

## Strengthening Title V - Medicaid Managed Care Collaborations to Improve Care for CYSHCN



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## Introduction

Forty-seven states use some form of Medicaid managed care (MMC) to serve children and youth with special health care needs (CYSHCN), including those served by state Title V programs.<sup>i</sup> State Title V programs also target support for youth and are required to use 30 percent of their funds for programs for CYSHCN and their families.<sup>ii</sup> By working collaboratively, Medicaid agencies, Medicaid managed care organizations (MCOs), and state Title V programs can strengthen supports for CYSHCN. These partnerships can contribute to a reduction in duplication of services, enhanced care coordination efforts, and the development of cross-agency programmatic supports to meet the physical, social, emotional, behavioral, and socioeconomic needs of CYSHCN and their families. Partnerships between Medicaid and Title V can also better align goals, quality assessment, care coordination, and data collection initiatives to support CYSHCN while promoting health and racial equity across child-serving systems.

## Background

CYSHCN are children who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and require health and related services of a type or amount beyond that required by children generally.<sup>iii</sup> About 20 percent of all children in the United States have a special health care need.<sup>iv</sup> Medicaid and the Children's Health Insurance Program (CHIP) cover about 46 percent of CYSHCN, making support for this population of particular interest to both state Medicaid and Title V programs.<sup>v</sup> CYSHCN enrolled in Medicaid and CHIP are disproportionately Black or Latinx (self-reported as Hispanic), at rates of 27 percent and 30 percent, while White youth make up 35 percent of Medicaid and CHIP enrolled CYSHCN.<sup>vi</sup> These data suggest that there are also opportunities for both programs to address the needs of CYSHCN of color.

## Overview of Medicaid Managed Care

Managed care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care (MMC) programs deliver physical and behavioral health benefits along with additional services through contractual arrangements between state Medicaid programs and managed care organizations (MCOs) through a set per member per month (PMPM) payment for services.<sup>vii</sup> The structure of state Medicaid managed care models varies by state.

As state Medicaid programs design their managed care delivery systems, they must determine which Medicaid beneficiaries will be enrolled in the program. Historically, many states exempted CYSHCN from enrollment in MMC because of the complex health needs and number of specialized services often needed for this population of children and youth. As states have become more experienced in designing and implementing MMC programs for the general Medicaid beneficiary population, they have begun enrolling CYSHCN into MMC to enhance care coordination, control health care costs, and improve health care quality and outcomes.<sup>viii</sup> Some states incorporate youth within certain Medicaid eligibility groups in their definition of CYSHCN and enroll them in MMC. These groups may include those eligible for the Medicaid Aged, Blind, and Disabled (ABD) aid category, those receiving Supplemental Security Income (SSI), those who are enrolled in foster care or receiving adoption assistance, indigenous youth, and children enrolled in Home and Community Based Services 1915(c) waiver programs.<sup>ix</sup> Some state Medicaid programs have also designed and implemented MMC programs to exclusively serve specific populations of CYSHCN. Nine states have specialized MMC programs for youth in foster care, six have MMC programs for children eligible through the ABD Medicaid aid category, and five states have MMC programs for children enrolled in 1915(c) waiver programs.<sup>x</sup> These programs provide an opportunity for states to target services and supports to the unique needs of CYSHCN.

State Medicaid agencies can make programmatic decisions within their MMC programs to ensure that CYSHCN receive high-quality support. Twenty-nine states include a definition of CYSHCN in their MMC contracts to support identification of CYSHCN and determine eligibility for specific services and supports, such as enhanced assessment and care coordination.<sup>xi</sup> Thirty-seven states also include specific MMC contract language regarding quality measures for services provided to CYSHCN.<sup>xii</sup>

## Key Processes in Medicaid Managed Care Procurement

A key first step to Title V and MMC collaboration is a mutual understanding of the MMC program development process, during which there are several opportunities for enhanced partnership. State Title V programs can leverage this knowledge to both provide potential subject matter expertise during the program's development and to enhance understanding of the benefits available to CYSHCN who participate in MMC. To operationalize a MMC program, state Medicaid agencies undertake a procurement process to select the MCOs they will contract with to deliver services to Medicaid beneficiaries. State Title V programs can provide valuable insight during this phase in MMC program development, particularly by contributing their expertise in services for CYSHCN as Medicaid programs look to support their needs.

Many states will begin their MMC program development process by creating policy papers detailing program priorities. North Carolina, for example, issued a series of policy papers highlighting the state's goals and strategies for advancing primary care as it transitions to a MMC model.<sup>xiii</sup> The state's paper on their behavioral health and intellectual/developmental disability-tailored MMC program focuses on care coordination, family-centered care, and approaches to delivering whole-person care to children with complex health conditions.<sup>xiv</sup> Louisiana published a white paper on the vision for its MMC program with a focus on care coordination, health equity, and delivery system reform.<sup>xv</sup> These policy papers can be valuable resources to learn more about and establish MMC program priorities.

