

COOPERATIVE AGREEMENT
 between
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 and
 NORTH DAKOTA DEPARTMENT OF HEALTH
 and
 PRIMARY CARE OFFICE/PRIMARY CARE ASSOCIATION

This agreement has been made and entered into this 1st day of July 2003, by and between the NORTH DAKOTA DEPARTMENT OF HEALTH (HEALTH), the NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES (DHS), the PRIMARY CARE OFFICE (PCO) and the PRIMARY CARE ASSOCIATION (PCA) to define the responsibilities of the parties hereto with respect to persons receiving Title XIX (Medicaid), Title V (MCH & CSHS), Title X (Family Planning), WIC, North Dakota Head Start-State Collaboration Office, Diabetes Prevention and Control Program, Right Track Program, Immunization Program and Birth Review Program services. The Division of Vital Records will compile and share data with other entities. This agreement shall remain in effect until further review required.

WHEREAS, The United States Department of Health and Human Services has promulgated regulations concerning coordination for the Medicaid Program with other programs or agencies; and these regulations require that cooperative efforts be set out in the form of agreements and contracts (42 Code of Federal Regulations 431.615); and DHS, under Chapter 50-24.1 North Dakota Century Code (NDCC) is the state agency responsible for administering the Medicaid in North Dakota;

WHEREAS, HEALTH as the state agency designated to administer the Maternal and Child Health Program (MCH) under Title V of the Social Security Act; Special Supplemental Nutrition Program for Women, Infants and Children (WIC) under Section 17 of the Child Nutrition Act of 1966, as amended; the Title X Family Planning Program (Family Planning Services and Population Research Act of 1970, PL 91-572 authorizing grants to assist the establishment and operation of Family Planning Projects); the Immunization Program (authorized under Section 317 of the Public Health Service Act, 42 U.S.C. 2476); and the Diabetes Prevention and Control Program funded by the Department of Human Services, Public Health Service Centers for Disease Control and Prevention (Grant PA 03017) is responsible for planning and implementing maternal and child health and nutrition services;

WHEREAS, DHS, under Sections 50-10 and 25-17-03 NDCC, is the state agency responsible for administering Children's Special Health Services (CSHS) in conformity with Title V of the Social Security Act;

WHEREAS, Title V and WIC require assurances that the State agencies administering the grant will participate in the coordination of activities between Title V, WIC, and Title XIX including the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, known as North Dakota Health Tracks, as well as other related federal grant programs such as Title X Family Planning and Immunization Programs, and related education, health, and developmental disability programs, (42 U.S.C. 505 (2) (F));

WHEREAS, DHS is the governor-appointed lead agency for administering early intervention services in conformity with Part C of the Individuals with Disabilities Education Act;

NOW, THEREFORE, be it resolved that DHS and HEALTH agree to perform the following in connection with this agreement:

Purpose

The parties enter into this agreement to assure quality and accessible care to improve the health status of children with special health care needs, pregnant women, mothers, infants and children, especially those who are disadvantaged. Achievement of this goal will be facilitated by formalizing and strengthening relationships between programs, reducing duplication, increasing accessibility and providing mechanisms for enhanced program coordination.

Responsibilities

DHS – Title XIX

Payment – DHS shall reimburse Title V and Title X Programs that have entered into provider agreements with DHS for covered services provided to eligible women, infants and children, including children with special health care needs. Programs shall be reimbursed at the rates established for the purpose of this agreement by DHS. DHS will monitor and assure that duplication of payment is avoided between Title V, Title X and Title XIX.

Local coordination – County social service departments shall make Title XIX eligibility determinations for potentially eligible individuals referred by MCH, CSHS, Title X, Immunization, WIC and other programs which provide direct health and nutrition services to women, infants and children, including children with special health care needs. County social service departments shall promote and refer Title XIX eligible persons in need of services to the various programs listed in this agreement. County social service departments shall adequately inform Title XIX eligible recipients about the North Dakota Health Tracks Program and refer all eligibles for scheduling of screening appointments and any necessary follow-up of screening referrals. County social service departments shall adequately inform and refer families who do not qualify for Title XIX, to the Healthy Steps Program (Child Health Insurance Program or CHIP).

