

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Florida

COOPERATIVE ARRANGEMENTS WITH STATE HEALTH AND STATE VOCATIONAL
REHABILITATIVE AGENCIES AND WITH TITLE FIVE GRANTEEES

The following agreements are attached:

1. Agreement between the Medicaid Office, Economic Services Program Office, Children Youth and Families Program Office, Children's Medical Services Program Office, Developmental Services Program Office and the State Health Office for Early and Periodic Screening, Diagnosis and Treatment of Medicaid Eligible Children under 21. (Part I).
2. Cooperative Agreement between the Department of Health and Rehabilitative Services, the Medicaid Program Office and the Department of Labor and Employment Security, the Division of Vocational Rehabilitation. (Part II).
3. Agreement between the Medicaid Office and the Department of Highway Safety and Motor Vehicles. (Part III).
4. Agreement between the Medicaid Office and the Office of Licensure and Certification. (Part IV).
5. Agreement between Medicaid Office and Developmental Services Office. (Part V).
6. Agreement between the Medicaid Office and the Office of Licensure and Certification. (Part VI).
7. Agreement between the Medicaid Office, the State Health Office and the Economic Services Program Office. (Part VII).
8. Agreement between the Medicaid Office and the Alcohol, Drug Abuse and Mental Health Program Office. (Part VIII).
9. Agreement between the Medicaid Office and the Aging and Adult Services Program Office. (Part IX).
10. Agreement between the Medicaid Office and the Department of Education. (Part X).
11. Agreement between the Department of Health and Rehabilitative Services and the Department of Labor and Employment Security. (Part XI).
12. Memorandum of agreement between the State Health Office and the Medicaid Program Office regarding the Healthy Start Initiative. (Part XII).
13. Agreement between HRS offices and the Agency for Health Care Administration for the utilization control program. (Part XIII).

Amendment 93-11
Effective 1/1/93
Supersedes 93-49
Approved JUN 28 1993

Revised Submission 5-6-93

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

AGREEMENT BETWEEN THE
MEDICAID OFFICE,

ECONOMIC SERVICES PROGRAM OFFICE,
CHILDREN, YOUTH, AND FAMILIES PROGRAM OFFICE,
CHILDREN'S MEDICAL SERVICES PROGRAM OFFICE,
DEVELOPMENTAL SERVICES PROGRAM OFFICE,
ALCOHOL, DRUG ABUSE AND MENTAL HEALTH PROGRAM OFFICE

AND THE
STATE HEALTH OFFICE,

FOR
EARLY AND PERIODIC SCREENING, DIAGNOSIS AND
TREATMENT OF MEDICAID ELIGIBLE CHILDREN
UNDER 21

The Medicaid office (PDDM) is designated as the administering office for the Title XIX (Medicaid) Program in the state of Florida; the Economic Services Program Office (PDES) has responsibility for the administration of categorical assistance programs, including the Title IV-A program; the Children, Youth, and Families Program office (PDCYF) has responsibility for the Children's Emergency Shelter, Foster Care, and Adoption Programs; the Children's Medical Services Program office (PDCM) under statutory Authority and the Maternal and Child Health Block Grant provides diagnosis and treatment to children with chronic health conditions; the State Health office (PDHE) has statutory responsibility for statewide supervision of the administration of health services programs in county public health units; the Developmental Services Program office (PDDS) has responsibility for training, residential care and related services for children and adults with developmental disabilities; and the Alcohol, Drug Abuse and Mental Health Program Office (PDADM) has responsibility for the provision of a continuum of outpatient, community-based mental health care through contractual agreements with local community Mental Health Centers. Therefore, the programs agree to the following:

I. All Coordinating Headquarters Program Offices

Ensure that the EPSDT screen is utilized as the initial health care assessment for all EPSDT eligible children served by the department.

Ensure the EPSDT screening and treatment services are utilized for the provision of preventive and primary health care for all EPSDT eligible children served by the department.

Coordinate with the Medicaid Program office on issuance of policy guidelines, training and monitoring procedures regarding the EPSDT program.

Serve on a statewide EPSDT coordinating committee with the function of providing technical assistance and statewide coordination of the EPSDT program.

Share applicable child health information, reports and statistical data with coordinating program offices.

Coordinate with the Medicaid program office in the development of Medicaid reimbursable services which promote a continuum of health care for children in the least restrictive, most cost effective setting possible.

Abide by federal regulations pertaining to confidentiality and the disclosure of information regarding Medicaid applicants and eligible recipients as outlined in Section IX of this agreement.

II. Headquarters Medicaid Program Office

Provide through Florida's Medicaid fiscal agent and the office of Medicaid contract management, monthly reports of EPSDT recipients informed of services, due screenings, screened and requiring treatment. Reports will be distributed monthly to the district Medicaid program office.

Coordinate with Economic Services to ensure that eligible individuals are issued a valid Medicaid ID card.

Ensure that reimbursement is made to eligible providers based upon correct billing procedures as outlined in the appropriate provider handbook.

Ensure that program regulations, instructions and billing guidelines are issued to all program office staff, district staff and providers.

Serve as liaison among all offices involved in the EPSDT program.

Ensure through coordination with Headquarters Economic Services; Children, Youth and Families; State Health Office; Children's Medical Services; Developmental Services; and Alcohol, Drug Abuse and Mental Health offices that procedures for

EPSDT case management as mandated by federal regulations are implemented.

Ensure that training in EPSDT screening, treatment, and case management services is provided to district Medicaid program office staff and providers.

Coordinate the development of district procedures for EPSDT case management to ensure that parents, guardians, and eligible individuals are informed of the availability of initial and periodic screening services and that arrangements are made for eligible individuals to receive these services, as well as needed support services. Information should also be provided on the benefits of screening and follow-up diagnostic and treatment services.

Ensure that EPSDT subsystem informing letters are developed and mailed to recipients in accordance with EPSDT informing standards.

Share applicable screening data and statistical reports with coordinating program offices.

Coordinate EPSDT special projects with other social service agencies, county health units and other program offices.

Develop and disseminate EPSDT outreach materials to recipients, district staff, providers and community groups in accordance with federal EPSDT regulations.

III. Headquarters Economic Services Program Office

Ensure that eligibles are issued a valid Medicaid ID card.

Ensure that the recipient eligibility file is accurate and up-to-date.

Ensure that all newly approved Aid to Families with Dependent Children (AFDC) Public Medical Assistance, AFDC-related medically needy recipients and those reapproved after a period of ineligibility are advised of the availability of initial and periodic screening services in accordance with procedures outlined in the EPSDT District Procedures Guide.

Amendment: 91-24
Effective: 7/1/91
Supersedes: 88-10
Approval: 10-15-91

Ensure that the assistance payments' indicator regarding EPSDT referrals is accurate and up-to-date for each newly eligible, reapproved or reenrolled Public Assistant recipient. The indicator should be completed as follows:

Y = Yes, acceptance of EPSDT services
N - No, refusal of EPSDT services

IV. Headquarters Children, Youth and Families Program Office

Coordinate, through district CYF program offices, the provision of EPSDT case management activities as outlined in this agreement to all Medicaid eligible children for whom CYF has lead responsibility.

Ensure that all Medicaid eligibles for whom CYF has lead responsibility are issued a valid Medicaid ID Card.

Ensure that the recipient eligibility file for all Medicaid eligibles for whom CYF has lead responsibility is accurate and up-to-date.

V. State Health Office

Supervise the administration of screening services in HRS county public health units serving as Medicaid providers.

Ensure that HRS county public health units are provided procedural standards to assure uniformity in statewide program administration and timely scheduling of Medicaid eligibles for screening.

Ensure that HRS county public health units act as screening providers and coordinate activities with the district Medicaid program office.

Ensure that children referred to the WIC program are screened for eligibility and provided services as appropriate within existing program limitations.

Coordinate with other existing HRS county public health unit services (well-baby visits, school visits, maternal-infant care visits) to avoid unnecessary duplication of such services and maximize Title XIX services between HRS county public health units and the EPSDT program.

Amendment: 91-24
Effective: 7/1/91
Supersedes: 88-10
Approval: 10-15-91

Ensure that Medicaid funded case management staff provide case management services in accordance with state and federal Title XIX regulations.

VI. Headquarters Children's Medical Services Program Office

Supervise the administration of screening services in CMS clinics serving as Medicaid providers.

Ensure that Children's Medical Services clinics act as screening and treatment providers for CMS patients and coordinate EPSDT-related activities with the district Medicaid program office.

Ensure that targeted case management services are provided to eligible recipients as appropriate within a coordinated health care delivery system.

Provide medical consultation to the Medicaid office concerning the appropriate service provision for medically fragile children or children with special health care needs including organ transplantations.

VII. Headquarters Developmental Services Program Office

Coordinate with other existing screening services in order to avoid duplication of such services under the EPSDT program and maximize Title XIX services between Developmental Services and the EPSDT program.

VIII. Headquarters Alcohol, Drug Abuse and Mental Health Program Office

Coordinate with district ADM program offices to maximize the utilization of Medicaid funded substance abuse and mental health services through eligible providers for eligible recipients.

Provide technical assistance to district ADM program offices and substance abuse and mental health providers to improve the capacity, capability and expertise of providers to serve children within a coordinated system of health care delivery.

IX Confidentiality

The use or disclosure of information concerning applicants and recipients is restricted to purposes directly related to administration of the Medicaid State Plan.

EPSDT services including examination, diagnosis, treatment, outreach, informing, and assistance with transportation and scheduling appointments for services are considered activities directly related to State Plan administration.