The development and release of a request for proposal (RFP) is the next major step in the procurement of a MMC program. RFPs provide MCOs interested in bidding for the program's contract with information such as purchasing requirements, scope of covered services, prioritized items to be included in a proposal submission, and key state performance measures.<sup>xvi</sup> Requirements included in managed care RFPs are a reflection of state Medicaid program goals and initiatives. For example, Ohio recently released an RFP for their MMC program that focused on access to telehealth services for members as a part of a population health approach to center the needs of families and remove barriers to care.<sup>xvii</sup> A recent Minnesota RFP asked potential MCOs to detail strategies for connecting families to social supports as well as efforts to address structural racism within systems and processes.<sup>xviii</sup>

The RFP development process can involve external stakeholder engagement, which can be a potential area of collaboration for Title V programs. For example, Texas uses workgroups comprised of subject matter experts to develop the priorities and details of RFPs, including service coordination, continuity of care, behavioral health services, and quality measurement.<sup>xix</sup> Engagement in RFP development can be an important way to impact the design of a MMC program and support the alignment of mutual goals and priorities.

## Procurement Process for Medicaid Managed Care Programs

The following are the essential steps to the MMC program procurement process. It is important to note that at certain stages of the process, a state Medicaid agency will be required to enter into a "quiet period" during which external discussion of the MMC program procurement can be prohibited. State Title V agencies can contact their state's Medicaid agency to learn more about this and the individual elements of the process that might be unique to their state.

- Medicaid agencies detail MMC program priorities, often through the release of policy papers.
- The state develops a request for proposal (RFP) reflecting key elements of the MMC program.
- The RFP is released and reviewed by MCOs interested in bidding for the contract.
- Medicaid agencies establish a panel of key stakeholders to review MCO proposals.
- MCOs enter a formal bidding period where they submit their developed proposals to the state Medicaid agency.
- The panel reviews MCO proposals, utilizing specified evaluation tools that rank programmatic responses and MCO price bids.
- The state announces its intent to contract with successful bidders and finalizes payment rates.

After receiving responses to RFPs from MCOs, Medicaid agencies score proposals using evaluation tools that rank MCOs' programmatic responses and price bids. Once bids are evaluated, the state announces its intent to contract with successful bidders and finalizes payment rates and service areas. At this point, some states may still cancel, modify, and negotiate rates set through the procurement process and ask that an MCO modify its proposed payment rates with a "best and final" offer.<sup>xx</sup> MCO contract periods are typically three years, often with the option for extension pending quality review.<sup>xxi</sup> States have specific laws and regulations for procurement timelines. Minnesota, for example, requires MCO re-procurement to occur every five years.<sup>xxii</sup>

## **Strategies and Considerations for Collaboration between Title V and Managed Care Programs**

In addition to collaborating during the procurement process, there are multiple opportunities for state Title V and MMC programs to partner to improve how CYSHCN receive services and supports. State Title V programs can also share their expertise in areas such as quality measurement, family engagement, and data collection on CYSHCN related metrics to inform how MCOs support CYSHCN and their families. Medicaid agencies, in partnership with their contracted MCOs, can also collaborate with Title V programs to streamline care coordination provided to CYSHCN while advancing health equity for youth of color.

### **Collaborating During the Managed Care Procurement Process**

Title V programs can support Medicaid agencies in the development of MMC program RFP language, RFP scoring criteria, and MCO selection for MMC programs that serve CYSHCN. Partnership in the MMC program procurement process can also help to align program goals and services delivered to CYSHCN throughout a state. In 2019, Michigan's Title V CYSHCN program joined the state Managed Care Plan Division.<sup>xxiii</sup> The state's Title V program was involved in the contracting process and included language encouraging MCOs to discuss medical transition with clients transferring from pediatric to adult care in the new managed care program. During the procurement of the Virginia's largest MMC program, Medallion 4.0, the Medicaid agency invited Title V representatives to participate in the procurement review panel that selected the participating MCOs.<sup>xxiv</sup>

### **Representing the Needs of CYSHCN in Managed Care Quality Measurement**

States are required by federal regulation 42 CFR § 438.340 to develop and maintain a quality strategy that assesses and improves the quality of Medicaid managed care services.<sup>xxv</sup> Several states have initiated partnerships between Title V and MMC programs to strengthen quality measurement and improve services delivered to CYSHCN. In 2020, Michigan Title V representatives were involved in completing MCO site visits to review quality of care offered to CYSHCN in their programs, with a focus on evaluating how MCOs incorporated transitions from pediatric to adult health care. Site visits also included a focus on MCO activities involving family engagement, durable medical equipment utilization, and the grievance and appeal process.<sup>xxvi</sup>

New Mexico's Title V program, with support from the New Mexico Quality Improvement Partnership (NMQIP), worked with Medical Directors of the four state Medicaid MCOs to develop a consistent set of Patient Centered Medical Home (PCMH) standards. This state's Title V program shares its expertise in delivering care coordination services and supports for CYSHCN to the Medicaid program's quality standards for MCOs, supporting the transition of CYSHCN to sustainable and coordinated medical homes.<sup>xxvii</sup>

