STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ________________ UTAH ________________

COOPERATIVE ARRANGEMENTS WITH STATE HEALTH AND
STATE VOCATIONAL REHABILITATION AGENCIES AND WITH TITLE V GRANTEES

Cooperative Agreements Attached.

State Health and Title V Agreement -- Attachment #1.

State Vocational Rehabilitation Agreement -- Attachment #2.

T.N. # 74-05 Approval Date 12-3-73

Supersedes T.N. # ________ Effective Date ________
Mr. Frank A. Dix, Director  
Office of Medical Services  
Department of Social Services  
231 East 4th South  
Salt Lake City, Utah 84111

Dear Mr. Dix:

Attached is a copy of the signed Memorandum of Agreement between our two agencies, as required in regulations covering our two agencies.

We appreciate working with you and want to make the most of the Medicaid services in serving clients for whom we have mutual responsibility.

Very truly yours,

/s/

HARVEY C. HIRSCHI, Administrator  
Division of Rehabilitation Services  
HCH:ac  
Enclosure  
cc: Phillip R. Clinger, Coordinator

T.N. # 74-05  
Approval Date 12-3-73  
Supersedes T.N. #  
Effective Date _________
MEMORANDUM OF AGREEMENT
UTAH DEPARTMENT OF HEALTH
Division of Health Care Financing
and
Division of Family Health Services

1. NAME OF AGREEMENT: INTERAGENCY COORDINATION - TITLE V/TITLE XIX

2. AGREEING PARTIES:
This agreement is between the Utah Department of Health, Division of Family Health Services (DFHS) as the designated Title V (Maternal and Child Health) agency and the Utah Department of Health, Division of Health Care Financing (DHCF) as the designated Title XIX (Medicaid) agency.

3. PURPOSE OF AGREEMENT:
The purpose of this agreement is to formalize and strengthen the relationship between DFHS and DHCF in areas of mutual interest and concern, avoid duplication of effort, improve access to Title XIX (Medicaid) and Title V (Maternal and Child Health (MCH) to eligible Medicaid clients; to enhance the quality of Medicaid and MCH services; to enhance program coordination and information exchange to the extent possible; and enhance Medicaid funding for MCH services.

4. CONTRACT PERIOD:
This agreement is effective July 1, 1993 and will terminate on June 30, 1995, unless extended or terminated in accordance with the terms of this agreement.

5. ATTACHMENTS:
Attachment A: Coordination Forum Designees

6. SPECIAL PROVISIONS:
A. DHCF agrees to:
   1. Coordinate and collaborate with DFHS in planning and implementing Medicaid services related to maternal and child health services.
   2. Collaborate with DFHS in developing, implementing, and evaluating the Medicaid services that relate to maternal and child health, including but not limited to:
      - Early Periodic Screening, Diagnosis and Treatment (EPSDT, a.k.a. CHEC)
      - Prenatal Services
      - Early Interventions (diagnostic/rehabilitation services)
      - Immunizations
      - Children at Risk Programs
      - Dental Services
      - Targeted Case Management
      - Children with Special Health Needs
   3. Provide the CHEC Program Plan which includes sections on needs assessment and outreach, and participation data for use in the MCH Block Grant application and annual report.
   4. Assign the Director of the Bureau of Coverage and Reimbursement Policy, or designee, to be the division liaison to DFHS, and to represent DHCF on the MCH Advisory Committee.

T.N. # 94-13
Supersedes T.N. # 94-06

Approval Date 6-14-94
Effective Date 4-1-94
5. Coordinate CHEC outreach activities with Success for Students and Families at Risk and related programs, including developing and monitoring joint contracts with local health departments for CHEC outreach. Collaborative efforts will include joint contract development and monitoring.

6. Coordinate outreach efforts related to the “Baby Your Baby” program, including the “Well-Child Hotline,” media efforts, and making referrals to DFHS.

7. Upon request, provide to DFHS non-confidential and readily available enrollment, utilization and quality assurance data or similar information to assist DFHS in accomplishing its mission. If the data is not readily available, DFHS agrees to pay DHCF for the cost associated with the request.

8. Annually, disseminate information through Medicaid Information Bulletins, Clientele, or other such publications informing Medicaid recipients and providers of the procedures to bring policy issues to the attention of the Medical Care Advisory Committee or the Maternal and Child Health Committee.

9. Reimburse DFHS, in accordance with the 42 Code of Federal Regulation (CFR) 431.615 paragraph (c) 4, for the cost of services furnished Medicaid recipients by DFHS and Title V grantees.

10. Collaborate in efforts to improve the immunization rates for all children.

11. Collaborate with DFHS to improve access and the quality of services for Medicaid recipients who are also served by MCH, with particular focus on:
   a. Children with special health care needs in managed care settings;
   b. Standards of care for children with special health care needs, such as cleft palate;
   c. Care coordination for children with special health care needs.

