FEDERAL REGULATION CITATIONS: **SPA 10-10**

___ Attachment 2.2A 42 CFR 435.10

Attachment 2.6A 42 CFR Part 435, Section 435.10 and Subparts G&H AT-78-90, AT-80-6, AT-80-34, 1902(l) and (n) of the Act, P.L. 99-509 (Secs. 9401 and 9402), 1902 (l) and (n) and 1920 of the Act, P.L. 99-509 (Secs. 9401, 9402, and 9407)

___ Attachment 3.1A Part 400, Subpart B and 1902(e)(5), 1905(a)(18) through (20), and 1920 of the Act, P.L. 99-272 (Sections 9501, 9505 and 9526) and 1902(a), 1902(a)(47), 1902 (e)(7) through (9), and 1920 of the Act, P.L. 99-509 (Sections 9401(d), 9403, 9406 through 9408) and P.L. 99-514 (Section 1985(c)(3))

___ Attachment 3.1B 42 CFR Part 440, Subpart B, 42 CFR 441.15, AT-78-90, AT-80-34

___ Attachment 3.1C 42 CFR 431.53, AT-78-90

___ Attachment 3.1F 1905(a)(24) and 1930 of the Act, P.L. 101-508 (Section 4712 OBRA 90)

___ Attachment 4.18A 447.51 through 447.58

___ Attachment 4.18C 447.51 through 447.58

___ Attachment 4.18-F 447.50-447.59

___ Attachment 4.19 A&B (a) 42 CFR 447.252, 46 FR 44964, 48 FR 56046, 50 FR 23009, 1902(e)(7) of the Act, P.L. 99-509 (Section 9401(d))

(b) 42 CFR 447.201, 42 CFR 447.302, AT-78-90, AT-80-34, 1903(a)(1) and (n) and 1920 of the Act, P.L. 99-509 (Section 9403, 9406 and 9407), 52 FR 28648

__X__ Attachment 4.16 42 CFR 431.615(c) AT-78-90

___ Attachment 4.19D (d) 42 CFR 447.252, 47 FR 47964, 48 FR 56046, 42 CFR 447.280, 47 FR 31518, 52 FR 28141

___ Attachment 4.22A (a) 433.137(a), 50 FR 46652, 55 FR 1423

___ Attachment 4.22B (b) 433.138(f), 52 FR 5967, 433.138(g)(1)(ii) and (2)(ii), 52 FR 5967, 433.133(g)(3)(i) and (iii), 52 FR 5967, 433.138(h)(4)(i) through (iii), 52 FR 5967

___ Attachment 4.22C Section 1906 of the Act

___ Attachment 4.26 1927(g) 42 CFR 456.700, 1927(g)(1)(A), 1927(g)(1)(a) 42 CFR 456.705(b) and 456.709(b), 1927(g)(1)(B) 42 CFR 456.703(d) and (f), 1927(g)(1)(D) 42 CFR 456.703(b), 1927(g)(2)(A) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7), 1927(g)(2)(A)(ii) 42 CFR 456.705(c) and (d), 1927(g)(2)(B) 42 CFR 456.709(a), 1927(g)(2)(C) 42 CFR 456.709(b), 1927(g)(2)(D) 42 CFR 456 711, 1927 (g)(3)(A) 42 CFR 456.716(a), 1927 (g)(3)(B) 42 CFR 456.716 (A) and (B), 1927(g)(3)(C) 42 CFR456.716 (d) 1927(g)(3)(C) 42 CFR 456.711 (a)-(d), 1927 (g)(3)(D) 42 CFR 456.712 (A) and (B), 1927(b)(1) 42 CFR 456.722, 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(j)(2) 42 CFR 456.703(c)

