

INTERAGENCY AGREEMENT

between

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

TITLE XIX MEDICAID AGENCY

and the

TITLE V MATERNAL AND CHILD HEALTH AGENCY

I. INTRODUCTION AND PURPOSE

The California Department of Health Services (DHS) is the authorized state agency for the administration of both Title V and Title XIX of the Social Security Act of 1935, as amended. Within DHS, authority and responsibility for the conduct of the programs authorized by the respective Titles of the Act have been delegated to the Primary Care and Family Health Division and its Maternal and Child Health (MCH) and Children's Medical Services (CMS) Branches in respect to Title V, and to the Medical Care Services Division in respect to Title XIX.

Within DHS, the MCH Branch has the lead role to administer the federal MCH Block Grant as the Title V lead agency. In this effort, MCH assists the Title XIX agency in the implementation of health care reform through managed care, uniform eligibility for service, and common intake forms.

Title V establishes state programs through which federal and state funds are used to assure high quality, comprehensive and coordinated systems of health care for mothers, children and their families. With recent expansions of services and eligibility for children and pregnant women in the Medicaid program, the need for coordination and interaction between Title V and Title XIX has become particularly important to the effective and efficient delivery of health care and related services to this population. This interagency Agreement between the two state programs is an important element in fostering program coordination.

This document specifies the shared goals and objectives and sets forth the respective responsibilities of the two parties with respect to pregnant women and children, and provides the legal basis for this interagency Agreement. It is an update to the original Title V/Title XIX cooperative Agreement developed by DHS nearly 17 years ago.

II. EFFECTIVE DATE AND DURATION OF AGREEMENT

This Agreement is effective as of the date of the signature of the parties to the Agreement. The Agreement will continue in effect unless revised or canceled.

III. PARTIES TO THE AGREEMENT

The parties to this Agreement are the California Medical Assistance program (hereinafter referred to as Medi-Cal) for Title XIX, the Children's Medical Services Branch (hereinafter referred to as CMS), and the Maternal and Child Health Branch (hereinafter referred to as MCH) programs for Title V.

For the purposes of this Agreement, the Deputy Director of Medical Care Services is authorized to enter Agreements and make commitments which will be binding on the operation of the Title XIX program; and the Deputy Director, Primary Care and Family Health, is authorized to enter Agreements and make commitments which will be binding on the operations of the Title V program. Additional signatories representing their respective domains in negotiating and implementing the provisions of this Agreement are the:

- Chief, Medi-Cal Policy Division
- Chief, Medi-Cal Operations Division
- Chief, Payment Systems Division
- Chief, Medi-Cal Managed Care Division

- Chief, Children's Medical Services Branch
- Chief, Maternal Child Health Branch
- Chief, Office of Family Planning
- Chief, Womens, Infants and Childrens (WIC) Supplemental Nutrition Branch
- Chief, Genetic Disease Branch
- Chief, Primary and Rural Health Systems Branch

IV. AUTHORITY FOR THE AGREEMENT

When the Medicaid program was enacted into law as Public Health Law 89-97 in 1965, the statute included a requirement that the State Medicaid agency develop cooperative arrangements with various state agencies responsible for administering or supervising the administration of health services. Amendments to the law in 1967 made the relationship between Title V and Medicaid explicit by mandating Agreements with the state Title V agency. The relevant provision of this federal Medicaid legislation was amended again in 1981 (§1902 (a)(11)) requiring a state's Medicaid plan to provide for the state Medicaid agency to enter into

cooperative interagency arrangements with state Title V agencies. The amendments to Title V in the Omnibus Budget Reconciliation Act (OBRA) of 1981 were complementary to the Title XIX legislation by specifically requiring the Title V agency to participate "in the arrangement and carrying out of the coordination Agreements described in §1902(a)(11) of Title XIX." Later amendments to Title V, contained in OBRA 1989 and 1991, included a number of provisions which directly, or by implication, added requirements for MCH and Medicaid interaction and coordination on a state level, thereby heightening the importance of interagency Agreements between the two programs.

There are also various federal Medicaid regulations and policies concerning Title V coordination and arrangements. These rules (e.g., 42 C.F.R. § 431.615(b) and §431.615(c)(4)) elaborate on some of the features of mandated coordination with Title V programs.

The overall emphasis of both the Title XIX and Title V amendments and regulations concerning cooperative arrangements have underlined the importance to DHS of reaching specific Agreements between the MCH and Medicaid (Medi-Cal) programs on coordination of efforts for pregnant women, children, and their families. This Agreement, therefore, is entered into in order to enable DHS and its Title V and Title XIX programs to carry out the mandate of cooperation contained in the above and related provisions of federal law and in state statutes and regulations.

