

Peer-to-Peer Technical Assistance for State Title V Maternal and Child Health Programs on Implementation of the Affordable Care Act



Toolkit

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1. Introduction and Background

The goals of the Patient Protection and Affordable Care Act, signed into law in March 2010, are to (1) increase access; (2) improve quality; and (3) reduce costs. One of the cornerstones of the Affordable Care Act¹ is the expansion of health coverage to millions of previously uninsured Americans.

The Title V program is needed in every state to assure that all the maternal and child health population has access to health care services and that all the key functions of a maternal and child health public health program are implemented and sustained.² As the Affordable Care Act is implemented across the country, it is imperative that State Title V Maternal and Child Health (MCH) programs identify and address the implications, challenges and opportunities for women, children, youth and their families, including those with special health care needs, that the new law presents in their state. Title V programs will need to understand and integrate all the opportunities that the Affordable Care Act offers as it continues to develop and refine systems of care for the MCH populations in the state. How states choose to implement many of the provisions of the Affordable Care Act will determine which individuals and services will be covered, how services will be delivered and paid for, and how the MCH public health system can work with the new provisions and services provided by the Affordable Care Act. Funded by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB), the *Peer-to-Peer Technical Assistance for State Title V (MCH) Programs on Implementation of the Affordable Care Act* project that produced this document was designed to help state programs address the challenges and opportunities of the Affordable Care Act.

Through this project, Abt Associates, and its partner, the National Academy for State Health Policy (NASHP), provided technical assistance to State Title V agencies through the development of webinars and technical reports, facilitation of a learning network and preparation of this toolkit. This toolkit will focus on the key topic areas that State Title V needs to know about the Affordable Care Act in order that they can be most effective in building systems of care for women, infants, children, adolescents and their families, including those with special health care needs, in the implementation of the Affordable Care Act in their states. These topics are:

- Eligibility, enrollment, and retention
- Design of benefits and coverage
- Design and support for development of systems of care

The specific goals and format of the toolkit are described in the following section.

¹The term “Affordable Care Act” refers to the Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the Health Care Education and Reconciliation Act of 2010 (Public Law 111-152).

² Walker, D.K. (2003). Public health strategies to promote healthy children, youth and families. In R.M. Lerner, F. Jacobs & D. Wertlieb (Eds.), *Handbook of Applied Developmental Science, Vol. 2: Enhancing the Life Chances of Youth and Families*. Thousand Oaks, CA: Sage.

1.1 The Affordable Care Act Implementation Toolkit

Toolkit Goals

The Affordable Care Act implementation toolkit is intended to assist State Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) officials

- to better understand health reform changes affecting their state and the implication for their Title V program's roles, and
- to provide links to resources that will help to address questions that every Title V program needs to consider as the Affordable Care Act is implemented.

More specifically, the toolkit will address the following:

- whom to engage in policy-making affecting health services for the MCH population;
- which issues can be addressed collaboratively with Medicaid, the Children's Health Insurance Program (CHIP) and Marketplace officials;
- what roles Title V can play in building a system of care with new opportunities provided by the Affordable Care Act; and
- what are the Title V program challenges in the changing healthcare environment.

Toolkit Format

This toolkit is organized into four sections. This first section provides the introduction and background on the Affordable Care Act and the *Peer-to-Peer Technical Assistance for State Title V (MCH) Programs on Implementation of the Affordable Care Act*, in addition to issues across all of the key topic areas and links to resources.

The other three sections will focus on key topic areas: (1) Eligibility and Enrollment; (2) Benefits Design; and (3) Systems of Services. Each of these sections of the toolkit will be organized as follows:

- **Introduction:** Describes the context, key issues, and gaps to be addressed within the topic area.
- **Potential Roles for Title V Program and Staff:** Suggests how Title V programs can leverage their strengths and expertise to help implement the Affordable Care Act provisions to benefit MCH/CYSHCN populations and enhance systems of care for them in their state.
- **Context Questions:** Helps state Title V programs identify information about their current state Medicaid, CHIP, and Marketplace policies that may be helpful in identifying issues of concern and potential areas for engagement.
- **Potential Action Steps:** Identifies actions Title V programs can take to further the implementation of the Affordable Care Act in their state for the MCH populations, including Children and Youth with Special Health Care Needs (CYSHCN).

- **State Examples:** Provides examples of actual state Title V actions, policies or practices that are relevant to their roles in addressing the implications of the Affordable Care Act.
- **Resources:** Lists resources that can be used across all of the key areas to facilitate Title V roles in implementation of the Affordable Care Act provisions, such as links to web sites to obtain information.

1.2 Working with Partners

Public health entities, such as state and local government and nonprofit and community based organizations (CBOs), can be important and effective vehicles for educating a range of audiences about eligibility and enrollment into the Affordable Care Act coverage options like Medicaid and private health insurance Marketplace coverage. Title V programs are well positioned to facilitate partnerships between private and public partners and provide a vital link to Medicaid and the CHIP services for families who face language, cultural, literacy or numeracy barriers; live in remote areas; need extra assistance; or do not trust government.^{3,4} Because Medicaid and CHIP cover 44% of children with special health care needs nationally, partnering with these programs is essential to improving their care and coverage.^{5 6} In addition, Title V programs should be knowledgeable about and engage with hospitals and other health care entities in the private sector in their states.

Questions to Consider

Before taking a closer look at the three topic areas it will be important to identify and keep in mind who the key partners are in your state, and the general parameters of Medicaid, CHIP, and Marketplace programs in your state. State Title V programs can consider the following questions to assist them in working with key partners on the Affordable Care Act implementation and identifying the implications for MCH populations and programs.

Medicaid

- Who are the key contacts in your state's Medicaid program? For example, do you know and do you have established working relationships with your Medicaid director and the staff responsible for

³ Wachino, V., & Weiss, A. (2009). *Maximizing Kids' Enrollment in Medicaid and SCHIP: What Works in Reaching, Enrolling and Retaining Children*. Washington, DC: Robert Wood Johnson Foundation/NASHP.

⁴ The Catalyst Center and National Academy for State Health Policy. (Feb 2012). *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), Section 3: Building Partnerships: What Kinds of Partnerships Between Title V and Medicaid/CHIP Are Required and Feasible to Build?* Retrieved from <http://hdwg.org/sites/default/files/section3.pdf>.

⁵ Buxbaum, J. (2010). *Making Connections: Medicaid, CHIP, and Title V Working Together on State Medical Home Initiatives*. Retrieved from: http://www.nashp.org/sites/default/files/Medicaid_Collaboration-FINAL.pdf.

⁶ The Data Resource Center for Child and Adolescent Health. *National Survey of Children with Special Health Care Needs 2009/2010*. Retrieved from <http://www.childhealthdata.org/learn/NS-CSHCN>

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Medicaid areas relevant to Title V populations: EPSDT, managed care, eligibility determination, quality improvement, and disability?

