

INTRA-AGENCY PROTOCOL
Titles V, XIX, and XXI

1. **Divisions.** The divisions (Divisions) to which this Intra-Agency Protocol (Protocol) applies are the Division of Children and Family Services (CFS), the Division of Medicaid and Long-Term Care (MLTC), and the Division of Public Health (PH), all Divisions within the Department of Health and Human Services (DHHS). This Protocol sets forth the relationship between and among the Divisions with regard to the implementation of certain programs (Programs) authorized by certain titles (Titles) of the Social Security Act, as amended, specifically Title V (Maternal and Child Health, or MCH), Title XIX (Medicaid), and Title XXI (CHIP).
2. **Purpose.** The purpose of this Protocol is to:
 - A. Document and enable the Divisions to carry out the mandates of administration, cooperation, and supervision required by relevant provisions of applicable law.
 - B. Improve access to, and enhance the quality of, the Programs authorized by the Titles.
 - C. Enhance program coordination and information exchange.
 - D. Avoid duplication of effort.
3. **Confidentiality.** Any sharing or use of legally protected information between or among the Divisions must comply with applicable law. Any redisclosure of legally protected information by any of the Divisions must comply with applicable law.
4. **Scope.** The scope of this Protocol is as follows:
 - A. **Statutory.**
 - (i) Title V [§505(5)(F)] requires the state agency or agencies administering the state’s program under Title V to: (a) participate in the coordination of activities between such program and the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program under Section 1905(a)(4)(B) (including but not limited to the establishment of periodicity and content standards for EPSDT services) to ensure that such programs are carried out without duplication of effort; (b) participate in the arrangement and carrying out of coordination agreements described in section 1902(a)(11) (relating to coordination of care and services available under Titles V and XIX); (c) participate in the coordination of activities within the state with programs carried out under Title V and related federal grant programs (including but not limited to supplemental food programs for mothers, infants, and children; related education programs; and, other health, developmental disability, and family planning programs); and, (d) provide, directly and through their providers and institutional contractors, for services to identify pregnant women and infants who are eligible for medical assistance under subparagraph (A) or (B) of section 1902(l)(1) and, once identified, to assist them in applying for such assistance; and
 - (ii) Title XIX [§1902(a)(11)(A)] requires a state plan for medical assistance to provide for entering into cooperative agreements between or among the state agencies responsible for administering or supervising the administration of services to ensure maximum utilization of such services under the plan. Section 1902(a)(11)(B) requires provision of appropriate reimbursement to any Title V-funded project by Title XIX for services and care provided to Medicaid consumers.

B. **Regulatory.**

42 CFR 431.615 requires that the state Title XIX plan include written cooperative agreements with the state health agencies and Title V grantees to ensure that Title V recipients eligible for Medicaid receive services, with particular emphasis on EPSDT services.

5. **Shared Responsibilities.**

- A. Designate staff with the responsibility to ensure the coordination of services, outreach, and education provided by each of the Programs.
- B. Coordinate and collaborate in planning and implementing services related to maternal and child health populations, including but not limited to:
 - 1. Well Child Checkups / Health Check
 - 2. Reproductive Health Services
 - 3. Early Intervention (diagnostic / rehabilitation services)
 - 4. Immunizations
 - 5. Oral Health and Dentistry
 - 6. Disabled Children's Program
 - 7. Medically Handicapped Children's Program
 - 8. Pregnant and Postpartum Women
 - 9. Foster Children
 - 10. Primary Care Medical Home
 - 11. Maternal Infant Early Childhood Home Visiting
 - 12. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- C. Provide data as necessary for analysis, program evaluation, and to accomplish the mission of each of the Programs.

6. **Responsibilities of CFS.**

- A. Determine eligibility for the Medically Handicapped Children's Program (MHCP) and the Disabled Children's Program (DCP), and coordinate with MLTC.
- B. Notify MHCP clients of eligibility and extent of covered services.
- C. Establish and document CFS or MHCP policy related to eligibility, covered services, limits, prior authorization, and letters of agreement for use in provider manuals or bulletins.
- D. Establish and document claim processing and payments.
- E. Prepare budget for Title V funds that assists in meeting the requirements of Title V Sec. 505(a)(3)(B) and submit to PH for review and mutual approval, and monitor expenditure to assist in ensuring this statutory requirement is met.
- F. Budget and monitor expenditure of state general funds at a level agreed on with PH that assures that DHHS complies with the requirements for matching funds found at Title V Sec. 503(a) and for maintenance of effort found at Title V Sec. 505(a)(5)(C)(i).
- G. Assist in the preparation and submission of the Title V application and annual report, as required under Title V Sec. 505(a) and as applicable to those sections and reports related to MHCP and services to children with special health care needs.
- H. Designate an administrator or program manager to fulfill the role of Title V Children with Special Health Care Needs (CSHCN) Director. Such role is administratively specified by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), US Department of Health and Human Services.

7. **Responsibilities of MLTC.**

- A. Designate a liaison to PH and CFS, and represent MLTC regarding the Title V Needs Assessment and subsequent strategic planning sessions.

- B. Provide the Health Check Program Plan information, which includes sections on needs assessment, outreach, and participation data, for use in the Annual Title V/MCH Block Grant Application and Report.
- C. Coordinate outreach efforts related to Medicaid-eligible pregnant and postpartum women, making referrals to the Nebraska Maternal Infant Early Childhood Home Visiting (N-MIECHV) Program in PH.
- D. Process all claims submitted on behalf of PH or CFS eligible clients if the provider is enrolled in Medicaid and the service is a Medicaid-covered service.

8. **Responsibilities of PH.**

- A. Designate MCH staff with the responsibility to provide consultation and technical expertise for programs subject to this Protocol in which subrecipients are providers of MCH services. These functions include, but are not limited to, recommending:
 - 1. Scope of service expected within the PH contract or subgrant relationship.
 - 2. Circumstances where referral to MHCP or MLTC appears relevant, including but not limited to how to apply for Medicaid enrolled provider status, if qualified and where applicable.
 - 3. Claiming PH funding, including but not limited to Title V funds, as the payer of last resort for clients eligible for MHCP, Medicaid, or CHIP.
- B. Encourage Title V-funded and other PH-sponsored programs to refer those individuals or families potentially eligible for Medicaid or CHIP to MLTC.
- C. Provide, upon request, MCH data related to Medicaid clients, or other similar information, to assist MLTC in accomplishing its mission.
- D. Perform primary grants management role for the Title V Maternal and Child Health Block Grant, including but not limited to:
 - 1. Receive and file all Notices of Awards (NOAs), and notify CFS and DHHS grants and cost management of receipt, delays, or conditions.
 - 2. Distribute Title V funds on a timely basis as NOAs are received, in accordance with budgets agreed on with CFS and that meet the requirements of Title V Sec. 505(a)(3)(A) and (B).
 - 3. Coordinate and assure timely preparation and submission of the Title V application and annual report as required under Title V Sec. 505(a), performing the primary role for conducting a comprehensive needs assessment every five (5) years, drafting sections applicable to maternal and child populations, and gathering and entering data as required by the federal agency.
- E. Designate an administrator or program manager to fulfill the role of Title V Maternal and Child Health (MCH) Director. This role is administratively specified by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), US Department of Health and Human Services.

9. **Duration.**

This Protocol is effective immediately. The DHHS CEO may rescind or amend this Protocol at any time.

APPROVED BY:



Courtney N. Phillips, MPA
 Chief Executive Officer
 Department of Health and Human Services

7/9/15
 Date