V. GOAL OF THE AGREEMENT

The goal of this Agreement is to protect and improve the health of California's women, pregnant women, infants, children and adolescents, particularly those who are low-income. This goal will be achieved by the Title V and Title XIX agencies by developing and implementing initiatives that systematically attack the underlying causes of preventable diseases and conditions; strengthening relationships with local health agencies and expanding partnerships with multi-cultural and ethnic organizations; working to close the gaps in health status and access to care among the state's maternal and child health population; and, developing and implementing standards of care, program policies, data collection and surveillance processes, and contracting and reimbursement systems that promote outcome-oriented and business-like approaches to the administration of Title V and Title XIX programs.

VI. GENERAL PRINCIPLES OF AGREEMENT AND BROAD RESPECTIVE RESPONSIBILITIES

A. General Principles of Agreement

1. Because there is significant congruity of program objectives and overlap of eligible and target populations, the parties hereto, by entering into this Agreement, agree there are potential benefits from cooperation between Title V and Title XIX.

in the attainment of the goal of this Agreement. These benefits include:

- Promotion of quality and continuity of care
- Compliance with State and federal statutes, regulations and guidelines requiring the proper expenditure of public funds for the administration of a Medical Assistance Program and certification of health care providers
- Shared expertise among staff and obtaining the best utilization of personnel and resources
- Reduction of unnecessary duplication and overlap of effort
- Assurance that the services provided under Title XIX and Title V are consistent with the needs of recipients and the two programs' objectives and requirements, and are complementary and supportive of each others' goals.

2. By entering into this Agreement, it is the intent and purpose of the parties to establish the means for practical working relationships between the parties for the purpose of providing and promoting prompt access to high quality health care and services for pregnant women, infants, children and adolescents eligible for benefits under Title V and Title XIX of the Social Security Act, as amended. Together these programs have the capacity to reduce maternal and infant mortality and childhood morbidity and mortality and promote the health of women and children.
3. It is an expressed goal of DHS to achieve the Year 2000 Objectives in California as they apply to women and children. Within DHS, the Title V and Title XIX agencies are charged with direct responsibilities with respect to these Departmental Objectives.
4. Programs within the Department that impact women and children that are under the supervision of the two Divisions will make resources available to achieve the goals and objectives consistent with this Agreement.
5. The Title V designated program will identify infants, children, adolescents and women who are potentially eligible for Medi-Cal and, once identified, aid them in applying for such assistance.
6. The Title V designated programs are responsible for needs assessment, program planning, development, implementation and evaluation of maternal and child health services in the State.
7. The Medi-Cal program is responsible for paying for those medically necessary program benefits to eligible Medi-Cal beneficiaries delivered by the Title V programs which are enrolled as providers. If an individual is eligible for services covered by both the Medi-Cal program and the Title V designated programs, Title XIX funds will be utilized to reimburse Medi-Cal enrolled providers for services provided pursuant to the scope of benefits of the Medi-Cal program.

8. The EPSDT benefit in California is provided through Title XIX and Title V. Title V, in collaboration with Title XIX, is responsible for outreaching and informing all EPSDT eligible individuals about the importance of preventive pediatric health care, and setting standards for preventive pediatric services, service delivery and service providers. Title XIX is responsible for the administration of the diagnostic and treatment services components.
9. The Title V designated programs will maintain confidentiality of the names and medical records of Medi-Cal eligible beneficiaries, and release such information to a third-party only with the written consent of the recipient, parent and/or legal guardian.
10. To assure high quality, coordinated services for women and children there will be joint development of policies and regulations between the Title V and Title XIX programs on services affecting this population.
11. All parties to this Agreement will keep each other apprised, at all times, of those services and scope of benefits that are available to eligible individuals pursuant to federal or state law, regulations or guidelines.
12. It is understood among all parties that reference to Medi-Cal beneficiaries in this Agreement includes women, infants, children and adolescents in both the Medi-Cal fee-for-service and managed care system.
13. In the implementation of the expansion of Medi-Cal managed care there will be coordination and collaboration in the development and implementation of managed care programs and systems for Medi-Cal eligible beneficiaries as it relates to policies and procedures for services delivered to pregnant women, infants, children and adolescents.
14. There will be sharing of data and participation in joint planning efforts in order to identify service delivery gaps and to improve the delivery of services to pregnant women, infants, children and adolescents.
15. The Branch Chiefs of the Title V designated programs and the Medi-Cal program will each designate from their respective staff appropriate liaisons whose responsibilities shall include regular and periodic communication about the programs and their policies and operations described in this Agreement. These areas of discussion shall include, but not be limited to: EPSDT supplemental services, high risk infant follow up program, comprehensive perinatal services program, services to children in foster care, managed care, and new programs and

benefits.