- Is Medicaid delivered through managed care plans, fee-for-service provider networks, or a combination?
- Who are the contracted entities (e.g., managed care plans, behavioral health organizations administering mental health and substance abuse services, dental providers) that are key to administering Medicaid and CHIP in your state? Is there any opportunity for engaging in partnerships with these contracted entities to provide feedback on issues pertinent to MCH populations you work with?
- Is your state pursuing a Medicaid expansion for adults? If so, what is the benefit package for this group and how does it apply to women of child-bearing age? What vehicle will the state use to expand (e.g. state plan amendment, or section 1115 waiver)?
- Since the passage of the Affordable Care Act, do you have an updated Memorandum of Understanding (MOU) with Medicaid that specifies areas of coordinated work related to the implementation of the Affordable Care Act related to maternal and child health populations?

CHIP

- Who are the key contacts in your state's CHIP program? For example, do you know and do you have established working relationships with your CHIP director and eligibility contacts?
- Does your state have a separate CHIP, Medicaid expansion CHIP, or combination program?
- Is CHIP delivered through managed care plans, fee-for-service provider networks, or a combination?
- Does your CHIP plan provide premium assistance for families with employer coverage?
- Is your state making or considering major changes to CHIP in light of the changing environment, such as changing from separate CHIP to Medicaid CHIP?
- Is your state one that is transferring children ages 6-18 from CHIP to Medicaid because the CHIP program covered families with income between 100 and 133 percent of the Federal Poverty Level?

Marketplaces

- Is your state operating with a State-based, Partnership or Federally-facilitated Marketplace? If State-based, what agency is operating the Marketplace?
- Who is the Marketplace lead or your key Marketplace contact? Who is responsible for coordinating outreach and enrollment efforts?
- Who in your state received Navigator grants for outreach and enrollment?

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- Are you aware of / do you know who the Navigator grant awardees are within your state?
- Do you know which health centers in your state have employed certified application counselors to help individuals enroll in coverage?

Insurance and Other Agencies and Programs

- Who are the key contacts in your state department of insurance? Who are responsible for enforcement of many of the Affordable Care Act's insurance market reforms? For example, do you know and do you have established working relationships with your state insurance commissioner?
- Are there other health coverage programs in your state that are important to Title V populations (e.g., state-funded health or social services programs)? Do you have key contacts in those programs?

Existing Liaison Structures

- Are there individuals in your state agency, division, or program administering Title V that serve as officially designated liaisons with: 1) Medicaid? 2) CHIP? 3) the Marketplace?
- Does Title V participate in meetings of your state's Medicaid advisory committee/board or Medicaid managed care advisory board? Are there other regular interagency or advisory group meetings (either internal or external) on the Affordable Care Act, other broad reform initiatives, Medicaid, CHIP, or Marketplace plans, policies or practices that Title V participates in?
- Who are your state Title V program's key advocacy, provider, and professional group partners?
- What information does your Title V agency routinely collect that can help monitor the Affordable Care Act implementation issues? How can Title V sub-grantees be used as sentinels on implementation issues?

1.3 State Examples

Many states have been implementing changes initiated by the Affordable Care Act using innovative approaches to best reach their target population. The table below provides a few examples of how Title V programs in some states are expanding health care services and building systems of care for MCH/CYSHCN populations. Some of the examples began before the implementation of the Affordable Care Act and have been strengthened with the provisions of the new law.

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TOPICS	STATE EXAMPLES
Eligibility and Enrollment	
Eligibility in Medicaid, CHIP and Marketplaces	Massachusetts' Title V program has a designated staff member who is the Public Benefits Training and Policy Specialist who serves as a liaison to Medicaid, CHIP and the state's marketplace agency.
Enrollment, Renewal, and Continuity Between Programs	Texas aligned eligibility for Title V and CHIP prenatal coverage so that pregnant women seeking prenatal services at Title V clinics are eligible for CHIP coverage.
	Utah's Children with Special Health Care Needs Program helps families maximize coverage options from Medicaid and Supplemental Security Income.
Outreach and Consumer Assistance	Massachusetts' Title V program has contracted with The Catalyst Center to conduct statewide CYSHCN 101 trainings on the impact of the Affordable Care Act on the CYSHCN population.
	Oklahoma has created an Advisory Committee of Title V, state agencies including Medicaid, child advocates and other stakeholders to make recommendations on enrollment processes in the state.
Benefit Design	
Affordable Care Act Benefits	North Carolina's Children with Special Health Care Needs Program played a key role in ensuring that CYSHCN needs were considered in the design of the state's benefit package for the Children's Health Insurance Programs.
	Wisconsin's Title V program funds five Regional Centers that support CYSHCN by providing health benefits counseling on issues related to continuity of coverage, adequacy of benefits, and affordability of coverage.
Medicaid and CHIP Benefit Changes	Alabama's Title V program worked closely with the CHIP program to help coordinate benefits for CYSHCN enrolled in the state's CHIP program.
Patient-centered Medical Homes and Health Homes/Care Coordination	Colorado's Title V program has been a leader in the creation and development of the Colorado Medical Home Initiative which is supported by Colorado legislation.
	Minnesota requires medical homes for patients with complex conditions in fee-for-service Medicaid.
Accountable Care Organizations (ACOs)	Minnesota is using the State Innovation Model (SIM) grant to build Accountable Communities for Health which integrates a range of services, including public health, across the state.
	Oregon is using Coordinated Care Organizations that serve Medicaid across the state to integrate services across community partners to improve health outcomes.
Primary Care Workforce/ Safety Net Providers	Maryland has implemented a Consumer–Operated and Oriented Plan in Baltimore to integrate medical homes, payment reform and the use of evidence-based protocols to make insurance more affordable for working families.
	Pennsylvania has implemented an initiative (Rx for PA) to widen the scope of practice for nurse practitioners, physician assistants, nurse midwives, physical therapists and dental hygienists.
Non-profit Hospital Community Benefits Provision	Hawaii's Department of Health, including the Title V program, is collaborating with all the non-profit hospitals in the state to conduct the community needs assessments and select community-based interventions.

2. Eligibility and Enrollment Toolkit

Introduction

Title V programs are uniquely positioned to leverage their longstanding strengths in working with MCH and CYSHCN populations to assist with outreach and enrollment of the populations you serve. Title V also is particularly suited to advance access to continuous coverage for MCH populations in programs that meet their needs and promote high-quality care in three general ways: (1) educating MCH and CYSHCN populations on changes to coverage programs and new options under the Affordable Care Act; (2) monitoring access to coverage and to care; and (3) building relationships with Medicaid, CHIP, and Marketplace partners to help inform policymaking about eligibility and enrollment. This toolkit aims to help Title V programs identify specific roles and potential action steps in order to help navigate new coverage options and facilitate enrollment for Title V populations, and to strengthen communication and collaboration with key players in Medicaid, CHIP, and the Marketplace.

