

**STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
MEMORANDUM OF AGREEMENT
DIVISION OF MEDICAL ASSISTANCE
DIVISION OF PUBLIC HEALTH**

effective July, 1995

TN No. 95-016

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INTRODUCTION

This agreement is a variant on an agreement which has existed, in one form or another, since 1973. From state fiscal year 1974 through state fiscal year 1990, the agreement covered only administrative and clinical services delivered by Public Health Nursing to implement the EPSDT program on behalf of the Division of Medical Assistance.

In state fiscal year 1991, the agreement was expanded to cover "Healthy Baby" program services. These services provide targeted case management for high-risk Medicaid eligible women. Public Health Nursing delivered the services. The agreement also included the Bureau of Vital Statistics because it evaluated the program.

Beginning in state fiscal year 1992, the Department of Health and Social Services embarked on a policy of maximizing federal Medicaid matching revenue by "refinancing" programs. Since that time, this agreement has been expanded to include services provided by the Director, the Medicaid Services Unit, the Section of Epidemiology, the Section of Laboratories, the Section of Maternal, Child and Family Health, and expanded services by the Section of Public Health Nursing and the Bureau of Vital Statistics.

It is assumed that the Division will continue to maximize Medicaid funding for services to the Medicaid enrolled and eligible population, and to identify additional services appropriate for Medicaid funding in the future.

GENERAL POLICIES

It is the policy of the Department of Health and Social Services (DHSS) to maximize federal financial participation in eligible programs for eligible clients while maintaining Alaska's core public health structure. DMA's (Division of Medical Assistance) interest is to comply with its mandate to implement the Medicaid program. DPH's (Division of Public Health) interest is to assure preventive health services which are reimbursable by Medicaid to enhance the health status of Medicaid eligible clients.

It is the policy of the Division of Medical Assistance and the Division of Public Health to fully implement Title XIX of the Social Security Act, as amended by OBRA '89 and '90 and Alaska Statute 47.07.030 regarding targeted prenatal case management and Healthy Kids program (Early and Periodic Screening Diagnosis and Treatment - EPSDT) services to Medicaid eligible clients which are appropriately provided by the Division of Public Health.

It is the policy of both Divisions to cooperate in order to make targeted case management services available to high-risk, Medicaid eligible pregnant women (Healthy Baby); and EPSDT (Healthy Kids) screening, dental, medical, remedial and rehabilitative services available to all Medicaid eligible children in Alaska in accordance with the recognized periodicity schedule.

Other services covered in this agreement implement the policies of maximizing federal financial participation and optimizing health.

GENERAL TERMS

The Divisions jointly agree as follows:

1. Not to discriminate on the basis of race, color, handicap, or national origin in providing services under this agreement;
2. To abide by relevant provisions of the Social Security Act as amended as of this date and during the period of this MOA and to ensure that services provided continue to be Medicaid eligible for the duration of this agreement;
3. For division directors and DMA and DPH program staff to meet regularly or as necessary in order to review the progress of programs covered by this agreement, to establish policy clarifications and to overcome administrative difficulties which may arise during the term of the agreement;
4. To jointly negotiate agreements with the Indian Health Service and the 638 contractors to resolve program implementation and data reporting problems so that the full scope of EPSDT and other Medicaid funded programs provided by those entities can be reported;
5. To cooperate in the implementation of strategies to use the Medicaid management information systems data for public health epidemiological, program evaluation and planning purposes. The divisions will jointly identify information available, its uses, and design inquiries of mutual benefit to the two divisions while complying with all confidentiality requirements under CFR 431.300 - 306, AS 47.05.020 - .030 and 7 AAC 37.010 - .120;
6. Annually update the Financial Program Summary (RSA) which reflects the current budget information on the services to be provided and the amount of funds to be transferred to DPH from DMA. When DPH requests a change in the Financial Program during a fiscal year, a request should be presented in the Revised Program (RP) format identifying the budgetary changes by funding source, by program and include an explanation.
7. This agreement takes effect July 1, 1995. Amendments are to be made as necessary to maintain operation of the programs and agreed to by both divisions.
8. This agreement may be terminated by mutual consent provided a ninety (90) day notice is given in writing to the director of each division.
9. DPH will reimburse the federal government from DPH general funds for federal audit exceptions identified for which they are responsible. DMA will clarify for DPH risk areas for federal audit exposure. DMA will notify DPH of changes required for the FFP.

