided;
4. Provide timely information on development and implementation of any administrative or fiscal change which will/may impact children and families of low income;
5. Appoint staff to promote liaison between MCH program and Medicaid;
6. Provide technical assistance and consultation to service providers;
7. Collaborate on applicable DPBH action strategies as indicated above towards meeting the needs Nevadans who receive services through the MCH program, with services reimbursed by Medicaid; and
8. Implement a process that allows for joint access to critical Medicaid and public health data without duplication of effort as indicated on the approved Confidentiality and Data Sharing Agreement.

**6. Understandings:**

The 2006 Maternal and Child Health Services Title V Block Grant: Guidance and Forms for the Title V Application/Annual Report (<http://mchb.hrsa.gov/programs/titlevgrants/blockgrantguidance.pdf>), along with all other federal guidance documents from HHS, HRSA and/or Maternal and Child Health Bureau (MCHB) which guides states to fully implement a continuum of services traditionally supported by Title V funding to meet the needs of women of reproductive age, infants, children, adolescents and families who are eligible. The types of services and action strategies for Nevada's MCH program are articulated in the Title V/Maternal and Child Health Block Grant application and Annual Report, including the 5-year Action Plan and Needs Assessment.

Nevada's Medicaid Services Manual is the official document used to issue policies and procedures to agencies for use in administering their Medicaid programs, with emphasis on Title V, Title XIX, and Title XXI.

**7. Consideration: N/A**

**8. Incorporated documents:**

- ATTACHMENT A – Confidentiality and Data Sharing Agreement between DPBH and DHCFP dated 2013 with a term of five (5) years

**9. Modification and Termination:**

The persons executing this MOA, on behalf of their respective entities, hereby represent and warrant that they have the right, power, legal capacity and appropriate authority to enter into this agreement on behalf of the entity for which they sign. This MOA will be evaluated every two years and/or when there is any major reorganization that could impact the organization, functions, and program of the participating parties. If any provision of this MOA becomes impractical to carry out, parties may, by mutual agreement, make adjustment to meet the requirements of a specific location and/or situation.

Marta Jensen 10/29/15  
Marta Jensen Date

Acting Administrator,  
Division of Health Care Financing & Policy  
Title

Beih Hender 10/27/15  
Beih Hender, MPH Date

Acting Bureau Chief,  
Bureau of Child, Family, & Community Wellness  
Title