DHS – Title V

Title V CSHS Service Programs – DHS shall conduct, coordinate and fund, in part, local Title V CSHS Programs which provide health services to eligible children with special health care needs and their families. DHS assures that CSHS will maintain enrolled provider status under the North Dakota Medicaid Program. DHS shall provide care coordination to eligible children and their families participating in local Title V CSHS Service Programs. DHS will monitor and assure that duplication of payment is avoided between Title V, Title XIX and Healthy Steps (CHIP).

Local coordination – CSHS shall refer children with special health care needs and their families to county social services to determine eligibility for Medicaid and other social service programs and to local WIC agencies to determine WIC eligibility. CSHS shall promote and refer to North Dakota Health Tracks, WIC, Title X, MCH, Immunization Programs and Healthy Steps (CHIP) for provision of health services to potentially eligible children and their families.

DHS – Developmental Disabilities (DD) Unit

The DD Unit shall utilize federal Part C funds to cover printing and postage costs of the Birth Review Program.

The DD Unit will print letters received by electronic format from the HEALTH and mail them to families to inform them of services available to address their child's special health and developmental needs.

The DD Unit will also forward requests the CSHS has received for developmental screenings to regional HSC for Right Track screenings.

DHS – North Dakota Head Start and Early Head Start Programs

Head Start-the North Dakota Head Start and Early Head Start Programs shall work with WIC, Health Tracks, Maternal and Child Health, Immunization, Diabetes, OPOP and Family Planning – promoting an exchange of information. HEALTH and DHS may, subject to the federal HIPAA privacy rule and state law, disclose protected health information to HEALTH, DHS, PCO and PCA as needed to carry out this agreement.

Local coordination Head Start/Early Head Start shall refer children and their families to county social services to determine eligibility for Medicaid and local WIC agencies to determine WIC eligibility. Head Start/Early Head Start shall promote and refer potentially eligible children and their families to other local public health programs as deemed appropriate. A valid authorization from the parent or legal guardian is required to disclose protected health or other confidential information, except immunization records, the disclosure of which, under state law, does not require an authorization.

HEALTH – Title V

Title V MCH Service Projects – HEALTH shall monitor, assess and fund, in part, local Title V MCH Projects which provide public health services to eligible women, infants and children in selected sites throughout the state. HEALTH shall encourage eligible local Title V MCH Projects to apply for provider status under the North Dakota Medicaid Program and to apply for direct reimbursement. HEALTH will monitor and assure that duplication of payment is avoided between Title V, Title X and Title XIX. Title V will encourage enrollment and participation in the Healthy Steps Program (North Dakota CHIP).

Local coordination – HEALTH shall refer potentially eligible women, infants, children and their families to designated personnel within the county social services department to determine Medicaid/North Dakota Health Tracks, CSHS, Healthy Steps (CHIP) and other social service program eligibility. HEALTH shall promote the use of North Dakota Health Tracks, Title X, CSHS and the Immunization Programs for eligible women, infants, children and adolescents.

HEALTH – Optimal Pregnancy Outcome Program (OPOP)

Title V OPOP Services Projects – OPOP shall monitor, assess and fund, in part, local OPOP agencies which provide direct health services and education to pregnant women at selected sites throughout the state. HEALTH will monitor and assure that duplication of payment is avoided between Title V and Title XIX.

Local coordination – OPOP shall refer pregnant women and their families to designated personnel within the county social services department to determine Medicaid/North Dakota Health Tracks, CSHS and other social service program eligibility. Local OPOPs shall promote and provide outreach information to pregnant women and their families for other health services.

HEALTH – Title X Family Planning

Title X Service Programs (delegate agencies) – Title X Family Planning shall monitor, assess and fund Local Family Planning Programs to ensure the quality, cost, accessibility, acceptability, reporting and performance of the delegate agencies. Family Planning shall negotiate third party payment and other

statewide contracts for the Title X Program and its delegate agencies. HEALTH will monitor and assure that duplication of payment is avoided between Title X and Title XIX.

Local coordination – The Family Planning Program shall accept any Title XIX recipient for family planning services and shall not discriminate against individuals who have received services from other providers. Recipients needing services, which are beyond the scope of the Family Planning Program, shall be referred to private and public health facilities to receive these services. Proper referrals for other medical, physical and social needs shall be made for all recipients requiring them. To assure confidentiality to individuals receiving services through the Family Planning Program, no information obtained may be disclosed without the individual's consent, except as required by law or as necessary to provide services.