MUTUAL AND RESPECTIVE RESPONSIBILITIES

DIRECTORS' OFFICES

Effective Date: July 1, 1995

THE DIRECTORS OF MEDICAL ASSISTANCE AND PUBLIC HEALTH are the final authority on the contents of this agreement, and any future amendments as well as the accompanying RSAs and Cost Allocation Plans which implement this Memorandum of Agreement.

The Directors of the two divisions agree to meet quarterly or as frequently as necessary to clarify expectations, review progress, negotiate amendments, and supervise the implementation of this agreement. Any amendments to this agreement are to be negotiated directly between the Directors with support from their respective staff.

THE DIRECTOR OF MEDICAL ASSISTANCE will:

Ensure timely notification by the Health Care Financing Administration (HCFA) or the Division of Medical Assistance to the Director of Public Health of new policy directions;

Ensure First Health Corporation and the DMA MMIS staff support the implementation of this agreement by providing continuing maintenance of the EPSDT subsystem of the Medicaid Management information System (MMIS);

Ensure that the Division of Public Health is fully involved in any relevant enhancements, upgrades and reprocurments to the MMIS involving this MOA, including those enhancements identified in "Phase Two: Peat Marwick MMIS Analysis" report, pending a reprocurement of the MMIS;

Ensure that the Division of Public Health continues to have timely access to MMIS files, tapes, extracts and downloads necessary to produce ad hoc reports, file matches and other operations in support of this agreement;

Ensure appropriate Public Health staff are included in the development of DMA policies affecting EPSDT children, Medicaid eligible children and Medicaid eligible pregnant women.

THE DIRECTOR OF PUBLIC HEALTH will:

Regularly review the implementation of this agreement;

Direct the preparation and presentation of performance reports resulting from this agreement;

Ensure all Section Chiefs understand their responsibilities under this agreement;

Ensure the participation of appropriate Division staff in the implementation of this agreement, and preparation of amendments to it.

THE ADMINISTRATIVE OFFICERS in the two divisions are jointly responsible for preparation and maintenance of the RSA's and Cost Allocation Plans necessary to implement this agreement.

MEDICAID SERVICES UNIT

ADMINISTRATIVE AND PROGRAMMATIC SUPPORT

Effective Date: July 1, 1995

THE MEDICAID SERVICES UNIT is responsible for specific administrative and programmatic activities in support of this agreement. The Unit is meant to be the liaison between the two Divisions, in support of the Directors. The Unit is funded 100 % by the Division of Medical Assistance. The Unit's responsibilities are to provide administrative and direct support. The Medicaid Services Unit will:

ADMINISTRATIVE:

Prepare and maintain this Memorandum of Agreement;

Administer time studies necessary to document time spent by various sections in implementation of this agreement¹;

Ensure the integrity of the reporting formats for the EPSDT subsystem, in cooperation with DMA MMIS staff and First Health Corporation;

Collect, review quality, and enter data from the Well Child Assessment forms submitted by Public Health Nurses and others for entry into the EPSDT subsystem of the MMIS;

Arrange and facilitate consultation and negotiation between appropriate parties within the two divisions regarding this agreement to include quarterly briefing meetings between the directors of DPH, DMA, Medicaid Services Unit Coordinator, and the assigned Policy Unit MAA II;

Prepare and administer contracts necessary to carry out the purposes of this agreement;

Develop and provide staff support to special working groups needed to implement this agreement;

Produce reports, when technically possible, from the MMIS and other data sources, necessary to suggest new opportunities and measure progress in support of the programs covered under this agreement.

¹ This activity includes formulation of appropriate codes to document activities, distribution of appropriate time study forms, collection of time study forms from affected sections, programming report formats, data entry, and report production (see Cost Allocation Plan for a detailed description of the Time Study Methodology).