___ Attachment 4.32A (a) 435.940 through 435.960, 52 FR 5967

___ Attachment 4.33A (a) 1902(a)(48) of the Act, P.L. 99-570 (Section 11005), P.L. 100-93 (Section 6(a)(3))

___ Attachment 4.35A (a) 1919(b)(1) and (2) of the Act, P.L. 100-103 (Section 4212(a))

___ Attachment 4.35B (b) Same as above

COOPERATIVE AGREEMENT
Between
MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE TITLE XIX MEDICAID AGENCY, TITLE V MATERNAL AND CHILD HEALTH AGENCY, TITLE X FAMILY PLANNING PROGRAM, AND THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

WHEREAS, the Maryland Medical Assistance Program, Maryland Department of Health and Mental Hygiene (hereinafter "the Medicaid Program") is established pursuant to Title XIX of the Social Security Act of 1935, 42 U.S.C. §1396 et seq., and Health – General Article, §15-101 et seq., Annotated Code of Maryland for the purpose of providing comprehensive health care services to certain eligible low-income residents of the State of Maryland including Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) services; and

WHEREAS, the Children's Health Insurance Program is established pursuant to Title XXI of the Social Security Act of 1935, 42 U.S.C. §1397 et seq., and in Maryland is known as the Maryland Children's Health Program pursuant to Health – General Article, §15-301 et seq., Annotated Code of Maryland for the purpose of providing comprehensive health care services to certain eligible low-income children under age 19 who are not otherwise eligible for Medicaid; and

WHEREAS, the Medicaid Program also operates the Maryland Children's Health Program as a Medicaid expansion with full Medicaid benefits and herein will also be referred to as the Medicaid Program; and

WHEREAS, the Medicaid Program is responsible for outreaching and informing all EPSDT eligible individuals about the importance of preventive health care, the Healthy Kids Program and Expanded EPSDT services, and the WIC Program; and

WHEREAS, the Medicaid Program is responsible for the daily operations of the Maternal and Child Health 800-line for the State of Maryland, and the Family Health Administration's Maternal and Child Health Program will provide staff upon request at high volume times such as mass media campaigns; and

WHEREAS, the Medicaid Program is responsible for payment for Medicaid services delivered to Medicaid beneficiaries by Title V and Title X providers; and

WHEREAS, the Family Health Administration (hereinafter "the Family Health Administration" or "FHA") oversees the Title V Maternal and Child Health Agency and is responsible for the utilization of funds provided by the Maternal and Child Health Block Grant of Title V of the Social Security Act of 1935, 42 U.S.C. §701 et seq., and Health – General

Article, §18-107, Annotated Code of Maryland in the provision of maternal and child health services and services for children with special health care needs; and

WHEREAS, FHA plays a key role in identifying pregnant women, infants, and children who are eligible for the Medicaid Program and, once identified, assisting them in applying for such assistance; and

WHEREAS, FHA, often through its local health department designees, provides the infrastructure for health care programs which may be utilized to provide services to the Medicaid Program's beneficiaries; and

WHEREAS, FHA is responsible for Statewide needs assessment, program planning, development, implementation, and evaluation of maternal and child health programs; and

WHEREAS, FHA is responsible for providing funding for clinical services for low-income maternal and child health populations not eligible for Medicaid; and

WHEREAS, FHA is responsible for assuring access to specialty care for children with special health care needs; and

WHEREAS, a medical home is of utmost importance for all children to assure early identification and treatment of health problems; and

WHEREAS, FHA oversees the Special Supplemental Nutrition Program for Women, Infants and Children, Maryland Department of Health and Mental Hygiene (hereinafter "the WIC Program") and is established pursuant to §17 of the Child Nutrition Act of 1966, 42 U.S.C. §1786 et seq., and Health-General Article, §18-108, Annotated Code of Maryland for the purpose of providing supplemental foods and nutrition education to pregnant and postpartum women, infants and young children from families with low incomes who are at risk by reason of inadequate nutrition or health care, or both; and

WHEREAS, the WIC Program, administered by FHA through its local agencies, is responsible for ensuring that high-risk populations who are potentially eligible for WIC are identified and made aware of the Program's benefits and services; and