B. Broad Respective Responsibilities

The following are broad fundamental responsibilities of the respective parties to this Agreement:

1. Medi-Cal is responsible for the conduct of the Title XIX program as mandated by appropriate federal and state statutes and regulations and as described in the Title XIX State Plan and related documents. (Citations: xxxx)
2. MCH Branch is responsible for the conduct of the MCH program as mandated by appropriate federal and state statutes and regulations and as described in the appropriate section of the State Title V 5-Year Plan. (Citations: Health and Safety Code Part 2, Article 1, Section 123225-125550, Amended by Stats. 1995, Ch 415)
3. CMS Branch is responsible for the conduct of the Child Health and Disability Prevention (CHDP) and California Childrens Services (CCS) programs as mandated by appropriate federal and state statutes and regulations and as described in the appropriate sections of the Title V 5-Year Plan. (Citations: Welfare and Institutions Code Section 14103.8(a), Health and Safety Code Sections 123800-123995, 124025-124111, Title 17, Section 6800-6868, Title 22, Section 41510-42801, and Government Code Sections 7570-7582)

Nothing in this Agreement should be construed to remove responsibility for these functions. No party to this Agreement may assume the responsibilities of any other party unless such is specifically delegated as a term of this Agreement.

VII. OBJECTIVES AND SPECIFIC RESPONSIBILITIES

It is agreed by the parties that the following are the mutual objectives and the specific responsibilities of the Title V and Title XIX agencies:

Objective 1: Assure and support the provision of a comprehensive, coordinated, and accountable health services delivery system for all eligible pregnant women, infants, children and adolescents.

To achieve this objective, Medi-Cal shall assume the following responsibilities:

1. Develop reimbursement methodologies for the payment of maternal and child health care services which are sufficient to enlist enough providers so care and services are available under Medi-Cal at least to the extent such care and services are available to the general population.

2. Support the retention of culturally and linguistically competent, and geographically strategic, safety net and traditional providers of maternal and child health services who have a positive track record of serving the Medi-Cal population when setting Medi-Cal managed care policies.
3. Develop, in cooperation with MCH and CMS, provider manuals and billing instructions, and provider training relative to health care scope of benefits and services for eligible populations.
4. Develop, in cooperation with MCH and CMS, health care standards, guidelines and administrative procedures for providers who deliver MCH, CHDP and CCS services to Title XIX eligible beneficiaries by utilizing professional medical, nursing, health education, social work and nutrition expertise.

To achieve this objective, MCH and CMS shall assume the following responsibilities:

1. Participate in the joint development and implementation of pilot projects for the eligible population as required by legislation or to test new models of health care delivery.
2. Maintain a specialty provider network of qualified health care professionals and special care treatment centers for the complex care of children with CCS-eligible conditions.
3. Develop, in cooperation with the Medi-Cal program, provider manuals and billing instructions, and provider training relative to health care scope of benefits and services for eligible populations.
4. Develop, in cooperation with the Medi-Cal program, health care standards, guidelines and administrative procedures for providers who deliver MCH, CHDP and CCS services to Title XIX eligible beneficiaries by utilizing professional medical, nursing, health education, social work and nutrition expertise.

Objective 2: Assure the provision of high quality health care by organizations and providers who meet professional practice standards contracting with the Department or receiving funding from either program.

To achieve this objective, Medi-Cal shall assume the following responsibilities:

1. Develop, in cooperation with MCH and CMS, standards for qualified obstetrical and pediatric providers to provide direct health care services to Medi-Cal beneficiaries, including the use of CCS approved health care professionals for delivery of services to Medi-Cal beneficiaries with CCS eligible conditions.

2. Participate and collaborate with the Title V program in the development of program policies, regulations and quality of care standards for services to pregnant women, infants, children and adolescents, particularly for services to children with special health care needs.
3. In cooperation with MCH and CMS, establish quality improvement standards and performance measures relative to the delivery of maternal and child care by Medi-Cal managed care.
4. Set the standards for and approve the providers of major organ transplants that deliver services to those children who are case managed by the CCS program.
5. Participate with MCH and CMS staff in the oversight and monitoring of preventive and primary care service delivery to pregnant women, infants, children and adolescents enrolled in contracting Medi-Cal managed care plans and in Medi-Cal fee for service.

