

**STATE OF CONNECTICUT**

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE DEPARTMENT OF PUBLIC HEALTH AND  
THE DEPARTMENT OF SOCIAL SERVICES REGARDING DATA  
EXCHANGES**

I. PURPOSE

Pursuant to section 19a-45a of the Connecticut General Statutes, the Commissioner of Public Health and the Commissioner of Social Services hereby enter into this Memorandum of Understanding (“MOU”) for the purpose of improving public health service delivery and public health outcomes for low-income populations through the sharing of available Medicaid, HUSKY Plan Part B, HUSKY Plus and Title V data.

More specifically, through the implementation of the addenda to this MOU pertaining to specific data exchanges, the purposes of the MOU are as follows:

- A. To increase coordination between the Department of Public Health (“DPH”) and the Department of Social Services (“DSS”) for programs funded by the Maternal and Child Health (“MCH”) Block Grant; and
- B. To increase coordination in the administration of programs that are designed to improve the health of children and adults in the State of Connecticut, in which DPH and DSS are both involved, including but not limited to, Early Periodic Screening Detection and Treatment (“EPSDT”); the immunization registry; childhood lead screening; programs for pregnant women and their children; school-based health centers; community health centers; related federal waiver programs; and state and federal initiatives; and
- C. To increase cooperation in reviewing and implementing fiscal policies that affect populations served by DPH and DSS and providers of services, including but not limited to polices pertaining to payers of last resort; third party reimbursement; fee schedules; rates of payment; provider certification; and
- D. To implement a process that allows for joint access to critical Medicaid and public health data without duplication of effort by developing policies and protocols related to sharing relevant data; data systems planning and development; data analysis; needs assessments; and quality assurance reviews, as permitted by state and federal law; and
- E. To promote long-range planning as it relates to data sharing.

## II. DATA MANAGEMENT

- A. Use of Data for Specified Purposes: DPH and DSS agree that the data they receive from each other will be used only for the purposes set forth in section I of this MOU and as further described in the task-specific addenda attached hereto.
- B. Confidentiality of Data: DPH and DSS agree that they will not further disclose the information they receive from each other for purposes of this MOU. DPH and DSS agree to establish specific safeguards to assure the confidentiality and security of individually identifiable health information in its possession consistent with relevant federal and state laws. If such individually identifiable health information is transferred in electronic format, the transmissions shall be encrypted.
- C. Task-Specific Addenda: This MOU includes addenda that specifies the data to be shared between DPH and DSS based on the current needs of the two agencies. Additional addenda may be added, as agreed upon by DPH and DSS, when necessary in the future. Each additional addendum shall include, but not be limited to the following:
1. A detailed description of the intended purpose of the data sharing as it relates to improving public health service delivery and meeting public health outcome goals.
  2. A description of client lists or other specifics that the data-receiving agency needs to provide to the data-sharing agency;
  3. A detailed description of the data to be provided by the data-sharing agency, including questions to be answered from the raw data gathered before transmission to the data-receiving agency; and
  4. Signatures of the authorized representatives of DPH and DSS.
- D. Disposition of Data: DPH and DSS agree that they will destroy all confidential individually identifiable health information associated with records that they receive from each other as soon as the purposes for which they received the information have been accomplished. Once the project is complete, the requesting agency will destroy all hard copies of information received from the other agency containing confidential data; archive and store electronic data containing confidential information off line in a secure place; delete all online confidentiality data; and erase or maintain in a secure area all other data.

III. MISCELLANEOUS

- A. This MOU shall be in effect until cancelled by mutual agreement of the parties or “suspended” with 60 days advance notice by one party to the other party.
- B. This MOU shall not be modified in any manner, except in writing, with 30 days notice to the other party and executed by both parties.
- C. This MOU shall not obligate DPH or DSS to reimburse each other for any expenses incurred in the course of providing the services that accomplish the purposes set forth in this MOU.

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**Norma Gyle, R.N., Ph.D.**  
**Acting Commissioner**  
Department of Public Health

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Patricia A. Wilson-Coker, J.D., M.S.W.  
Commissioner  
Department of Social Services

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Addendum No. 1 Identification of Medicaid Births

### I. Purpose

The DPH is requesting that the DSS complete a match of calendar year birth records and HUSKY A enrollment data on an on-going annual basis to identify the births to women covered by Medicaid and enrolled in managed care during pregnancy. DPH will utilize these data along with other public health surveillance data sets to respond to the reporting requirements of the Maternal and Child Health Title V Block Grant. These requirements include the completion of a comprehensive needs assessment of the Title V population and the on-going assessment and evaluation of the health systems capacity indicators in the Maternal and Child Health Title V Block Grant. The linkage of these data will allow the evaluation of access to care and quality of care for the Medicaid/non-Medicaid populations and the comparison of prenatal care utilization and pregnancy outcomes among high-risk groups. DPH will utilize the HUSKY A enrollment status information and other public health data to perform the necessary public health surveillance, epidemiological and quality assurance activities in compliance with federal grant requirements, State mandates and public health interest, including the HUSKY A population.