WHEREAS, the WIC Program serves as an adjunct to good health care during critical times of growth and development; and

WHEREAS, the WIC Program is responsible for certifying eligible applicants, informing applicants of the health services which are available, making referrals to appropriate health services, providing nutrition education to participants, and employing a voucher system to make WIC foods available to participants at no cost to eligible persons; and

WHEREAS, FHA also administers the Family Planning Program under Title X of the Public Health Services Act of 1970, 42 U.S.C. §300 et seq.; and

WHEREAS, FHA has responsibility for Statewide needs assessment, program planning, development, implementation, service delivery, and quality assurance of the Statewide family planning program, including oversight for services provided by local health department and other delegate agencies; and

WHEREAS, family planning is a key strategy for improving maternal and child health (MCH) outcomes; and

WHEREAS, together Medicaid and FHA MCH-related programs have the capacity to reduce maternal and infant mortality and childhood morbidity and mortality, promote the health of mothers, infants, and children, and reduce disparities in health outcomes due to race;

THEREFORE, this Cooperative Agreement is entered into between the Medicaid Program and the Family Health Administration in order to establish roles and responsibilities between the parties for the purpose of providing coordination of services to promote prompt access to high-quality prenatal, intrapartum, postpartum, postnatal and child health services for women and children eligible for benefits under Titles V, XIX, and XXI of the Social Security Act, as amended, Title X of the Public Health Services Act of 1970, as amended, and §17 of the Child Nutrition Act of 1966, as amended.

In recognition of the foregoing, the Medicaid Program and the Family Health Administration, representing the Title V Program, the WIC Program, and the Title X program, mutually agree to the following:

I. ADMINISTRATION AND POLICY

1. All services will be provided without regard to race, creed, color, age, sex, national origin, marital status, or physical or mental handicap.

2. The Medicaid Program will establish Medicaid eligibility policy, regulations and procedures which facilitate access to care for pregnant women and children.

3. FHA programs and their local health department designees will refer its clients who are eligible for Medicaid benefits and assist them in receiving services from providers who participate in the Maryland Medical Assistance Program.

4. FHA will provide Medicaid with clinical and programmatic consultation and technical assistance related to programs and policies for pregnant women, infants, and children, including children with special health care needs.

5. All parties will coordinate activities to enhance customer service and work to resolve problems which impact on timely access to services.

6. All parties will coordinate strategic planning efforts to assure coordination in the design, implementation and evaluation of program services for women, infants and children, including children with special health care needs.

7. All parties will keep each other appraised of those services which are available to eligible individuals pursuant to federal law and State regulations and guidelines.

8. All parties will collaborate when implementing significant changes to program policies that may impact the other (i.e. policy, regulations, budget priorities, operational or compliance changes).

9. All parties will develop program policies and regulations that address standards of quality care.

10. All parties will promote family planning and prenatal care as key strategies for improving MCH outcomes.

11. All parties will promote the importance of a family centered medical and dental home for all children and encourage early identification and treatment.

12. FHA and Medicaid will collaborate on the development of tools and processes for identifying high-risk pregnant women and will jointly provide support for the Maryland Prenatal Risk Assessment system.

13. FHA and Medicaid will collaborate in developing training and education programs for medical professionals and consumers to benefit maternal and child health populations.

14. FHA and Medicaid will notify each other of policy or procedural changes that may affect access to services and will coordinate on initiatives to improve maternal and child health.

15. FHA will coordinate with Medicaid regarding childhood health promotion and prevention programs, such as obesity, asthma, and lead poisoning activities and programs.

16. Program Directors within FHA and Medicaid further agree to designate from their staffs appropriate liaisons whose responsibilities shall include regular and periodic communication about the programs and operations described in this Cooperative Agreement.

17. The designated liaison staff from Medicaid and FHA will meet on a quarterly basis to share developments within the programs and to plan/coordinate new and on-going activities.

