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.

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

for 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

Approval Date 11-6-90

**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

- 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.

- 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.

- 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:

- 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.

- 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.

- Designate a liaison for coordination with the Head Start Directors Association.

The Medicaid District Office will:

- Provide assistance with scheduling of EPSDT screening and treatment services to all eligibles requesting services.

- Provide scheduling assistance and Medicaid transportation services to assist families in accessing EPSDT screening and treatment services.

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

- Provide EPSDT training to Head Start programs and providers upon request.

- 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:

- Share federal and statewide policy information regarding Head Start and child health services with the state Medicaid program office.

- Designate a state level liaison for coordination with the EPSDT program.

The Florida Head Start programs will:

- Maximize Medicaid funded services in the provision of screening and treatment for Medicaid eligible children.

- Ensure that all potentially Medicaid eligible children are identified and referred for eligibility determination.

- 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. — 7/20/93

William Fillmore
Florida Head Start Association President
Region IV

Date

Dm Cook — 8/20/93

Douglas M. Cook
Director
Agency for Health Care Administration

Date

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 (PDRL) is responsible for the 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 the interest of coordinating the survey process and maximizing resources to better ensure quality of care and life of individuals residing in long term care facilities, the responsibilities for inspection of care (IOC) under Medicaid, and the licensure and certification survey functions are being consolidated. Through this unified survey process, emphasis is placed on outcome of a resident's care and will relate all aspects of specific regulations directly to the care and safety of each resident.

Therefore, in order to improve the quality of services and care provided to individuals residing in long term care facilities, the Medicaid Office and the Office of Licensure and Certification agree to the following:

I. The Medicaid Office will:

A. Review all IOC and utilization review policies and procedures which are developed by the Office of Licensure and

Certification for compliance with Medicaid state and federal rules and regulations.

B. Review each facility's evaluation summary (HRS 1802) and determine whether or not the review was completed appropriately and timely by an adequately composed team.

C. Validate, in at least two facilities in each district on an annual basis, whether or not 100 percent of the facility's Medicaid recipients were reviewed.

D. Develop, distribute, implement, and maintain utilization control validation and monitoring procedures.

E. Complete and forward a summary report of monitoring or validation survey to PDRL within 30 days of the exit conference.

F. Provide technical assistance and consultation as necessary to PDRL.

G. Provide consultation by a medical professional at the central office level in the development of health standards for institutions and institutional care residents.

H. Perform a comprehensive review of all revised federal Medicaid utilization control regulations and report changes in the requirements to PDRL.

I. Serve as the Medicaid liaison with Health and Human Services (HHS) regarding the Title XIX (Medicaid) state plan and state plan requirements.

J. Perform on-site monitoring visits by a schedule to be developed each quarter.

K. Prepare the quarterly showing and forward it to HHS prior to the last day of the month following each quarter.

L. Provide a listing of facilities due for a review to PDRL 15 days prior to the first day of the quarter in which they are due.

II. The Office of Licensure and Certification will:

A. Conduct an annual Medicaid IOC review in all Medicaid participating facilities in which there are one or more residents approved for the Medicaid institutional care program (ICP), excluding facilities which are participating in the swing bed program.

B. Perform an IOC review, on-site, at least annually for each Medicaid resident. An IOC shall be performed more frequently if determined necessary based on the findings of annual review.

C. Complete each annual IOC review in each participating facility by the end of the anniversary quarter of the facility's entry into the Medicaid program or by the end of the quarter in which the previous IOC was performed.

D. Perform follow-up reviews in cases of noncompliance or evidence of questionable quality of care and services.

E. Develop, distribute, implement, and maintain IOC policies and procedures and utilization review monitoring and reimbursement procedures for utilization review.

F. Establish a statewide system for identifying Medicaid ICP recipients in order to ensure that every recipient is reviewed during an IOC.

G. 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 individuals. The cover sheet or 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
- Signatures and credentials of team members

H. Maintain individual recipient profiles or individual recipient assessments on each Medicaid recipient observed and medically reviewed.

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

J. Respond, as necessary, to HHS regarding inquiry relating to inspection of care and utilization review.

K. Ensure that each IOC team is appropriately composed.

L. Ensure that there are adequate numbers of teams established on a statewide basis to ensure that every facility review is completed timely.

M. Perform initial mental illness screening of all residents residing in Title XIX participating nursing homes.