HEALTH – WIC Program

WIC Services – The State WIC Program shall fund, provide policies and procedures and evaluate services of local WIC agencies which provide direct health services to eligible women and children throughout the state. State WIC staff will monitor and assure that duplication of payment is avoided between WIC and Title XIX for provision of nutrition services to the WIC population.

Local coordination – Information provided by applicants and participants in connection with application for WIC Program benefits may be provided to designated representatives of North Dakota Health Tracks, CSHS, Medicaid, Title X, the Immunization Program, Head Start/Early Head Start and providers of Title V (MCH) services. This information may be used only for the purpose of establishing the eligibility of WIC applicants or participants for North Dakota Health Tracks/Medicaid, CSHS, Title X, the Immunization Program, Head Start/Early Head Start or Title V (MCH) Programs or services, and for conducting outreach to WIC applicants and participants for such programs. Local WIC Programs will promote and refer persons in need to programs which provide health and social services to women and children including children with special health care needs and their families.

HEALTH – Immunization Program

Immunization Program – The State Immunization Program shall provide the following to all local public health units, Indian Health Services facilities, Federally Qualified Health Centers and private clinics enrolled in the Prevention Partnership Program for delivery of immunization services:

1. Vaccine purchased with federal and state funds to administer to eligible children 18 years of age or younger as recommended by the Advisory Committee on Immunization Practices. All vaccine availability is subject to change based on funding and supply.
2. Assessment of state/county provider immunization coverage levels.
3. Technical assistance on immunization administration protocols and vaccine storage and handling.
4. Vaccine administration forms, vaccine information statements (VIS) and other vaccine administration forms.
5. Quality assurance reviews of public and private vaccine providers.
6. Laboratory testing of pregnant women for hepatitis B surface antigen.

Local coordination – Aggregate and individual immunization data will be shared with various stakeholders interested in children's health status. This would include but not be limited to WIC, North Dakota Health Tracks, MCH, CSHS, Title X and the Medicaid Vaccine for Children Program.

HEALTH – Diabetes Prevention and Control Program

Diabetes Prevention and Control Program – The State Diabetes Prevention and Control Program will participate in coordination of complication prevention programs by providing direct assistance for public education campaigns and community-based complication prevention projects. This includes:

1. Collection, analysis and distribution of surveillance data on diabetes and its associated complications.
2. Implementation of clinical practice guidelines, quality management indicators and quality improvement projects.
3. Development and implementation of educational campaigns promoting diabetes care standards.
4. Development of community-based interventions to reduce the burden of diabetes.
5. Sponsorship of patient and professional education programs.
6. Advocacy for reimbursement of preventive care services.
7. Establishing improved access to care and education services.

Local coordination – The Diabetes Prevention and Control Program Coordinator and Data Manager will provide assistance with local diabetes systems improvements, prevention and care projects, community program activities and surveillance data.

HEALTH – Division of Vital Records

Division of Vital Records – The Division of Vital Records will participate by compiling data from the North Dakota Certificates of Birth and Certificates of Death. This data will be shared to facilitate several different programs. They include, but are not limited to, CSHS, MCH, Immunization Program and local public health unit programs.

Partnership – Birth Review Program

The North Dakota Birth Review Program fosters interagency partnerships to identify, inform and refer at-risk newborn children and their families to designated services within the State of North Dakota.

Partners include: HEALTH-North Dakota Diabetes Prevention and Control Program; Tobacco Prevention and Control Program; Division of Vital Records; OPOP; DHS-CSHS and DD Unit.

Primary Care Office (PCO)

The Primary Care Office (PCO) serves North Dakota’s medically under-served communities and populations. Funded through a federal grant from the Health Resource and Services Administration (HRSA), the PCO is located within the North Dakota Department of Health as part of the Office of Community Assistance. Its mission is to improve access to primary health care services and reduce health status disparities. This important mission is based on the understanding that many North Dakota residents do not have adequate access to local primary health care.

The PCO, either through its office in the Department of Health (Bismarck, ND) or through a contract with the UND Center for Rural Health (Grand Forks, ND), administers a number of health programs focused toward improving access to health care. Some of the programs include:

- **Designation of Health Professional Shortage Areas (HPSA).** This federal designation means the supply of primary care physicians is not sufficient to meet the needs of area residents. The designation serves as an incentive to attract health professionals and health programs to under served-areas. Primary care physicians receive a 10 percent Medicare payment bonus if they practice in a HPSA, and many federal and state programs serving low-income people or other populations must be located in HPSAs before they can receive federal or state assistance.