II. REIMBURSEMENT & CONTRACT MONITORING

18. FHA and its local health department designees will assure that medical services are furnished by or under the direction of a physician and that dental services are furnished by or under the direction of a dentist.

19. FHA and its local health department designees will maintain adequate medical and financial records for a minimum of six years in a manner prescribed by the Medicaid Program and provide them to the Medicaid Program upon request.

20. FHA and its designees will not employ or contract with a person, partnership or corporation which has been disqualified from the Medicaid Program to provide or supply services to the Title XIX recipients unless prior written approval has been received from Medicaid.

21. Medicaid and FHA will collaborate to determine the best methodology for reimbursing Title V and Title X providers taking into consideration the cost of providing such services and the need to assure access to care.

22. When Medicaid makes payment to a Title V or Title X designee for a covered service, the Title V or Title X designee (e.g., local health department) will not require additional payment from the Medicaid recipient. If Medicaid denies payment or requests repayment on the basis that an otherwise covered service was not medically necessary or preauthorized if required by regulation, the Title V Agency will not seek payment from the Medicaid recipient for that service.

23. If an individual is eligible for services covered by both Medicaid/Title XIX and Title V or Title X programs, Title XIX funds will be utilized to reimburse providers for services covered by the Program. When a Medicaid recipient has other health insurance or if any other person is obligated, either legally or contractually, to pay for, or to reimburse the recipient for services covered by Medicaid, the Title V and Title X programs agree to seek payment from that source first. If payment is made by both Medicaid and the insurance or other source, the Title V Agency shall refund the Medicaid payment, within sixty days of receipt, the amount reimbursed by Medicaid or the amount paid by the insurance or other source, whichever is less.

24. All parties will assure that services provided by its grantees are not duplicative and that services are consistent with Medicaid policies and the federal regulations and policies governing the Title V and Title X programs.

25. FHA will collaborate with Medicaid regarding the planning and implementation of publicly funded State initiatives such as oral health, family planning initiatives, and infant mortality prevention.

26. FHA and Medicaid will maintain a system to assure coverage for special infant formulas.

27. FHA will provide specialty services for children with special health care needs that are not covered by Medicaid within limitations imposed by regulations and budgetary constraints.

III. DATA EXCHANGE

28. Medicaid and FHA shall share data and participate in joint planning efforts in order to identify service gaps and improve the delivery of services to low-income pregnant women and children and in accordance with federal regulations and guidelines.

29. All parties will assure that any sharing of client data conforms to privacy and confidentiality rules in accordance with state and federal regulations, and will safeguard and maintain the confidentiality of the names and medical records of recipients.

30. Medicaid will provide FHA with access to select Medicaid data files to accomplish public health surveillance as permitted by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L.104-191). FHA will maintain the confidentiality of the names and medical records of Medicaid recipients. Such information may be released to a third party, other than another treating provider, only in accordance with HIPAA.

31. FHA and Medicaid will participate in the exchange of data necessary for annual federal grant applications, and federal or State required reporting including:
    a. Title V MCH Block Grant National and State Performance Measures;
    b. Title V State Performance Measure benchmarks for data systems and sharing;
    c. Periodic Title V-MCH and Title X-Family Planning Needs Assessments;
    d. Title X Family Planning Annual Report (FPAR);
    e. Title V-Section 511 Maternal, Infant, and Early Childhood Home Visiting Program; and
    f. Title V-Section 513 Personal Responsibility and Education Program.

32. Medicaid and FHA programs will also coordinate and participate in the exchange of data related to ongoing program operations including:
    a. Medicaid eligibility and enrollment of pregnant women and birth outcomes for these clients;
    b. Medicaid Prenatal Risk Assessment;
    c. Utilization of family planning services by postpartum women under the current Medicaid waiver or utilization of family planning services by eligible women under any future Medicaid expansion of family planning eligibility;
    d. Utilization of Title X family planning services by Medicaid and WIC recipients;
    e. Fetal, infant, and child death reviews;

f. Surveillance data on children screening for blood lead levels and those with elevated blood lead levels;
g. Surveillance data on child and adult asthma and related respiratory illnesses;
h. Surveillance data on childhood obesity;
i. Utilization of specialty services by Medicaid-eligible Children with Special Health Care Needs Program; and
j. Access to data to assure a continued high survey response rate for the Pregnancy Risk Assessment Monitoring System (PRAMS).