B. DFHS agrees to:

1. Assign the Assistant Director, Planning and Primary Care with the responsibility to ensure the coordination of services, outreach and education provided by Title V (MCH) programs, including, but not limited to: Children’s Special Health Services, Well Child Conference, School Health, Dental Health, Reproductive Health, and Women, Infants and Children (WIC), with services and outreach provided by Medicaid.

2. Encourage MCH Title V funded and other DFHS sponsored programs to screen families for possible eligibility for Medicaid benefits; inform potential eligibles of services available through the Medicaid program; and refer families to the appropriate DHCF/Department of Human Services eligibility office.

3. Provide pediatric health care consultation and technical input for CHEC, Children with Special Health Care Needs, and Reproductive Health Program. These functions include, but are not limited to:
   a. Recommending components of physical examination and screening assessment;
   b. Recommending standards of services;
   c. Recommending scope of services;
   d. Recommending periodicity schedule for screening services;
   e. Recommending data to be collected from screening exams as to the health status of the child and services provided;
   f. Recommending design changes of forms used by clinicians who report the findings of CHEC screening services;
   g. Recommending standards for expanded services provided through the CHEC program.

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4. Provide dental advice and serve as liaison with the dental provider community to:
   a. Recommend criteria and definitions to be used in determining medical necessity and appropriateness;
   b. Recommend criteria and definitions of quality of dental care;
   c. Interpret scope of Medicaid benefits, criteria, and basis of dental determinations for the dental provider community;
   d. Explain the direction of the Medicaid dental program.

5. Designate DFHS staff to coordinate DFHS’s Success for Students at Risk, the Well Child Conference program, and other related programs with CHEC outreach, education, and case management activities with the DHCF CHEC Coordinator and the CHEC and “At Risk” staff at the local community level.

6. Upon request, provide to DHCF non-confidential and readily available MCH data related to Medicaid clients, or other similar information to assist DHCF in accomplishing its mission. If the data is not readily available, DHCF agrees to pay DFHS for the cost associated with the request.

C. It is mutually agreed that:

1. Both DHCF and DFHS will conduct mutual collaboration and coordination through the use of forums which will address matters relating to each of the component areas of the MCH Block Grant Program. Each Division will designate two (2) specific individuals for each forum to coordinate activities relating to that component area (Attachment A). MCH component areas are:
   a. Component A: Preventive and Primary Services for Pregnant Women, Mothers, and Infants up to age 1
   b. Component B: Preventive and Primary Care Services for Children and Adolescents
   c. Component C: Family-Centered, Community-Based, Coordinated Care and the Development of Community-Based Systems of Care for Children with Special Health Care Needs

2. All information regarding recipients of services provided directly or indirectly through DHCF or DFHS shall be treated as confidential. Publication of any information that would identify an individual recipient is prohibited except upon written consent of the recipient or the responsible parent or guardian.

3. No modifications or changes shall be made to this agreement unless in writing and signed by the directors of both DHCF and DFHS.

4. That both parties are governmental entities under the governmental Immunity Act and public entities under the Indemnification of Public Officers and Employees Act, and consistent with the terms of those acts, agree to hold each other harmless for their wrongful or negligent acts or those of their employees, officers, or agents.

5. This Agreement may be terminated by either party upon 90 days advance written notice.

6. Both parties will review this document annually and update as needed.

REFERENCE TO AGREEMENTS INCLUDED IN THIS CONTRACT BUT NOT ATTACHED.

A. AGREEMENTS:

1. Presumptive Eligibility
2. Dental Consultation
3. Early Intervention

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UTAH DEPARTMENT OF HEALTH
Division of Health Care Financing
and
Division of Family Health Services

SIGNATURES

DIVISION OF FAMILY HEALTH SERVICES

/s/ Larry M. Johnson, M.P.A.
Manager, Financial Services

4-11-94

/s/ Scott D. Williams, M.D., M.P.H.
Director

4/1-/94

DIVISION OF HEALTH CARE FINANCING

/s/ Vernal D. Tribe
Manager, Support Services

4-18-94

/s/ Joan M. Gallegos, R.N., C.S.W.
Director

4-19-94

UTAH DEPARTMENT OF HEALTH

/s/ Shari A. Watkins, C.P.A.
Director, Bureau of Finance

4-21-94

/s/ Sheldon B. Elman, M.P.A.
Director, Office of Administrative Services

4-21-94

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DIVISION OF FAMILY HEALTH SERVICES 
and 
DIVISION OF HEALTH CARE FINANCING 
COORDINATION FORUM 

Designees 

Component A - Urla Jean Maxfield
Bonnie Holmes
Nan Streeter
Jennifer Haake

Component B - Zohreh Speckman
Julie Olson
Pat Shifflett
Susan Aldous

Component C - Zohreh Speckman
Jeff Dean
George Delavan
Holly Balken

Dental issues not included under Components A, B, C 

- Rudy Schenk
Karen Zinner

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