The Eligibility and Enrollment Toolkit will focus on three key topic areas: (1) eligibility through Medicaid, CHIP, and the Health Insurance Marketplace; (2) enrollment, renewal, and continuity between programs; and (3) outreach and consumer assistance. Within each section you will find the potential roles for Title V programs, potential action steps, and state examples that illustrate how Title V programs have improved eligibility and enrollment for MCH and CYSHCN populations.

Issue #1: Eligibility in Medicaid, CHIP, and Marketplaces

Under the Affordable Care Act, Title V populations – women, infants, children, adolescents, and their families, including fathers and children and youth with special health care needs (CYSHCN) – will experience major changes related to eligibility for publicly-funded health insurance programs. Some populations will gain access to new coverage options; other populations will shift between sources of coverage.

Potential Roles for Title V Programs and Staff:

Under the Affordable Care Act's expanded coverage landscape, children and families may find it challenging to assess which coverage options they are eligible for and which health plan best suits their needs when they are faced with many options. Title V programs can help connect children and families to appropriate coverage by helping them understand the insurance affordability programs for which they may be eligible. For example, this could include helping a family understand when it may be beneficial to request a determination on a basis other than income, such as disability or foster care status (called a "non-MAGI determination"). It may also be important to help families understand how different choices in the Marketplace may affect what providers and benefits are covered. There are a variety of mechanisms through which Title V could fulfill this role—for example, Title V programs could designate staff in central or regional offices as responsible for outreach, or require sub-grantees to provide outreach services—however, it will vary from state to state.

In addition to helping families navigate coverage options, Title V has the potential to partner with Medicaid, CHIP, and the Marketplace to monitor the effects that changes in Medicaid and CHIP eligibility standards, methods for counting income, and elimination or reduction of optional eligibility categories have on families and children. Title V programs could engage staff directly or use sub-grantees to leverage existing data channels—for example, by tracking consumer complaints, inserting additional questions into existing state health surveys, or requiring case managers to ask questions in family focus groups—in order to identify issues and bring them to the attention of sister agencies. Title V brings unique experience working with vulnerable populations, including those with special needs, and bringing these issues to the table is an important opportunity to ensure that the Affordable Care Act’s coverage expansions help meet the health needs of MCH populations.

Context Questions

- If your state is planning or considering a Medicaid expansion covering low income adults, is it expanding under the traditional program or using an alternative like the one approved for Arkansas to buy private plans (also known as premium assistance) in the Marketplace? Are MCH populations included in this new approach? Are there other ways that the state is pursuing to expand coverage for adults, particularly women of childbearing age?
- If your state is one of those that must transition children ages 6-18 from separate CHIP programs to Medicaid because the Affordable Care Act expands Medicaid eligibility for these children from 100 percent FPL up to 133 percent FPL on January 1, 2014, has the state completed this transition? Or has your state pursued an alternate timeframe? What actions were taken or are being considered to ensure a smooth transition for children, and to plan for and monitor their access to care?
- What data on MCH populations in Medicaid, CHIP, and Marketplace enrollment is available to you? Do you use it to monitor trends among your populations of interest?
- Is your state considering eliminating or scaling back income standards for any Medicaid adult coverage groups such as parents, pregnant women or caretaker relatives?
- How does your state assure that foster children turning 18 years old continue to receive Medicaid coverage until they are 26 years old?

Potential Action Steps:

- Request a meeting with the Medicaid and CHIP director(s)—they may be the same or different people depending on whether your state operates a CHIP program separate from Medicaid—to review and discuss changes in program eligibility that have occurred as a result of the Affordable Care Act, your state Medicaid and CHIP program’s plans for monitoring impact, and how Title V could help families understand changes and enroll, and how Title V could help with monitoring.
- Work with your programs and partners to identify and monitor the impact of eligibility changes and affordability issues on children and families. One partner may be community health centers; most community health centers have certified application counselors to assist with enrollment.

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- Assess how coverage changes may affect needs for services you support and how you might redirect funds or redeploy staff resources to assist families with accessing coverage and address remaining unmet needs.

State Example: Title V Monitoring Medicaid, CHIP, and the Marketplace

Massachusetts

Massachusetts' Title V program employs a Public Benefits Training and Policy Specialist who helps the state Title V program use existing resources—such as hotlines, listservs, family mentors, and relationships with peer-to-peer networks—to gather information on how the Affordable Care Act roll out is affecting families. The Public Benefits Training and Policy Specialist also develops materials and administers trainings on public benefits for Division staff, public and private agencies, and consumers to keep them informed so that they can better advocate for disabled and chronically ill children and their families. She is also responsible for providing technical assistance and consultation to call center staff related to benefits programs for Title V populations.

Resources

- This State Reform map shows each state's decision about whether to expand Medicaid eligibility to all adults below 138% FPL. The map is updated regularly, and can be accessed at: <https://www.statereform.org/Medicaid-Expansion-Decisions-Map>.
- The State Health Reform Assistance Network prepared a checklist for state Medicaid programs that outlines key required changes to Medicaid programs and provides additional resources and tools to support state implementation of these changes. The brief is available at: <http://www.statenetwork.org/wp-content/uploads/2013/04/State-Network-NASHP-States-ACA-Medicaid-Checklist-for-2014.pdf>
- There are a number of important policy considerations with respect to children's eligibility for subsidized coverage under the Affordable Care Act, including how a parent's employer-sponsored coverage is treated. A National Academy for State Health Policy report describes potential state policy actions. Available here: http://www.nashp.org/sites/default/files/HCR.and_Children.revised.pdf
- A brief outlining the possible role of Express Lane Eligibility in simplifying and streamlining enrollment into Medicaid and CHIP is available through the State Health Reform Assistance Network at: <http://www.statenetwork.org/wp-content/uploads/2012/12/State-Network-NASHP-State-Experiences-with-Express-Lane-Eligibility-Policy-Considerations-and-Possibilities-for-the-Future.pdf>
- The Centers for Medicare & Medicaid Services issued a state health official letter providing guidance to states on the express lane eligibility option, which is available here: <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SHO10003.PDF>

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- Enroll America developed a toolkit providing information and guidance on implementing the Affordable Care Act’s new hospital presumptive eligibility requirement, available at: <http://www.enrollamerica.org/toolkits/pe/home.html>
- The Affordable Care Act introduces a new methodology for calculating eligibility, called Modified Adjusted Gross Income (MAGI), which more closely resembles tax law. This National Health Law Program guide provides an overview of how MAGI works, including who is and is not subject to MAGI, the types of income that are counted and excluded under MAGI, and a framework for how a MAGI household is determined. Available at: <http://www.healthlaw.org/issues/medicaid/medicaid-expansion-toolbox/agmagi#.UqIYSWRDsoY>
- The Kaiser Family Foundation conducts an annual 50-state survey of eligibility, enrollment, renewal, and cost-sharing policies in Medicaid and CHIP. Results from 2013 are available at: <http://kaiserfamilyfoundation.files.wordpress.com/2013/05/8401.pdf>
- A fact sheet highlighting key Affordable Care Act implications on Title V populations as it relates to eligibility and enrollment is available from AMCHP here: <http://www.amchp.org/Policy-Advocacy/health-reform/resources/Documents/MCHCoverageandBenefitsFINAL.pdf>
- Information about enrollment is available at federal websites: <http://marketplace.cms.gov>, [Medicaid.gov](http://www.Medicaid.gov), and [InsureKidsNow.gov](http://www.InsureKidsNow.gov).