33. Medicaid and FHA will exchange data necessary to conduct utilization studies to assess the impact of the Maryland Dent-Care Loan Assistance Repayment Program.

The remainder of this cooperative agreement addresses more specific recipient outreach and referral, training and technical assistance, provider capacity, and quality assurance activities to be carried out by Medicaid and by specific programs conducted by FHA.

IV. OUTREACH AND REFERRAL ACTIVITIES

A. All MCH Populations

1. All FHA programs will assist Medicaid with the distribution of Medicaid applications.

2. All FHA programs will refer potentially eligible families for Medicaid eligibility determination.

3. All FHA programs will verify a client's Medicaid eligibility prior to providing services.

4. Medicaid, through its local health department (LHD) grantees, will conduct outreach to Medicaid recipients to assure that families are informed about EPSDT services, WIC, and relevant Title V and Title X programs.

5. Medicaid and FHA programs will coordinate hotline activities to share information and assure that callers are referred to the appropriate services.

B. Primary Preventive Care for Children and Oral Health

1. Medicaid will perform outreach to encourage low-income maternal and child populations to apply for Medicaid and to utilize preventive and primary medical and dental care services.

2. Oral Health will refer children in need of oral health services who are identified through publicly funded oral health programs conducted in schools, Head Start, WIC centers, etc. to the appropriate private or public health dental provider for treatment.

3. Oral Health and Medicaid will work collaboratively to update the resource guide of public health dental programs serving low-income and uninsured populations.

4. Oral Health will collaborate with Medicaid to educate parents and pregnant women on the importance of oral health.

C. Children With Special Health Care Needs

1. CSHCN will provide statewide resource and referral services to families and providers of children with special health care needs.

2. Medicaid will refer those children with special health care needs that are not eligible for Medicaid to FHA for assistance with resources and services.

3. Medicaid will link families of children with special health care needs to the CSHCN or community resources for services not generally covered by Medicaid.

4. CSHCN will refer Medicaid children in need of special assistance or care coordination to the appropriate Medicaid case manager.

5. CSHCN will follow-up with the families of all infants with positive newborn hearing screens.

6. Medicaid will assist families in accessing specialty care services and navigating the health care delivery system.

D. Pregnant Women and Infants

1. MCH will assure a local point of entry for all uninsured/underinsured pregnant women and will link these women with providers willing to serve patients on a sliding scale basis.

2. MCH and Medicaid will collaborate on strategies to increase the number of pregnant women initiating prenatal care in the first trimester of pregnancy.

3. MCH, Oral Health and Medicaid will collaborate on strategies to increase the number of pregnant women receiving dental care during pregnancy.

E. Family Planning

1. MCH/Family Planning (FP) and Medicaid will collaborate on strategies to increase utilization of family planning services, especially among women enrolled in managed care and the Medicaid Family Planning Waiver or any new expansion of Medicaid family planning eligibility.

2. Medicaid and FP will collaborate and coordinate the dissemination of information about family planning for the public and for potential Medicaid recipients and Title X-family planning program clients, including the development of brochures and other outreach materials, information posted on Medicaid and FHA websites, etc.

3. Medicaid will assure that eligible women whose Medicaid pregnancy-related benefits have ended are enrolled in the Medicaid Family Planning waiver.

4. MCH/FP will serve Medicaid clients who chose a Title V or Title X provider for family planning services under the "Freedom of Choice" for provision of the Medicaid Program for family planning services and bill Medicaid or Managed Care Organizations as indicated by eligibility category.

