



UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

251691599
DHHS Log Number

252701599
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Combined EPSDT Consumer Ed-San Juan.
2. **CONTRACTING PARTIES:** This contract is between the Utah Department of Health & Human Services (DHHS) and San Juan County (CONTRACTOR).

PAYMENT ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding, UT 84511

MAILING ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding, UT 84511

Vendor ID: 06866HL

Commodity Code: 94842 Health Care Management

3. **GENERAL PURPOSE OF CONTRACT:** The purpose of this contract is to provide funding for member and provider outreach activities as performed by Utah's Local Health Departments.
4. **CONTRACT PERIOD:** The service period of this contract is 07/01/2025 through 06/30/2030, unless terminated or extended by agreement in accordance with the terms and conditions of this contract.
5. **CONTRACT AMOUNT:** DHHS agrees to pay a maximum of \$53,380.00 in accordance with the provisions of this contract.
6. **CONTRACT INQUIRIES:** Inquiries regarding this contract shall be directed to the following individuals:

CONTRACTOR CONTACT

Mike Moulton
(435) 587-3838
mmoulton@sanjuancountyut.gov

DHHS CONTACT

Kelly Garcia
(801) 538-6945
kgarcia@utah.gov

7. **REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS CONTRACT:**

Attachment A: Attachment A

8. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 9. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.
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Contract with Utah Department of Health & Human Services and San Juan County, Log # 251691599

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

Signature

Signed by: _____

Sylvia Stubbs
County Commission Chair

Date Signed: _____

ATTACHMENT A: SCOPE OF WORK

Article 1 PURPOSE

- 1.1 **Purpose.** This contract is to provide outreach for services under the Early and Periodic Screening, Diagnostic, and Treatment program. This contract also provides member consumer education and assistance in selecting a primary care physician (“PCP”).

Article 2 DEFINITIONS

- 2.1 **Definitions.** In this contract, the following definitions apply:

“**Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**” means a health promotion and outreach case management program under which the Contractor's staff facilitates access to and encourages comprehensive preventative health screening of Utah children enrolled in Medicaid to identify potential health problems and/or conditions and to ensure that additional diagnosis, evaluation, and treatment services are obtained when necessary.

“**Local Providers**” means physicians, clinics, hospitals, durable medical equipment providers, nursing homes and other providers of medical services operating in the Contractor's area.

“**Managed Care Entity (MCE)**” are comprised of Managed Care Organizations (“MCOs”), Primary Care Case Management, Prepaid Inpatient Health Plans (“PIHPs”), and Prepaid Ambulatory Plans (“PAHPs”). MCEs provide services to its Medicaid enrollees through contracted arrangements between DIH and the MCE.

“**Mandatory Enrollment County**” means counties in which Medicaid members live that must choose a county available MCE to receive Medicaid benefits. These counties are Utah, Weber, Salt Lake, Davis, Cache, Box Elder, Iron, Washington, Rich, Tooele, Morgan, Summit and Wasatch counties.

“**User**” means any employee or agent of the Contractor who has access to or makes use of any database maintained by the State or by DHHS, and to whom DHHS has given access.

“**Voluntary Enrollment County**” means counties in which Medicaid members live that have the option to enroll in a county available MCE. These counties are Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Uintah and Wayne counties.

Article 3 CONTRACTOR REQUIREMENTS

- 3.1 **Contractor Requirements.** The Contractor shall:

- (1) place special emphasis on ensuring that Medicaid eligible children receive preventative oral health services including, but not limited to, the application of dental varnish during the health screen;
- (2) utilize the DHHS issued weekly and monthly reports to contact 100% of families on the list by telephone, or by letter when telephone contact is not possible. The following must be

completed with parents and guardians within 30 days from the date the Contractor receives the report :