PROGRAMMATIC SUPPORT OF EPSDT AND HEALTHY BABY PROGRAMS:

Coordinate travel for EPSDT clients into Anchorage for diagnostic or medical care;

Prepare plans and feasibility studies for service provision alternatives;

Market the programs to the private medical community;

Ensure the provision of training and technical assistance for Public Health nurses and others;

Participate with the Public Health Nursing Section in the implementation and training sessions necessary for the Alaska Maternal and Child health Manual for Public Health Nursing, Volumes I - III;

Share new information and provide technical assistance and training to the Section of Nursing, the Anchorage Municipal Health Department and other public providers;

Support the development of quality assurance tools for the Section of Nursing and other providers;

Support or conduct program monitoring;

Enhance our ability to evaluate cost, effectiveness and efficacy;

Interpret and summarize periodic reports on screening activities received from DMA and distribute reports to interested parties including the Policy Unit, and DMA;

Advise the Department of Law, Medicaid Fraud Unit, of any suspected fraudulent actions and the Division of Medical Assistance of any suspected cases of inappropriate system use;

Maintain a system of screening records for use by federal and state personnel in assessing compliance with federal and state EPSDT laws and regulations.

THE DIVISION OF MEDICAL ASSISTANCE will transfer funds during the appropriate fiscal year through the reimbursable services agreement sufficient to support eligible costs of the Medicaid Services Unit.

SECTION OF EPIDEMIOLOGY

PREVENTIVE SERVICES

Effective Date: July 1, 1995

THE SECTION OF EPIDEMIOLOGY is responsible for providing Preventive Services to the general population, including Medicaid eligible clients. "Preventive Services" are defined as "services provided by a physician or other licensed practitioner of the healing arts within the scope of his practice under state law to (1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health efficiency..." among Medicaid eligible clients. (42CFR 440.130) Under this RSA Epidemiology will be reimbursed for covered services specific to the Medicaid eligible population.

"Preventive Services" excludes studies which are primarily pure research; having no direct application to a demonstrated medical need within the Medicaid eligible population.

For the purposes of this agreement, "Preventive Services" include:

- (1) Immunizations;
- (2) Surveillance of sexually transmitted diseases, AIDS, diabetes, tuberculosis, cancer, heart disease, environmental health risk assessments; and
- (3) Response to epidemic situations.

The Section of Epidemiology will:

Determine the annual fiscal year participation cost projection based on the ratio of enrolled Medicaid clients to the total Alaska population;²

Provide consultation on critical public health issues that impact the Alaska Medicaid population;

Collect and analyze data on the distribution of disease and disorder, and on injuries typically occurring within the Medicaid eligible population;

Perform medical studies which have a direct application to medical need within the Medicaid eligible population;

Produce ad hoc reports on the health status and other preventive services indices of the Medicaid eligible population for DMA and DPH;

Prepare an annual report through the Director of DPH on the Section's implementation of this agreement. The annual report will include an annual (or more often when available)

² *The percentage calculation will be based on the most current and available two year average ratio of Medicaid enrolled Alaskans to the total Alaska population. The total number Medicaid enrolled Alaskans will be provided annually by the Division of Medical Assistance. The State population will be provided by the Department of Labor.*

summary of activities undertaken and results achieved or anticipated, as well as a statement of the implications for the health of Medicaid eligible recipients.

THE DIVISION OF MEDICAL ASSISTANCE will:

Transfer funds through a reimbursable services agreement, for the cost of the Section of Epidemiology administering preventive services for Medicaid eligible individuals within the total population;

Periodically assist the Division of Public Health in determining if the list of activities included as "Preventive Services" should be expanded to include other activities that may fall under the Federal definition of Preventive Services (see CFR 440.130).

SECTION OF LABORATORIES

LABORATORY SERVICES

Effective Date: July 1, 1995

THE SECTION OF LABORATORIES will provide laboratory tests for a variety of conditions among Medicaid eligible clients. It will do this on a "matched file" reimbursement basis, to be accomplished by matching the laboratory files with the Medicaid eligibility files on an annual basis³. The match will be made over a 12 month state fiscal year. The prior fiscal year's match will be used to project the Reimbursable Services Agreement funding level.