Medical information is privileged and may only be released with the patient's permission.

Any agency or provider with a written interagency or provider agreement to perform EPSDT services which includes the activities of outreach and/or assistance with transportation or scheduling appointments is considered an extension or arm of the Medicaid agency and may be furnished, without the consent of the individual, such information as name, address and medical identification number, providing the following confidentiality requirements are met.

The following criteria specifies the conditions for release and use of information about applicants and recipients:

Information access is restricted to persons or agency representatives subject to legal sanctions or standards of confidentiality that are at least comparable to those of the Medicaid agency.

Release of names of applicants and recipients which may be used by outside sources (sources not under agreement with the agency to provide EPSDT services for recipients) is prohibited.

Written permission must be secured from a family or individual before responding to a request for information from an outside source.

Information may be exchanged when the agency is located within the State structure if the regulatory requirements for safeguarding information on applicants and recipients are met.

Amendment: 91-24
Effective: 7/1/91
Supersedes: 88-10
Approval: 10-15-91

Tom Horn

Assistant Secretary
for Alcohol, Drug Abuse
and Mental Health

6/18/91

Date

David J. Clarke

Assistant Secretary
for Medicaid

4/8/91

Date

Thomas W. Arnold

Acting Assistant Secretary
for Economic Services

4/19/91

Date

Ray Dill

Assistant Secretary
for Children, Youth, and
Families

4/15/91

Date

Robert P. ...

Assistant Secretary
for Children's Medical
Services

4/22/91

Date

Marcia Hill

Assistant Secretary
for Developmental Services

5/1/91

Date

W. A. ...

Deputy Secretary
for Health
State Health Office

4/9/91

Date

J. ...

Acting Deputy Secretary
for Programs

5/14/91

Date

COOPERATIVE AGREEMENT

BETWEEN

THE DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
THE MEDICAID PROGRAM OFFICE

AND

THE DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
THE DIVISION OF VOCATIONAL REHABILITATION

This agreement is made between the Department of Health and Rehabilitative Services, Medicaid Program Office, and the Department of Labor and Employment Security, Division of Vocational Rehabilitation, to assure payment by Medicaid for Medicaid compensable medical services provided to Medicaid eligible individuals, and to assure referral by Vocational Rehabilitation to the appropriate agency for Medicaid eligibility determination for those who appear eligible.

Federal Regulations for Vocational Rehabilitation and for Title XIX (Medicaid) Programs require that the respective State Plans provide and describe cooperative working agreements. Medicaid funds may be used as a first-dollar resource for medical assistance provided to Medicaid eligible clients of the Vocational Rehabilitation agency. This agreement differentiates and describes responsibilities of each agency. The agencies have responsibility for statewide supervision of this cooperative program.

The Medicaid Office is designated as the administrative office for the Florida Title XIX (Medicaid) Program, a Federal/State Medical Care Program, provided for in the Social Security Act, which helps meet the cost of health care for those persons who meet the eligibility requirements. The Division of Vocational Rehabilitation has responsibility for administration of general Vocational Rehabilitation programs (excluding services for the blind) in the State of Florida. District Vocational Rehabilitation Offices provide vocational rehabilitation services, including medical and remedial treatment for those determined eligible for vocational rehabilitation.

- I. The Division of Vocational Rehabilitation Headquarters Office of the Department of Labor and Employment Security will:
 - A. Obtain individual provider numbers for each District Office;
 - B. Promulgate procedural regulations to District Vocational Rehabilitation Offices;
 - C. Provide the Medicaid Office with information requested by the Department of Health and Human Services;

- D. Assure that reports showing the extent of medical services provided to Medicaid eligible individuals are maintained for continuity of care and avoidance of unnecessary repetition, and that these records shall be subject at all times to inspection, review or audit by duly authorized state personnel.
 - E. Assure that a Program Specialist within the Bureau of Client Services is assigned with liaison responsibility.
- II. The District Offices of Vocational Rehabilitation of the Department of Labor and Employment Security will:
- A. Assure that individuals who might be eligible for Medicaid are referred to the appropriate agency (local Economic Services, Aging and Adult Services or Social Security Office) for Medicaid eligibility determination.
 - B. When feasible, refer Medicaid eligible clients to participating Medicaid providers for treatment, offering freedom of choice; providers will seek payment directly from the Medicaid fiscal agent.
 - C. Will identify clients under 21 years of age in need of Medicaid sponsored treatment or remedial programming.
 - D. In case of emergency or other exceptional circumstance, make arrangements to provide medical assistance to Medicaid eligible individuals and receive the fee schedule reimbursement as a Medicaid provider by submission of a "Request for Payment" form to the Medicaid fiscal agent.
 - E. Follow the accepted procedures for billing purposes as outlined in the Medicaid Provider Handbooks.
 - F. Assure that all exchange of information will be subject to applicable State and Federal laws, agency regulations and policy, and will be accompanied by the written consent of the individual.
 - G. The District Program Administrator or a designated alternate will assure that a liaison individual is provided.
- III. The Medicaid Office of the Department of Health and Rehabilitative Services will:
- A. Coordinate with the Economic Services and Aging and Adult Services Program Offices to assure that eligible individuals are informed of the availability of Medicaid services and that applications for Medicaid eligibility are processed in a timely manner with proof of Medicaid eligibility provided to all individuals determined eligible.

- B. Assure that program regulations and instructions, including detailed billing procedures, are issued to the Division of Vocational Rehabilitation for distribution to the District Vocational Rehabilitation Offices;
- C. Assure that reimbursement will be made to Medicaid providers for services rendered to Medicaid eligible individuals (reimbursement will be made according to the provider's usual and customary charge or maximum allowable Medicaid fee whichever is less);
- D. Assure that the Medicaid fiscal agent provides training, as needed, to the District Vocational Rehabilitation Offices on billing procedures for Medicaid services;
- E. Serve as the liaison between the Division of Vocational Rehabilitation and the HRS Contract Management Team regarding computer involvement in the operation of the program;
- F. Assure that eligible individuals are informed of the availability of collateral social services such as transportation, and that such services are provided or arranged for when requested;
- G. Assure that the recipient eligibility file is accurate and up to date;
- H. Assure that eligible individuals have been issued a valid Medicaid I.D. card.
- I. Provide to each District Vocational Rehabilitation Office and the Headquarters Office, access to information regarding Medicaid eligibility.
- J. Assure that all exchanges of information will be subject to applicable State and Federal laws, agency regulations and policy, and will be accompanied by the written consent of the individual.
- K. Assure that a Program Specialist within the Medicaid Program Development Unit is assigned with ongoing liaison responsibility.

This agreement by and between the Department of Health and Rehabilitative Services, Medicaid Office, and the Department of Labor and Employment Security, Division of Vocational Rehabilitation, is effective until otherwise revised in writing and signed by both parties, or cancelled by either party upon written notice of at least thirty (30) days prior to proposed termination date. This agreement is to be reviewed jointly at least annually by both parties. Continued efforts will be made to expand the scope of this agreement with new and innovative procedures which may be added to the agreement as required.

W. Calvin Melton
Division Director
Division of Vocational
Rehabilitation
4/14/91
Date

Lucy Clark
Assistant Secretary
for Medicaid
2/25/91
Date

Thomas W. Auld
Assistant Secretary
for Economic Services
3/3/91
Date

Ralph Achunk
Assistant Secretary
for Aging and Adult Services
3-4-91
Date

Frank Long
Secretary
Department of Labor
and Employment Security
8/26/91
Date

Jim Johnston
for Secretary
Department of Health and
Rehabilitative Services
3/15/91
Date

State of Florida

An Agreement Between
The Florida Medicaid Agency,
Florida Department of Health and Rehabilitative Services
And
The Florida Department of Highway Safety and Motor Vehicles

THIS AGREEMENT entered into on this 29th day of May, 1992, by and between the Florida Medicaid Agency, the Florida Department of Health and Rehabilitative Services (hereinafter referred to as Medicaid) and the Department of Highway Safety and Motor Vehicles (hereinafter referred to as HSMV) regarding the identification of Medicaid eligible individuals on HSMV accident records by means of matching computerized records of both agencies.

WHEREAS, Medicaid and HSMV, two agencies of the State of Florida, are desirous of entering into this agreement in order to facilitate the identification of Medicaid eligibles within the records of HSMV for the purpose of identifying sources of potential third party reimbursement of the State Medicaid program; and

WHEREAS, the Florida State Plan for Medical Assistance, Section 1902(1)(25) of the Social Security Act charges Medicaid with the responsibility of seeking out all potential sources of third party reimbursement of the Medicaid program; and

WHEREAS, regulations at 42 CFR 433.138 requires Medicaid, to the extent possible, conduct data exchanges with state highway accident files;

NOW THEREFORE, in consideration of the above premises and the mutual promises contained herein, Medicaid and HSMV intending to be mutually bound agree as follows:

1. Medicaid will forward to HSMV a request for the state highway accident files on a quarterly basis. Such request will be made in writing by any of the following employees of the Office of Medicaid Third Party Recovery: Planner IV, Medical Health Care Program Analyst, or Staff Director.
2. HSMV will provide computer tapes or cassettes of accidents to the appropriate individual within 30 days of the request. The tape(s) or cassette(s) furnished to Medicaid will be fixed block and fixed record length format, in the record layout used by HSMV.
3. HSMV will waive any charges for production processing cost pursuant to this agreement.