- (A) educate and remind parents and guardians that their children are in need of well child visits, at no cost to the parent or guardian, including an explanation of the importance of benchmark screenings;
 - (B) educate parents and guardians on the importance of immunizations;
 - (C) educate parents and guardians on mental health resources;
 - (D) educate parents and guardians on the importance of preventative oral health services including, but not limited to, the application of dental varnish during the health screen;
 - (E) educate parents and guardians regarding the importance of using a PCP;
 - (F) for children who did not receive an EPSDT exam, remind parents and guardians that their children need screening services; educate the parents and guardians about the value of EPSDT well-child services to their child(ren)'s wellbeing; and explain that the services are available at no cost;
 - (G) offer assistance to parents and guardians in finding health care providers, keeping appointments, and obtaining any follow-up care required; and
 - (H) provide information on the availability of transportation assistance upon request of the parent or guardian;
- (3) provide the DHHS approved educational talking points specific to the activities in this contract;
 - (4) if offering EPSDT screening services, not encourage families to use the Contractor's services over the services of the families' established health care providers;
 - (5) upon request by foster parents, foster care case workers, and Fostering Healthy Children staff, provide assistance in identifying health care providers who offer EPSDT services;
 - (6) identify potentially eligible families during encounters associated with the Women Infants and Children program, Immunization clinics, Prenatal program and other local health department ("LHD")programs which serve families and children; and
 - (7) make families aware of the services that are accessible through EPSDT and the Contractor. This may include distributing flyers, brochures, or other promotional materials; conducting community outreach; or hosting informational sessions to ensure families are aware of and can access the full range of available services.

3.2 **Provider Education and Outreach.** The Contractor shall:

- (1) contact Local Providers to promote participation in the Utah Medicaid program and shall inform interested Local Providers of how they can enroll with the DHHS Provider Enrollment team;

- (2) contact any unenrolled providers in the LHD's area and encourage them to enroll with Medicaid. If there are no unenrolled providers in the LHD's area no further action is necessary;
- (4) provide general information regarding the Utah Medicaid program when contacted by a Local Provider;
- (5) refer questions regarding Managed Care to DHHS Office of Managed Health Care or to the applicable MCE as appropriate;
- (6) upon request from a Local Provider, provide information on additional community resources available to address the medical needs of Medicaid eligible children;
- (7) track the number of provider education contacts and submit this data to DHHS in a DHHS approved format by July 31st each year; and
- (8) establish dialogue with local community groups and agencies, such as Head Start, to make them aware of what services may be available to the families they serve and how to access EPSDT services. At a minimum, the Contractor must contact one group each month.

3.3 Member Education and Outreach. The Contractor shall:

- (1) upon request from a parent or guardian, provide basic information regarding the Medicaid program, including how to access the online Medicaid Member Guide. If requested, the Contractor shall provide a printed copy of the Medicaid Member Guide;
- (2) when contacted by a parent or guardian seeking enrollment in an MCE:
 - (A) refer the parents or guardians who reside in a Mandatory Enrollment County to the DHHS Health Program Representatives; and
 - (B) assist parents or guardians who reside in a Voluntary Enrollment County by explaining to them how to enroll in an MCE and referring them to the DHHS Health Program Representatives.
- (3) upon receiving questions regarding information about an MCE, provide contact information for the MCE wherein the Medicaid eligible child is enrolled; and
- (4) track the number of member education contacts and submit this data to DHHS in the DHHS approved format by July 31st each year.

3.4 Access to State of Utah Databases. The Contractor shall:

- (1) designate one employee to monitor the Users;
- (2) maintain a log of all employees or Subcontractors who have access to any database maintained by DHHS to whom DHHS has given access;
- (3) notify DHHS within two business days when an employee or subcontractor who has access to a database maintained by DHHS no longer requires access to the database; and
- (4) on a quarterly basis, provide DHHS with a log of all employees who have access to a DHHS maintained database and in submitting that log to DHHS, certify that the job duties of each

employee named in the log require that employee to have access to a DHHS-maintained database.

