



# State Strategies to Leverage Medicaid and Title V Programs to Improve Care for Children with Special Health Care Needs in Medicaid Managed Care

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State Medicaid programs are increasingly using managed care delivery systems to provide health care services to Medicaid beneficiaries, including children and youth with special health care needs (CYSHCN). Nearly all states (47 states and Washington, DC) use some form of managed care to serve Medicaid enrollees.<sup>1</sup> Of states with managed care, all enroll at least some or all CYSHCN into some type of Medicaid managed care (MMC). Risk-based managed care is the most common model used by 37 states.<sup>2</sup>

Nearly 20 percent of US children ages birth to 18 years (14.6 million children) have a chronic and/or complex health care need (e.g., asthma, diabetes, spina bifida, or autism) that requires physical and behavioral health care services and supports beyond what children require normally.<sup>3</sup> Medicaid managed care provides new opportunities for states to improve how these health care delivery systems meet the unique needs of CYSHCN. Recent federal regulations outlined in the federal Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule are also driving changes to state managed care delivery systems. Under the final rule, states with Medicaid and CHIP managed care plans must address several aspects of care for enrollees, including ensuring adequate provider networks, identification of CYSHCN, providing high-quality care coordination, and expanding quality measurement.<sup>4</sup>

Medicaid and state Title V CYSHCN programs have a long history of providing health care services and supports to CYSHCN and their families. Medicaid and CHIP cover 44 percent of all CYSHCN.<sup>5</sup> The federal Title V Maternal and Child Health (MCH) Services Block grant program plays a critical role in providing services and supports to CYSHCN and their families. The Title V program is a federal-state partnership with the goal of promoting and improving the health and well-being of women, children including CYSHCN, and their families. State Title V programs support a wide array of activities, including the development of family-centered, community-based systems of services and care coordination for CYSHCN and their families.<sup>6</sup> States must invest at least 30 percent of their Title V Block Grant funds to strengthen systems of care for CYSHCN.<sup>7</sup> Moreover, the federal Title V Block Grant includes a statutory requirement for coordination with Medicaid, in addition to other requirements.<sup>8</sup>

Given the longstanding history of these programs and new opportunities presented by the Medicaid and CHIP Managed Care Final Rule, many state Medicaid and Title V CYSHCN programs are now engaging in new and enhanced partnerships to ensure that managed care delivery systems meet the unique needs of CYSHCN and their families, and that program investments are leveraged and coordinated. This policy brief highlights some of the integrated strategies these two programs have developed, which the National Academy for State Health Policy identified in its [50-state review of state Medicaid managed care programs](#).<sup>9</sup>

## Use MMC Contracts to Require Managed Care Organizations and State Title V CYSHCN Programs to Coordinate Services

State MMC contracts outline the services, supports, and quality of care that a managed care organization (MCO) provides to Medicaid beneficiaries. States are using managed care contract language to detail the care requirements provided to CYSHCN to ensure that managed care systems address the unique needs of this population.<sup>10</sup> To ensure coordinated delivery of services and supports for CYSHCN, many state Medicaid programs include provisions in their contracts with MCOs requiring collaboration with state Title V CYSHCN programs. For example, Washington State,<sup>11</sup> Kansas,<sup>12</sup> and Mississippi<sup>13</sup> include contractual requirements for MCOs to establish policies and procedures that ensure Medicaid beneficiaries have access to services and supports provided by the state Title V CYSHCN program. West Virginia Medicaid states in their managed care contracts that a memorandum of understanding (MOU) will be established between the Medicaid agency, state Title V program, and Medicaid MCOs to coordinate services for those children, including those with special health care needs, who are eligible for Medicaid managed care services. The MOU requires the establishment of strategies, based on national standards for systems of care,<sup>14</sup> to serve and coordinate care for Medicaid-enrolled CYSHCN. In Iowa, the state health department specifically requests MCOs to establish contracts with Title V-funded centers to include them as providers in their networks and provide Medicaid reimbursement for services provided to managed care enrollees at these centers.<sup>15</sup>