4. Medicaid or its fiscal agent will write application software for the production of a system to perform the cross-match of all individual Medicaid eligibility records to records received from HSMV on a quarterly basis.
5. Medicaid, through its fiscal agent, will perform the cross-match.
6. The use or disclosure of information concerning applicants or, or recipients of medical assistance is subject to the limitations of 45 CFR 303.21. In addition, the HSMV report information is subject to the limitations of Section 440.515, Florida Statutes.
7. This agreement will continue until cancelled by either party at any given time upon written notice to the other party given at least ninety (90) days prior to any termination date.

[Handwritten Signature]

Signature
~~Executive Director~~
 Department of Highway Safety
 and Motor Vehicles

Chief of Special Services

[Handwritten Signature]

Signature
~~Secretary~~
 Department of Health and
 Rehabilitative Services

*Staff Director
 Medicaid Health Plan*

TN No. <u>92-48</u>	DATE/INITIALS	<u>9-21-92</u>
APPROVED	DATE/INITIALS	<u>10-16-92</u>
TN No. <u>New</u>	DATE/INITIALS	<u>7-1-92</u>

Attachment 4.16-A,
Part IV

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
AGREEMENT BETWEEN THE
Office of the Assistant Secretary for Medicaid
and the
Office of Licensure and Certification.

The Medicaid Office is responsible for the administration of the Title XIX (Medicaid) program. The Office of Licensure and Certification (OLC) is responsible for the licensing of health care facilities and administering the surveys and inspections necessary to ensure compliance with certification conditions of participation. In the interest of conducting the survey process in the most expeditious and efficient manner, the responsibility for determining if healthcare facilities meet the requirements for participation in the Medicaid program shall be assigned to the Office of Licensure and Certification.

I. Medicaid

A. The Medicaid headquarters office shall exercise administrative direction in the development and administration of the Medicaid State Plan.

B. The Medicaid headquarters office will issue all policies, rules and regulations on Medicaid program matters.

C. The Medicaid agency has final authority over the Medicaid program. Medicaid rules, regulations and decisions shall not be revised by any other state agency.

D. The headquarters Medicaid office shall make the final decision on all certification for Medicaid participation.

II. Licensure and Certification

A. OLC staff shall use current federal standards to determine provider eligibility and certification under Medicaid.

B. Copies of all completed survey reports and necessary accompanying documentation must be kept on file in the central office of OLC for all facilities surveyed.

C. All information and reports shall be readily accessible to staff of the Department of Health and Human Services (HHS) and to staff of the Department of Health and Rehabilitative Services (HRS).

D. Necessary action shall be taken by OLC to require facility compliance, impose moratoriums, levy civil penalties, or to recommend termination of Medicare or Medicaid certification.

E. OLC staff shall perform on-site surveys at least once during each certification period.

III. Survey Staff

Responsibilities of field survey staff include, but are not limited to:

A. Completing all inspection reports.

B. Annotating on report whether each requirement is satisfied.

C. Documenting all deficiencies in report.

D. Reviewing and evaluating all medical and independent professional review team reports obtained under 42 CFR 456.

E. Reviewing an irregular sample of facility payroll records to determine the average number and types of personnel.

IV. Funds

A. Funding shall be earned by the Office of Licensure and Certification through the Title XIX (Medicaid) program. Costs for the Office of Licensure and Certification staff are allocated to Medicaid based on the actual percentage of time spent performing Medicaid certification, in accordance with the HCFA approved cost allocation plan.

B. Federal financial participation is not available in expenditures that are the state's responsibility.

V. Renegotiation or Modification

A. Modifications of this agreement shall be valid only when reduced to writing and duly signed.

B. The parties respective liabilities and responsibilities under this agreement shall be contingent upon the availability of Federal and State monies for the funding of the Title XIX Program.

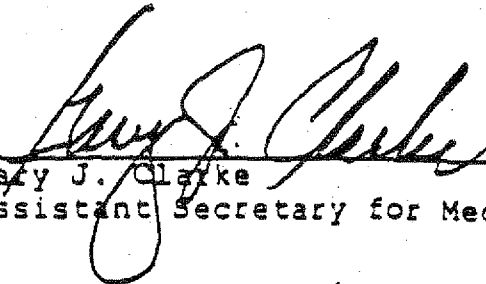
VI. Termination. This agreement may be terminated by either party upon no less than 30 days written notice, without cause. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

VII. Effective Period of Agreement. This agreement by and between the Medicaid Office and the Office of Licensure and Certification will be effective on 09-01-89, and shall continue in full force and effect until otherwise revised in writing and signed by both parties or cancelled by any one of the two parties upon written notice of at least ninety (90) days prior to the proposed termination date.

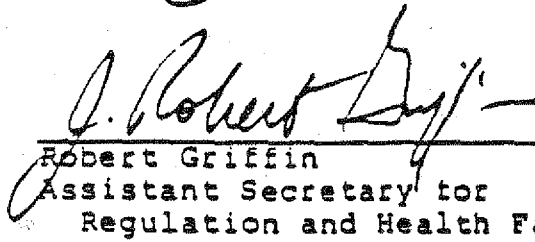
Amendment 90-5
Effective 1/1/90
Supersedes NEW
Approved 7-11-90
Revised Submission 6/27/90

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES


9/1/89
Date


Gary J. Clarke
Assistant Secretary for Medicaid

10/3/89
Date


Robert Griffin
Assistant Secretary for
Regulation and Health Facilities

10/26/89
Date


Robert B. Williams
Deputy Secretary for Programs

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
AGREEMENT BETWEEN THE
Office of the Assistant Secretary for Medicaid
and the
Developmental Services Program Office

The Medicaid Office (PDDM) is responsible for the administration of the Title XIX (Medicaid) Program and the Developmental Services Office (PDDS) is responsible for the administration of the treatment programs for retarded and other developmentally disabled individuals. In the interest of coordinating services and maximizing resources to better serve Title XIX (Medicaid) eligible retarded and developmentally disabled citizens of Florida, the Medicaid Office and the Developmental Services Office agree to the following:

I. The Medicaid Office will:

A. Review preadmission screening and admission review policies and procedures which are developed by the Developmental Services program office for compliance with Medicaid state and federal rules and regulations.

B. Validate on a periodic basis, whether or not admission review and utilization review is performed timely and appropriately by the developmental services utilization control team.

C. Develop, distribute, implement and maintain validation and monitoring procedures.

D. Perform a comprehensive review of federal regulations and report any changes in ICF/DD admission and utilization review requirements to PDDS.

E. Provide technical assistance and consultation as necessary.

F. Serve as the Medicaid liaison with HHS regarding Title XIX (Medicaid) state plan requirements, representing the Developmental Services position on Medicaid issues that affect Florida residents with developmental disabilities.

G. Perform a comprehensive review of applicable administrative rules for the purpose of determining compliance and recommend rule updates or changes as necessary.

Amendment 90-26
Supersedes NEW
Effective 5/25/90

H. Perform a comprehensive review of policy and procedure manuals and forms developed by PDDS for compliance with applicable Medicaid federal and state regulations and rules.

I. Provide technical assistance and consultation and training as necessary to developmental services utilization control staff.

II. The Developmental Services Program will:

A. Develop and implement admission and continued stay review policies and procedures in accordance with 42 CFR 456.372 and 42 CFR 456.431 through 438.

B. Provide to district staff, policy manuals, training and policy interpretation for performance of admission and continued stay review for ICF/DD applicants and recipients.

C. Develop and provide forms utilized in the ICF/DD admission and continued stay review process.

D. Represent the department at appeals hearings regarding a decision which denies admission or continued placement in an ICF/DD.

E. Supervise and coordinate district Developmental Services office implementation of Medicaid ICF/DD admission review, Level II preadmission and continued placement of mentally retarded nursing home recipients and continued stay review of Medicaid ICF/MR-DD recipients.

F. Establish methods and procedures to evaluate the performance of the developmental services utilization control teams and report findings to the central Medicaid office.

G. Provide, as appropriate, general revenue funds necessary to earn Title XIX matching funds.

H. Develop policies and procedures to be used by the district Developmental Services office to evaluate whether or not mentally retarded nursing home applicants or residents require the level of services provided by a nursing facility or by ICF/DD and whether or not such residents require active treatment.

I. Promulgate rule which defines ICF/DD admission and level of care criteria.

Amendment 90-26
Supersedes NEW
Effective 5/25/90

J. Evaluate each Medicaid applicant's or recipient's need for admission an ICF/DD.

K. Perform level II preadmission and continued placement screening of mentally retarded (Medicaid) nursing home applicants or recipients.

L. Perform continued stay review of each ICF/DD (Medicaid) recipient at least every six months.

M. Receive and process request from ICF/DD recipients for hearing regarding any adverse action (action which denies admission or continued stay)

N. Establish UC committees which meet federal requirements.

O. Contract for such psychiatric, medical and related staff as required to enable the UC committee to carry out the specific responsibilities detailed in this agreement.

P. Complete and maintain such records reports, and forms as required.

III. Exchange of Information:

Exchange of medical, social and related information between the programs, at the district or program office level, will be effected through an established referral procedure, through consultation, through exchange of social and medical summaries, any pertinent correspondence, and forms devised for purposes of exchange of specific information.

IV. Funding


Cost of these functions performed by the Developmental Services Office are charged to Medicaid, as administrative costs, in accordance with the DHRS Cost Allocation Plan. Staff cost (salaries & expenses) in Developmental Services related to diagnosis and evaluation (D&E) services are directly allocated to Medicaid based on statistical data (weighted) related to the number of reviews performed. Cost related to purchased D&E services are direct charged at a fixed amount per review. The cost related to preadmission screening of mentally retarded nursing home applicants or recipients are direct charged at a fixed amount per review.