- **State Loan Repayment Program for Health Professionals.** North Dakota's physician and midlevel loan repayment programs pay \$40,000 to physicians in exchange for three years of service, and \$10,000 to midlevels in exchange for two years of service.
- **Federal/State Loan Repayment Program for Health Professionals.** Through this combined federal/state program, physicians may receive \$60,000 in exchange for three years of service in a shortage area. The PCO recently submitted a grant to include midlevel practitioners and dentists in this program.
- **J-1 Visa Waiver Program.** Many North Dakota communities are not able to attract American physicians. The PCO works with the U.S. Department of State and the U.S. Immigration and Naturalization Service (INS) to allow foreign physicians to work in North Dakota.
- **Dental Loan Repayment Program.** The Dental Loan Repayment Program pays \$80,000 to dentists in exchange for four years of service in a qualifying community.
- **Long Term Care Nursing Scholarship and Loan Repayment Grant Program.** The State Health Council issues grants to licensed long term care facilities so the facilities can offer educational scholarships or loan repayments to employees or future employees who are being recruited. Each facility may receive grant dollars if it matches the dollars and meets other conditions.
- **Critical Access Hospital Program (CAH).** The Medical Rural Hospital Flexibility Act (1997) assists rural hospitals by allowing staff and service flexibility. It also provides cost-based reimbursement for Medicare clients. The **CAH FLEX Program** allocates federal grant dollars through a steering committee (UND Center for Rural Health, the PCO and the Healthcare Association) so rural hospitals can determine if CAH status is beneficial, to make the transition or to modify the organization as a CAH.
- **Technical and Data Support.** In concert with the Community HealthCare Association, the Healthcare (hospital) Association and the UND Center for Rural Health, the PCO meets with health care providers and community leaders. Depending on the needs of each community, options are discussed to develop or support local health care services. These include needs assessments, data support and advice on health services, relevant state and federal laws and sources of available dollars.
- **Community Development.** President George W. Bush has initiated a community health center (CHC) development campaign. Significant federal dollars are available to help health care providers and community leaders develop CHCs. The President's goal is to increase the number of access points to CHCs by 1,200 over a five-year period. This program is important for North Dakota health care organizations to consider, especially organizations that are having financial difficulties and are seeing an increasing number of low income or uninsured people. A CHCS is a partnership between the federal government and local health care organizations to provide primary health care for all people regardless of income or health insurance status. Some advantages of becoming a CHC include a reduction in personnel and pharmacy costs, improved access to employees, payment for uncompensated care, recalculation of Medicare and Medicaid payment rates, access to a wide range of federal health programs and technical assistance and a host of other benefits. In light of this important initiative, the PCO works in collaboration with the Community HealthCare Association and other partners to initiate the development of community health centers in North Dakota.

Primary Care Association (PCA)

The Community HealthCare Association is a state nonprofit membership organization that provides leadership on primary health care issues in North Dakota and South Dakota. Begun in 1985, as the South Dakota Association of Community Health Centers, the association has grown from a handful of members to a membership representing organizations consisting of community health centers; Medicare certified rural health clinics and National Health Service Corps supported organization in North and South Dakota. It maintains an office in Sioux Falls, and in 1996, opened an office in Bismarck, North Dakota.

Mission

The mission of this 501 (c) (3) corporation is to provide a network for advocacy and support services to member organizations whose purpose is to provide primary health care to the medically underserved residents of North and South Dakota.

Goals

The association works toward several basic goals:

- to identify and represent the organizational needs of primary health programs serving medically underserved areas in North and South Dakota;
- to increase the understanding of health and health care problems unique to the Dakotas;
- to provide a coordinating structure for the exchange of ideas, information, research, and methods relative to the support of organizations providing comprehensive primary and preventive health care to medically underserved areas;
- to build a coalition for addressing primary health care concerns; and,
- to develop and promote solutions to primary health care problems at the local, regional and national levels.