Issue #2: Enrollment, Renewal, and Continuity Between Programs

Expanding coverage through public programs is a first step, but there are additional steps required to ensure that individuals enroll in coverage and maintain coverage over time. Due to changing life circumstances and the reality of “churn,” maintaining continuous coverage will be a challenge for some populations. Individuals with family incomes close to the federal poverty line are particularly susceptible to changes in income that may affect their eligibility for Medicaid, CHIP, or Marketplace subsidies. These fluctuations in eligibility result in movement across programs, and potentially in gaps in coverage if transitions are not well-managed.

Potential Roles for Title V Programs and Staff:

Title V programs have the potential to help smooth transitions across Medicaid, CHIP, and Marketplace coverage for MCH and CYSHCN populations. In particular, Title V programs and sub-grantees can help smooth transitions in coverage for special populations groups—such as pregnant women, CYSHCN, children in foster care, and individuals with disabilities—who have more specific health care needs and will face complex coverage options under the Affordable Care Act. For example, eligibility options for CYSHCN, especially as they age out of children’s coverage, are especially important for families to understand as different eligibility categories are tied to different benefit packages. Similarly pregnant women below 400 percent FPL will face multiple coverage options, which Title V programs may be able to help navigate.

Context Questions

- As required by the Affordable Care Act, has your state eliminated or reduced the waiting period required before a child can enroll in CHIP to 90 days or less? If a waiting period remains, under what circumstances will your state grant exceptions to the waiting period?
- The Affordable Care Act created the Basic Health Program as an option for states that want to create a health insurance option specific to individuals from 133% FPL to 200% FPL.⁷ Has your state considered a Basic Health Program option?
- Has your state chosen to assure that at least one health insurance plan is included in both the Marketplace and Medicaid to help families maintain continuity of care when shifting between sources of coverage?
- Has your state taken up any notable strategies to facilitate Medicaid and CHIP enrollment or renewals? Strategies could include those encouraged in CMS' guidance to Medicaid Directors: implementing 12-month continuous eligibility, Express Lane enrollment practices, or administrative renewal.⁸
- Although CHIP is authorized through 2019, appropriations of funds for the program extend only through 2015. What are your state's plans with respect to CHIP in light of federal appropriations for the program? (An Affordable Care Act provision indicates that, if CHIP funds expire, CHIP-enrolled children must transition to comparable Marketplace plans.)
- How has your state implemented the requirement that hospitals may make presumptive eligibility determinations for Medicaid, including for children, pregnant women, and parents/caregivers? Have you heard anything from safety net hospitals about their experiences with doing these determinations? Has your state chosen to extend such determination to other agencies, such as FQHCs, schools and community based organizations?

Potential Action Steps:

- Request training from Medicaid, CHIP, and Marketplace state leaders for your Title V agency and contracting organizations on enrollment and renewal policies and procedures, and how your agency can assist in promoting continuity of coverage and care.

⁷ Federal Register 03/12/2014. Basic Health Program: State Administration of Basic Health Programs; Eligibility and Enrollment in Standard Health Plans; Essential Health Benefits in Standard Health Plans; Performance Standards for Basic Health Programs; Premium and Cost Sharing for Basic Health Programs; Federal Funding Process; Trust Fund and Financial Integrity.

⁸ Centers for Medicare & Medicaid Services. (May 2013). State Health Official Letter #13-003, Affordable Care Act #26, *Facilitating Medicaid and CHIP Enrollment and Renewal in 2014*. <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-003.pdf>

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- Encourage your state to implement practices in Medicaid, CHIP, and the Marketplace to manage churning. Potential strategies include considering a Basic Health Program, implementing streamlined renewal policies and processes, or aligning plans or provider networks across programs.
- Develop a workgroup of sub-grantees and contractors to help identify and meet regularly to determine emerging gaps in service or coverage—potentially including youth up to age 26 leaving foster care (who are eligible for Medicaid coverage) or children eligible through “non-MAGI” pathways—and ways to adjust programs annually. Share this information and flag issues for Medicaid, CHIP and Marketplace leadership.
- Create incentives or requirements to sub-grantees and contracting entities to provide enrollment and renewal assistance.

State Examples: Promoting Coverage Continuity through Linkages with Title V

Texas

In 2007, Texas expanded CHIP benefits to provide coverage for “unborn children” of low-income pregnant women who do not qualify for Medicaid (a federal CHIP option), essentially providing prenatal coverage for the pregnant women. Eligibility for Title V and CHIP prenatal coverage are aligned so that pregnant women seeking prenatal services at Title V clinics are also eligible to receive CHIP coverage. The program saw the most success in areas where Title V and CHIP prenatal providers were aligned, such as in Harris County.

Utah

Utah’s Children with Special Health Care Needs program is part of the Utah Department of Health, Division of Family Health and Preparedness. While primarily focused on providing direct services, the program’s Title V funded clinics for CYSHCN also help families with accessing Supplemental Security Income (SSI) and Medicaid so that they can maximize coverage options. These clinics also play an important role in helping families with CYSHCN stay aware of their coverage status and help families renew coverage when necessary.