To achieve this objective, MCH and CMS shall assume the following responsibilities:

1. Participate in and collaborate with the Medi-Cal program in the development of program policies, regulations and quality of care standards for services to pregnant women, infants, children and adolescents, particularly children with special health care needs.
2. Provide case management for Medi-Cal beneficiaries with CCS-eligible conditions, to include but not be limited to: assessing the qualifications of and selecting the most appropriate providers and sites for care; authorizing funding for services; determining the appropriateness of treatment plans; and coordinating care with other agencies.
3. Participate with Medi-Cal managed care staff in the oversight and monitoring of preventive and primary care service delivery to pregnant women, infants, children and adolescents enrolled in contracting Medi-Cal managed care plans and in Medi-Cal fee for service.

Objective 3: Improve access to perinatal and preventive health care services for low-income women, particularly adolescents, and children, respectively, and services to children with special health care needs.

To achieve this objective, Medi-Cal shall assume the following responsibilities:

1. Refer all potentially eligible Medi-Cal beneficiaries with CCS-eligible conditions to the CCS program for case management.
2. Develop eligibility procedures which facilitate access to the Medi-Cal program for eligible pregnant women and children, including informing of all eligible individuals about the importance of preventive health care.

3. Develop and produce outreach and program orientation materials and oversee the implementation of outreach campaigns to encourage pregnant women, infants and children to apply for Medi-Cal coverage and utilize preventive health care services. This includes the operation of a widely-advertised toll-free maternal and child health telephone line.
4. Develop and implement Medi-Cal provider recruitment strategies, and support retention of providers through efforts such as development and distribution of user-friendly provider manuals and billing instructions, data reports that support provider outreach/liaison activities, and provider training.
5. Maintain and make available for use a maternal and child health provider resource directory and database.

To achieve this objective, MCH and CMS shall assume the following responsibilities:

1. Identify and fund local health department and other contractors to provide the infrastructure for health care programs which may be utilized to provide services to the Medi-Cal program's beneficiaries and other low income women and children.
2. Support provider outreach and continuous recruitment activities to assure the network of qualified providers is sufficient to assure access to services.
3. Develop and promulgate regulations that define the population of children with special health care needs that are eligible for services in California through the Title V designated program.
4. Provide health education and maternal and child health expertise in the development of outreach and education materials (e.g., "Healthy Moms/Healthy Babies" handbook) to the eligible population.
5. Certify perinatal providers to deliver comprehensive perinatal services to Medi-Cal eligible beneficiaries in fee-for-service reimbursement systems and provide technical assistance to Medi-Cal managed care plans regarding qualified personnel to deliver these services.
6. Conduct prenatal care guidance and other outreach programs and assist in statewide media efforts to improve access for Medi-Cal eligible women.

Objective 4: Assure maximum utilization of Title XIX funds by Title V contractors and providers, including reimbursement by Medi-Cal for all medically necessary services within the Medi-Cal scope of benefits.

To achieve this objective, Medi-Cal shall assume the following responsibilities:

1. Seek formal input from Title V staff into the development of Medi-Cal fee-for-service and managed care rates and reimbursement mechanisms for the services which are provided by Title V contractors and providers, or provided to Title V eligible individuals.
2. Reimburse Title V contractors and providers, managed care plans, and CHDP providers which are Medi-Cal contractors in accordance with current Medi-Cal rates and fees for all services within the scope of Medi-Cal benefits provided to Medi-Cal beneficiaries.
3. Reimburse authorized providers for services delivered to Medi-Cal beneficiaries with CCS-eligible conditions whose care was approved by the appropriate CCS agency.

To achieve this objective, MCH and CMS shall assume the following responsibilities:

1. Require all direct service providers of Title V funded contractors to be Medi-Cal providers and CHDP providers and ascertain the Title XIX eligibility status of its clients.
2. Ensure that Title V funded contractors and providers bill for services provided to Medi-Cal beneficiaries in a manner prescribed by Medi-Cal, or by a contracting Medi-Cal managed care plan if such contractors and providers are part of a plan's provider network.

Objective 5: Plan and support the delivery of training and education programs for health professionals and the community, including beneficiaries of Title XIX and V services.