Health Resources and Services Field Office (HRSA)

The HRSA responsibilities include three main areas of coordination with the PCO and DACHC which include: develop and implement respective workplans; among HRSA Field Staff to enhance collaboration in North Dakota; and with HRSA Headquarter Staff to enhance collaboration in North Dakota.

State Level Coordination

Continuous Liaison – To assure effective communication between DHS and HEALTH, both agencies will identify staff that will serve as liaisons between Title V, Title XIX, North Dakota Health Tracks, North Dakota Head Start-State Collaboration Office, WIC, Title X, Division of Vital Records, Right Track, Immunization, Diabetes Prevention and Control, and Birth Review Programs. These persons shall have the authority to represent their respective agencies in the development and implementation of workplans and in the resolution of any programmatic or procedural problems. Any unresolved matters shall be submitted to the two agency heads.

SSDI – DHS and HEALTH, through administration of the State Systems Development Initiative (SSDI) grant, will work cooperatively to improve the data collection and analysis capacity in the ND Title V program. Data will be used to carry out needs assessment activities, including identification of health priority needs for the MCH population, and program planning and evaluation. This includes access to CSHS program data, newborn hearing screening data, and Medicaid data, including Health Tracks and claims data, from the Department of Human Services and vital records data, including birth and death certificates, newborn metabolic screening data, and WIC data from the Department of Health. Cooperation will include support in linking of data sets, research methodology and statistical analysis from appropriate DHS and Health Department personnel.

Periodic Review – The designated DHS and HEALTH representatives shall meet as needed to evaluate and assess the joint efforts outlined in this agreement. The designated DHS and HEALTH representatives shall meet not less than biannually to review and change or reaffirm this agreement.

Evaluation of Policies – Each agency will assure an opportunity for the liaison staff and other affected staff to review and comment on proposed policy changes or initiatives that may affect women, infants

and children, including those children with special health care needs. Liaison staff may also propose policy changes for consideration by other programs.

General Provisions

Confidentiality

The use or disclosure by any party of any protected health information or other confidential information concerning a recipient of services purchased under this agreement for any purpose not directly connected with the administration of the responsibilities of DHS or HEALTH with respect to any such services is prohibited, unless (1) the use or disclosure is permitted under state and federal law and written approval of the disclosure is given by both DHS and HEALTH, or (2) the recipient, recipient's attorney, or recipient's personal representative has signed a valid authorization for disclosure of the information.

It is also agreed that WIC information is used only for purposes of establishing program or service eligibility and conducting outreach for the designated programs. Providers of North Dakota Health Tracks, CSHS, North Dakota Head Start/Early Head Start, Title X, Immunization Program, Diabetes Prevention and Control Program, Medicaid and Title V (MCH) services will agree not to disclose any of the client information received from the WIC Program without written consent of the WIC recipient.

Exchange of immunization data is regulated by state statute and administrative rules.

Indemnification/Hold Harmless Clause

The parties each agree to assume their own liability for any and all claims of any nature including all costs, expenses and attorney's fees which may in any manner result from or arise out of this agreement.

Amendments

This agreement may be amended at anytime. Such amendment shall be effective only when it is in writing, is mutually agreed to and is incorporated into the agreement.

Termination

Any party may withdraw from this agreement by providing the other parties with a written statement of

NORTH DAKOTA DEPARTMENT OF HEALTH

By [Signature] 6/2/03
Arvy J. Smith Date
Deputy State Health Officer

By [Signature] 5/20/03
Mary Dasovick, Acting Director Date
Division of Maternal and Child Health

By [Signature] 06/03/03
Larry Shireley, Director Date
Division of Disease Control

By [Signature] 6/5/03
Sandra Adams, Director Date
Division of Health Promotion

By [Signature] 6/6/03
Beverly Wittman, Director Date
Division of Vital Records

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

By [Signature] 6/19/03
Carol K. Olson Date
Director

By [Signature] 6/19/03
David J. Zentner, Director Date
Division of Medical Services

By [Signature] 6/15/03
Linda Rorman, Administrator Date
North Dakota Head Start Collaboration Office

By [Signature] 6/16/03
Krista Andrews Date
Contract Officer

PRIMARY CARE OFFICE/PRIMARY CARE ASSOCIATION

By [Signature] 6/19/03
Gary Garland Date
Primary Care Office

By [Signature] 6/23/03
Janelle Johnson Date
Primary Care Association