



State Title V and Medicaid Collaboration to Support Pediatric Medical Home Implementation

National Academy for State Health Policy (NASHP) Fact Sheet

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The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers dedicated to helping states achieve excellence in health policy and practices. As a non-profit and non-partisan organization, NASHP provides a forum for work across a broad range of health policy topics within state government including children's health and delivery system reform.

Nearly 20% of all children in the United States ages birth to 18 years—over 14 million children—have a special health care need (eg, asthma, diabetes, cerebral palsy) requiring health care services and support beyond what children require normally.¹ Most children and youth with special health care needs (CYSHCN) receive services and supports from a multitude of systems, including Medicaid and the Children's Health Insurance Program (CHIP), state Maternal and Child Health Title V / CYSHCN (MCH Title V / CYSHCN) programs, primary and specialty care, education, and mental health.

Effective coordination of care and health services across these systems is key to ensuring the unique needs of CYSHCN and their families are met. A leading delivery model that supports care coordination for CYSHCN is the medical home. Care provided through primary care medical homes is designed to be comprehensive and family-centered and emphasizes care coordination, and facilitation of linkages between patients, clinicians, and families as well as specialty care, educational services, and family support.² The medical home approach to care has been shown to improve health outcomes for pediatric populations, improve access to and quality of health care services, and decrease overall costs of care.³

Medicaid and CHIP play a significant role in the financing of CYSHCN, providing coverage for 44% of all CYSHCN.⁴ State Medicaid agencies and state MCH Title V / CYSHCN programs are engaged in many collaborative efforts to improve systems of care that serve CYSHCN, integrate health care services and supports, and leverage resources and supports for children and their families. These collaborative efforts can be leveraged to promote family-centered care for CYSHCN. Cross-system collaboration can facilitate alignment between programs and ensure that the unique needs of CYSHCN and the importance of medical homes are reflected in state health reform efforts.

This fact sheet highlights state strategies and partnership efforts between state Medicaid agencies and MCH Title V / CYSHCN programs that were featured in a [national webinar](#) cohosted by the National Center for Medical Home Implementation, the National Academy of State Health Policy, and the Catalyst Center. These strategies include:

- *Participation on Interagency Advisory Committees or Councils to Improve Care for CYSHCN*
- *Leveraging Interagency Agreements to Strengthen Medical Homes for CYSHCN*
- *Establishing Data Sharing Agreements to Identify Needs and Monitor Care for Children*
- *Partnering on Health Reform Efforts to Advance Delivery Systems Serving CYSHCN*

More details on the opportunities and strategies to promote collaboration between state MCH Title V / CYSHCN program and Medicaid agencies, as well as examples of collaborative efforts from three states, are outlined below.

PARTICIPATION ON INTERAGENCY ADVISORY COMMITTEES OR COUNCILS TO IMPROVE CARE FOR CYSHCN

Strong partnerships between state Medicaid and MCH Title V / CYSHCN programs result in opportunities for engagement and coordination between these programs, particularly through interagency advisory committees. In serving on interagency advisory committees, state Medicaid agencies and MCH Title V / CYSHCN programs can provide strategic guidance on the development of medical home programs serving children. State MCH Title V / CYSHCN programs possess a wealth of knowledge related to the diverse health, social, developmental, and emotional needs of CYSHCN and their families. In many states, representatives from MCH Title V / CYSHCN programs serve on advisory committees or councils for health care payment and delivery system reform initiatives to help guide the programs and ensure the needs of CYSHCN are represented. Through these advisory committees, Medicaid and Title V are partnering in the development, implementation, and evaluation of child-serving programs to support family-centered, culturally competent, and effectively coordinated care.

LEVERAGING INTERAGENCY AGREEMENTS TO STRENGTHEN MEDICAL HOMES FOR CYSHCN

Interagency agreements that include how the state MCH Title V / CYSHCN program and Medicaid agency will collaborate with regard to the core tenets of pediatric medical home can strengthen the medical home model and services provided to children and their families. The Social Security Act requires Medicaid agencies and Title V programs to jointly establish interagency agreements.⁵ These agreements are used to describe how Medicaid and Title V coordinate with one another and their shared responsibilities for joint activities, such as reimbursement for services and Early and Periodic Screening, Diagnostic and Treatment (EPSDT).⁶ States are using these agreements to formalize and strengthen the relationship between Medicaid and Title V, reduce duplication of effort, and improve access to and quality of services for women and children. States have the opportunity to incorporate specific provisions into these agreements which can support the implementation of family-centered care in serving certain populations, such as CYSHCN.⁷ Examples of these provisions include the following:

- *Utilizing MCH Title V / CYSHCN programs to provide technical assistance to medical home providers that are serving children with complex needs.*
- *Delineating care coordination and case management services provided by both Medicaid and Title V.*
- *Identifying and conducting outreach to CYSHCN who would benefit from interagency services and supports, such as care coordination.*

For more information on how states have structured and used interagency agreements, read NASHP's issue brief on [Strengthening the Title V-Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V and Medicaid](#).

ESTABLISHING DATA SHARING AGREEMENTS TO IDENTIFY NEEDS AND MONITOR CARE FOR CHILDREN

Data sharing agreements between Medicaid and state MCH Title V / CYSHCN programs allow them to access and assess valuable data that can do the following:⁸

- *Inform population health surveillance*
- *Guide program development and policy decision-making*
- *Conduct program evaluations*
- *Develop common performance measures to improve their programs' effectiveness*

State Medicaid and MCH Title V programs are using shared data to improve care and outcomes across their maternal and child health populations by tracking access to and utilization of services, monitoring for disparities in care, and developing targeted interventions. In sharing data specifically related to CYSHCN, states can better understand their service needs, monitor their access to medical homes, and ensure their health needs are being met.

