

NC Department of Health and Human Services (DHHS)
MEMORANDUM OF
AGREEMENT

BETWEEN:

NC Department of Health and Human Services, Division of Medical Assistance

AND

NC Department of Health and Human Services, Division of Public Health

REGARDING: the relationship between the parties that is needed to meet our mutual goal of improving the health of Medicaid eligible clients.

THIS AGREEMENT, is by and between the DHHS Division of Medical Assistance, hereinafter referred to as DMA and the DHHS Division of Public Health, hereinafter referred to as DPH, referred to collectively as the "Parties", and shall become effective as of the date of execution by the Parties.

The administrator of this IMOA for DMA shall be Assistant Director for Clinical Policy and Programs, Tara Larson and the administrator for DPH shall be Deputy Division Director, Dennis Harrington.

This IMOA shall be for a term of five (5) years, and maybe terminated by either party upon a minimum of thirty (30) days' written notice. This IMOA may be amended, if mutually agreed upon, to change scope and budget of the IMOA. Such changes shall be incorporated as an addendum to this IMOA.

This Internal Memorandum of Agreement (IMOA) between the Division of Medical Assistance and the Division of Public Health in the Department of Health and Human Services outlines the relationship between the divisions that is needed to meet our mutual goals of improving the health of Medicaid eligible clients and also jointly administering the Health Choice Program.

This IMOA fulfills the federal requirement for an agreement between the Medicaid agency (the Division of Medical Assistance) and the State Health agency which in this case is also the Title V grantee in the state (the Division of Public Health).

1.0 Definition of Terms

- 1.1 Baby Love - the Baby Love Program targets infant mortality by providing services to Medicaid-eligible pregnant women from the beginning of pregnancy through the postpartum period and infants born to these women until their first birthday.
- 1.2 CDSA - Children's Developmental Services Agency (formerly DEC's).
- 1.3 CMS - Centers for Medicare and Medicaid Services.
- 1.4 CPT - Current Procedural Terminology (as developed by the American Medical Association.)
- 1.5 CSC - Child Service Coordination.
- 1.6 CSHS - Children's Special Health Services Program.
- 1.7 CSHCN - Children with Special Health Care Needs
- 1.8 DHHS - Department of Health and Human Services.
- 1.9 DMA - Division of Medical Assistance.
- 1.10 DPH - Division of Public Health.
- 1.11 EPSDT - Early Periodic, Screening, Diagnostic and Treatment
- 1.12 FFP - Federal Financial Participation
- 1.13 FP Waiver - Family Planning Waiver
- 1.14 Health Check - North Carolina's primary Early, Periodic Screening, Diagnosis and Treatment Program.
- 1.15 Health Choice - State Child Health Insurance Program (SCHIP).
- 1.16 HCPCS - Healthcare Common Procedural Coding System.
- 1.17 IMOA - Memorandum of Agreement between the Division of Medical Assistance and the Division of Public Health in the Department of Health and Human Services.
- 1.18 Rostered Child Health Nurse Screener - a registered nurse who has completed the Child Health Training Program and, if applicable, the required 20 hours of relevant continuing education plus 200 hours of clinical practice during the previous two (2) years.
- 1.19 SBHC - School-Based Health Center.
- 1.20 SCHS - the State Center for Health Statistics in the Division of Public Health, DHHS.
- 1.21 Title V. - part of the Social Services Act entitled Maternal and Child Health and Crippled Children's Services.
- 1.22 WIC - the USDA Special Supplemental Nutrition Program for Women, Infants and Children.

DMA and DPH shall jointly:

- 8.8 Collaborate on the implementation of the rostering process for Child Health Nurse Screeners as defined.
- 8.9 Share data to support efforts of both agencies in meeting program objectives.
- 8.10 Health Check Screening visits performed by registered nurses who meet the Child Health Nurse Screeners requirements shall be reimbursed through the employing agency or supervising Medicaid enrolled provider. A Health Check Screening Visit, also known as a Well Child Check Up, a Child Health Screening Visit or an EPSDT Screen, meets the requirements for reimbursement by Medicaid if it includes all required components listed in the most current North Carolina Medicaid Bulletin.

