

## SECTION 3

# BUILDING PARTNERSHIPS



### WHAT KIND OF PARTNERSHIPS BETWEEN TITLE V AND MEDICAID/CHIP ARE REQUIRED AND FEASIBLE TO BUILD?

Medicaid and Title V programs need each other; they are legally required to coordinate with one another, and each aims to improve the health of the populations they are responsible for. In every state, Medicaid must:

- Have a coordination agreement with the state Title V agency that specifies the responsibilities of each agency;
- Reimburse the state Title V agency for covered services provided to Medicaid beneficiaries.<sup>1</sup>

In addition, the Early Periodic Screening, Diagnosis, and Treatment program (EPSDT) is a key child-health component of Medicaid. It is a mandatory benefit in almost every state<sup>2</sup> for children under 21 years of age who are enrolled in Medicaid.<sup>3</sup> EPSDT requires that children:

- Are connected to care.
- Are periodically screened to identify their needs.
- Receive services to address those needs.

Children's identified needs must be addressed even if the required service is not listed in the state's federally approved Medicaid plan, so long as the treatment is determined to be medically necessary for the child.<sup>4</sup>



**Medicaid and Title V programs need each other;** they are legally required to coordinate with one another, and each aims to improve the health of the populations they are responsible for.

In every state the Medicaid agency must:

- Enter into a coordination agreement with the state Title V agency specifying the responsibilities of each;
- Make appropriate provision for reimbursing the Title V agency for covered services provided to Medicaid beneficiaries.

1. The charge to the Title V agency and the Medicaid agency to cooperate is established in Section 505(a)(5)(F) of the Social Security Act ([http://www.ssa.gov/OP\\_Home/ssact/title05/0505.htm](http://www.ssa.gov/OP_Home/ssact/title05/0505.htm)) (regarding Title V) and Section 1902(a)(11) ([https://www.ssa.gov/OP\\_Home/ssact/title19/1902.htm](https://www.ssa.gov/OP_Home/ssact/title19/1902.htm)) (regarding Medicaid). See also 42 Code of Federal Regulations Section 431.615 (<https://www.govinfo.gov/app/details/CFR-2009-title42-vol4/CFR-2009-title42-vol4-sec431-615>).

2. Technically, Oregon does not have an EPSDT program, although it provides many of the services to children. Instead, the state received a comprehensive waiver from the federal government giving greater flexibility in defining its benefits. Under the waiver, the state provides services specified by the Oregon Health Services Commission.

3. Medicaid and CHIP Payment and Access Commission (MACPAC). (June 2017). *Report to Congress on Medicaid and CHIP*. <https://www.macpac.gov/publication/june-2017-report-to-congress-on-medicaid-and-chip/>

4. Most state EPSDT obligations, including the obligation to provide the service even if it is not in the plan, are set out in federal regulation at 42 Code of Federal Regulations Section 441.56. <https://www.govinfo.gov/app/details/CFR-2019-title42-vol4/CFR-2019-title42-vol4-sec441-56> Learn more at <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

Although states have more flexibility in administering CHIP programs than Medicaid, they must describe in the state's CHIP plan how they will coordinate with Title V and other health-related programs.<sup>5</sup>

Title V requires state Maternal and Child Health (MCH) programs to:

- Assist with coordinating EPSDT services, including developing standards for EPSDT services.
- Establish coordination agreements with their state Medicaid programs.
- Provide a toll-free number for families seeking Title V or Medicaid providers.
- Provide outreach to and facilitate enrollment of Medicaid-eligible children and pregnant women.
- Share data collection responsibilities, particularly related to infant mortality and Medicaid.

### THE VALUE OF MEDICAID, CHIP, AND TITLE V PARTNERSHIPS

Two important functions of Title V programs are to promote coordinated care and to facilitate community-based services for children and youth with special health care needs (CYSHCN) and their families, whether or not the children are covered by Medicaid or the Children's Health Insurance Program (CHIP). Because over 45% of CYSHCN nationally depend on Medicaid or CHIP for some or all of their health care coverage, partnering with Title V programs is essential to improving their care and coverage.<sup>6</sup>

Title V programs can help Medicaid and CHIP use their purchasing power to improve the delivery of care for CYSHCN. While Title V is funded at a lower level than either Medicaid and CHIP, the requirement that states target 30% of Title V block grant funds to CYSHCN allows states to use funds in strategic ways to address needs that are not met by Medicaid or CHIP.