To achieve this objective, Medi-Cal shall assume the following responsibilities:

1. In cooperation with MCH and CMS, develop and implement joint training and education programs to Medi-Cal providers including managed care plans relative to the provisions of Title V related services for infants, children, and adolescents.
2. Require managed care plans to provide training to the network providers regarding appropriate care for Medi-Cal women and children with the assistance of local MCH, CHDP and CCS programs.
3. Collaborate with the Title V Agency in providing training to all appropriate medical professionals, administrators, and health facilities regarding standards and quality of care.

To achieve this objective, MCH and CMS shall assume the following responsibilities:

1. In cooperation with Medi-Cal, develop and implement joint training and education programs related to the provision of Title V-related services directed toward medical professionals, administrators, and other providers associated with health care facilities and organizations contracting with the Department.

2. Provide technical assistance and conduct training programs for perinatal providers regarding perinatal health education resources, community and agency referral resources and optimal delivery of comprehensive perinatal and EPSDT services.
3. Support the development and delivery of training programs for advanced practice clinicians, including certified nurse midwives, nurse practitioners, and physician assistants who come from and/or are likely to return to work settings which serve large numbers of the eligible population.

Objective 6: Develop and implement data collection and reporting systems that support assessment, surveillance and evaluation with respect to health status indicators and health outcomes among the populations served by both programs.

To achieve this objective, Medi-Cal shall assume the following responsibilities:

1. Provide the Title V Agency with access to a Medical Management Information System for retrieval of provider information, including access to claims history files and provider enrollment information.
2. Collect and share with the Title V programs performance outcome measures such as HEDIS to assist in surveillance and evaluation of health outcomes to the Medi-Cal population.

To achieve this objective, MCH and CMS shall assume the following responsibilities:

1. Conduct statewide surveillance and assessment activities to obtain information to monitor health status and outcomes in conformity with Title V reporting requirements.
2. Develop local governmental agency capacity in the use of standardized reporting of community maternal and child health needs.
3. In collaboration with Medi-Cal, jointly explore ways to achieve integration of CHPD data into managed care encounter data. Data integration shall be accomplished in such a way as to ensure all Title V specified data elements are collected and retrievable.

Objective 7: Improve ongoing intra departmental communication between staff of the two programs for information sharing, problem solving, and policy setting.

To achieve this objective, Medi-Cal shall assume the following responsibilities:

1. Share information with Title V designated programs regarding the development and/or implementation of legislation and regulations that affect the delivery of health care services to pregnant women, infants, children and adolescent.
2. Maintain regular, formal communication with the Title V Agency to discuss changes in the service delivery system, including State Plan amendments and waivers.

To achieve this objective, MCH and CMS shall assume the following responsibilities:

1. Consult with and provide technical assistance and consultation to the Medi-Cal Field Office staff and Medi-Cal Managed Care Division staff relative to training and education needs and coordination of patient care for the populations served by both programs.
2. Share information with Title XIX designated programs regarding the development and/or implementation of legislation and regulations that affect the delivery of health care services to pregnant women, infants, children and adolescent.
3. Share listings of approved providers with Medi-Cal staff to assure pregnant women, infants, children and adolescents receive care from appropriate providers.
4. Maintain regular, formal communication with the Title XIX Agency to discuss changes in the service delivery system, including State Plan amendments and waivers.

Objective 8: Maintain adequate Title XIX and Title V program staff with the necessary expertise necessary to carry out the specific functions and responsibilities of providing direct support in administering the Title XIX program.

To achieve this objective, Medi-Cal shall assume the following responsibilities:

1. Recruit, hire, and maintain sufficient program staff with appropriate expertise for the efficient administration of Title XIX program, including but not limited to the development of policies, regulations and quality of care standards for the provision of direct health care services to Medi-Cal children and women.
2. Reimburse the Title V designated programs for expenses incurred for the functions necessary for the efficient and appropriate administration of the Title XIX program as set forth in this Agreement, such as, but not limited to the development of policies, regulations and quality of care standards for services to the maternal and child population; and outreach, screening, health education and counseling, case management and other help in achieving an effective women's and children's health program.

To achieve this objective, MCH and CMS shall assume the following responsibilities:

1. Recruit, hire and maintain program staff that has perinatal and child health administrative, clinical, and evaluation knowledge and expertise, including but not limited to pediatricians, OB-GYNs, and family practice physicians, nurses with OB-GYN and pediatric experience, nutritionists, social workers, health educators, and occupational and physical therapists.
2. Report and claim on a quarterly basis the Medicaid administrative expenses incurred by the above positions in order to secure Title XIX matching funds.
3. Interpret Medi-Cal policies to Title V-funded organizations and agencies contracting with the Department and their network of providers.
4. Maintain liaison relationships with pediatric and obstetrical professional organizations and maternal and child advocacy groups for input in program planning and policy development.