For the purposes of this agreement, "Laboratory Testing Services" means: "Diagnostic cultures for pathogenic bacteria, viruses and fungi; Microscopic identification of parasites, fungi, bacteria and insects; Serologic diagnosis of bacterial, viral and parasitic infections; Serologic screening to determine immune status, past infection, or to rule out an infectious disease";

In order to implement this agreement, the SECTION OF LABORATORIES will:

Ensure that policies, procedures and practices established for state public health laboratories will meet all the HCFA requirements established in 42 CFR 405 et seq.;

Provide supervision and consultation to field laboratory operations conducted by other sections of the division in accordance with the above regulations; and

Provide laboratory testing services as requested by the providers for Medicaid clients and reporting test results to providers.

THE DIVISION OF MEDICAL ASSISTANCE will reimburse for laboratory tests through a reimbursable services agreement on a pro rata basis derived from file matches as described above.

³ *The development of an estimate of the percentage of tests performed for Medicaid eligible individuals requires matching the data contained in each Lab file with the file containing Medicaid eligibility information extracted from the Medicaid management Information System.*

SECTION OF MATERNAL, CHILD AND FAMILY HEALTH

Maternal, Child and Family Health

OUTREACH, ELIGIBILITY PREDETERMINATION, REFERRAL

Effective Date: July 5, 1995

THE SECTION OF MATERNAL, CHILD AND FAMILY HEALTH is responsible for provision of outreach, pre-eligibility determination and referral services to potentially Medicaid eligible clients served by these programs:

- (1) Audiology;**
- (2) Prenatal II;**
- (3) Health Care Program for Children with Special Health Care Needs (HCP/CSN).**

For the purposes of this agreement, "outreach, pre-eligibility determination and referral services" means that in the course of providing Audiology, Prenatal II and HCP services, Section personnel and contractors will make a special effort to identify persons who may be Medicaid eligible, ensure that they are availed of eligibility determination services and referred to appropriate providers for services.

Activities covered under this agreement will comprise a percentage of all work performed in the these programs. Activities in support of this agreement will be documented by Time Studies conducted by the Medicaid Services Unit, and submitted to the Director of Public Health and to the Director of Division of Medical Assistance.

The Time Study methodology used to determine the percentage of all work performed in the affected programs will consist of selected staff who will track their time spent on all activities for a randomly selected two week period during two quarters of the Fiscal Year. The annual activity report will include a calculation by the Medicaid Services Unit of the sum of the time spent on Medicaid activities divided by the total time spent on all activities. The dividend is the ratio (percentage) of time spent on Medicaid activities. The ratio is calculated for each quarter. The annual percentage is the average percentage of Medicaid time for previous quarters. The average percentage is used as to project the annual anticipated cost.

THE DIVISION OF MEDICAL ASSISTANCE will transfer funds during the appropriate fiscal year to the Division of Public Health through a reimbursable services agreement, for the costs of outreach, referral and pre-eligibility determination reviews for potentially Medicaid eligible clients served by these programs. The amount of the annual RSA transfer will be based on annual cost projections, based on Time Studies from the previous fiscal year.

Maternal, Child and Family Health

SPECIALITY CLINICS

Effective Date: July 5, 1995

THE SECTION OF MATERNAL, CHILD AND FAMILY HEALTH is responsible for provision of direct services through Speciality Clinics. MCFH contracts directly with the University of Washington Hospital and others for physicians to conduct clinics in various regional centers throughout the state. Clinics encompassed by this MOA include: Cleft Lip and Palate; Alcohol Exposed Children; Cardiac Clinic; Neurodevelopmental Clinic; and Genetics Clinic.

Clinics are available to all children for a set fee. Enrolled Medicaid eligible children who participate in the clinics are identified and documented at the time of clinic service. The sum of the set fee for each of the Medicaid eligible children who participate in the clinic will be reimbursed to MCFH as a direct service through this MOA. This reimbursement will be covered within the existing total for the FY 96 RSA between the Division of Medical Assistance and the Division of Public Health.