Resources

- A brief, developed by the Urban Institute, examining several complex coverage scenarios where children and parents are eligible for different insurance affordability programs is available at: <http://www.urban.org/uploadedpdf/412341-Affordable-Care-Act.pdf>
- This National Academy for State Health Policy brief explores potential roles safety net providers could play in helping to bridge gaps in coverage and care between Medicaid, CHIP, and Marketplaces, and is available at: http://nashp.org/sites/default/files/safety.net_.supporting.continuity.pdf
- The Centers for Medicare & Medicaid Services’ Medicaid.gov website contains a table outlining the new targeted enrollment strategies states have elected to adopt to date. Available at:

<http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Targeted-Enrollment-Strategies/targeted-enrollment-strategies.html>

- The National Health Law Program compiled FAQs on pregnant women’s coverage under Medicaid and the Affordable Care Act, available at: <http://www.healthlaw.org/publications/browse-all-publications/QA-Pregnant-Women-Coverage-Medicaid-and-ACA#.UqICPmRDsoa>

Issue #3: Outreach and Consumer Assistance

While the Affordable Care Act expands eligibility in existing programs and introduces new insurance options for individuals, ensuring that eligible uninsured individuals enroll in coverage will be a challenge. The Affordable Care Act addresses these challenges by outlining a multi-pronged approach to outreach and consumer assistance to help individuals and families enroll in person, over the phone, on line, or via a paper application. In-person assistance is an important key to facilitating enrollment, and many entities, including federally qualified health centers, insurance brokers, nonprofit agencies, and federally-funded “Navigators” may be available in states to assist with outreach and enrollment. State and federal Marketplaces have also established call centers to take applications by phone and answer questions from individuals seeking coverage.

Potential Roles for Title V Programs and Staff:

Title V programs may already play a role in connecting individuals to Medicaid and CHIP coverage. In light of the Affordable Care Act’s coverage expansions and new assistance landscape, that role may evolve. However, Title V remains uniquely positioned to help families, CYSHCN, reproductive age and pregnant women understand their options regarding program eligibility and important considerations in plan selection. Title V programs have the potential to build on existing MCH roles in providing outreach and partnering with community resources, such as existing call center infrastructure, to serve as consumer assistance resources under the context of the Affordable Care Act.

Title V programs can also fit into the new assistance framework by encouraging their sub-grantees and contracting entities to consider becoming a Certified Application Counselor (CAC) or Champion for Coverage educators and helping to educate constituents on resources available to them, such as CMS’ CAC registry.

Finally, Title V may be able to partner with Medicaid, CHIP, and the Marketplace to provide education and outreach to MCH/CYSHCN populations. In particular, the Affordable Care Act requires that state Medicaid programs have procedures in place to conduct outreach and enroll vulnerable and underserved populations. This section of the Affordable Care Act specifically highlights CYSHCN and pregnant women, among other populations⁹. Title V programs could assist Medicaid with meeting this requirement by sharing resources and insight from your experience working with these populations.

⁹ The Affordable Care Act Subtitle C, Section 2201

Context Questions

- Who are the key consumer assistance entities in your state? Who are Navigators in your state? In-Person Assisters? Certified Application Counselors?
- Does your state require any additional training, certification, or licensure for Navigators or Certified Application Counselors that goes beyond the federal training requirements? Is there training that Title V might offer to assist these entities in understanding needs of MCH/CYSHCN populations?
- Are any community partners with which you have an existing relationship serving in assister roles? For example, school-based health centers (SBHCs), community health centers, family planning clinics?
- Has your state used CMS-suggested flexibilities to reach out to parents of Medicaid children to determine if they are eligible under the Medicaid expansion?¹⁰

Potential Action Steps:

- Require or encourage grantees and contracted entities to provide case management, information, or referral services, for example by becoming Certified Application Counselors (CAC) or Champion for Coverage educators¹¹.
- Develop strategies for sub-grantees and contracted entities to help individuals select plans that best meet their needs and keep families informed of their enrollment and renewal status. One strategy may include developing email notices or text reminders to keep families aware of actions they may need to take to complete enrollment or renew their coverage.
- Offer training to sub-grantees and contracting entities on the impact of the Affordable Care Act on CYSHCN and MCH populations in order to develop consumer assistance practices targeted at Title V populations.
- Work with Medicaid, CHIP, and the Marketplace in their outreach efforts to help identify opportunities to provide outreach to MCH populations. Update MCH hotline resources related to insurance affordability programs.
- Connect Marketplace Navigators or community health center certified application counselors with Title V subgrantees to establish joint outreach events and out stationed application assistance.

¹⁰ State Health Officer (SHO) #16, Facilitating Medicaid and CHIP Enrollment and Renewal in 2014.

¹¹ For more information on Champions for Coverage, visit: <http://marketplace.cms.gov/technical-assistance-resources/assister-programs/champion.html>.

State Examples:

Massachusetts

Massachusetts has leveraged its strong advocacy community to help coordinate Affordable Care Act outreach and assistance efforts. For example, the Massachusetts Title V program has contracted with The Catalyst Center (<http://www.hdwg.org/catalyst/>) to conduct statewide CYSHCN 101 trainings for all care coordinators to help them understand the impact of the Affordable Care Act on the CYSHCN population. In addition, Massachusetts' Title V program is considering a role for the Catalyst Center to partner with community health centers, particularly those that are Navigator entities, to think through the impact of eliminating CommonHealth (a state-funded wrap-around program for adults and children with disabilities that are not eligible for standard MassHealth) and help with the transition.

Oklahoma

As a part of NASHP's Children in the Vanguard network, state Medicaid officials and child advocates from Oklahoma convened to identify ways to streamline access to SoonerCare for children with disabilities via online enrollment and renewal. The state and advocates convened an advisory group that included Title V, sister agencies, Oklahoma's Family 2 Family Health Information Center, and other stakeholders to analyze the efficiency of its TEFRA redetermination process. These groups also developed a strategy to implement e-mail and text reminders and made recommendations for moving the process into online enrollment. See the appendices for a report developed by the Oklahoma Family Network summarizing the group's process and recommendations.

Resources

- A brief, developed by the State Health Reform Assistance Network, outlining basic information about Navigator and In-Person Assistor programs and key policy issues and considerations from leading states is available at:
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404796
- A fact sheet outlining options for Title V programs to leverage existing call center resources to aid the Affordable Care Act's outreach and enrollment efforts is available from AMCHP at:
<http://www.amchp.org/Policy-Advocacy/health-reform/resources/Documents/CoordinatingTollFreeServices.pdf>
- A checklist, developed by the National Health Law Program, highlighting ways states can ensure that individuals with disabilities access coverage in the Marketplace is available at:
<http://www.healthlaw.org/publications/ensuring-accessibility-for-individuals-with-disabilities-in-the-acas-marketplaces#.UqJHtGRDsoY>

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- This NASHP toolkit collects information and resources relevant to the impact of the Affordable Care Act on children’s coverage, including a section devoted to eligibility and enrollment. Available at: <http://www.nashp.org/children-in-vanguard/toolbox>
- A fact sheet from EnrollAmerica outlines the requirements and processes for becoming a Certified Application Counselor. Available at: <http://www.enrollamerica.org/the-certified-application-counselor-cac-program-facts-about-the-cac-designation-for-organizations/>

3. Benefit Design Toolkit

Introduction

The Affordable Care Act expands public and private insurance coverage to populations that previously had no affordable options, and defines the minimum benefits that must be provided in individual and small group health plans¹², as well as in Medicaid plans for newly eligible populations. Some of the populations that Title V MCH and CYSHCN programs focus on will be gaining health insurance coverage through the provisions of the Affordable Care Act, while other individuals will be moving among sources of coverage – Medicaid or CHIP, Marketplace QHPs, or other creditable coverage. However, their health care needs will not change. Thus, it will be important to ensure that health benefits in Medicaid, CHIP, and private plans sold through Marketplaces, as well as outside are designed and delivered to meet the needs of women, children, adolescents, parents and CYSHCN. In addition to expanding access to affordable health coverage options, the Affordable Care Act makes several changes to and provides new protections for public and private health insurance benefits that will help the populations that Title V MCH and CYSHCN programs serve.

