

**HEALTH AND HUMAN SERVICES COMMISSION**

**AND**

**DEPARTMENT OF STATE HEALTH SERVICES**

**MEMORANDUM OF UNDERSTANDING**

THIS MEMORANDUM OF UNDERSTANDING (MOU or Agreement) is between the Texas Health and Human Services Commission (HHSC) and the Texas Department of State Health Services (DSHS) (collectively, the parties). The intent of this agreement is to provide and promote readily available access to high quality health care and services for pregnant women, infants, children and adolescents eligible for benefits under Title V and Medicaid.

**Agreement**

**1. Statement of Purpose**

This document is a plan for coordination of efforts between the DSHS Title V Maternal and Child Health Program and the HHSC Texas Medicaid Program per the requirements of the federal Title V MCH Block Grant. 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 Medicaid. Together these programs have the capacity to reduce morbidity and mortality among women, infants, children and adolescents, and to improve the health status of women and children in Texas.

Because there is significant congruity of program objectives and overlap of target populations, the parties agree there are benefits from cooperation in the attainment of the goal of this agreement. The 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; shared expertise among staff and efficient use of personnel and resources; reduction of unnecessary duplication and overlap of efforts; and assurance that the services provided under Medicaid and Title V are consistent with the needs of recipients, and are complementary and supportive of each program's goals.

**2. DSHS Responsibilities**

**2.1** DSHS shall ensure that the Title V designated programs are responsible for five-year and ongoing statewide needs assessment, program planning, development, implementation and evaluation of maternal and child health services in the State. DSHS shall evaluate progress and performance continuously and take actions to improve outcomes.

**2.2** DSHS shall continue improving the health of pregnant women and children by supporting systems to provide and assure access to quality prenatal and child health services to women and children of low income or limited availability of services in a timely and appropriate manner.

**2.3** DSHS shall continue ensuring access to medically appropriate services for pregnant women and children. Eligible Title V fee-for-service clients have a gross family income at or below 185% FPL, are Texas residents, and are not eligible for insurance or other benefits and resources such as Medicaid or CHIP. Eligible individuals for CSHCN Program Services include those who live in

Texas, are under 21 years old (or any age with cystic fibrosis), and meet certain income and medical criteria. Because the CSHCN Services Program is the payer of last resort, all applicants must also apply for the Children's Health Insurance Program (CHIP) and Medicaid.

**2.4** DSHS shall continue to make statewide population-based health services available that meet the requirements of the Title V Maternal and Child Health Block Grant.

### **3. HHSC Responsibilities**

**3.1** HHSC shall continue maintaining the 2-1-1 Hotline, a program of the Texas Health and Human Services Commission to help Texas citizens connect with the statewide services, including Medicaid and maternal and child health resources.

**3.2** HHSC shall continue delivery of all services to Medicaid applicants and recipients in a culturally and linguistically appropriate manner.

**3.3** HHSC shall continue coordination of service delivery, to ensure services will be provided without duplication of effort, or fragmentation.

**3.4** HHSC shall support the retention of culturally and linguistically competent and geographically strategic safety net providers of maternal and child health services.

### **4. Responsibilities Applicable to Both Parties**

**4.1** All parties to this MOU 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, to ensure appropriate referrals are made.

**4.2** Designated personnel from relevant divisions of Title V and Medicaid will meet on a regular basis and as deemed necessary by Title V and Medicaid administrators to discuss areas of mutual and singular responsibility for respective programs, to update each other on new developments, and to maintain and enhance communication and cooperation between the two entities.

**4.3** DSHS and HHSC shall continue collaborating to improve birth outcomes and reduce maternal, infant and child morbidity and mortality in Texas. This will be accomplished through existing and future partnerships and efforts.

**4.4** DSHS and HHSC shall ensure enterprise-wide collaboration to provide leadership, expertise, planning, coordination and collaboration in order to provide coordinated and integrated delivery of maternal and child health services.

**4.5** DSHS and HHSC shall collaborate on the establishment of quality improvement standards and performance measures relative to the delivery of maternal and child care.

**4.6** DSHS and HHSC shall participate in and collaborate on the development of program policies, regulations and quality of care standards for services to pregnant women, infants, children and adolescents, and CSHCN.

**4.7** DSHS and HHSC shall arrange and promote partnership, communication and cooperation between Title V and Medicaid by mutual coordination and attendance by administration and staff of both entities.

4.8 DSHS and HHSC shall maximize the efficient use of federal and state funds for the provision of health services through interagency cooperation. DSHS shall coordinate with HHSC in implementing interagency systems for serving pregnant, postpartum and breastfeeding women, infants and children, including CSHCN.

4.9 This MOU shall commence on July 1, 2015, and shall continue until August 31, 2020. This MOU shall renew automatically for additional terms of one year on each September 1<sup>st</sup> unless either Party notifies the other Party in writing of its intent to terminate the MOU. Written notice of intent to terminate shall specify an effective date of the intended termination, and it must be delivered to the other Party at least thirty (30) days prior to that effective date of termination.

**HEALTH AND HUMAN SERVICES  
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