## Leverage Care Coordination Services and Supports Provided by State Title V CYSHCN Programs

Care coordination is vitally important for CYSHCN, many of whom use a myriad of primary and specialty health care, public health, education, mental health, social service, and other supports for their care, support, and overall health and well-being. Care coordination is considered to be a key component of a well-designed system of care for CYSHCN.<sup>16</sup> As state Medicaid programs shift CYSHCN into managed care delivery systems, many are paying close attention to the structure of care coordination. This includes partnerships with state Title V CYSHCN programs and requirements within managed care contracts to ensure that MCOs coordinate with Title V. Additionally, the Medicaid and CHIP Managed Care Final Rule requires managed care plans to coordinate services delivered within the plan and by other MCOs and community and social service agencies.<sup>17</sup>

State Title V programs are strengthening the care coordination provided to CYSHCN in MMC in a variety of ways. In Maryland, Title V program staff support Medicaid MCOs by providing evidence-based care coordination training for MCO staff.<sup>18</sup> In New Mexico, the Title V program works closely with Medicaid MCOs to ensure that MCO staff are aware of the care coordination services that Title V-funded social workers provide and share their expertise in serving the CYSHCN population.<sup>19</sup>

In some states, state Title V programs provide care coordination services to CYSHCN who are also enrolled in MMC and may be receiving care coordination services from the MCO.<sup>20</sup> In these cases, collaboration between Title V care coordinators and MCO care coordinators is critical to effectively coordinate a child's care. In New Jersey, the Medicaid program works with the state's Title V program to ensure families of CYSHCN are aware of the care coordination services offered by the MCOs. State Title V program care managers in New Jersey, for example, link families of CYSHCN with resources and share information across systems, including with the MMC plan.<sup>21</sup>

Challenges can arise when CYSHCN receive care coordination services from multiple programs, such as Title V, early intervention, special education, as well as the MCO. Some states are implementing strategies to minimize the number of care coordinators a child may have by assigning the role of “lead care coordinator” to the MCO.<sup>22</sup> In New Mexico, the state Title V program has a contractual arrangement with each of the state’s four MCOs to provide care coordination for CYSHCN. The state Title V program employs medical social workers to provide care coordination in local public health offices across the state. These social workers collaborate with the MCO care coordinators to ensure that families receive services and supports without duplication of effort.<sup>23</sup> Washington State’s Title V program provides managed care plans data on Title V children and youth enrolled in Medicaid so the plans may provide extra care coordination to those beneficiaries if needed.<sup>24</sup>

## Establish Policies to Transition CYSHCN from Pediatric to Adult Health Care Delivery Systems

As CYSHCN become young adults, it is important to take steps and provide resources to begin transitioning their care from pediatric providers to adult providers.<sup>25</sup> Effective transition strategies include planning by pediatric providers to transfer care, education, and empowerment to young adults so they may take on responsibility for their care when possible.<sup>26</sup> Support for CYSHCN and families transitioning from pediatric to adult health care services has been a longstanding priority for state Title V CYSHCN programs. In 2016, 32 state Title V programs selected “pediatric-to-adult health care transition” as one of their 15 national performance measures to improve, with a majority of those states choosing to focus on improving transition for CYSHCN.<sup>27</sup>

Aligning transition efforts with MMC can help Title V programs increase the number of children and providers who are actively participating in transition planning. State Title V programs in New Mexico and Texas are working with MMC plans to include transition planning in managed care contract language for CYSHCN and their families. In California, the Department of Health Care Services, which encompasses Title V and Medicaid, is working with managed care plans to develop a statewide transition policy for CCS clients and to have systems in place for adult physicians to provide needed care to former CCS clients. Some local CCS county programs also have regular meetings with managed care plans and other community-based resources to identify physicians and services for CCS clients as they transition to adult care.<sup>28</sup>

## Coordinate Efforts to Measure and Promote Quality of Care for CYSHCN

Measuring the quality of care that CYSHCN receive in MMC is key to ensuring that their unique needs are met. States are increasingly using quality measures in their managed care programs to reward the delivery of high-quality and cost-effective care.<sup>29</sup> Texas involved its Title V CYSHCN program in the development of quality metrics for the STAR Kids program,<sup>30</sup> a new managed care program for children with complex health care needs. It is currently phasing in those quality improvement strategies to create baselines and gain knowledge about the needs of this population.<sup>31</sup> Using the quality improvement data, each of the Texas STAR Kids MCOs will eventually be given report cards to provide public information about their quality of care. Colorado’s Title V CYSHCN program advised the state’s Medicaid agency about developmental screening and pediatric asthma treatment measures to be included in Phase II of the Accountable Care Collaborative, the statewide managed care program.<sup>32</sup> The Kansas Title V program submits monthly reports to MCOs about enrolled Title V CYSHCN participants. To bolster communication about participants’ quality of care, MCOs report to Title V about the status of children enrolled in

the state's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.<sup>33</sup> In California, staff from the state's Title V program reviews the managed care program to assess the developmental screening rates achieved by the MCOs and to ensure policies and protocols are in place to support the use of the *Bright Futures Guidelines* for developmental screening by the MCO providers.<sup>34</sup>