3.5 Reporting Requirements. The Contractor shall:

- (1) provide DHHS with job specifications, descriptions and associated organization charts for all personnel charged to this contract and provide DHHS updates within 30 days of any changes;
- (2) Record all contacts with parents or guardians and community and Local Providers through the Provider Reimbursement Information System for Medicaid (“**PRISM**”) EPSDT Subsystem.

Article 4
OUTCOMES

4.1 Expected Outcomes. The Contractor shall:

- (1) report on activities that demonstrate working with parents and guardians to assist with the following:
 - (A) obtaining yearly EPSDT screenings;
 - (B) receiving yearly childhood immunizations; and
 - (C) receiving yearly oral health screenings.
- (2) report on activities that demonstrate efforts to increase the following:
 - (A) Medicaid enrolled physicians and dentists yearly after being contacted by the Contractor; and
 - (B) Medicaid eligible children using a PCP after receiving education from the Contractor.
- (3) contact 100% of its EPSDT families within 30 days of receiving the Medicaid report, either by phone or by letter, to educate parents or guardians related to receiving exams, finding healthcare providers, keeping appointments, and obtaining follow-up care.

4.2 Outcome Measurement. The Contractor shall collect and report data for each of the outcomes listed in 4.1 This shall be measured through maintaining appropriate and necessary reporting to the DHHS.

4.3 Outcome Reporting. The Contractor shall report the outcomes annually from data collected from July 1st to June 30th. A report shall be due July 31st each year.

Article 5
DHHS REQUIREMENTS

5.1 **DHHS Requirements.** DHHS agrees to:

- (1) provide printed Medicaid Member Guides upon the Contractor's request;
- (2) distribute two weekly reports:
 - (A) EPSDT Screenings past due; and
 - (B) Newly Eligible for EPSDT:
 - (i) these reports detail demographic information and recent claim history related to scheduled EPSDT screenings for those Medicaid eligible children in each county;
- (3) distribute two monthly reports:
 - (A) Unborn Report:
 - (i) this report details demographic information related to Medicaid eligible pregnant women.
 - (B) Newborn Report:
 - (i) this report details demographic information related to Medicaid eligible newborns.
- (4) provide confirmation of online reports submitted by the Contractor within 10 working days of receiving a confirmation request;
- (5) provide access to PRISM EPSDT Subsystem reports detailing the results and progress of outreach activities on an ongoing basis, or upon request from the Contractor;
- (6) provide training and technical assistance as requested or needed;
- (7) meet annually with the Contractor to discuss outcomes; and
- (8) approve of the LHD staff educational talking points before use.

Article 6
PAYMENT AND AUDIT REQUIREMENTS

6.1 **Payment and Audit Provisions.**

- (1) Upon DHHS request, the Contractor shall provide documentation to validate any invoice charges.
- (2) If the Contractor cannot provide back-up documentation or cannot substantiate that a cost has been appropriately allocated on the invoice, DHHS may disallow the payment. If the

Contractor disagrees with the DHHS disallowance, the Contractor may request a State Fair Hearing within 30 days of the DHHS disallowance.

- (3) DHHS shall recoup any payment paid to the Contractor which was paid in error.
- (4) The Contractor shall refund any overpayments to DHHS within 30 calendar days of discovering an overpayment or being notified by DHHS that overpayments are due. If the Contractor fails to refund an overpayment within 30 days, DHHS shall deduct the overpayment from the next DHHS payment(s) to the Contractor.
- (5) If the Contractor disagrees with the DHHS determination that an overpayment has been made, the Contractor may request a State Fair Hearing within 30 days of the DHHS recoupment of the overpayment.
- (6) If, for any reason, funding to DHHS is reduced by any amount under federal or state funding, block grants, capitation or any other mechanism, the Parties shall immediately renegotiate a yearly maximum contract amount to conform to the funds reduction.