Objective 9: Maximize utilization of third party resources available to Title XIX recipients.

To achieve this objective, Medi-Cal shall assume the following responsibilities:

1. Use the other coverage information to cost avoid or seek post-payment recoveries from insurance carriers, tort lawsuits, or Medicare as required under the Title XIX State Plan.
2. Process referrals for the Medi-Cal premium payment programs, initiating payments of health coverage premiums when cost effective to do so.
3. Provide training to MCH and CMS, as needed, on the identification and reporting of other health coverage, and tort claims, and the Medi-Cal premium payment programs.

To achieve this objective, MCH and CMS shall assume the following responsibilities:

1. Identify and report to the Medi-Cal Third Party Liability (TPL) Branch any other health coverage available to a Title XIX recipient. Other health coverage may include Medicare, private health insurance, or coverage available through a Health Maintenance Organization or similar plan.
2. Identify and report to the TPL Branch Title XIX recipients who may be eligible to participate in the Medi-Cal premium payment programs because of high-cost medical needs.

3. Identify and report to the TPL Branch information on any tort claim brought by, or on behalf of, a Title XIX recipients as the result of an injury received by such recipient.

VIII. COOPERATIVE AND COLLABORATIVE METHODS AND ARRANGEMENTS

A. Arrangements for Resolving Operational Issues

Operational issues needing resolution which occur during the term of this Agreement will be resolved informally at the organizational level closest to the problem. If the issue or problem is not resolved informally, it should be referred to the next highest organization level until resolved. When problems or issues cannot be resolved satisfactorily at the Branch level, recommendations will be made to the appropriate Deputy Directors or Division Chief, and brought to the attention of the Director for validation or decision as appropriate.

B. Arrangements for Reciprocal Referrals

In addition to the specific arrangements detailed in previous sections of the Agreement, each party to this Agreement agrees to identify and refer individuals eligible for sister programs to such programs, as appropriate.

C. Arrangements for Payments of Reimbursement

In addition to the specific arrangements detailed in previous sections of the Agreement, each of the parties to this Agreement will continue in their usual and customary fiscal relationship to its grantees, contractors, and providers, except as such relationships have been changed by the terms of this Agreement.

D. Arrangements for Exchange of Reports of Services Provided to Recipients of Title XIX

This Agreement provides for a free exchange of information as allowed by the respective rules and regulations of the Department and of the parties. Each party will assure the confidential nature of information received and will use the information only for the purposes of carrying out the intent and purposes of the Agreement.

E. Arrangements for Periodic Review of the Agreement and Joint Planning for Changes

This Agreement will, upon its approval by appropriate federal officials, become part of the Title XIX State Plan and the 5-Year Title V MCH Plan.

Meetings will be held at least once a year, and more frequently if necessary, among the Branch Chiefs, or their representatives, of the programs party to this Agreement for the purpose of reviewing the need for any changes or clarifications to the Agreement, carrying out the agreements specified herein, evaluating activities and policies set out and providing coordinated input to the required plans of the respective programs.

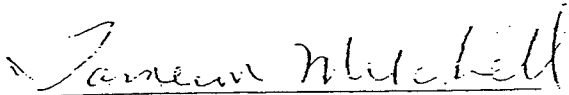
At the request of any party to the Agreement, a formal review may be scheduled to modify, enlarge, or clarify this Agreement. Any changes in this Agreement will be subject to full discussion and concurrence in writing prior to incorporation into this document.

F. Continuous Liaison

Continuous liaison among the parties will be the responsibility of the Chief of each of the programs and those staff designated as lead persons in their respective Branches.

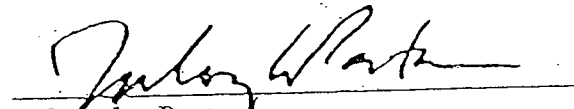
This agreement is entered into on JAN 15 1997 by and among the undersigned parties.

For Title V Program:

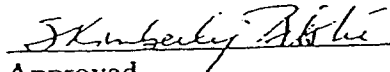


Tameron Mitchell, R.D., M.P.H.
Deputy Director
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For Title XIX Program:



J. Douglas Porter
Acting Deputy Director
Medical Care Services
Department of Health Services



Approved.
S. Kimberly Belshè
Director
Department of Health Services