The DSS will use this information on births to HUSKY A clients and prenatal care received by those clients as part of their efforts to review quality and outcome measures in order to monitor and improve administration of the Medicaid program.

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### II. Description of Data Needed, and Source Data File to be Used to Gather Relevant Data, Where Appropriate

1. Each year, DPH will send a core set of demographic information and birth outcome fields (Mother's first name, Mother's last name, Mother's Date of Birth, Mother's Social Security Number, **Mother's Race/Ethnicity, Total Number of Prenatal Visits, Trimester Prenatal Care Began, Adequacy of Prenatal Care, Baby's Gestational Age in Weeks, Birth Weight, Birth Plurality and Date of Birth** from the most recent calendar year of birth records to DSS.
2. DSS will complete a match of the birth records with HUSKY A enrollment data to identify the births to women covered by HUSKY A and enrolled in managed care during pregnancy. DSS will return the original demographic information fields from the birth records and the added HUSKY A enrollment information to DPH including the DSS' client identifying information used to complete the match.

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Requested additional HUSKY A Enrollment Information Fields:

Member First Name  
Member Last Name

Member SSN  
Member Town Code  
Requested Additional HUSKY A Enrollment Information Fields (continued)

Member Race  
Street  
City (town code)  
Mother's SSI Indicator  
Mother's MC Effective Date

**HOH ID**

**HOH First Name**

**HOH Last Name**

**HOH SSN Number**

**HOH Relationship**

**HOH Date of Birth**

**HOH Race**

**HOH Age**

**HOH MC Eff Date**

HOH Language (DPH will footnote that this information has not been tested for reliability)

3. DPH will provide these data to DSS, and DSS will provide the required fields to DPH, in an electronic format consistent with software in use at both agencies.
4. **DPH agrees that DSS will receive the entire dataset used to analyze HUSKY A women who gave birth in 2000 and 2001 which was put together by the Children's Health Council. DSS will provide DPH with the same variables within the data prepared by CHC regarding HUSKY A women who gave birth in 2000 and 2001 that they will have going forward as listed in II.1., above. This is consistent with relevant federal laws regarding data exchange.**

III. Addenda as Part of MOU

This is an addendum to the MOU No. XX regarding data exchanges between DPH and DSS. All provisions of said MOU are applicable to the exchange of data specified in this addendum.

## Addendum No. 2 Information regarding Children Receiving Lead Screenings

### I. Purpose

Provide DSS with needed information about lead screening of Medicaid children in order to ensure that Medicaid children age 0-6 are screened. Data on the number of children tested for the level of lead in the blood must be reported annually to the Center for Medicare and Medicaid services (CMS).

Provide DSS with needed information about blood lead levels of Medicaid children with higher than normal blood lead levels ( $\geq 10$  mg/dl of blood) in order to ensure that HUSKY A MCOs are providing appropriate follow up treatment and testing for children with suspected lead poisoning;

### II. Description of Data Needed, and Source Data File to be Used to Gather Relevant Data, Where Appropriate

1. DSS or its agent as assigned will provide DPH with a list of selected children enrolled in the Medicaid program at least annually. This list will include:

- Client Last Name
- Client First Name
- Client DOB
- Client Gender
- Client Race/Ethnicity
- Client Town of residence
- Client Street Number and Address
- Client Soc. Sec. Number

2. DPH will use the linking data specified in section II.1 to abstract from CLPPP/SS the data elements on type of test, date of test and test results.

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3. DPH agrees to compare these data files with the CT CLPPP/SS (Childhood Lead Poisoning Prevention Program Surveillance System)

DPH will provide DSS with a file showing:

- a. Number of screens done for lead in these children;
- b. The age at which these screens took place;
- c. For clients with higher than normal ( $\geq 10$  mg/dl of blood ) blood lead levels in the last 18 months:

DPH will provide the following client specific variables (the first four of which were provided by DSS): Client first Name, Client Last Name, Client Date of Birth, and Client Soc. Sec. No., the blood lead level observed and the date the sample was tested/taken, and what follow up tests and other services were provided, if appropriate.

