



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; both have legal duties to assure that children with special health care needs (CSHCN) receive the best possible array of services. In every state the Medicaid program must:

- Enter into a coordination agreement with the state Title V program specifying the responsibilities of each;
- Make appropriate provision for reimbursing the Title V grantee agency for covered services provided to Medicaid beneficiaries.¹⁵

In addition, the Early Periodic Screening, Diagnosis, and Treatment program (EPSDT) is a key child health component of Medicaid. It is a mandatory service in almost every state¹⁶ for children under 21 years of age who are eligible for Medicaid.¹⁷ EPSDT requires that children are brought into care, periodically screened to identify needs, and that identified needs are treated. Treatment of identified needs must be provided even if the service is not listed in the state's federally approved Medicaid plan, so long as the treatment is determined to be medically necessary for an individual child.¹⁸ (See [Section 5 Covered Services](#) for discussion of medical necessity and the limits of EPSDT.)

Although states have more flexibility in administering their CHIP than their Medicaid programs, they also must describe in the state CHIP plan how they will coordinate with Title V and other health-related programs.¹⁹

¹⁵The 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) (regarding Title V) and Section 1902(a)(11) (http://www.ssa.gov/OP_Home/ssact/title19/1902.htm) (regarding Medicaid). See also 42 Code of Federal Regulations Section 431.615.

¹⁶Technically, 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.

¹⁷Medicaid and CHIP Payment and Access Commission (MACPAC). (June 2017). *Report to Congress on Medicaid and CHIP*. Retrieved August 2, 2017 from <https://www.macpac.gov/wp-content/uploads/2017/06/June-2017-Report-to-Congress-on-Medicaid-and-CHIP.pdf>

¹⁸Most 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. Learn more at <https://www.medicare.gov/medicaid/benefits/epsdt/index.html>

Medicaid and Title V programs need each other; both have legal duties to assure that children and youth with special health care needs receive the best possible array of services.

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

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

Title V programs were among the originators of the “medical home” concept that is now spreading through Medicaid.¹⁹

The Value of Medicaid, CHIP and Title V Partnerships

An important function of Title V programs is to promote coordinated care and facilitate community-based services for children with special health care needs and their families, whether or not the children are covered by Medicaid or the Children’s Health Insurance Program (CHIP). Because 48.8% of children with special health care needs nationally depend on Medicaid or CHIP for some or all of their health care coverage, partnering with these programs is essential to improving their care and coverage.²⁰ Title V programs can help Medicaid and CHIP use their purchasing power to improve the delivery of care for CSHCN. While Title V funding is much less than Medicaid and CHIP funding, the targeting of the Title V block grant to CSHCN allows states to use funds in strategic ways to address needs that are not met by Medicaid or CHIP programs.

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.²¹ Title V programs have important clinical expertise and data to inform how Medicaid and CHIP serve CSHCN. 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. For example, Title V can use the data from the National Survey of Children’s Health to educate themselves and Medicaid program staff about who the CSHCN are in your state, and what kinds of health care services they receive or need.

¹⁹Federal regulations require that states describe in the 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).

²⁰National Survey of Children’s Health. NS-CH 2016. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved September 13, 2017 <http://www.childhealthdata.org/browse/survey/results?q=4562&cr=1&cg=638>. A Catalyst Center calculation based on preliminary NS-CH data. The calculation was performed using the population estimate of CSHCN with public insurance (n=5,739,375) and the population estimate of CSHCN with public and private insurance (n=1,049,865), divided by the estimate of the total CSHCN population (n=13,901,999).

²¹Buxbaum, J. (2010.) *Making Connections: Medicaid, CHIP, and Title V Working Together on State Medical Home Initiatives*. Retrieved Dec. 22, 2011 from the National Academy for State Health Policy website: http://www.nashp.org/sites/default/files/Medicaid_Collaboration-FINAL.pdf

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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's partnership with Medicaid is also important at the service level. Federal Title V funds are often used for support services, care coordination, and for 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, and thus service funding is limited by the block grant award, while Medicaid, in most states, is an entitlement program that is not limited by 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 only pay for services that are not available through Medicaid. Similarly, coordination agreements between CHIP programs and Title V programs should also specify that Title V only assists with services that are not covered under the state's CHIP program.

Learn strategies for strengthening Title V and Medicaid Partnerships at: <http://bit.ly/2xXYnZ0-NASHP>

This document is part of *Public Insurance Programs and Children with Special Health Care Needs: A Tutorial on the Basics of Medicaid and the Children's Health Insurance Program (CHIP)*, available in its entirety at <http://cahpp.org/resources/Medicaid-CHIP-tutorial>

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IMPROVING FINANCING OF CARE
for Children & Youth
WITH SPECIAL HEALTH CARE NEEDS

NATIONAL ACADEMY
for STATE HEALTH POLICY

Test your knowledge

- Partnerships between Title V and Medicaid agencies are important because:
 - Medicaid doesn't provide EPSDT benefits.
 - CHIP always provides EPSDT benefits.
 - Medicaid's EPSDT covers all medically necessary services for children, so Title V programs can address other needs.
 - EPSDT benefits are very limited.
- Title V can play an important role in supporting parents with CSHCN because:
 - Title V programs can help shape Medicaid and CHIP policies that affect CSHCN.
 - Title V programs can bring parents with CSHCN to the table in Medicaid policy discussions.
 - Some services parents need in caring for their children are not covered by Medicaid.
 - All of the above.
- Which of the following is true:
 - Medicaid and Title V are both block grants.
 - Medicaid is an entitlement program and Title V is a block grant.
 - Medicaid and Title V are both entitlement programs.
 - Medicaid is a block grant and Title V is an entitlement program.
- True or False: Title V programs can pay for services that are not covered by Medicaid.



Find Out in Your State

- What is covered in the coordination agreement between Title V and Medicaid?
- How does Title V assist Medicaid in coordinating EPSDT services?

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