Amendment 90-26
Supersedes NEW
Effective 5/25/90
Approval 11-6-90
Revised Submission
10/2/90


V. Effective Period of Agreement:

This agreement by and between the Medicaid Office and the Developmental Services Office will be effective within 30 days of signature and shall continue in full force and effect until otherwise revised in writing and signed by both parties or cancelled by any one of the two parties upon written notice at least ninety (90) days prior to the proposed termination date.


5/7/90
Date


Robert B. Williams
Deputy Secretary for Programs

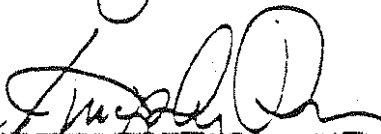
5/25/90
Date


Peter Digre
Deputy Secretary for Operations

5/3/90
Date


Gary J. Clarke
Assistant Secretary for Medicaid

4/17/90
Date


Kingsley R. Ross
Assistant Secretary for
Developmental Services

Amendment 90-26
Supersedes NEW
Effective 5/25/90

COOPERATIVE AGREEMENT
BETWEEN THE
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
AND THE
ADMINISTRATION FOR CHILDREN AND FAMILIES, REGION 4
ON BEHALF OF THE
FLORIDA HEAD START PROGRAMS
FOR
EARLY AND PERIODIC SCREENING, DIAGNOSIS
AND TREATMENT OF MEDICAID ELIGIBLE
CHILDREN UNDER AGE 21

Whereas, the Florida Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, within the Agency for Health Care Administration and Florida Head Start Programs under the direction of the Administration for Children and Families within the Department of Health and Human Services share a common objective of providing comprehensive health services to low-income eligible children.

Whereas, EPSDT and Head Start emphasize the importance of early identification of health problems and provision of treatment services before the problems become serious.

Whereas, EPSDT and Head Start promote linkage of the child and family to a medical home which will provide an on-going system of health care.

Whereas, each program is responsible for outreach and tracking of eligible children receiving services within their program.

Whereas, many children eligible for Head Start are also EPSDT eligible under the Medicaid program.

Therefore, the undersigned programs recognizing the need for collaboration and coordination agree to the following:

General Provisions

- o The Florida Medicaid Program and the Florida Head Start programs agree to coordinate and promote screening, diagnosis and treatment of all Medicaid eligible children through the EPSDT program.
- o All information exchanged between the Agency and the Head Start programs regarding children's eligibility, medical records and other case history shall be regarded as confidential.

The use or disclosure of information concerning applicants and recipients is restricted to purposes directly related to administration of the Medicaid State Plan.

EPSDT services including examination, diagnosis, treatment, outreach, informing, and assistance with transportation and scheduling appointments for services are considered activities directly related to State Plan administration.

Medical information is privileged and may only be released with the patient's permission.

Any agency or provider with a written cooperative or provider agreement to perform EPSDT services which includes the activities of outreach and/or assistance with transportation or scheduling appointments is considered an extension or arm of the Medicaid agency and may be furnished, without the consent of the individual, such information as name, address and medical identification number, providing the following confidentiality requirements are met.

The following criteria specifies the conditions for release and use of information about applicants and recipients:

Information access is restricted to persons or agency representatives subject to legal sanctions or standards of confidentiality that are at least comparable to those of the Medicaid agency.

Release of names of applicants and recipients which may be used by outside sources (sources not under agreement with the agency to provide EPSDT services for recipients) is prohibited.

Written permission must be secured from a family or individual before responding to a request for information from an outside source.

Information may be exchanged when the agency is located within the State structure if the regulatory requirements for safeguarding information on applicants and recipients are met.

- o The EPSDT program federal requirements outlined in Code of Federal Regulation 42, Part 441.50; State Medicaid Manual, Part 5; and state operating procedures as outlined in the District Procedures Guide shall be upheld by the participants of the agreement.

The Medicaid Program Office will:

- o Ensure that all Medicaid eligible children birth through age 20 years, are informed of the benefits of early and periodic

screening, diagnosis and treatment. Informing will occur at the time of initial eligibility determination and periodically thereafter based on the child's age and the American Academy of Pediatrics (AAP) recommended well child schedule for reexamination.

- o Coordinate with the Department of Health and Rehabilitative Services, Economic Services Office to ensure timely determination of Medicaid eligibility and issuance of a valid Medicaid ID card.
- o Designate a liaison for coordination with the Head Start Directors Association.

The Medicaid District Office will:

- o Provide assistance with scheduling of EPSDT screening and treatment services to all eligibles requesting services.
- o Provide scheduling assistance and Medicaid transportation services to assist families in accessing EPSDT screening and treatment services.
- o Develop and disseminate EPSDT outreach materials to recipients, district staff, providers and community groups in accordance with federal EPSDT regulations.
- o Provide EPSDT training to Head Start programs and providers upon request.
- o Ensure that reimbursement is made to eligible providers based upon correct billing procedures as outlined in the appropriate provider handbooks.

The Florida Head Start Directors' Association will:

- o Share federal and statewide policy information regarding Head Start and child health services with the state Medicaid program office.
- o Designate a state level liaison for coordination with the EPSDT program.

The Florida Head Start programs will:

- o Maximize Medicaid funded services in the provision of screening and treatment for Medicaid eligible children.
- o Ensure that all potentially Medicaid eligible children are identified and referred for eligibility determination.
- o Maintain a record keeping system which will provide for an exchange of case management information between Head Start and EPSDT.

This agreement by and between the Agency for Health Care Administration for Medicaid's Early and Periodic Screening, Diagnosis and Treatment Program and the Administration for Children and Families, Region 4 on behalf of the Florida Head Start Programs is effective when signed and shall continue in force unless otherwise revised in writing and signed by both parties upon written notice of at least ninety (90) days. This agreement is to be reviewed jointly at least annually by both programs.

William A. Fillmore, Jr.
William Fillmore
Florida Head Start Association President
Region IV

7/20/93
Date

Don Cook
Douglas M. Cook
Director
Agency for Health Care Administration

8/30/93
Date

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
AGREEMENT BETWEEN THE
MEDICAID OFFICE,
THE
STATE HEALTH OFFICE
SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR
WOMEN, INFANTS, AND CHILDREN
(WIC)
AND THE
ECONOMIC SERVICES PROGRAM OFFICE

WHEREAS, in recent years, a number of studies have been conducted to determine the value of the Special Supplemental Food Program for Women, Infants, and Children (WIC) in regard to positive birth outcomes and birthweight.

WHEREAS, such studies determined that participation in WIC by Medicaid pregnant women had positive results associated with birthweight and the health of newborns.

WHEREAS, a May, 1987 survey by the Southern Regional Project on Infant Mortality ascertained that in Florida, the percentage of WIC patients covered by Medicaid ranged from 10 percent of infants to 16 percent of pregnant women.

WHEREAS, action is needed to assure that Medicaid pregnant women who are at nutritional risk are enrolled in WIC and that WIC eligible women are aware of Medicaid benefits.

WHEREAS, Public Law 101-239, Section 6406, December 1989, requires notification in a timely manner of all individuals in the state who are determined to be eligible for medical assistance and who are pregnant women, breast-feeding or postpartum women (as defined in section 17 of the Child Nutrition Act of 1966), or children below the age of five, of the availability of benefits furnished by the special supplemental food program under such section, and for referring any such individual to the local WIC agency responsible for administering such program.

THEREFORE, the undersigned program offices of the Department of Health and Rehabilitative Services agree to the following:

The Economic Services Program will ensure that all newly approved AFDC, Public Medical Assistance, Medically Needy and Medical Assistance Only recipients who are pregnant, breastfeeding or postpartum women (as defined in section 17 of the Child Nutrition Act of 1966), or children below the age of five, and those reapproved after a period of ineligibility, are:

- o Advised of the benefits of the WIC program during the eligibility determination interview.
- o Referred to the local WIC program.
- o Given the brochure 'How to Apply for WIC', HRS/PI 150-7.

The Medicaid Program Office will ensure that:

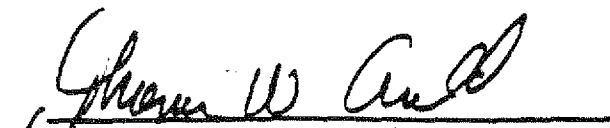
- o Florida's Medicaid Management Information System (FMIS) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) computerized subsystem will automatically inform all Medicaid eligible children under age five, through computer generated notices, of the benefits of participation in the WIC program.
- o WIC program information is included in local Medicaid outreach efforts.
- o All EPSDT Medicaid eligible pregnant, breastfeeding or postpartum young women under the age of 21 or children below the age of five who have been diagnosed to have a nutritional related deficiency as a result of an EPSDT screen are appropriately referred to the local WIC program.
- o Eligible individuals are issued a valid Medicaid identification card through coordination with Economic Services.

The State Health Office will ensure that all Medicaid eligible referrals to the WIC program, are:


- o Assessed for determination of eligibility for WIC services.
- o Provided WIC services if eligible within the limitations of the local program.
- o Referred for or provided an EPSDT screen if not previously screened in accordance with the established periodicity schedule.

This agreement by and between the Medicaid Program Office, State Health Office and Economic Services Program Office is effective when signed and shall continue in force unless otherwise revised in writing and signed by all parties or cancelled by any one of the parties upon written notice of at least thirty (30) days. This agreement is to be reviewed jointly at least annually by all three program offices.