4. DPH will report these data to DSS in an electronic format consistent with software in use at both agencies.

### III. Addenda as Part of MOU

This is an addendum to the MOU No. XX regarding data exchanges between DPH and DSS. All provisions of said MOU are applicable to the exchange of data specified in this addendum.

## Addendum No. 3 Children Receiving Title V Services

### I. Purpose

The Balanced Budget Act of 1997 included children receiving Title V services in its definition of children with special health care who are enrolled in Medicaid managed care. Connecticut and other states with mandatory enrollment of these children must ensure that the health care needs of these children are being met. DSS, as the administrator of the Medicaid program, requires information identifying these children on an ongoing basis to ensure that their health care needs are being met.

### II. Description of Data Needed, and Source Data File to be Used to Gather Relevant Data, Where Appropriate

1. DPH will provide DSS with a list of children who received Title V in the previous 12 months, at least semiannually. This list will include:
  - Client Last Name
  - Client First Name
  - Client DOB
  - Client Gender
  - Client Race/Ethnicity
  - Client Town of residence
  - Client Soc. Sec. Number
2. DSS will determine which children enrolled in the HUSKY A program received Title V services during the previous 12 month period.
3. DSS will provide a file with names of children eligible who received Title V services (with dates of birth and Soc. Sec. Numbers) that were enrolled in the HUSKY A program to DPH, in an electronic format consistent with software in use at both agencies.
4. **DPH agrees that DSS has permission to receive files from the Children's Health Council that identify which HUSKY A clients also received Title V services. DSS will give to DPH a list of HUSKY A children who received Title V services in 2001 or 2002 based on analysis done by the Children's Health Council.**

### III. Addenda as Part of MOU

This is an addendum to the MOU No. XX regarding data exchanges between DPH and DSS. All provisions of said MOU are applicable to the exchange of data specified in this addendum.



# MOU BETWEEN DPH AND DSS REGARDING DATA EXCHANGES

## ADDENDUM NO. 5

### Information regarding children with asthma

#### I. Purpose

DPH is requesting that DSS provide information pertaining to children enrolled in HUSKY A who have a diagnosis of asthma. This information will be used to estimate the prevalence of asthma among this population and to look at the patterns and distribution of the disease (by gender, race/ethnicity and geography). These estimates will be used, in conjunction with other asthma data sources, to provide a picture of the burden of asthma in Connecticut. In turn, this will guide the DPH asthma program and local community asthma groups in targeting interventions to the appropriate areas and populations.

#### II. Description of data needed, and source data file to be used to gather relevant data, where appropriate

Beginning with *data from* FFY 2003 and annually thereafter, DSS or its agent as assigned will provide DPH with an electronic file containing information on children enrolled in HUSKY A with an outpatient, professional, inpatient, or emergency care encounter with any (primary or other) diagnosis of asthma (ICD-9 493.0-493.9 or ICD-10 J45-J45.9). This file will include the following variables:

- a Date of Encounter
- b Diagnosis Code
- c Social security number (if no Social Security Number is available, Medicaid ID will be listed)
- d Gender
- e Date of birth
- f Race/ethnicity
- g Town of residence
- h Number of months the client was eligible for HUSKY A during the Federal Fiscal Year (to identify those children continuously enrolled in HUSKY A for the entire FFY)

DSS will provide DPH with information on the total number of children enrolled in HUSKY A and the total number of children continuously enrolled in each federal fiscal year. This information will be broken down by demographic characteristics including, gender, race/ethnicity (Black/African-American, Hispanic/Latino, White, Other), age

group (<1, 1-5, 6-14, 15-20), and town of residence (Bridgeport, Hartford, New Haven, Stamford, Waterbury, Other town).

*DPH will provide DSS with a copy of the results of all analyses done using the HUSKY A data.*

DPH will dispose of the client specific data once it is no longer needed, as described in Part II D of the MOU framework.

**Addenda as part of MOU**

This is an addendum to the MOU regarding data exchanges between DPH and DSS. All provisions of said MOU are applicable to the exchange of data specified in this addendum.

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J. Robert Galvin, MD, MPH  
Commissioner ,  
Department of Public Health

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Patricia A. Wilson-Coker, J.D., M.S.W.  
Commissioner (or designee)  
Department of Social Services

Date: \_\_\_\_\_

Date: \_\_\_\_\_