

State law and regulations for establishing and maintaining standards.

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§ 431.615 Relations with State health and vocational rehabilitation agencies and title V grantees.

(a) *Basis and purpose.* This section implements section 1902(a)(11) and (22)(C) of the Act, by setting forth State plan requirements for arrangements and agreements between the Medicaid agency and—

- (1) State health agencies;
- (2) State vocational rehabilitation agencies; and
- (3) Grantees under title V of the Act, Maternal and Child Health and Crippled Children's Services.

(b) *Definitions.* For purposes of this section—

“Title V grantee” means the agency, institution, or organization receiving Federal payments for part or all of the cost of any service program or project authorized by title V of the Act, including—

- (1) Maternal and child health services;
- (2) Crippled children's services;
- (3) Maternal and infant care projects;
- (4) Children and youth projects; and
- (5) Projects for the dental health of children.

(c) *State plan requirements.* A state plan must—

- (1) Describe cooperative arrangements with the State agencies that administer, or supervise the administration of, health services and vocational rehabilitation services designed to make maximum use of these services;
- (2) Provide for arrangements with title V grantees, under which the Medicaid agency will utilize the grantee to furnish services that are included in the State plan;
- (3) Provide that all arrangements under this section meet the requirements of paragraph (d) of this section; and
- (4) Provide, if requested by the title V grantee in accordance with the arrangements made under this section, that the Medicaid agency reimburse the grantee or the provider for the cost

of services furnished recipients by or through the grantee.

(d) *Content of arrangements.* The arrangements referred to in paragraph (c) must specify, as appropriate—

- (1) The mutual objectives and responsibilities or each party to the arrangement;
- (2) The services each party offers and in what circumstances;
- (3) The cooperative and collaborative relationships at the State level;
- (4) The kinds of services to be provided by local agencies; and
- (5) Methods for—
 - (i) Early identification of individuals under 21 in need of medical or remedial services;
 - (ii) Reciprocal referrals;
 - (iii) Coordinating plans for health services provided or arranged for recipients;
 - (iv) Payment or reimbursement;
 - (v) Exchange of reports of services furnished to recipients;
 - (vi) Periodic review and joint planning for changes in the agreements;
 - (vii) Continuous liaison between the parties, including designation of State and local liaison staff; and
 - (viii) Joint evaluation of policies that affect the cooperative work of the parties.
- (e) *Federal financial participation.* FFP is available in expenditures for Medicaid services provided to recipients through an arrangement under this section.

§ 431.620 Agreement with State mental health authority or mental institutions.

(a) *Basis and purpose.* This section implements section 1902(a)(20)(A) of the Act, for States offering Medicaid services in institutions for mental diseases for recipients aged 65 or older, by specifying the terms of the agreement those States must have with other State authorities and institutions. (See part 441, subpart C of this chapter for regulations implementing section 1902(a)(20) (B) and (C).)

(b) *Definition.* For purposes of this section, an “institution for mental diseases” means an institution primarily engaged in providing diagnosis, treatment, or care of persons with mental