SECTION OF PUBLIC HEALTH NURSING

Nursing

PROVISION OF PUBLIC HEALTH NURSING SERVICES

Effective Date: July 1, 1995

THE SECTION OF PUBLIC HEALTH NURSING is responsible for provision of EPSDT services to as many Medicaid eligible children as it can reasonably serve, given its resources and other duties, and the availability of other medical providers.

Public Health Nursing Services means provision of EPSDT Outreach, Screening, Referrals and Follow-up case management and generalized Public Health Services to Medicaid eligible clients. The extent of services delivered will be documented through the Time Studies and child health screening records submitted to the Medicaid Services Unit. It also includes such supportive administrative activities as participation in training nurses to use EPSDT protocols, participation in the Healthy Kid Program (EPSDT) Review, other planning or evaluation activities related to delivery of EPSDT and Healthy Baby services, and maintenance of the clinical records for Medicaid eligible children and women.

The Section of Public Health Nursing will:

Participate in the Time Study to document the percent of time dedicated to providing EPSDT services and other Public Health Nursing services on behalf of Medicaid eligible clients and submit the Time Study to the Medicaid Services Unit for computation of the annual Medicaid reimbursable rate (see Cost Allocation plan for a detailed Time Study methodology);

Provide EPSDT outreach, screening, referrals and follow-up case management/care coordination⁴ services to Medicaid eligible children;

Provide Public Health Nursing services to Medicaid eligible clients;

Maintain and implement the Public Health Nurse, Maternal and Child Health protocols (Alaska Maternal and Child Health Manual for Public Health Nursing, Volumes I-III);

Participate with the Medicaid Services Unit in Nurse training sessions related to application of the Nursing protocols (Alaska Maternal and Child Health Manual for Public Health Nursing, Volumes I - III);

⁴ Case management/care coordination within EPSDT centers on the process of collecting information on the health need of the child, making (and following up on) referrals as needed, maintaining a health history, and activating the examination/diagnosis/treatment "loop". (State Medicaid Manual, Transmittal No. 3, April, 1990).

Maintain the Resource Patient Management System (RPMS) of clinical records for Medicaid eligible children and women through data entry, programming support and report production; and

Cooperate in the design and implementation of enhancements to RPMS to allow it to interface with the MMIS system, in order to provide local, regional and statewide information that describes services for Medicaid eligible clients.

THE DIVISION OF MEDICAL ASSISTANCE will transfer funds in the appropriate fiscal year to support this activity on a prospective pro rata basis supported by Time Studies.

Nursing

NCAST

Effective Date: July 1, 1995

THE SECTION OF PUBLIC HEALTH NURSING is responsible for provision of Nursing Child Assessment Satellite Testing (NCAST) services to prevent child abuse and neglect among Medicaid eligible high risk families, on a demonstration basis.

The Section of Public Health Nursing will:

Annually produce a list of NCAST clients, with Medicaid numbers, to verify Medicaid eligibility;

Provide other documentation as requested by the Division of Medical Assistance, including: a description of the NCAST program and annual budget for the entire NCAST program; and

Report to DMA the results of the demonstration project.

The Division of Medical Assistance will:

Transfer funds to the Division of Public Health, through a reimbursable services agreement, for the costs to complete the "NCAST" demonstration project serving Medicaid eligible families; and

Provide an eligibility tape from MMIS upon request from Public Health for the purpose of creating a baseline percentage of funding for the NCAST program.

COMMUNITY HEALTH SERVICES

Community Health Services

HOME CARE AND PERSONAL ATTENDANT SERVICES

Effective Date: July 1, 1995

THE SECTION OF COMMUNITY HEALTH SERVICES is responsible for administering Home Care and Personal Care Attendant (PCA) programs. Community Health Services will:

Provide an annual determination of the ratio of Medicaid eligible clients to total number of clients served to determine the Medicaid reimbursement rate for the succeeding Fiscal Year;

Provide administrative support in the form of overseeing the Home Care and Personal Care Attendant programs by monitoring the grants for compliance, providing site visits, performing record audits, and inservice education for the grantees as staffing allows;

Implement a Home Care Services program evaluation process;

Collect, analyze and interpret data from reports by PCA agencies concerning PCA provided services;

Develop and implement policies in coordination with DMA for PCA services

THE DIVISION OF MEDICAL ASSISTANCE will

Transfer funds, through a reimbursable services agreement, for the administration of the Home Care and Personal Care Attendant programs;

Provide the Division of Public Health with ad hoc reports that contain a listing of Medicaid clients using agency Personal Care Attendant services statewide;

Collaborate with the Section of Community Health Services to implement a Home Care Services evaluation process.