PARTNERING ON HEALTH REFORM EFFORTS TO ADVANCE DELIVERY SYSTEMS SERVING CYSHCN

States are engaged in health system transformation efforts designed to improve population health and reward providers for performance and outcomes, while containing costs.⁹ Through restructuring how care is delivered

and paid for, states are advancing models of care that support population health, offer better linkage of services and supports, and improve access to—and the quality of—care provided to Medicaid beneficiaries, particularly those with complex needs. These health system transformation efforts represent a key opportunity to advance medical homes for CYSHCN. For example, as states increasingly serve CYSHCN through Medicaid managed care delivery systems, some states are leveraging their managed care contracts to connect CYSHCN to medical homes and provide care coordination services.¹⁰ Partnerships between MCH Title V / CYSHCN programs and Medicaid not only guide the development and implementation of the state health reform efforts to ensure that the needs of CYSHCN are being met, but also promote coordination and alignment of their activities in order to maximize resources and drive improvements in care for CYSHCN.

HIGHLIGHTS OF STATE TITLE V CYSHCN PROGRAM AND MEDICAID AGENCY COLLABORATION

COLORADO'S MCH Title V / CYSHCN program and the Department of Health Care Policy and Financing (Medicaid agency) partner in several ways to improve health care services provided to CYSHCN in the state. The state's Medicaid agency has a system of seven Regional Care Collaborative Organizations (RCCOs) that contract with Primary Care Medical Providers, which are providers who the state has designated to serve as medical homes for adult and pediatric beneficiaries.¹¹ Title V and Medicaid staff work together to support communication and collaboration between the RCCOs and local public health agencies that provide care coordination to CYSHCN to ensure that all services for this population are coordinated.

Title V and Medicaid have also established data use agreements to support interagency shared plans of care for children and youth who receive Title V funded care coordination and are enrolled in Medicaid. These shared plans of care allow for multiple entities (eg, Title V, Medicaid, providers, families, and others) to coordinate services through the documentation of a child and families' history, current needs, services received, and future goals. Furthermore, Colorado Medicaid and Title V staff recognize the potential for cross-cutting work that serves the state's maternal and child health populations and thereby participate in regular meetings (such as Medicaid stakeholder meetings) to discuss ongoing work and maintain alignment among their various initiatives.

In November 2016, **TEXAS** Health and Human Services Commission launched STAR Kids, a new Medicaid managed care program for children 20 years and younger who receive Supplemental Security Income, live in an intermediate care or nursing facility, or who receive services through various waiver programs.¹² MCH Title V / CYSHCN programs and Medicaid have collaborated closely in the development and implementation of the program. Title V staff attended meetings and presented to the legislatively mandated STAR Kids Advisory Committee, which advises Medicaid on best practices in serving CYSHCN and their families. Furthermore, Title V guides Texas Medicaid in the use of the [National Standards of Systems of Care for CYSHCN](#), which Texas Medicaid utilized to incorporate language around supporting young adult transitions to adult health care in the managed care contracts. The Texas Title V program has also worked with STAR Kids managed care organizations to promote transition and medical home to service coordinators and transition specialists. Lastly, Texas Medicaid is developing a robust quality measurement program for STAR Kids. The state MCH Title V / CYSHCN program has provided guidance on the selection of quality metrics and the development of its incentive strategies to ensure they reflect the unique needs of CYSHCN.

CONNECTICUT'S Medicaid and CHIP program—HUSKY Health—utilizes a person-centered medical home (PCMH) approach to serve adults and children enrolled in Medicaid and CHIP. Title V helped advance implementation of the PCMH for CYSHCN by participating on the PCMH subcommittee to the Medical Assistance Program Oversight Council. The Council is a legislative body comprised of legislators, advocates, state agencies, and health care providers; it guides the Department of Social Services on the implementation of the state's Medicaid program.¹³ The PCMH subcommittee monitors and supports access to and the quality of care provided through PCMHs. Upon request, Title V staff may provide technical assistance on care coordination to support practices that serve children with the highest and most complex needs.

More recently, Connecticut received a State Innovation Model (SIM) grant to transform the state's healthcare delivery system, focus on population health, and shift payment from volume to value.¹⁴ Title V participated in an interdisciplinary workgroup and helped to ensure that care coordination for CYSHCN is included as a requirement for primary care practices participating in the state's SIM initiative.¹⁵ Title V staff has also participated in the development of pediatric quality metrics within SIM.¹⁶

ADDITIONAL RESOURCES

National Academy for State Health Policy

[NASHP State Delivery System Payment Reform Map](#)

[Strengthening the Title V-Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V and Medicaid](#)

[State Pediatric Medicaid and CHIP Initiatives: At-A-Glance Table](#)

[Medicaid Managed Care – Challenges and Opportunities for Pediatric Medical Home Implementation for CYSHCN](#)

Other

[Making Connections: Medicaid, CHIP, and Title V Working Together on Medical Home Initiatives](#)

[Methods of Coordination Between Title V and Medicaid](#)

[National MCH Workforce Development Center, Skills & Knowledge to Support National Performance Measure 11 \(Medical Home\)](#)

[National Center for Medical Home Implementation webpage](#)

ENDNOTES

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