

Appendix B

Additional Medicaid Agreements

Local Health Department MCH Contract

In addition to the Title V-Medicaid IAA-MOU, MCH Programs have more detailed, individual Medicaid agreements. Below is a list of other Medicaid contracts for MCH/CHSCN populations

- Baby Watch Early Intervention CHIP contract
- Fostering Healthy Children Medicaid Administrative Agreement
- Interagency Coordination- Children with Special Healthcare Needs and Maternal Child Health and the Division of Medicaid and Health Financing
- Interagency Coordination – WIC and Medicaid
- Medicaid Case Reviews CSHCN Professional Licensees complete for Medicaid
- Pregnancy Risk Assessment and Monitoring System (PRAMS) – Administration Seeding Agreement
- MotherToBaby (Pregnancy Risk Line) – State funding match

Attachment A
Special Provisions
MCH Block Grant
Health Department
October 1, 2021 through Sept 30, 2022

I. DEFINITIONS

- A. "ASQ" means Ages and Stages Questionnaire, by Paul Brookes Publishing.
- B. "ASQ SE-2" means the ASQ Social Emotional screen.
- C. "ASQ-3" means the ASQ overall development screen.
- D. "Department" means the Utah Department of Health, Division of Family Health and Preparedness, Bureau of Maternal and Child Health, Office of Home Visiting.
- E. "FFY 2021" means Federal Fiscal Year 2021, which is October 1, 2020 through September 30, 2021.
- F. "FFY 2022" means Federal Fiscal Year 2022, which is October 1, 2021 through September 30, 2022.
- G. "LHD General Provisions" means the agreement between the parties titled "FY2019-2023 LHD General Provisions, Assurances, and Matching Requirements" effective July 1, 2018 through June 30, 2023.
- H. "MCH" means Maternal and Child Health.
- I. "MCH Block Grant" means the Federal Title V Maternal and Child Health Block Grant.
- J. "MER" means the Monthly Expenditure Report, as detailed in the LHD General Provisions.
- K. "NPM" means National Performance Measures.
- L. "SPM" means State Performance Measures.
- M. "ESM" means Evidence Based Strategy Measure activities.
- N. "Sub-Recipient" means the Health Department, as defined and described in the LHD General Provisions.
- O. "WIC" means the Utah Women, Infants, and Children's program.

II. PURPOSE

- A. The purpose of this contract is to provide MCH Block Grant funding to Sub-Recipient to provide core public health services and activities that address maternal, infant, child and/or adolescent health population needs.

III. SUB-RECIPIENT RESPONSIBILITIES

- A. Sub-Recipient shall bill for direct services on a sliding fee scale based on 0% pay for all families at or below 133% of the Federal Poverty Level.
- B. Sub-Recipient shall expend all funds received to provide public health services to maternal and child populations.
- C. Sub-Recipient shall select NPM and/or SPM identified during the 2020 MCH Summit and Needs Assessment process and set annual local goals and objectives that are appropriate for current work practices.
- D. Sub-Recipient shall use MCH Block Grant funding to select at least one or more NPM or SPM related to improving the health and well-being of women and/or infants as appropriate for current work practices:
 - 1. NPM 1 – Well woman visit: Percentage of women ages 18 through 44, with a preventive medical visit in the past year;
 - 2. NPM 4 – Breastfeeding:
 - i. Percent of infants who are ever breastfed; and

- ii. Percent of infants breastfed exclusively through 6 months; and/or
 - 3. SPM 1 – Increase the proportion of pregnant/postpartum women who are screened for depression.
 - i. Sub-Recipient may receive Maternal Mental Health screening training on the Edinburgh Postnatal Depression screening tool from the Maternal and Mental Health Program. Once trained, Sub-Recipient may use screening tool to increase the number of pregnant/postpartum women who are screened for depression.
- E. Sub-Recipient shall use MCH Block Grant funding to select NPM 6 and may select NPM 13.B or other SPM's related to improving the health and well-being of children and/or youth (including infants, children and adolescents) as appropriate for current work practices:
 - 1. NPM 6 Developmental Screening: Percent of children ages through 35 months who received a developmental screening using a parent-completed screening tool (ASQ) in the past year. LHD may select one of three levels:
 - i. Level 1 - Introduction to ASQ
 - (a) Help promote ASQ *training* within their community and promote use of ASQ screening with Local partner organizations; and
 - (b) Attend ECU Advisory Council Meetings;
 - ii. Level 2 - Trained and ready to use ASQ (Level 1 done by default if in Level 2)
 - (a) Attend and get trained in using the ASQ-3 (overall development screen) and ASQ SE-2 (Social Emotional screen);
 - (1) It will become even more important to screen social emotional development as this pandemic continues); and
 - (b) Use the online UDOH Brookes account to do screens to increase the data supporting LHD's, apply the screens with children, refer to appropriate services, and further the important data collection to support NPM 6;
 - iii. Level 3 - Advanced ASQ Use (Levels 1 & 2 done by default if in Level 3); the LHD can work on any one or all of the following:
 - (a) Establish and implement a schedule for screenings to be done at 6, 12, 18, and 25 months, and 3, 4, and 5 years of age;
 - (b) Partner with LHD WIC office to access that population to screen children receiving WIC; and/or
 - (c) Determine if codes 96110 and 96127 can be utilized by your LHD to bill for developmental screens.
 - 2. Meet with Family Youth and Outreach (FYO) staff regarding NPM 6 at least 4 times per year (may include FYO trainings, Nursing Director meetings and/or individual LHD meetings.)
 - 3. NPM 13.B Oral Health: Percent of children ages 1 through 17 who had a preventive dental visit in the past year.
- F. Sub-Recipient agrees to participate in at least one workforce development opportunity as appropriate for current work practices.
 - 1. Sub-Recipient may use the MCH Workforce Development resources included in this contract.
- G. Sub-recipient shall report all contract activities in the REDCap reporting system provided by the Dept. as required by Section VI.
- H. During FFY 2021, changes to specific objectives and activities shall be determined between Department and Sub-Recipient and included as contract amendments, as necessary.