BUREAU OF VITAL STATISTICS

Bureau of Vital Statistics

MAINTENANCE OF MMIS/VITAL RECORDS LINKS

Effective Date: July 1, 1995

THE BUREAU OF VITAL STATISTICS is responsible for maintenance of a MMIS/Vital Records data link and provision of program evaluation services. The Bureau of Vital Statistics will:

Participate in the Time Study conducted by the Medicaid Services Unit⁵ (a more detailed description of the time study methodology is appended to this MOA and included in the DPH Cost Allocation Plan);

Match vital statistics records of mothers and newborns to information available on MMIS for those individuals who are Medicaid recipients;

Submit an annual report to the director of DPH. The report will describe the results of Medicaid programs provided to Medicaid eligible mothers and newborns and will include data analysis and summary.

THE DIVISION OF MEDICAL ASSISTANCE will

Ensure that the matching tapes are available on a six month basis from First Health to the Bureau of Vital Statistics;

Transfer funds through a reimbursable services agreement, for the costs of maintaining a matched file between Vital Records and certain MMIS files. The amount of funds transferred will be dependent on the results of Time Studies administered by the Medicaid Services Unit.

⁵ *The Time Study requires the collection of staff activity data for two weeks from two specified quarters. Time Study activity data will constitute a random sample of Bureau of Vital Statistics staff activities and will be used to determine the percent of total time spent on Medicaid related tasks.*

SECTION OF EMERGENCY MEDICAL SERVICES

Emergency Medical Services

TRAUMA REGISTRY AND INJURY PREVENTION

Effective Date: July 1, 1995

THE SECTION OF EMERGENCY MEDICAL SERVICES is responsible for maintaining the statewide Trauma Registry, an injury surveillance system describing serious injury events in Alaska, and for injury prevention education and planning.

Under this agreement the Emergency Medical Services section will provide the following deliverables:

A MMIS/Trauma Registry data link to provide information on Medicaid clients hospitalized due to injury, including causes of injuries, risk/mitigation factors, outcomes, and post-hospital care;

Surveillance and research on serious injuries that occur among the Medicaid population such as distribution of injuries, causes, circumstances, use of protective equipment, use of alcohol and drugs, outcome of injury, hospital charges and cost estimates of ongoing treatment and care;

A Plan with implementation strategies to reduce serious injuries among Medicaid population;

Technical assistance and training to Medicaid enrolled providers on injury prevention counseling, program development, program evaluation, and use of injury prevention materials focused on the Medicaid population;

Injury prevention educational materials such as monthly information bulletins and quarterly injury prevention packets, targeted toward EPSDT clients and their families, with information on specific hazards and recommendations for safety; and

An annual report to the Division of Medical Assistance that will include:

A profile of serious injury among the Medicaid population with an analysis of causes, risk/ mitigation factors, outcomes and costs;

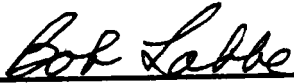
An annual overview of injury prevention activities targeted for the Medicaid population including an evaluation of injury prevention programs; and

An injury avoidance plan to include strategies and recommendations to reduce serious injury among the Medicaid population.

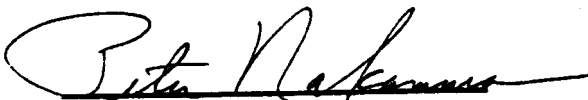
THE DIVISION OF MEDICAL ASSISTANCE WILL

Transfer funds, through a reimbursable services agreement, to cover costs for personnel support, and contractual services necessary to provide the above listed deliverables.

SIGNED AND DATED THIS 1st. DAY OF July, 1995



Bob Labbe
Bob Labbe
Director
Division of Medical Assistance



Peter M. Nakamura
Peter M. Nakamura, MD, MPH
Director
Division of Public Health