Title V programs are uniquely positioned to leverage their expertise and longstanding strengths in conducting needs assessments for MCH and CYSHCN populations to ensure benefits are designed and delivered to meet the needs of these populations under the context of the Affordable Care Act. This toolkit aims to help Title V programs leverage their unique roles and identify steps towards ongoing needs assessment given a changing healthcare landscape. The toolkit provides suggestions for strengthening communication and collaboration with key players in Medicaid, CHIP, and the Marketplace to ensure benefits are designed to the greatest extent possible to eliminate or reduce coverage gaps for needed services for MCH and CYSHCN populations.

The Benefit Design Toolkit focuses on two key topic areas: 1) Affordable Care Act benefits and 2) Medicaid benefit changes. Within each section you will find the potential roles for Title V programs, potential actions steps, and a relevant state example.

Issue #1: Affordable Care Act Benefits

Potential Roles for Title V Programs and Staff:

The Affordable Care Act's new rules concerning benefits and consumer protections are complex and may be unfamiliar to consumers. The Affordable Care Act ensures health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Marketplace, offer a comprehensive package of items and services, known as Essential Health Benefits (EHBs) starting in 2014. The federal government will reassess current Essential Health Benefits definitions before 2016. Title V programs can educate MCH and CYSHCN populations about new requirements for individual and small employer health insurers to provide preventive services, vision and oral health care for children,

¹² Essential health benefit requirements do not apply to employer large group plans.

and mental health benefits and about EHB requirements, including what benefits are covered and what limits do or do not apply. In the event that benefits are not covered as required, Title V staff can assist families with making connections to insurance department ombudsman or legal services agencies that can help them. Going forward, Title V programs can assist the Marketplace and other sister agencies – such as departments of insurance – in informing the application of EHB requirements for 2016 and beyond. Title V staff can bring to these discussions both concrete data and human stories that illustrate the need for EHB standards that meet the needs of women, children, youth, including CYSHCN, and families. Finally, Title V programs can also use the information they gather on any gaps in benefits to inform their needs assessments and possible retargeting of Title V resources.

Context Questions

- In addition to federal requirements, how does your state further define Essential Health Benefits (EHBs)?
- How does your state define habilitative benefits, which can be particularly important for CYSHCN?
- How are pediatric dental plans sold on your state’s Marketplace? Are there any medical qualified health plans that include pediatric dental coverage? Does your state require families buying medical coverage through the Marketplace to also purchase dental coverage?
- What smoking cessation assistance does your state Medicaid agency offer?
- What agency or agencies in your state are responsible for enforcing insurance coverage requirements, including requirements for mental health parity?
- Has your Title V needs assessment determined the impact of insurance reforms – including guaranteed issue, and removal of annual and lifetime benefit caps – on coverage for women and children?
- What are the grievance processes and ombudsman services available in your state if individuals have problems or issues with accessing benefits? How are complaints filed for both public and private health coverage programs?
- What state partners are important to build relationships with in order to be engaged with the process of reassessing EHB benchmark plans for 2016? What are the key professional and public interest groups, including hospitals, health plans, provider organizations, Title V sub grantees, or patient advocacy groups that could be partners in efforts to reassess EHB?

Potential Action Steps:

- Acquire or develop fact sheets and informational materials on benefits and other insurance terms to educate MCH/CYSHCN populations and families so they understand the coverage and services to which they are entitled. Consider whether someone in Title V should complete training as a Certified Application Counselor to provide information comparing the different Marketplace plans on benefits key to children and families.

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- Educate members of advocacy groups who work with MCH/CYSHCN populations about the benefits requirements that are most important to these populations. This may include ensuring that MCH providers and school officials know that Medicaid covers comprehensive smoking cessation programs for adolescents and pregnant women.
- Connect families with official ombudsman, agency appeals processes, advocates, legal services or other resources to assist them if they have problems accessing required benefits.
- Establish an officially designated liaison to state agencies and other organizations (e.g. statewide disability coalitions, interagency advisory committees, in-house departmental committees, and task forces) that address health benefits for MCH/CYSHCN populations.
- Work with other state agencies, where necessary, for more mental health services and substance abuse benefits parity with medical coverage to comply with the Mental Health Parity and Addictions Equity Act.
- Develop relationships with relevant agency contacts, including the entity overseeing the eventual reassessment of EHB, likely the Marketplace agency or insurance department in your state. Assess what information these agencies will find helpful to informing future policy related to health benefits, and look for the opportunity to participate in discussions to reassess benchmark plans. Conversations are likely to begin well in advance of the 2016 redefinition deadline.
- As part of ongoing and five-year Title V needs assessments, examine which benefits are not fully covered by insurance affordability programs. Once areas of need are identified, develop strategies to address those needs.

State Examples:

North Carolina's Children's Health Insurance Program Benefit Design

Title V can play an important role in helping to design health benefit packages as states reassess their EHB plan selection for 2016. In undertaking this work, it may be helpful to draw upon Title V involvement in benefit design within states' separate Children's Health Insurance Programs (CHIP). Beginning in the late 1990s, states began designing their separate CHIP programs within broad federal guidelines and Title V CYSHCN directors played key roles in designing the CHIP programs' benefits. In North Carolina, the Director of the Children's Special Health Services Program co-chaired a task force appointed to plan the state's CHIP program. His involvement successfully kept CYSHCN in consideration as the task force weighed the merits of alternative program designs. Ultimately, the CHIP benefit package was designed based on the state employees' health plan and the task force supplemented this benefit package with

additional physical, developmental, and mental health benefits for CYSHCN that were Medicaid-equivalent, and supported by specifically allocated funds.¹³