Partnerships between Title V and MMC programs also present additional avenues for enhanced quality of care delivered to CYSHCN. Title V representation on managed care quality advisory boards can be a way to ensure that the



unique needs of CYSHCN are represented in these efforts. New Hampshire's Title V program has representation on the state Medicaid Medical Care Advisory Committee (MCAC), which advises the Medicaid Director on policy and planning. Through this partnership, Title V staff on the committee provide recommendations on annual managed care reporting requirements along with the managed care quality strategy and rating system.<sup>xxviii</sup>

## **Advancing Health Equity for CYSHCN**

Collaboration between state Title V and MMC programs can strengthen the delivery of key services and supports for CYSHCN while playing an important role in advancing health equity. This partnership can help to address persistent racial and ethnic health inequities among CYSHCN. Black CYSHCN, as well as those who are Latinx (self-reported as Hispanic), are more likely to have unmet health care needs and to receive lower quality primary care than CYSHCN who are White.<sup>xxix</sup> These inequities are due to factors including but not limited to systemic racism within the healthcare system, a historic lack of investment in healthcare and social systems serving racial and ethnic minorities, and higher rates of poverty among CYSHCN from racial and ethnic minority groups.<sup>xxx</sup> Alignment between Title V and MMC program goals to improve care for CYSHCN of color and their families can help to create a coordinated state response while better understanding the potential gaps in care that exist. Additional information about state Title V and Medicaid program collaboration opportunities to support health equity for CYSHCN of color can be found here:

<https://ciswh.org/resources/titlev-medicaid-health-equity-cyshcn/>

## **Strengthening Care Coordination in Medicaid and Title V**

In many states, both MMC and Title V programs provide care coordination and support services to CYSHCN. Collaboration between these two programs on care coordination efforts can reduce duplication of these services and help families receive more targeted assistance. New Jersey Title V and MMC representatives participate in quarterly Medical Assistance Advisory Committee (MAAC) meetings to share information on access to care for CYSHCN through MCOs and discuss program planning objectives related to care coordination for CYSHCN. These public meetings also incorporate representation from governmental, advocacy, and family representatives. This collaboration has led to New Jersey's progress in the implementation of managed long-term services and supports (MLTSS), along with the restructuring of services to CYSHCN through cross-agency collaborations.<sup>xxxi</sup> Virginia Medicaid and Title V programs also meet to coordinate and improve care coordination services delivered to CYSHCN by both Title V and MCOs.

Streamlined care coordination efforts can include MMC programs connecting Title V with their MCO partners providing care coordination directly to CYSHCN, aligning care for families. In 2018, Colorado Title V staff developed the Colorado Care Coordination Collaborative, which focused on increasing efficiency and reducing duplication of care coordination services for CYSHCN provided through MMC programs, the state EPSDT benefit outreach program, and Title V. The lessons learned from this collaborative were used to provide input to the state Medicaid agency as they developed phase II of the Accountable Care Collaborative Program, the state's MMC delivery system and also shaped the state's medical home action plan.<sup>xxxii</sup>

## **Increasing Family Engagement in Program Operations**

State Title V programs support the development of family-centered, community-based systems of care for CYSHCN and focus on gathering data documenting the needs of CYSHCN and their families.<sup>xxxiii</sup> Title V's strong relationships with families can provide a valuable resource to Medicaid agencies as they look to incorporate family voices and input into their MMC programs. New Mexico's Title V program supports family networks across the state to be fully prepared, mentored, and connected to partnerships supporting MCO efforts to include patient and family voices in program development. The state's Title V program incorporated recommendations regarding transition for CYSHCN to adult serving systems into the MMC policy manual and is currently developing strategies to leverage family voices as MCOs begin to operationalize their care transition goals.<sup>xxxiv</sup>

## Improving Cross-Agency Data Sharing

As states continue to move towards data-informed policy and programmatic decision-making models, there are opportunities for state Title V and Medicaid programs.<sup>xxxv</sup> Collecting and sharing data between the two programs can help states identify gaps in care and duplication of services for CYSHCN, align resources, and develop a comprehensive understanding of CYSHCN needs across a state. Data sharing between these two programs can also help states capture and address racial health inequities among CYSHCN. Many states such as Connecticut have data sharing agreements between their state Title V and Medicaid agencies to increase coordination of programs that serve CYSHCN. These agreements include specific data reporting and service delivery requirements for Medicaid MCOs.<sup>xxxvi</sup>

## Conclusion

As state Title V and MMC programs explore how to develop and strengthen partnerships, it may be important to consider how the managed care procurement process and other key facets of managed care program development can provide opportunities to improve care for CYSHCN. This collaboration can lead to enhanced communication between child serving systems, a mutual understanding of both Title V and Medicaid program goals, shared program expertise, clearly defined and aligned priorities, and streamlined service allocation to enhance care for CYSHCN and their families.

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