5. MCH/FP programs will refer Medicaid Family Planning waiver clients to primary care providers for services provided on a sliding scale basis.

6. Medicaid will refer women who lose family planning waiver eligibility to Title X family planning services which are provided to self-pay/uninsured or underinsured individuals on a sliding fee scale and are provided regardless of ability to pay.

F. WIC

1. Medicaid, through its grantees, hotlines, and managed care providers, will refer pregnant and postpartum women, infants and children to WIC.

2. WIC will accept verification of Medicaid eligibility as proof of financial eligibility for WIC services.

3. WIC and Medicaid will refer families to Title V, Title X services and other health-related and social services for mothers, infants, and children including children with special health care needs.

4. WIC, MCH, FP and Medicaid will identify outreach networks, distribute literature and perform targeted community outreach publicizing WIC program availability.

5. WIC and Medicaid will coordinate to assure that information about the WIC program is available in areas where Medicaid/Maryland Children's Health Program (MCHP) applications are processed.

6 CSHCN and Medicaid will collaborate to improve referrals and access to WIC services for children with special health care needs.

V. TRAINING AND TECHNICAL ASSISTANCE

A. All MCH Programs

1. Medicaid will train LHD staff in the processing of Medicaid applications for potentially eligible pregnant women, children and families.

2. Medicaid and FHA will collaborate on the production of outreach materials to be used by FHA programs, Medicaid, providers and staff to assure that information regarding how to apply for Medicaid/MCHP is included.

3. Medicaid will provide training and technical support to LHD grantees related to Medicaid administrative functions, including outreach and care coordination.

4. FHA programs and Medicaid will collaborate to provide training, consultation and technical assistance to Medicaid, Title V and Title X providers in the delivery of home visiting and case management services.

B. Primary Preventive Pediatric Medical and Dental Providers

1. Medicaid will recruit, train and provide consultation for EPSDT providers.

2. Oral Health will provide oral health educational materials for providers, clients, local health departments, family planning clinics, the WIC Program, Managed Care Organizations, and other organizations such as Head Start.

3. Oral Health will arrange for training of EPSDT medical providers who wish to participate in the fluoride varnish program.

C. Specialty Providers - Children with Special Health Care Needs

1. CSHCN will provide technical assistance to Medicaid regarding therapy and audiology services.

2. CSHCN will conduct, through its grantees, targeted provider education regarding programs and services, such as the Newborn Screening Program, Infant Screening

Hearing Program, and Genetic Services Network and will make educational materials about these services available to Medicaid.

D. Well Women, Prenatal and Family Planning Providers

1. MCH/FP and Medicaid will collaborate to provide training, consultation and technical assistance to Medicaid, Title V and Title X providers in the delivery of comprehensive well women care, obstetrical care and family planning services.

2. Medicaid and MCH will collaborate to assure that the Prenatal Risk Assessment is jointly reviewed at least yearly and updated as needed to reflect evidence-based practice.

3. FP will sponsor continuing education programs in family planning/women's health for Title X, Title V, WIC, and Medicaid providers.

E. WIC Staff and Providers

1. WIC will educate provider groups about the WIC Program through meetings, conferences, and periodic distribution of WIC provider education packet.

2. Medicaid will provide periodic updates to WIC staff to enhance their ability to refer potentially eligible families to Medicaid.

3. WIC, MCH, FP, and Medicaid will collaborate on assuring WIC participants receive information on family planning and comprehensive women's health.

VI. PROVIDER CAPACITY

A. All MCH Providers

1. FHA programs will encourage medical and dental provider participation in the Medicaid Program.

2. FHA programs will refer providers interested in serving the Medicaid population to the appropriate contacts for provider enrollment.

B. Primary Preventive Pediatric Medical and Dental Health Providers

1. Medicaid and MCH will collaborate to recruit and retain medical providers willing to serve children to assure sufficient access to EPSDT services.