Wisconsin Regional Centers for Children and Youth with Special Health Care Needs

Title V can play an important role in helping to ensure that MCH/CYSHCN populations understand their coverage options, as well as in helping to connect families with assistance when they have difficulty accessing benefits. In undertaking this work, it may be useful to consider the experiences of the Wisconsin Regional Centers for Children and Youth with Special Health Care Needs. In Wisconsin, the Title V program funds five regional centers supporting families with CYSHCN. The regional centers provide health benefits counseling to families on issues including continuity of coverage, adequacy of health benefits, and affordability of coverage. Regional centers educate families about available coverage options, both public and private, and increase families' understanding of the services available in their health plans. All regional center staff can provide families with basic services, such as information on a child's special needs, connections to community services, and assistance locating doctors and dental care. Additionally, each center employs staff who provides intermediate services for families, including assistance with transition planning and parent-to-parent support. When more advanced medical or legal services are necessary, regional center staff make referrals to other local service and advocacy organizations, such as ABC for Health, a Wisconsin-based public interest law firm that provides free health benefits consultation for children and families, especially those with CYSHCN.¹⁴

Resources

- A fact sheet outlining preventive services and other benefits available to women through the Affordable Care Act is available from AMCHP at: <http://www.amchp.org/Policy-Advocacy/healthreform/resources/Documents/Women%27s%20Health%20%20ACA%20Fact%20Sheet.pdf>
- A fact sheet outlining benefits available to CYSHCN through the Affordable Care Act is available from AMCHP at: <http://www.amchp.org/Policy-Advocacy/health-reform/Documents/CYSHCN-ACA-Fact-Sheet.pdf>
- A summary of the Mental Health Parity and Addictions Equity Act and the Affordable Care Act updates that extend its provisions to more health plans is available from the federal Substance Abuse and Mental Health Services Administration at: <http://beta.samhsa.gov/health-reform/parity?from=carousel&position=1&date=10282013>

¹³ Hill, I., Lutsky, A.W., & Schwalberg, R. (May2001). *Are We Responding to Their Needs? States Early Experiences with Serving Children with Special Health Care Needs under SCHIP*. Washington, DC: Urban Institute. Retrieved from <http://www.urban.org/UploadedPDF/occa48.pdf>

¹⁴ Latton, S. (2013). *The Wisconsin Medical Home Toolkit*. Produced by the Wisconsin Department of Health Services in collaboration with the Wisconsin Chapter – American Academy of Pediatrics, the Wisconsin Academy of Family Physicians, and Family Voices of Wisconsin, with support from MCHB Grant #D70MC04467. Available at: <http://www.wimedicalhometoolkit.aap.org/toolkit/index.cfm>

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- A Frequently Asked Questions document providing additional guidance on Health and Human Services definitions for Essential Health Benefits, available at: https://www.statereform.org/sites/default/files/ehb-faq-508_0.pdf.
- State benchmark plan selections are collected in the *State Refor(u)m* chart “Digging in to Benchmark Plan Details”, available at: <https://www.statereform.org/analyses/state-progress-on-essential-health-benefits>.
- This report, “Improving Integration of Dental Health Benefits in Health Insurance Marketplaces,” from the National Academy for State Health Policy presents findings related to pediatric and adult dental coverage, benefit design, affordability, and plan selection. It is available at: http://www.nashp.org/sites/default/files/improving.integration.of_dental.health.benefits.in_health.insurance.marketplaces_0.pdf.
- This guide on designing essential health benefits was developed by Families, USA to help advocates designing benefits effective in 2014. The suggested steps may continue to be useful to Title V staff who wish to engage in any EHB revisions to be effective beginning 2016. The guide is available at: <http://familiesusa2.org/assets/pdfs/Designing-Essential-Health-Benefits.pdf>
- America’s Health Insurance Plans is tracking which states are allowing a delay in the Affordable Care Act’s minimum standards for private insurance policies sold outside the Marketplaces until January 1, 2015. A map of state decisions is available at: <http://www.ahipcoverage.com/2013/11/20/map-of-the-day-state-decisions-on-administrations-policy-on-coverage-extensions/>

Issue #2: Medicaid Benefit Changes

Potential Roles for Title V Program and Staff:

States that expand Medicaid to the “new adult” group¹⁵ (which can include youths age 19-20 in some state as well as parents not previously covered), must define the benefits these enrollees will receive. That package of benefits is known as a Medicaid Alternative Benefit Plan. If your state’s Medicaid Alternative Benefit Plan is different from traditional Medicaid, Title V programs and staff can inform newly eligible populations exempt from mandatory enrollment in Alternative Benefit Plans of their right to enroll in traditional Medicaid. States have the option to develop specialized Alternative Benefit Plans for different populations, and Title V programs can collaborate with Medicaid officials working specifically on Alternative Benefit Plans to ensure the needs of MCH populations are considered. Title V Programs can also help educate MCH populations on the changes to Medicaid cost sharing, benefits for terminally-ill children, and new mandatory family planning and pregnancy benefits.

¹⁵ The adult group is defined as non-pregnant adults ages 19-64 who are not eligible for coverage under any other Medicaid coverage groups.

Context Questions

- If your state is expanding Medicaid eligibility to 138% Federal Poverty Level (FPL), what is covered in your state's Alternative Benefit Plan(s)?
- Has your state developed specialized Alternative Benefit Plans for different populations?
- The Affordable Care Act allows children enrolled in Medicaid or CHIP who have been diagnosed with a terminal illness to concurrently receive both hospice care and treatment for the illness for up to six months; states can extend or expand services further through a waiver or state plan amendment. Does your state Medicaid or CHIP program provide more expansive services and/or eligibility for terminally ill children than is required by the Affordable Care Act?
- Does your state have a family planning waiver or SPA? What populations are eligible for family planning services in your state?
- How broadly or narrowly does your state define "pregnancy related services?" Which women receive full Medicaid and which women receive coverage of designated pregnancy related services?

Potential Action Steps:

- Establish a team of Title V staff to monitor the challenges MCH populations, particularly vulnerable women and children, experience in accessing Medicaid or CHIP benefits required by the Affordable Care Act.
- Locate or develop materials to explain benefits and Medicaid cost sharing to MCH populations. Include information on Alternative Benefit Plans and populations eligible for traditional Medicaid.
- Determine which individuals developed your state's Medicaid Alternative Benefit Plan and educate them about the specific needs of MCH populations, especially focusing on the needs of CYSHCN. Engage in future efforts to modify your state's Medicaid Alternative Benefit Plan.
- Partner with other providers and advocates within your state focused on removing barriers to concurrent care for terminally ill children.