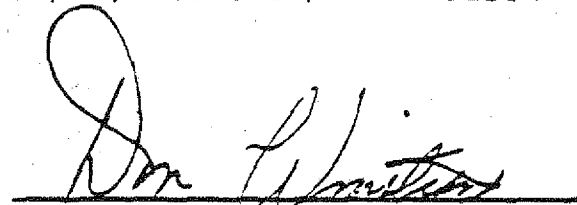
Signatures:


Assistant Secretary
for Medicaid


7/2/90
Date


Deputy Secretary for Health

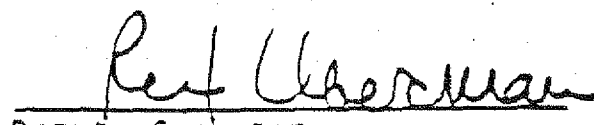
7/9/90
Date


Assistant Secretary for
Economic Services

7/19/90
Date


Deputy Secretary
for Programs

7/25/90
Date


Deputy Secretary
for Operations

8/6/90
Date

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
AGREEMENT BETWEEN THE
Office of the Assistant Secretary for Medicaid
and the
Alcohol, Drug Abuse and Mental Health Program Office

The Medicaid Office (PDDM) is responsible for the administration of the Title XIX (Medicaid) Program. The Alcohol, Drug Abuse and Mental Health Program Office (PDADM) is responsible for the administration of the treatment programs for persons with alcohol, drug abuse and mental health conditions. In the interest of coordinating nursing home reform services and maximizing resources to better serve Title XIX (Medicaid) eligible mentally ill citizens of Florida, the Medicaid Office and the Alcohol, Drug Abuse and Mental Health Program Office agree to the following.

- I. The Medicaid Office will:
 - A. Serve as the liaison with Health and Human Services (HHS) regarding Title XIX (Medicaid) state plan requirements.
 - B. Perform a comprehensive review of mental health screening criteria, policies and procedures developed by the Alcohol, Drug Abuse and Mental Health Program Office for compliance with Medicaid state and federal rules and regulations.
 - C. Provide technical assistance and consultation, as requested.
 - D. Monitor the statewide mental illness screening program.

Amendment 91-06
Effective 1/1/91
Supersedes NEW
Approval Date 5-15-91

Revised Submission 5/10/91

E. Perform a comprehensive review of policy and procedure manuals and forms developed by PDADMH for compliance with applicable Medicaid federal and state rules and regulations.

II. The Alcohol, Drug Abuse and Mental Health Program Office will:

A. Develop criteria, policies, procedures and forms for screening mentally ill nursing home applicants and residents in order to determine the need for active treatment.

B. Ensure the availability and provision of active treatment services to all nursing facility residents and applicants who are determined to require such services.

C. Render final determinations regarding the need for active treatment.

D. Provide documentation or evidence requested by the Medicaid Office or by federal reviewers regarding nursing home reform.

E. Represent the department at appeal hearings regarding any decision which denies admission or continued nursing home placement due to the mental health status of the individual.

III. Exchange of Information:

Exchange of information between programs, at the district or headquarters program office level, will be effected through an established referral procedure, including consultation, correspondence and the exchange of information.

IV. Effective Period of Agreement:

This agreement by and between the Medicaid Office and the Alcohol, Drug Abuse and Mental Health Program Office will be effective on the date of signature and shall continue in full force for one year.

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

4/28/91
Date

V. Sheffield Kenyon
V. Sheffield Kenyon
Acting Deputy Secretary for
Programs

4/22/91
Date

Gary J. Clarke
Gary J. Clarke
Assistant Secretary for Medicaid

4/25/91
Date

Ivor D. Groves, Ph.D.
Ivor D. Groves, Ph.D.
Assistant Secretary for Alcohol,
Drug Abuse and Mental Health

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
AGREEMENT BETWEEN THE
Office of the Assistant Secretary for Medicaid
and the
Aging and Adult Services Program Office

The Medicaid Office (PDDM) is responsible for the administration of the Title XIX (Medicaid) Program and the Aging and Adult Services Program Office (PDAA) is responsible for the administration of the health and related programs for aging and adult individuals.

In the interest of consolidation, the responsibilities of preadmission review screening and the actual service delivery system to better serve Title XIX (Medicaid) eligible aging and adult citizens of Florida, the Medicaid Office and the Aging and Adult Services Program Office agree to the following:

I. The Medicaid Office will:

A. Perform a comprehensive review of preadmission screening and admission review policies and procedures which are developed by the Aging and Adult Services Program Office for compliance with Medicaid state and federal rules and regulations.

B. Develop, distribute and maintain methods and procedures for monitoring the admission and preadmission screening programs.

Amendment 91-06
Effective 1/1/91
Supersedes NEW
Approval Date 5/15/91

C. Establish, distribute and maintain written criteria for evaluating the need for Medicaid institutional care services.

D. Perform a comprehensive review of federal regulations and report any changes to PDAA.

E. Provide technical assistance and consultation as necessary to PDAA.

F. Serve as the medicaid liaison with HHS regarding Title XIX (Medicaid) state plan requirements.

II. The Aging and Adult Services Office will:

A. Evaluate each Medicaid applicant's or recipient's need for nursing home and mental hospital admission.

B. Perform admission review and preadmission screening in accordance with applicable departmental policies and procedures.

C. Represent the department at hearings regarding a decision which denies admission or continued placement in an institutional care facility.

D. Ensure that all admission reviews are performed appropriately and timely.

E. Advise the district developmental services office of any nursing home applicant or resident who has a diagnosis of mental retardation or related condition for which a preadmission mental retardation screening and assessment of the need for active treatment may be required.

F. Provide any documentation or evidence requested by the Medicaid office or by federal reviewers.

G. Maintain individual applicant files and individual assessment forms and related documentation on each resident for whom an admission review, MI screening or MR screening was performed.

H. Participate in and respond, as necessary, to HHS regarding inquiry relating to admission review and screening.

I. Monitor the admission and preadmission screening program.

J. Establish written monitoring standards, methods and procedures which include at least the procedures which are specified in the Medicaid monitoring plan.

K. Prepare and submit written reports of monitoring findings to the Medicaid Program Development Office.

L. Enforce corrective action, when necessary.

M. Provide to admission review staff and providers policy manuals, training and policy interpretation.

N. Prepare and provide report data as needed and requested to respond to inquiries concerning the admission review and preadmission screening program.

III. Exchange of Information:

Exchange of information between the programs, at the district or program office level, will be effected through an established referral procedure, through joint

consultation, through exchange of social, medical summaries and pertinent correspondence; and forms devised for purposes of exchange of specific information.

V. Funding:

Funding and financial participation shall be earned by the Aging and Adult Services Program through the Title XIX (Medicaid) program funding.


VI. Effective Period of Agreement:

This agreement by and between the Medicaid Office and the Aging and Adult Services Program Office will be effective on the date of signature and shall continue in full force and effect until otherwise revised in writing and signed by both parties or cancelled by any one of the two parties upon written notice at least ninety (90) days prior to the proposed termination date.


STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

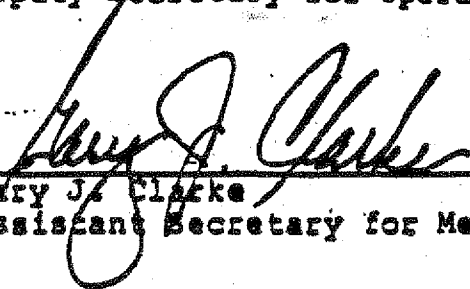
2/2/90
Date


Robert B. Williams
Deputy Secretary for Programs

12/3/90
Date


Peter M. Digre
Deputy Secretary for Operations

1/18/90
Date


Gary J. Clarke
Assistant Secretary for Medicaid

1/31/90
Date


Larry Polivka
Assistant Secretary for Aging
and Adult Services

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

AGREEMENT BETWEEN THE
OFFICE OF THE ASSISTANT SECRETARY FOR MEDICAID
AND THE
DEPARTMENT OF EDUCATION

The Medicaid Office is designated as the administering office for the Title XIX (Medicaid) program in the state of Florida. The Department of Education (DOE) is responsible for administering the Nursing Assistant Certification Program and maintaining the nurse aide registry. Therefore, the offices agree to the following:

- I. The Medicaid Office will:
 - A. Provide technical assistance and consultation to DOE.
 - B. Review DOE policies and procedures to ensure compliance with Medicaid state and federal rules and regulations.
 - C. Ensure Title XIX funding to DOE for activities related to the nurse aide registry.

- II. The Department of Education will:
 - A. Administer the Nursing Assistant Certification Program.
 - B. Ensure that the nurse aide training and competency evaluation program meets the minimum requirements for hours of training, qualifications of instructors, appropriate curriculum, and performance training as specified in 42 CFR 483.152.
 - C. Ensure that the nurse aide competency evaluation program meets the minimum requirements specified in 42 CFR 483.152(b) and 483.154.
 - D. Maintain the nurse aide registry as specified in 42 CFR 483.156 that details the registry requirements, operation, content, and disclosure of information.


Amendment 92-12
Effective 1/1/92
Supersedes NEW
Approved 4-27-92

- E. Maintain documentation of all costs claimed under Title XIX to fully justify expenditures. DOE agrees to furnish, upon request, such information to be reviewed by the Health Care Financing Administration (HCFA), the department, and state auditors.