9.0 Arrangements for School-Based Health Centers

The goal of Carolina ACCESS is to improve access to coordinated, quality health care for persons enrolled in Medicaid. Older children and adolescents from low-income families are among the groups whose access to health care is most limited. The Department of Health and Human Services recognizes that School-Based Health Centers (SBHCs) have been effective in increasing access to care for older children and adolescents. The following agreement between DMA and DPH outlines the relationship between the parties that is needed to meet the mutual goal of improving access and promoting preventive health care for school-aged children.

9.1 Joint Responsibilities of DMA and DPH:

- 9.1.1 Cooperate in the development and implementation of activities.
- 9.1.2 Consult with appropriate professional organizations and societies to promote policies and standards that support accessible, coordinated health care for older children and adolescents through SBHCs.
- 9.1.3 Cooperate with outreach and marketing strategies that promote SBHCs delivering services to children and adolescents. This includes providing information through the Medicaid Bulletin to raise awareness and knowledge concerning program use.
- 9.1.4 Collaborate on the credentialing process for SBHCs and in the enrollment with DMA of SBHCs as providers of Medicaid services as permitted under Federal Medicaid laws.
- 9.1.5 Share data to support efforts of both agencies in meeting program objectives.

9.2 Responsibilities of DPH:

- 9.2.1 Serve as an intermediary between the DMA provider enrollment, clinical policy (behavioral health) and Carolina Access Program and SBHCs with regard to credentialing, execution of written agreements, and assignment of Medicaid provider numbers.
- 9.2.2 Establish, implement, and maintain a credentialing process for SBHCs based on best-practice guidelines for the provision of high quality care for children and adolescents. Assure that school-based health centers enrolled as Carolina Access providers are properly credentialed.
- 9.2.3 Execute and maintain written agreements with SBHCs that include, at a minimum, these requirements:

- 9.2.3.1 Compliance with the terms of this agreement, all regulations and policies of the Medicaid Program, and the requirements in the Medicaid Provider Participation Agreement.
- 9.2.3.2 Compliance with the "Essential Characteristics for School-Based Health Centers Which Are Providing Services to Carolina Access Enrollees."
- 9.2.3.3 Identification of the patient's Primary Care Provider (PCP) at the first visit. This includes sending HIPAA compliant summaries/copies of pertinent findings to the PCP within 7 days of the visit for preventive, mental health, and/or social services and within twenty-four (24) to seventy-two (72) hours of the visit if there are significant findings that require urgent or emergent follow-up by ER, PCP, or SBHC. SBHCs shall obtain PCP prior authorization for referral(s) that they make to other source(s) of care.
- 9.2.3.4 Accept that the credentialing authority for SBHCs rests with DPH.
- 9.2.4 Give SBHCs reasonable notice of any impending change in their credentialed status.
- 9.2.5 Notify SBHCs of any substantive change in the terms of this agreement.
- 9.3 Responsibilities of DMA:
 - 9.3.1 Enroll providers in the Medicaid Program and assign a Medicaid provider number to SBHCs that are fully credentialed by DPH, Women's and Children's Health Section, Children and Youth Branch.
 - 9.3.2 Provide technical assistance, policy and program guidance to SBHCs regarding Carolina ACCESS.
 - 9.3.3 Reimburse for services that are provided and correctly billed by SBHCs who have been assigned a Medicaid provider number.
 - 9.3.4 Exempt credentialed SBHCs that are enrolled as Medicaid providers from the Carolina ACCESS primary care provider (PCP) authorization requirement.
 - 9.3.5 Collaborate with DPH in establishing an appropriate behavioral health service provision in SBHCs