2. Oral Health will refer dental providers willing to serve children and pregnant women to the Dental Administrative Services Organization (ASO).

3. Oral Health will assure that the LHD dental clinics they fund serve children on Medicaid.

4. CSHCN and Oral Health will work with Medicaid to increase the number of pediatric dental providers willing to serve children with special health care needs.

C. Specialty Providers

1. CSHCN will collaborate with Medicaid to assure that there are sufficient occupational therapy, physical therapy, speech therapy, and audiology providers, and other specialty care providers that are willing to treat Medicaid recipients and uninsured and underinsured children.

2. CSHCN, in coordination with the Centers of Excellence, will work to identify, recruit and retain providers willing to participate in the Genetic Services Network and conduct targeted provider education and outreach regarding services available.

3. CSHCN and Oral Health will work with Medicaid to increase specialty pediatric dental providers.

D. Obstetrical and Perinatal Providers

1. Medicaid and MCH will collaborate to recruit and retain providers to serve women and infants enrolled in Medicaid and the uninsured.

2. Medicaid and MCH will encourage perinatal providers to link their prenatal clients with pediatricians prior to delivery to assure access to care for newborns.

3. Medicaid and MCH will work with perinatal providers, hospitals and birthing centers to assure access to appropriate levels of care, especially high-risk pregnancy consultation, for pregnant women and infants.

E. Family Planning Providers

1. Medicaid and FP will collaborate to assure that there are sufficient family planning providers willing to serve women enrolled in Medicaid and any special Medicaid family planning programs.

2. FP will assure that there are providers willing to serve uninsured/underinsured clients on a sliding scale basis.

F. WIC Services

1. WIC will assure that there are sufficient WIC local agencies and clinics statewide.

2. WIC will assure that WIC sites are located in proximity to sites where WIC-eligible clients are receiving other services (e.g., community-based sites, hospitals, prenatal and family planning clinics, etc.).

VII. SYSTEMS COORDINATION

A. All MCH Programs

1. FHA and Medicaid will collaborate to establish and maintain relationships with providers who serve low-income and Medicaid recipients to help facilitate problem resolution.

2. Medicaid will assure that Managed Care Organizations provide medically necessary services to pregnant women and children.

B. Primary Preventive Care and Oral Health

1. Medicaid and FHA will collaborate to assure that there are public forums for exchange of information such as the Medicaid Advisory Committee, Maryland Dental Action Coalition and other ad hoc advisory groups.

C. Children with Special Health Care Needs

1. CSHCN will work to increase the awareness among specialty care providers of the role of the MCO Special Needs Coordinators and how to refer families to this resource.

2. CSHCN in collaboration with Maryland State Department of Education Infants and Toddlers Program will inform providers about the Newborn Hearing Screening Program and assure referrals are made for follow-up services.

D. Pregnant Women and Infants

1. FHA programs and Medicaid will work to assure that there is a process in place to link women with appropriate services in all Maryland jurisdictions.

2. Medicaid and MCH will partner with perinatal providers to facilitate access to care as well as tracking and management of pregnant women.

3. Medicaid and MCH will encourage all prenatal care providers to complete the Maryland Prenatal Risk Assessment form and refer high-risk women to the appropriate case manager.

4. Medicaid and MCH will work to enhance partnerships between obstetricians and pediatricians to make care more seamless from pregnancy through delivery.

E. Family Planning

1. Medicaid and FP will collaborate to assure that providers are aware of the self-referral option for family planning services.

2. FP, Medicaid and their respective grantees will assist providers with linkages and resources for family planning clients to access primary care services.

F. WIC

1. WIC will partner with MCH, CSHCN, FP and Medicaid to integrate WIC eligibility and application process into provider practice patterns.