II. Funding

Funding shall be earned by the Department of Education through the Title XIX (Medicaid) program. Costs for staff are allocated to Medicaid based on the actual percentages of time spent performing activities related to the nurse aide registry. Costs related to expenses, travel and systems costs are directly charged to the Medicaid program.


12/26/91
Date


V. Sheffield Canyon
Deputy Secretary for Human Services

12/19/91
Date


Gary J. Clarke
Assistant Secretary for Medicaid

12/10/91
Date


Robert S. Howell
Director, Division of Vocational
Adult & Community Education

MEMORANDUM OF INTERAGENCY AGREEMENT BETWEEN
THE FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
AND
THE FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY

THIS AGREEMENT is entered into by and between the Florida Department of Health and Rehabilitative Services ("DHRS") and the Florida Department of Labor and Employment Security ("DLES") in order to assist in the identification of Medicaid-eligible individuals listed in the DLES accident records by authorizing the exchange of computerized records for comparison;

WHEREAS, DHRS and DLES, two agencies of the State of Florida, are desirous of entering into this agreement in order to facilitate the identification of Medicaid-eligible individuals listed in the DLES records for the purpose of identifying potential third party reimbursers of the State Medicaid program pursuant to Section 409.910, Florida Statutes and Section 1902(a)(25) of the Social Security Act (42 U.S.C. §1396a(a)(25));

WHEREAS, the Florida state plan for medical assistance, implemented pursuant to 42 USC Section 1902(a)(25) of the Social Security Act charges DHRS with the responsibility of seeking out all potential sources of third party liability for recovery of reimbursements for the state and federal governments pursuant to the Medicaid program; and

Amendment 92-47
Effective 7/1/92
Supersedes NEW
Approved 10-13-92

WHEREAS, the Federal regulations codified at 42 CFR 433.138(d)(4) require the Medicaid program administered in Florida by DHRS, to the extent possible, to conduct data exchanges with state agencies maintaining Industrial Accident Commission files;

NOW THEREFORE, in consideration of the above premises and the mutual promises contained herein, DHRS and DLES agree to the following terms and conditions:

1. DHRS will submit to DLES a request for specified data pertaining to work-related injuries on a quarterly basis. Such request will be made in writing by authorized employees of the Office of Medicaid Third Party Liability.
2. DLES will, upon request, provide authorized computer tapes or cassettes of data pertaining to work-related injuries to the appropriate individual within 30 days of the written request. The tape(s) or cassette(s) furnished to DHRS will be fixed-block and fixed-record length format, in the record layout used by DLES.
3. DLES may request reimbursement for the actual reasonable cost of production necessitated by this agreement, in accordance with Section 119.07, Florida Statutes.

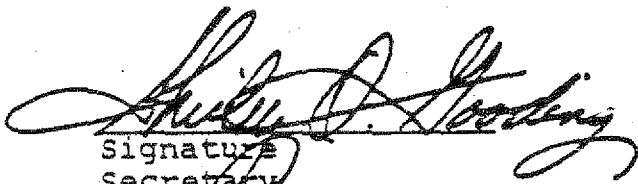
4. DHRS or its fiscal agent will write application software for the production of a system to perform the cross-match of all individual Medicaid eligibility records to records received from DLES on a quarterly basis.

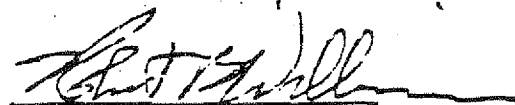
5. DHRS, through its fiscal agent, will perform the cross-match and will subsequently return the original computer tape(s) or cassette(s) to DLES.

6. The use or disclosure of information concerning applicants or recipients of medical assistance is subject to the limitations of 42 CFR Sections 431.300 and 431.304 confidentiality provisions. In addition, information contained in the DLES report shall not be used or disclosed in any manner that would violate the terms of this agreement.

7. This agreement will remain in force and effect until cancelled by mutual consent of both parties or cancellation by either party after having given written notice to the other party at least ninety (90) days prior to the intended termination date.

AGREED TO THIS 9th DAY OF August, 1992.


Signature
Secretary
Department of Labor and
Employment Security


Signature
Secretary
Department of Health and
Rehabilitative Services

MEMORANDUM OF AGREEMENT
between
the State Health Office
and
the Medicaid Program Office

The Medicaid office is designated as the administering agency for the Title XIX (Medicaid) Program in the State of Florida. The State Health Office is responsible for administering the Healthy Start Initiative as defined in the Healthy Start Act of 1991 and specifically selecting and administering prenatal and infant health care coalitions.

The purpose of the Healthy Start Initiative is to assure that Medicaid pregnant women and infants have access to prenatal and infant care through local development of coordinated systems of care. A local Healthy Start coalition will be the agency under contract with the department to coordinate and develop the system of care. The coalition consists of a broad base of community organizations and agencies, both public and private, as well as health care providers and client advocates that have an active interest in maternal and child health.

The State Health Office is responsible for the following:

1. Select local coalitions through a competitive selection process.
2. Prepare contracts with selected coalitions detailing the required work products and time frames.
3. Ensure that the coalitions develop coordinated systems of care and perform the following functions:
 - a. Assess community service area (i.e., demographics, estimate of numbers eligible, location of groups).
 - b. Develop resource inventories of service area.
 - c. Determine components of local provider networks and recruit a network of providers.
 - d. Identify at risk groups.
 - e. Identify unmet service needs.
 - f. Identify barriers to care (e.g. access to affordable care, provider availability, acceptance of Medicaid reimbursement, Medicaid eligibility)
 - g. Develop outreach programs to identify and intervene with patients early in their care.
 - h. Develop outcome objectives.
 - i. Develop prenatal and infant health care services plans that will lead to coordinated systems of care.
 - j. Allocate other funding resources to providers.
 - k. Implement the health care services plans.

Amendment 92-49
Effective 9/3/92
Supersedes NEW

Approved 10-16-92

1. Monitor service delivery, and implement a quality management program.
4. Identify state funding resources in the State Health Office budget for coalitions to allocate to providers for providing non-Medicaid covered services.
5. Assure that local agencies including HRS County Public Health Units (CPHUs), district offices and other parties remain informed and participate in these coordinated systems of care.
6. Serve as contract manager and monitor contracts to assure that stated deliverables are provided and established objectives are met. This will be done through quarterly reporting by the coalitions throughout the contract year, site visits by State Health Office staff, attendance at coalition meetings, and quarterly meetings of coalitions.
7. Provide training and technical assistance to coalitions as needed to assist in compliance with contract provisions and facilitate development of coordinated systems of care.

The Medicaid Program Office is responsible for the following:

1. Provide training and technical assistance to coalitions on Medicaid programs and policies.
2. Provide to the coalitions information regarding Medicaid providers as required for conducting community assessment.
3. Assist the State Health Office in monitoring the coalition contracts.
4. Assist coalitions in efforts to develop a comprehensive provider network that serves indigent clients.
5. Actively recruit providers to participate in the Medicaid program.
6. Provide information regarding Healthy Start to recipients and providers as necessary to assure an understanding of the program and to encourage acceptance and active participation.

TN No. <u>92-49</u>	DATE/RECEIPT	<u>9-21-92</u>
SUPERSEDES	DATE APPROV	<u>10-16-92</u>
TN No. <u>NEW</u>	DATE EFFECT	<u>9-3-92</u>

Funding:

1. Funding shall be earned by the State Health Office through the Title XIX- (Medicaid) Program. Allowable costs for the coalition contracts shall be allocated to Medicaid based on the population served.
2. The Healthy Start Act requires a local cash or in-kind contribution of 25% of the cost of the coalition. Medicaid's financial participation shall be 50% of the net coalition expenditures (total less local cash or in-kind contributions).
3. Funds advanced under the coalition contracts will be funded 100% from state General Revenue funds. Only actual expenditures will be reimbursable under Medicaid.
4. The State Health Office shall provide the general revenue required to fund 50% of the net expenditures (less local cash or in-kind contributions).
5. The State Health Office is responsible for funding any expenditures disallowed by HCFA related to the coalition contracts.
6. The Medicaid Office will audit expenditures under these contracts at least annually.

8/31/92
Date

Gary J. Clarke
Gary J. Clarke
Assistant Secretary for Medicaid

9/3/92
Date

Charles S. Mahan
Charles S. Mahan, MD
Deputy Secretary for Health and
State Health Officer

TN No. 92-49 DATED/RECEIVED 9-21-92
SUPERSEDES DATE/RECEIVED 10-16-92
TN No. New DATE/EFFECTIVE 9-3-92

INTERAGENCY AGREEMENT BETWEEN
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES (HRS)
THE MEDICAID PROGRAM OFFICE
AGING AND ADULT SERVICES PROGRAM OFFICE
DEVELOPMENTAL SERVICES PROGRAM OFFICE
CHILDREN'S MEDICAL SERVICES PROGRAM OFFICE
ALCOHOL, DRUG ABUSE AND MENTAL HEALTH PROGRAM OFFICE
DISTRICT ADMINISTRATION
AND THE
AGENCY FOR HEALTH CARE ADMINISTRATION
FOR

UTILIZATION CONTROL PROGRAM FOR
INSTITUTIONAL CARE APPLICANTS AND RECIPIENTS

The Medicaid Program office (PDDM) is designated as the administering office for the Title XIX (Medicaid) program in the state of Florida; the Aging and Adult Services Program Office (PDAA) has responsibility for the administration of health and related programs for aging and adult individuals; the Children's Medical Services Program Office (PDCM) has responsibility for the administration of programs and services for children with special health care needs (Title V); the Developmental Services Program Office (PDDS) has responsibility for the administration of supports and services for mentally retarded and other developmentally disabled individuals; the Alcohol, Drug Abuse and Mental Health Program Office (PDADM) has responsibility for the provision of a continuum of mental health care and evaluations through contractual agreements with local mental health centers; and the Agency for Health Care Administration (AHCA) has responsibility for licensing of all long term care facilities and administering the surveys and inspections necessary to ensure compliance with certification conditions and standards of participation. In general, the above offices have responsibility for ensuring that timely, appropriate, efficient, quality and effective institutional care services are provided to Medicaid institutional care recipients. Each district office has responsibility of implementing, at the local level, prescribed utilization control policies and procedures in accordance with established state and federal rules and regulation and in accordance with prescribed policies and procedures.