## Use State Title V Program Expertise to Ensure MMC Systems Effectively Serve CYSHCN

States interested in ensuring that their Medicaid managed care programs meet the unique needs of CYSHCN and their families can share their expertise when designing, implementing, or monitoring an MMC program. In Washington, the state Medicaid agency convenes a quarterly statewide networking group with representatives from both the Title V program and MCOs to improve children's services.<sup>35</sup> In Kentucky, Medicaid managed care staff participate in the State Interagency Council (SIAC) for Services to Children with Emotional Disabilities, which brings together representatives from several agencies to focus on the needs of CYSHCN.<sup>36</sup> Staff from New Hampshire's Title V program participate in two groups convened by the state Medicaid agencies -- the Medicaid MCO organizational review team and the communication group for the transition of CYSHCN from voluntary to mandatory managed care enrollment.<sup>37</sup> In Kansas, the state Title V and Medicaid programs have designated specific program liaisons to foster cooperative relationships between the programs and to ensure that services are effectively delivered.<sup>38</sup> In New Mexico, the state's Title V CYSHCN program meets regularly with the state Medicaid program and its contracted MCOs to advise on care coordination, transition to adult care, and provider network needs. Title V is also working with New Mexico Medicaid, Medicaid MCOs, the state Family to Family organization, and the Improvement Partnership Program, *Envision NM*, to identify CYSHCN populations and define specialized care coordination and establish best practices for the transition of care.<sup>39</sup> Pennsylvania MCOs are contractually required, whenever possible, to utilize knowledgeable state resources including the Title V program in order to provide training to the plans' Special Needs Units.<sup>40</sup>

State Title V programs are also working with state Medicaid programs and MCOs to engage families of CYSHCN to provide guidance on MMC program design and critique how well MMC meets their children's needs. The Delaware Title V CYSHCN program provides MCO representatives an opportunity to communicate with families about services and procedures by convening monthly Medicaid managed care calls with the Delaware Family Voices organization that represents families of CYSHCN.<sup>41</sup>

## Conclusion

Collaboration between state Title V and Medicaid programs to strengthen managed care systems for CYSHCN is taking place in a variety of ways. As more CYSHCN are enrolled in managed care programs, Title V program officials have increased opportunities to share their expertise and resources to build a better system of care for CYSHCN. As a result of federal Medicaid managed care regulations, managed care plans are increasingly held accountable to achieve quality and performance targets for CYSHCN and improve health care delivery overall. State Title V programs are well-suited to provide input into the design, implementation, and oversight of contract requirements and in providing services to CYSHCN enrolled in Medicaid managed care. State Medicaid agencies, in turn, also benefit from engaging Title V programs as:

- Advisors on standards;
- Educators of MCOs and the public; and
- Resources to support local public health agencies in their work with MCOs.



## Resources:

- [State Medicaid Managed Care Enrollment and Design for Children and Youth with Special Health Care Needs](#)
- [How States Structure Medicaid Managed Care to Meet the Unique Needs of Children with Chronic and Complex Health Care Conditions](#)
- [Structuring Care Coordination Services for Children and Youth with Special Health Care Needs in Medicaid Managed Care: Lessons from Six States](#)
- [Medicaid and CHIP Managed Care Final Rule](#)
- [Identification and Assessment of Children and Youth with Special Health Care Needs in Medicaid Managed Care: Approaches from Three States](#)
- [Standards for Systems of Care for Children and Youth with Special Health Care Needs: Version 2.0](#)
- [Developing Structure and Process Standards for Systems of Care Serving Children and Youth with Special Health Care Needs: A White Paper from the National Consensus Framework for Systems of Care for Children and Youth with Special Health Care Needs Project](#)

## Notes

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