2. WIC, MCH, CSHCN, FP and Medicaid will collaborate to identify opportunities to improve service delivery.

3. WIC staff will assure that appropriate referrals are made to health and social services.

VIII. QUALITY ASSURANCE ACTIVITIES

A. All MCH Populations

1. Medicaid will assure that Managed Care Organizations complete the required quality assurance (QA) activities.

2. Medicaid will make QA Reports available on the internet: External Quality Review Organization (EQRO) Audit, analysis of Health Plan Employer Data and Information Set (HEDIS) measures, Consumer Assessment of Health Plans (CAHPS) survey, encounter data, and value-based purchasing initiatives.

3. FHA programs will share their quality assurance reports and findings (i.e. audits, customer satisfaction surveys).

4. FHA will provide QA of LHD programs (dental, child health, family planning, OB, specialty clinics for CSHCN).

B. Primary Preventive Care for Children and Oral Health

1. Medicaid will work with FHA programs in the development of the EPSDT periodicity schedule and quality standards for the care of children.

2. Medicaid will perform periodic medical record audits to assure that children are getting EPSDT services.

C. Children with Special Health Care Needs

1. CSHCN and Medicaid will collaborate on initiatives to improve the accessibility to specialty services and the quality of those services.

2. CSHCN will perform contract monitoring and administrative oversight for Title V funded case management services performed in local health departments.

3. CSHCN will perform contract monitoring and administrative oversight for the Model Day Care Centers and collaborate with Medicaid on QA activities for the Centers.

4. CSHCN will participate in the review of Individualized Family Service Plan and Individualized Education Plan school health related services covered by Medicaid.

5. CSHCN will provide consultation to Medicaid as needed regarding preauthorization and medical reviews to determine necessity/appropriateness of specialty services.

6. Medicaid will consult with CSHCN as needed to assure that therapists and other specialty providers meet minimum quality standards and have the appropriate certification and credentials.

D. Pregnant Women and Infants

1. Medicaid will participate in and collaborate with MCH on statewide quality improvement activities such as Maternal Mortality Review (MMR); the Morbidity, Mortality and Quality Review Committee (MMQRC), and the PRAMS Steering Committee.

2. Medicaid will assure that MCO Directors, MCO Medical Directors, and Medicaid providers are made aware of findings from Maternal Mortality Reviews, Fetal and Infant Mortality Reviews; and the PRAMS program.

3. Medicaid will participate in the Perinatal Clinical Advisory Committee to periodically revise/update the voluntary Maryland Perinatal Systems Standards for birthing hospitals.

4. Medicaid will assure that MCO Directors, Medical Directors, and Medicaid providers are made aware of the Maryland Perinatal Systems Standards.

E. Family Planning

1. FP and Medicaid will collaborate on the development of QA activities relevant to family planning services.

2. Medicaid will participate in annual, regional family planning meetings with Title X providers.

3. Medicaid will participate in Title X Program Reviews as needed/requested by FP.

4. Medicaid and FP will collaborate on systems and service improvement strategies for family planning.

F. WIC

1. WIC will include Medicaid as a participant in WIC strategic planning initiatives.

2. WIC, through its Advisory Council, will assure that the unique needs of Medicaid recipients are considered in customer service and quality improvement initiatives.

EFFECTIVE DATE

This COOPERATIVE AGREEMENT is effective upon the signatures of the authorized officials of the Family Health Administration and the Maryland Medical Assistance Program. It shall remain in effect for a period of five years from the date the COOPERATIVE AGREEMENT is signed, or until either party provides written notification of termination. Termination notice shall be given to the other party at least 30 days in advance of the termination date.

MODIFICATIONS

The parties or their designees may enter into supplements and modifications to this agreement jointly.

Agreement Acceptance by Signature:

John M. Colmers, Secretary
Department of Health and Mental Hygiene — Date 8/16/10

Russell W. Moy, MD, MPH, Director
Family Health Administration — Date 8-10-10

Susan J. Tucker, Executive Director
Office of Health Services
Medical Assistance Program — Date 8-10-10

Approved as to Form and Legal Sufficiency, this 12 day of August 2010.
By

Assistant Attorney General