Federal regulations for Title XIX mandate that the state implement a statewide surveillance and utilization control (UC) program that safeguards against unnecessary and inappropriate use of institutional care services by Medicaid recipients, against excessive institutional care payments and ensures the provision of quality care and services. Therefore, in the interest of meeting these federal mandates, coordinating the nursing home reform requirements of the Omnibus Budget Reconciliation Act of 1987, and maximizing resources to better serve Medicaid institutional care applicants and recipients, these headquarters and district program offices agree to the following provisions relating to Medicaid provider facilities and their recipients (and not applicable to private pay facilities):

I. PDDM, PDAA, PDCM, PDDS, PDADM and AHCA
GENERAL PROVISIONS

A. To coordinate, as applicable, with the Medicaid program office in the development and issuance of policy statements or policy changes, training, monitoring, and survey procedures regarding institutional care applicants, recipients and providers.

B. To share institutional care information, reports and statistical data.

C. To collaborate in the development of a full continuum of Medicaid reimbursable health and related care services for Medicaid institutional care applicants and recipients that encourage the least restrictive, efficient, and most cost effective use of facilities and services.

D. To collaborate in the development of institutional care admission and continued placement criteria.

E. To provide representation and ensure participation, as appropriate, in local intradepartmental pre-admission reviews of children who are applying for Medicaid reimbursement for nursing facility services.

F. To adhere to state and federal rules and regulations pertaining to Medicaid utilization control of institutional care services.

G. To provide representation and ensure participation in workgroups and committees as necessary to provide technical assistance and coordination of the statewide institutional utilization control program.

H. To provide staff and provider training as necessary.

I. To provide administrative oversight and technical assistance to the district staff in the performance of designated functions.

II. Medicaid Program Office

The State Medicaid Program Offices shall perform the following functions:

A. Promulgate, distribute and maintain institutional care admission and continued placement criteria;

B. Provide technical assistance and consultation as necessary;

- C. Provide clarification of institutional care criteria;
- D. Serve as the Medicaid liaison with Health and Human Services (HHS) regarding the Title XIX state plan and state plan requirements;
- E. Prepare and submit, on a timely basis, federally required preadmission screening and annual resident review reports, and inspection of care reports (Quarterly Showing Report);
- F. Provide clarification of federal requirements;
- G. Maintain and update administrative rules, in collaboration with PDARS, PDDS, PDCMS, PDADM, and AHCA, relating to institutional utilization control and admission and continued placement criteria; and
- H. Monitor the statewide institutional utilization control program and the nursing facility pre-admission screening and annual resident review (PASARR) process.

The District Medicaid Program Offices shall perform the following functions:

- A. Provide technical assistance when requested.
- B. Provide oversight at the local district level upon request or as deemed necessary.

III. Aging and Adult Services Program Office

The State Aging and Adult Services Program Office shall perform the following functions:

- A. Establish, distribute and maintain written admission review, follow-up placement and continued placement determination policies, procedures, and forms.
- B. Establish, distribute and maintain written screening and referral policies, procedures, and forms.
- C. Prepare and provide report data as needed concerning the admission review and MI and MR-DD screening.
- D. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MI and/or MR-DD screening.
- E. Monitor the accuracy and timeliness of preadmission and continued placement reviews performed by the district preadmission teams.

F. Ensure the establishment of adequate teams, as available resources allow, to assure timely completion of functions performed by the teams in accordance with the provisions of this agreement.

G. Provide or contract for such psychiatric, medical and related staff as required to enable the teams to carry out the specific responsibilities detailed in this agreement.

The District Aging and Adult Services Program Offices shall perform the following functions:

A. Ensure that each Medicaid applicant's or recipient's (age 21 and older) need for nursing facility, mental hospital or swing bed facility services is evaluated by the Comprehensive Assessment and Review for Long Term Services (CARES) teams and a level of care established or an alternate placement determination rendered.

B. Ensure that all admission reviews are performed appropriately and timely.

C. Ensure that all Medicaid nursing facility applicants (age 21 and older) who appear to have mental illness (MI) or mental retardation/developmental disability (MR-DD) are identified.

D. Ensure that each Medicaid nursing facility applicant (age 21 and older) identified by PDOAA, or private pay applicant (age 21 and older) identified by a nursing facility, as possibly having MI or MR-DD is appropriately referred by CARES for an evaluation and a determination made regarding the need for specialized services.

E. Ensure that local Developmental Services offices are advised of all Medicaid nursing facility applicants or recipients determined to require MR-DD evaluations and ensure that PDADM is advised of all applicants or recipients who require a final determination regarding their need for specialized MI services.

F. Ensure that each Medicaid recipient's need for continued placement in a swing bed facility, beyond the initial 60 day period, is evaluated. Upon request by the facility for authorization of extended Medicaid reimbursement, when appropriate, authorize swing bed extensions.

G. Review all decisions rendered by institutional care facilities (nursing facilities and mental hospitals) and district staff that deny continued placement of any Medicaid recipient who is (age 21 and older) and render a final determination regarding continued placement. When there is concurrence with the facility's decision, provide adequate and timely written notification of the final determination to the local eligibility and payments staff for recipient notification.

H. Perform continued placement reviews of all nursing facility and mental hospital recipients referred by AHCA or other HRS staff, and of all recipients approved for short-term placement, and render a final determination regarding continued placement. When Medicaid eligibility for continued placement is denied, provide adequate and timely written notification to the local eligibility and payments staff for recipient notification.

I. Ensure appropriate departmental representation at any administrative or legal proceeding regarding any decision that is rendered by DPOAA staff which denies an applicant's or recipient's admission or continued placement or renders the facility unable to provide the level of services required by the individual in a nursing facility, swing bed or mental hospital.

J. Ensure that documentation which reflects each admission and continued stay review performed, and each MI or MR-DD screening performed for nursing facility applicants and recipients is maintained at the local level and available for review by authorized federal and/or state representatives, and substantiates the level of services required by each applicant or recipient or an alternative placement determination when applicable.

IV. Developmental Services Program Office

The State Developmental Services Program Office shall perform the following functions:

A. Establish, distribute and maintain written admission review, follow-up placement and continued placement determination policies, procedures, and forms.

B. Establish, distribute and maintain written screening and referral policies, procedures and forms.

C. Prepare and provide report data as needed concerning the admission review and MR-DD screening.

D. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MR-DD screening.

E. Monitor the accuracy and timeliness of preadmission and continued placement reviews performed by the district preadmission teams.

The District Developmental Services Program Offices shall perform the following functions:

A. Ensure that each Medicaid applicant's or recipient's need for Intermediate Care Facility for the Developmentally Disabled (ICF/MR-DD) services is evaluated and a level of care or

alternate placement determination rendered and to ensure that continued stay reviews are performed in accordance with 42 CFR 456.431 through 42 CFR 456.436.

B. Ensure that all admission reviews are performed appropriately and timely.

C. Review all decisions rendered by ICFs/MR-DD that deny continued placement of any Medicaid recipient and render a final determination regarding the need for continued placement. When there is concurrence with the facility's decision, provide adequate and timely written notification of the final determination to the recipient.

D. Perform continued placement reviews of all MR-DD nursing facility recipients referred by AHCA or HRS staff, and of all MR-DD recipients approved for short-term nursing facility placement, and render a final determination regarding continued placement within the nursing facility.

E. Ensure that each nursing facility applicant or recipient requiring a MR-DD evaluation is evaluated prior to admission (under the Medicaid institutional care program) and no less than annually thereafter and a determination rendered with regard to whether or not specialized services for MR-DD are required.

F. Ensure the establishment of adequate teams to assure timely completion of admission, continued stay and annual reviews of ICF/MR-DD applicants and recipients, and MR-DD screenings for nursing facility applicants and recipients.

G. Provide or contract for such psychiatric, medical and related staff as required to enable the admission and continued stay review teams to carry out the specific responsibilities detailed in this agreement.

H. Develop, distribute and maintain UC plans for each ICF/MR-DD and ensure the UC plans meet federal and state requirements.

I. Ensure departmental representation at any administrative or legal proceeding regarding any decision that is rendered by district DPODS staff which denies an applicant's or recipient's admission or continued placement, or renders the facility unable to provide the level of services required by the individual, in an ICF/MR-DD or nursing facility.

J. Ensure that documentation which reflects each ICF/MR-DD admission and continued stay review performed, and each MR-DD screening and annual review performed for nursing facility applicants and recipients is maintained at the local level and available for review by authorized federal and/or state

representatives, and substantiates the level of services required by each applicant or recipient or an alternate placement determination when applicable.

