



### Interagency Memorandum of Agreement

**Between the Section of Public Health (DPH), Section of Women's Children's and Family Health (WCFH), and the Division of Health Care Services (DHCS), Medicaid Program**

**Date:** 7-8-2015

**Purpose:** The Division of Public Health, Section of Women's, Children's, and Family Health and Division of Health Care Services, Medicaid program have a mutual need to collaborate in an inter-agency agreement to (1) fulfill the obligations of the Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) and (2) institutionalize a cooperative agreement to work to improve the health of women, children, and families in Alaska.

**Background:** The Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) has operated as a Federal-State partnership since 1935, when the Social Security Act (the Act) was passed. The Federal Government, through Title V, pledged its support of State efforts to extend health and welfare services for mothers and children. This landmark legislation resulted in the establishment of State departments of health or public welfare in some States, and facilitated the efforts of existing agencies in others. Title V has been frequently amended in ensuing years to reflect changing national approaches to maternal and child health and welfare issues. When the Title V program was converted to a block grant as part of the Omnibus Budget Reconciliation Act of 1981 (OBRA '81), PL 97-35, seven categorical programs were consolidated: maternal and child health and services for children with special health needs, supplemental security income for children with disabilities, lead-based paint poisoning prevention programs; genetic disease programs; sudden infant death syndrome programs; hemophilia treatment centers, and adolescent pregnancy prevention grants. Subsequent amendments have introduced stricter requirements for use of the funds for State planning and reporting.

Alaska has been a recipient of the Title V block grant in its current form since 1989. Title V funds are authorized for use by States "to improve the health of all mothers, and children". The major applications of the state allocations are to: ensure preventive and primary care services for pregnant women, mothers, infants, and children are available, ensure family-centered and community based services are available for children with special health care needs and the families, and be data drive through systematic data collection and needs assessments.

**Authority:** Pursuant to AS § 18.05.010 – 18.05.070, 18.15.355 - 18.15.395, 7ACC 27.012 Alaska Division of Public Health utilizes the federal Title V funds to engage in authorized activities in its capacity as a public health authority to prevent, intervene, track, assess, and investigate the health of women, children, especially those with special health care needs and chronic conditions, adolescents and their families.<sup>1</sup>

**Privacy:** The Department of Health and Social Services (DHSS) is a protected health entity as specified in the Health Insurance Portability and Accountability Act, Standards for Privacy of Individual and Identifiable Health Information, Final Rule (Privacy Rule) [45 CFR § 164.501]. The Division of Health Care Services and the Division of Public Health (both departments within DHSS) enforce common privacy rules to ensure that as a protected health entity the protected health and identifying information (PHI) are controlled and maintained according to specified rules, regulations, and governing laws.<sup>2</sup>

**Description:** The Division of Public Health, Section of Women's, Children's and Family Health (WCFH) and Division of Health Care Services, Alaska's Medicaid Division (hereafter referred to as "Medicaid") are both concerned with improving the health (mental and physical) of Alaska's maternal and child population and work together to assure the best possible outcomes. By working cross-collaboratively through program improvements and data and resource sharing a collective impact can be made on improving the overall health of the maternal and child population. This interagency agreement:

- 1) Institutionalizes and formalizes this cooperative relationship as required by the MCH Services Block Grant (as cited in Section 509 (a)(2) of Title V and referenced in Section 1902 (a)(11)(b) of Title XIX of the Social Security Act).
- 2) Ensures continued data sharing to ensure data reporting as required by the MCH Block Grant.
- 3) Work together to promote the Early Periodic Screening, Detection and Treatment program for all eligible children enrolled in Medicaid and ensure infants and children up to age 21 receive a comprehensive exam and other screens according to the Bright Futures Periodicity Schedule.
- 4) Work together to promote early and continuous prenatal care that includes screening and assessments according to standards set out by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics.
- 5) Work collaboratively on cost-effective solutions to providing specialty services and care for pregnant women and children that will prevent or ameliorate long term effects of a chronic or disabling condition.
- 3) Document a mutual committed desire to improve the health of all women, infants, children and adolescents in Alaska.

**Agreement:** The agreement provides for the privacy and rights to confidentiality of the individuals and maintains dignity during the program process. Both agencies agree to work collaboratively to improve the health of all Alaska women, infants, children and adolescents.

**Confidentiality regarding data:**

1. Ownership of data will remain with the Medicaid.
2. Access to data will be protected by a security system that requires the user to provide at least two unique passwords and always maintained on a user defined restricted state server.
3. Release of non-aggregate data to any other individual or agency is prohibited.
4. The recipient will commit to protecting the identity of individuals.
5. The recipient will submit to Medicaid any required confidentiality statement.
6. The data may only be used for studies of a public health nature.
7. The data will only be used for the programs outlined above.
8. The recipient will allow the Medicaid a prepublication review of conclusions (This is to ensure correct interpretation of the contents of the database). If disagreement exists, the recipient will allow Medicaid the opportunity to include their comments within any published documents.
9. Acknowledgement is to be given to the Medicaid as a source of data in any publications, articles or studies that are prepared or published.

**Term of Agreement:** This agreement is effective upon the day and date last signed and executed by the duly authorized representatives of the parties to this Agreement and shall remain in full force and effect until either party terminates the agreement. This Agreement may be terminated without cause by either party upon 30 days written notice, which notice shall be delivered by hand or by certified mail to the address listed above,

*Stephanie Wrightsman-Birch*

*7/29/15*

Stephanie Wrightsman-Birch, RNC, MPH, MS, FNP  
Section of Women's, Children's, and Family Health  
Chief

Date

*Cindy Christensen*

*7/30/15*

<Name>

Date

Division of Health Care Services  
Director

**References:**

<sup>1</sup>Alaska Statute, Title (18); AS 18.05.010-Administration of Public Health and Related Laws, AS 18.15.355 - Prevention and control of conditions of public health Importance, AS 18.15.360 - Data collection.

<sup>2</sup> Thacker, S. O. (2003). HIPAA Privacy Rule and Public Health, Guidance for CDC and the US, Department of Health and Human Services. *MMWR*, April 11/52; 1-12