

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

## MEMORANDUM OF UNDERSTANDING

**Between**  
**DHHS DIVISION OF PUBLIC HEALTH**  
**and**  
**DHHS DIVISION OF CHILDREN AND FAMILY SERVICES**  
**and**  
**DHHS DIVISION OF MEDICAID AND LONG-TERM CARE**

1. **Parties.** The parties to this Memorandum of Understanding (MOU) are the Nebraska Department of Health and Human Services (DHHS) Division of Public Health, Division of Children and Family Services, and Division of Medicaid and Long-Term Care.

The applicable Divisions within the Nebraska Department of Health and Human Services are:

- Division of Public Health, which includes administration of the Nebraska-Maternal, Infant and Early Childhood Home Visiting (N-MIECHV) program and the MCH Title V Block Grant;
- Division of Children and Family Services (DCFS), which includes administration of the Title II Child Abuse Prevention and Treatment (CAPTA) grant and operation of the state's child welfare agency, the Temporary Assistance for Needy Families (TANF) grant program, and the Family First Prevention Services Act (FFPSA) grant program; and
- Division of Medicaid and Long-Term Care (MLTC), which includes administration of the state Medicaid program.

This Memorandum of Understanding sets forth the relationship between the parties with regard to the implementation of the Maternal Infant Early Childhood Home Visiting (MIECHV) programs as federally funded by the Department of Health and Human Services, Health Resources and Services Administration (HRSA) to the Division of Public Health. The execution of which complies with the Notice of Funding Opportunity HRSA-21-050, pages 7-10, section heading: Systems Coordination, subsection (a) *Early Childhood Systems Coordination and Collaboration* and subsection (b) *Written Agreements to Advance Coordination*.

2. **Purpose.** The purpose of this Agreement is to:
  - A. Document and enable the Nebraska-Maternal, Infant and Early Childhood Home Visiting program (N-MIECHV) to establish the intra-agency relationships and collaborations as required by the federal funder.
  - B. Improve access to, and enhance the effectiveness and impact of evidence-based home visiting programs in Nebraska, particularly for the high risk priority populations that are the focus of N-MIECHV.

- C. Enhance program coordination and information exchange, and ensure that evidence-based home visiting is part of a continuum of early childhood services through project planning and service coordination at state, territory and/or local levels.
  - D. Avoid duplication of effort.
3. **Confidentiality.** The parties acknowledge that applicable state and federal laws, regulations, and guidelines are in place to protect client confidentiality and privacy. Any sharing or disclosing of legally protected information between the parties to this Memorandum of Understanding shall fully comply with applicable laws, regulations, and guidelines.
4. **Shared Responsibilities.** The parties to this Memorandum of Understanding each agree:
- A. To designate staff with the responsibility to ensure the coordination of services, outreach and education provided by each of the parties.
  - B. To coordinate and collaborate in planning and implementing services related to maternal and child health populations, including but are not limited to:
    - 1. Well Child Checkups / Health Check
    - 2. Reproductive Health Services
    - 3. Early Intervention (diagnostic / rehabilitation services)
    - 4. Immunizations
    - 5. Oral Health and Dentistry
    - 6. Disabled Children’s Program
    - 7. Medically Handicapped Children’s Program
    - 8. Pregnant and Postpartum Women
    - 9. Foster Children
    - 10. Primary Care Medical Home
    - 11. Special Supplemental Nutrition Program for Women, infants and Children (WIC)
  - C. To provide data, within limits of applicable state and federal laws, regulations, and guidelines, for analysis and program evaluation and to measure the performance of coordinated and collaborative service planning to serve the most vulnerable and at-risk families effectively. At-risk families, as described in MIECHV authorizing legislation, are eligible families who reside in communities and are in need of such services as identified in the statewide needs assessment required under subsection 511(b)(1)(A). They include:
    - 1. Low-income eligible families;
    - 2. Eligible families with pregnant women who have not attained age 21;
    - 3. Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services;
    - 4. Eligible families that have a history of substance abuse or need substance abuse treatment;
    - 5. Eligible families that have users of tobacco products in the home;
    - 6. Eligible families that have children with low student achievement;
    - 7. Eligible families with children with developmental delays or disabilities; and
    - 8. Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

5. **Responsibilities of N-MIECHV.** N-MIECHV shall:
  - A. Upon request provide consultation, technical expertise, and training on evidence-based home visiting for the parties in this MOU.
  - B. Promote within home visiting and other Public Health-sponsored programs referrals to other Divisions' or agency's services as appropriate.
  - C. Fulfill grant management responsibilities for federal and state awards to DHHS for evidence-based home visiting.
  - D. Provide the local implementing agencies within the N-MIECHV network of home visiting programs with information regarding programs and services within each Division or agency and program relevant to child and family wellbeing consistent with MIECHV standards and practices.
  
6. **Evaluation and Performance Measurement.** The Memorandum of Understanding shall be reviewed periodically by the N-MIECHV program manager and reports will be provided to the parties on significant accomplishments, gaps, or areas for quality improvement in achieving the overall mission of the N-MIECHV program.
  
7. **Duration.** This Memorandum of Understanding is effective immediately and remains in effect until either party, or both parties, terminates the agreement in writing. Amendments to this agreement may be made upon written mutual agreement of the parties.

**APPROVED BY:**

DocuSigned by:  
*Gary Anthone*  
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**Dr. Gary Anthone, Director**  
**Division of Public Health**  
**Nebraska Department of Health and Human Services**

10/27/2021 | 11:07:47 CDT  
**Date**

DocuSigned by:  
*Stephanie Beasley*  
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**Stephanie Beasley, Director**  
**Division of Children and Family Services**

10/28/2021 | 09:28:14 CDT  
**Date**

DocuSigned by:  
*Kevin Bagley*  
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**Kevin Bagley, Director**  
**Division of Medicaid and Long Term Care**

10/27/2021 | 08:53:10 PDT  
**Date**