V. The Children's Medical Services Program Office

The State Children's Medical Services Program Office shall perform the following functions:

A. Establish, distribute and maintain written admission review, follow-up and continued placement determination policies, procedures, and forms;

B. Establish, distribute and maintain written policies, procedures and forms for first level screening by MHATs of MI and MR-DD and referrals for further assessment.

C. Prepare and provide report data as needed concerning the admission review and MI and MR-DD screening;

D. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MI and/or MR-DD screening; and

E. Monitor the accuracy and timeliness of preadmission and continued placement reviews performed by district Multiple Handicap Assessment Teams (MHATs).

The District Children's Medical Services Program Offices shall perform the following functions:

A. Ensure that each Medicaid applicant's or recipient's (age birth thru 20) need for nursing facility services is evaluated by the Multiple Handicap Assessment Team and a level of care established or an alternate placement determination rendered.

B. Ensure that all admission reviews are performed appropriately and timely.

C. Ensure that all Medicaid nursing facility applicants (age birth thru 20) who appear to have MI or MR-DD are identified.

D. Ensure that each Medicaid nursing facility applicant (age birth thru 20) identified by the MHAT, or private pay applicant (age birth thru 20) identified by a nursing facility, as possibly having MI or MR-DD is appropriately referred by the MHAT for an evaluation and a determination made regarding the need for specialized services.

E. Ensure that local Developmental Services offices are advised of all (age birth thru 20) Medicaid nursing facility applicants or recipients determined to require MR-DD evaluations

and ensure that PDADM is advised of all applicants or recipients who require a final determination regarding their need for specialized MI services.

F. Ensure that local MHATs review all decisions rendered by Medicaid nursing facilities that deny continued placement of any Medicaid recipient (age birth thru 20), and render a final determination through the staffing process regarding the need for continued placement. When there is concurrence with the facility's decision, provide adequate and timely written notification of the final determination to the local eligibility and payments staff for notification to the recipient and the recipient's responsible party.

G. Ensure that local MHATs perform continued placement reviews of all nursing facility residents (age birth thru 20) referred by AHCA or HRS staff, and of all recipients (age birth thru 20) approved for short-term nursing facility placement, and render a final determination regarding continued placement. When Medicaid eligibility for continued placement is denied, provide adequate and timely written notification to local eligibility and payments staff for recipient notification.

H. Ensure appropriate departmental representation at any administrative or legal proceeding regarding any decision that is rendered by a MHAT which denies an applicant's or recipient's (age birth thru 20) admission or continued placement in a nursing facility or renders the facility unable to provide the level of services required by the individual.

I. Ensure that documentation which reflects each admission review and continued stay review performed, and each MI or MR-DD screening and annual review performed for nursing facility applicants and recipients (age birth thru 20) is maintained at the local level and available for review by authorized federal and/or state representatives, and substantiates the level of services required by each applicant or recipient or an alternate placement determination when applicable.

VI. Alcohol, Drug Abuse and Mental Health Program Office

The State Alcohol, Drug and Mental Health Program Office shall perform the following functions:

A. Ensure the development of a uniform MI nursing facility preadmission and annual screening/assessment tool and criteria for statewide use.

B. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MI screenings.

C. Monitor the accuracy and timeliness in making determinations for specialized services in accordance with the provisions of this agreement.

The District Alcohol, Drug and Mental Health Program Office shall perform the following functions:

A. Ensure that a final determination is rendered regarding each referred nursing facility applicant's or recipient's need for specialized services for MI.

B. Ensure the provision of specialized services to all nursing facility residents who are determined to require such services and who are allowed to enter or remain in the nursing facility.

C. Ensure that documentation is maintained and available to authorized federal and state reviewers which substantiates the final determination regarding whether or not specialized MI services are required for nursing facility residents and applicants.

D. Ensure departmental representation at any administrative or legal proceeding regarding any admission or continued decision that is rendered by DPOADM staff which denies an applicant's or recipient's admission or continued placement, or renders the nursing facility unable to provide the level of services required by the individual.

E. Prepare and provide periodic report data as needed concerning MI final determinations for specialized services.

VIII. Agency for Health Care Administration

A. Ensure that an Inspection of Care (IOC) review is conducted in each Medicaid participating ICF/MR-DD and mental hospital in which there is one or more residents approved for the Medicaid institutional care program (ICP).

B. Ensure that all IOC reviews are conducted in accordance with federal law and regulations.

C. Ensure the IOC teams prepare and distribute IOC reports which reflect the IOC team's findings on recipient services as well as specific findings and recommendations with respect to individual need for continued placement. The cover sheet of the IOC reports shall also contain at least the following:

- Facility name, address and provider number;
- Number of Medicaid recipients, by level of care, under facility care at the time of the IOC;
- Number of beds allocated or certified for care of Medicaid recipients;
- Date(s) the IOC was performed. If review lasted more than one day, the beginning and ending dates;
- Date on which the IOC report was prepared; and
- Signatures and credentials of team members.

D. Ensure that IOC teams obtain and maintain individual recipient profiles or assessment findings for each Medicaid applicant or recipient observed and medically reviewed during the IOC and to provide such documentation or evidence when requested by federal and/or state validators.

E. Respond, as necessary, to HHS regarding inquiries relating to inspection of care.

F. Ensure that each IOC team is appropriately composed.

G. Ensure that each MI and MR-DD nursing facility resident is reviewed during the annual facility survey and an assessment made regarding his MI or MR-DD status and his need for an MI/MR-DD evaluation.

H. Refer to district HRS CARES staff or MHAT staff, as age appropriate, each MI or MR-DD nursing facility resident who is identified through a Mini-Gates assessment as needing an evaluation of the MI or MR-DD status and a determination of the need for specialized services or alternative placement.

I. Ensure that each Medicaid nursing facility resident who appears to no longer require the level of services provided by a nursing facility is referred to district HRS CARES or MHAT staff, as age appropriate, for a final continued placement determination.

J. Ensure that each facility has implemented the initial and annual resident review and that each facility is using the Minimum Data Set for review purposes.

K. Ensure agency representation at any administrative or legal proceeding regarding any information provided or action taken by AHCA staff which denies continued placement in an institutional care facility or renders the facility unable to provide the level of services required by the individual.

L. Monitor the accuracy and timeliness of functions performed by the survey teams in accordance with the provisions of this agreement.

VIII. Exchange of Information

Exchange of information between the programs, at the local and program office level, will be effected through an established referral procedure, through joint consultation, through exchange of reports and pertinent correspondence, and forms devised for the purposes of exchange of specific information.

IX. Funding

A. Funding shall be earned by each HRS program and AHCA through Title XIX program based on the performance of functions as required in this agreement by staff of the respective office.

B. Allowable costs for HRS program office or district staff and AHCA may be charged directly or allocated to Medicaid based on the actual percentages of time spent performing activities applicable to this agreement in accordance with the HCFA approved cost allocation plan. Additionally, costs for physician consultant services may be charged directly to the Medicaid program.

C. Each HRS program office and AHCA is responsible for management of its Title XIX budget, ensuring that all funds are spent properly, accounted for, and budget information is available for review.

D. Each applicable HRS office and AHCA is responsible for funding any disallowances from HCFA related to its respective responsibilities.

X. Amendments

A. Amendments to this agreement shall be valid only when reduced to writing and duly signed.

B. Any party to this agreement may propose an amendment to any provision of the agreement and shall give all parties the opportunity to assess the impact of any proposed amendments. Any section of this agreement may be amended at any time with the agreement of all parties impacted by the provisions that are amended.

XI. Termination.

This agreement may be terminated by any party upon no less than 90 days written notice to all parties, without cause. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

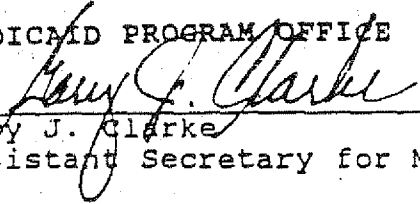
XII. Effective Period of Agreement

This agreement by and between the above specified HRS program offices and AHCA will be effective on January 1, 1993, and shall continue in full force and effect until June 30, 1993.

The parties hereto have caused this agreement to be executed by their undersigned officials as duly authorized.

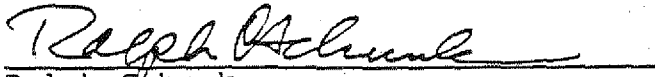
STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

MEDICAID PROGRAM OFFICE



Gary J. Clarke
Assistant Secretary for Medicaid

AGING AND ADULT SERVICES



Ralph Schunk
Acting Assistant Secretary for Aging and Adult Services

DEVELOPMENTAL SERVICES



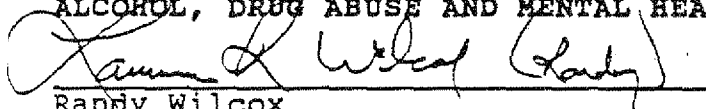
Richard Lepore
Assistant Secretary for Developmental Services

CHILDRENS MEDICAL SERVICES



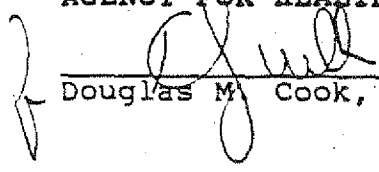
Michael Cupoli, M.D.
Assistant Secretary for Childrens Medical Services

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH SERVICES



Randy Wilcox
Acting Assistant Secretary for
Alcohol, Drug Abuse and Mental Health Services

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION



Douglas M. Cook, Director