IV. DEPARTMENT TASKS

- A. Department agrees to provide:
 - 1. The REDCap reporting system for the MCH Block Grant Annual PLAN, Annual YEAR END REPORT, Financial Report, and MCH Services Report;
 - i. Financial Report (see Attachment B)
 - ii. MCH Services Report (see Attachment C)
 - (a) MCH Services Report Instruction Sheet (Attachment D)
 - 2. Technical assistance, consultation, and in-services, as needed or requested for any aspect of this contract and for the REDCap reporting system;
 - 3. NPM and SPM list (see Attachment E); and
 - 4. MCH Workforce Development Resources (see Attachment F).
 - 5. Technical assistance, training and support for any NPM, SPM selected and NPM 6, including ESM activity suggestions.

V. FUNDING AND PAYMENTS

- A. Department agrees to reimburse Sub-Recipient up to the maximum amount of the contract for actual expenditures made by the Sub-Recipient that are directly related to the program, as outlined in the LHD General Provisions.
 - 1. The funding for this contract is for expenses incurred during FFY 2022 (October 1, 2021 through September 30, 2022).
 - 2. Maximum funding for FFY 2022 is \$ _____.
 - 3. Department will reimburse Sub-Recipient reimbursements monthly, after Department review and approval of the MER.
 - 4. This contract may be amended to change the funding amount or programmatic requirements.
 - 5. If the contract is not amended to add additional funding, the contract shall terminate at the end of FFY 2022 (September 30, 2022).

VI. REPORTING REQUIREMENTS

- A. By November 1, 2021, Sub-Recipient shall:
 - 1. Submit an MCH Block Grant Annual PLAN for FFY 2022;
 - 2. Submit the MCH Block Grant Annual YEAR END REPORT for FFY 2021 (including reporting on activities completed for women, mothers, children, youth and families); and
 - 3. Report workforce development opportunities attended by relevant MCH staff for FFY 2020, if applicable.
- B. By January 31, 2022, Sub-Recipient shall:
 - 1. Submit the MCH Financial Report for FFY 2021; and
 - 2. Submit the MCH Service Report for FFY 2021.
 - i. An Instruction sheet is included with the Service Report template.
- C. All Plans, Reports and other documents shall be submitted by Sub-Recipient using the REDCap Reporting System.

VII. DISPUTE RESOLUTION

- A. If any dispute arises between the parties during the activities described by this Contract, the parties agree to seek a resolution through open communication and dialogue.
- B. Either party may request a conference to resolve a disputed issue (consistent with Utah Admin. Code R380-10-3, which supports dispute resolution at the lowest level possible).
- C. If a resolution cannot be reached, Department may bring supervisory personnel into the process to facilitate resolving issues and achieving agreement.

- D. The provisions in B. and C. of this Dispute Resolution section are not mandatory.
- E. If a dispute is not resolved within 30 days of Department decision, the Department's decision is considered the "initial agency determination," as defined by Utah Admin. Code R380-10-2(3).
- F. These provisions do not preclude or affect the provisions, rights, limitations, or timelines for appealing Department actions that are provided or required by Utah Code §§ 26-23-2, 26-1-4.1, or 26-1-7.1, Utah Admin. Code R380-10, or the Utah Administrative Procedures Act (Utah Code § 63G-4).
- G. In the event of any conflict between the Dispute Resolution provisions in the Special
- H. Provisions of this Contract with applicable law or rules, the provisions of the applicable law or rules shall control.