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5. Federal regulations require that states describe in their CHIP plans "[p]rocedures the State uses to accomplish coordination of CHIP with other public and private health insurance programs, sources of health benefits coverage for children, and relevant child health programs, such as Title V, that provide health care services for low-income children." 42 Code of Federal Regulations Section 457.80(c). <https://www.govinfo.gov/app/details/CFR-2005-title42-vol3/CFR-2005-title42-vol3-sec457-80>

6. Child and Adolescent Health Measurement Initiative. 2020–2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 1/31/22 from <https://www.childhealthdata.org/browse/survey/results?q=9314&r=1>



### Other ways that Medicaid and CHIP programs can work with Title V programs include:

- Developing education materials for both patients and providers.
- Sharing data.
- Training Early Periodic Screening, Diagnosis, and Treatment (EPSDT) outreach workers.
- Developing and conducting needs assessments.
- Evaluating health care quality and performance.
- Engaging family leadership in policy discussions.
- Reaching out to pregnant women and parents to encourage enrollment in Medicaid.

Title V programs have much to offer Medicaid and CHIP programs at the program design and policy level. For example, Title V programs were among the originators of the “medical home” concept that is now spreading throughout Medicaid.<sup>7</sup> Title V programs can provide important clinical expertise and data to inform how Medicaid and CHIP serve CYSHCN. For example, Title V programs can use data from the National Survey of Children’s Health to educate themselves and Medicaid program staff about who CYSHCN are in their state, and what kinds of health care services they receive or need. Title V staff can bring this knowledge to the design of Medicaid waivers, managed care programs, quality improvement programs, school-based health services, and more.

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- Engaging family leadership in policy discussions.
- Reaching out to pregnant women and parents to encourage enrollment in Medicaid.

Title V’s partnership with Medicaid is also important at the service level. Federal Title V funds are often used for support services, care coordination, and services designed to improve the health of the entire population. The impact of these funds and services can be maximized through closer coordination with the Medicaid program. This is particularly important because Title V is a block grant program with limited funding, whereas in most states, Medicaid is an entitlement program whose funding is not limited to a specific dollar amount.

For example, because EPSDT requires coverage of all medically necessary services for children receiving Medicaid, Title V—as the payer of last resort—should pay only for services that are not available through Medicaid. Similarly, coordination agreements between CHIP programs and Title V programs should specify that Title V assists only with services that are not covered for enrollees of the state’s CHIP program.

Learn strategies for strengthening Title V and Medicaid Partnerships on the Catalyst Center’s State Strategies page, <https://ciswh.org/projects/the-catalyst-center/financing-strategies/>

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7. NC-PFCMH, NASHP, and the Catalyst Center. 2017. Supporting Title V and Medicaid Collaboration in Pediatric Medical Home Implementation. [https://youtu.be/R\\_k\\_XHSqIIE](https://youtu.be/R_k_XHSqIIE)



## TEST YOUR KNOWLEDGE

### 1. Partnerships between Title V and Medicaid agencies are important because

- a. Medicaid doesn't provide EPSDT benefits.
- b. CHIP always provides EPSDT benefits.
- c. Medicaid's EPSDT covers all medically necessary services for children, so Title V programs can address other needs.
- d. EPSDT benefits are very limited.

### 2. Title V can play an important role in supporting parents with CYSHCN because

- a. Title V programs can help shape Medicaid and CHIP policies that affect CYSHCN.
- b. Title V programs can bring parents with CYSHCN to the table in Medicaid policy discussions.
- c. Some services parents need in caring for their children are not covered by Medicaid.
- d. All of the above.

### 3. Which of the following is true:

- a. Medicaid and Title V are both block grants.
- b. Medicaid is an entitlement program and Title V is a block grant.
- c. Medicaid and Title V are both entitlement programs.
- d. Medicaid is a block grant and Title V is an entitlement program.

### 4. True or False: Title V programs can pay for services that are not covered by Medicaid.



## FIND OUT IN YOUR STATE

### 1. What is covered in the Memorandum of Understanding (MOU) or interagency agreement between Title V and Medicaid? State MOUs are available here:

<https://mchb.tvisdata.hrsa.gov/Home/IAAMOU>

### 2. How does Title V assist Medicaid in coordinating EPSDT services?

## **ANSWER KEY**

1. c 2. d 3. b 4. True

*This document is part of Medicaid and CHIP: A Tutorial on Coverage for Children and Youth with Special Health Care Needs (CYSHCN). The document is available in its entirety at <https://ciswh.org/resources/Medicaid-CHIP-tutorial>*

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