State Example:

Alabama Title V Collaboration with the Children's Health Insurance Program

Title V can play an important role in helping to ensure that MCH/CYSHCN populations are able to access Medicaid and CHIP benefits required by the Affordable Care Act, and can do so by leveraging relationships with state partners. In undertaking this work, it may be useful to consider the longstanding role Title V has played in Alabama, in helping to coordinate benefits for CYSHCN enrolled in the state's CHIP program. The state's separate child health program, ALL Kids, was launched in 1998. One year later, the program was amended to create ALL Kids Plus, which provides an enhanced health benefits package for CYSHCN enrolled in CHIP. The Alabama Department of Public Health administers both Title V and CHIP programs and this unique organizational relationship no doubt facilitated this arrangement, but it's a model other states may want to examine. ALL Kids Plus also provides outreach efforts,

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including educating primary and specialty care physicians about the program, as well as identifying and contacting children who may need the enhanced benefits offered through ALL Kids Plus.¹⁶

Resources and Tools:

- An issue brief from Families USA discusses Medicaid Alternative Benefit Plans and focuses on what they are, what they cover, and state choices. You can access the brief here: <http://familiesusa2.org/assets/pdfs/medicaid/Alternative-Benefit-Plans.pdf>.
- This State Reform chart tracks the status of states' Alternative Benefit Plan decisions for the Medicaid expansion population. The chart is regularly updated and is available here: <https://www.statereform.org/Tracking-State-Medicaid-Alternative-Benefit-Plans>.
- This state policy brief from the Guttmacher Institute updates state Medicaid family planning decisions and is available at: http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf
- This brief on pediatric concurrent care may provide ideas for Title V Programs on how to further advocate to remove barriers to care for these children and families. You can access the brief at: http://www.nhpco.org/sites/default/files/public/ChiPPS/Continuum_Briefing.pdf
- This National Health Law Program publication, discusses changes made by the Affordable Care Act, impacting pregnant women enrolled in Medicaid and certain private health insurance plans. You can access the guide here: <http://www.healthlaw.org/publications/browse-all-publications/QA-Pregnant-Women-Coverage-Medicaid-and-ACA#.Uyx8FGwKG8>
- This Kaiser Family Foundation publication, provides a summary of state Medicaid coverage of perinatal services, and is available here: <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8014.pdf>

¹⁶ Information regarding Alabama's CHIP program, ALL Kids and ALL Kids Plus, was obtained through the state's current CHIP State Plan Amendment, as amended by SPA 9 and Factsheet as of 6-16-2011. Available: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/Downloads/CHIP-SPAs/ALCurrentStatePlan.pdf> Retrieved: November 25, 2013.

4. Systems of Services Toolkit

Introduction

The Omnibus Budget Reconciliation Act of 1989 for Title V of the Social Security Act, requires state Title V programs to "provide and promote family-centered, community-based, coordinated care for children with special health care needs and to facilitate the development of community-based systems of services for such children and their families."¹⁷ The Affordable Care Act made a number of changes affecting the health care system that are designed to increase health coverage, improve care, and provide important new insurance protections for all Americans. Many of the law's provisions will impact women, infants, children and youth, including those with special health care needs.

The Systems of Services Toolkit will focus on four key topic areas: 1) patient-centered medical homes and health homes, 2) accountable care organizations, 3) provider shortages/workforce development, and 4) community benefits. Within each section you will find the potential roles for Title V programs, potential action steps, and state examples that illustrate how Title V programs have used the provisions of the Affordable Care Act to build population-based systems of care for women, children, youth and their families, including those for CYSHCN.

Issue #1: Patient-centered Medical Homes and Medicaid Health Homes

Potential Roles for Title V Program and Staff:

Title V programs have been committed to building medical homes, especially for CYSHCN for two decades. One of MCHB's six goals for CYSHCN is to ensure that —All children with special health care needs receive coordinated ongoing comprehensive care within a medical home. In addition, MCHB has supported surveys in all states to monitor the implementation of medical homes in each state.¹⁸ Title V programs can use the emphasis in the Affordable Care Act on medical homes and the provision to create health homes to enhance state MCH efforts to assure that all children have a medical home. The Affordable Care Act provides new tools and funding to help states build on existing efforts to integrate service delivery and build new models of primary care.

Title V programs can facilitate the engagement of family leaders in working with Medicaid, CHIP, the Marketplaces and other insurers and community-based organizations to develop medical/health homes. They can also assist in the collection of data to monitor implementation and ongoing performance of medical/health homes. In addition, they can help link primary care providers to community-based referral services for follow-up care by providing assistance with care coordination services and providing an updated list of community resources. Title V agencies can play a leadership role in determining

¹⁷ Maternal and Child Health Bureau. (2001). *Understanding Title V of the Social Security Act*. Washington, DC: Health Resources and Services Administration.

¹⁸ www.childhealthdata.org

pediatric and family practices that are ready to implement the PCMH and in facilitating training and coaching to assist with implementation of the medical/health home.

Context Questions

- Does the Title V work with Medicaid, CHIP or others in the development and implementation of medical homes in the state? If yes, are the provisions of the Affordable Care Act being used to expand medical homes?
- Is the Medicaid agency using the Affordable Care Act provisions to develop and implement health homes? If so, are children and youth included in populations served by the health homes?
- Where are the practices currently implementing medical homes within State, County or Regional Jurisdiction?
- Are the community health centers in the state developing PCMHs?
- Does your state recognize and/or use NCQA accreditation? Other standards of accreditation? Are there NCQA standards for medical homes being used by providers in the state? Are these the same for all provider groups and insurers?
- What does your state use for performance monitoring of medical homes or health homes?
- Is there a community resource source for primary care providers to use when referring patients to needed community services?
- How do the efforts in your state for medical homes for adult populations fit with those used for children and youth with special health care needs? Is the Title V CYSHCN program involved in statewide efforts to spread medical homes throughout the state (if applicable)?

Potential Action Steps:

- Mobilize and engage family leaders to improve care coordination and assist with implementation of medical/health homes.
- Facilitate training and ongoing learning improvement for practices to help meet expectations and improve performance.
- Convene insurers, including Medicaid and CHIP, to coordinate and promote the implementation of medical/health homes.
- Assist with setting standards and selecting an accreditation process (e.g., NCQA, etc.) for all medical/health homes in the state.
- Facilitate and support linkage of primary care with home visiting and other specialty care services.
- Monitor implementation of medical/health homes and linkages to Title V and community resources.

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- Identify and develop a repository of community based resources for primary care providers to refer patients.
- Promote and support community health centers' adoption of medical/health homes.

State Examples:

Colorado Medical Home Initiative (CMHI)

The Colorado Department of Public Health and Environment, Division of Family Health Services, (the state's Title V MCH program) has been a leader in the creation and development of the Colorado Medical Home Initiative (CMHI) which has been used to promote family-centered care, facilitate linkages between Medicaid and provider groups within the state, and improve service delivery for MCH populations. Launched in 2001 as a partnership with the state's Medicaid agency and several provider groups, CMHI was created with the intent to develop a sustainable system that delivers quality health care for all children. Initially targeted to children with special health care needs, the initiative has been expanded to focus on all Medicaid-enrolled children in the state.

Initial efforts to integrate services through a medical home were bolstered in 2007 with the passage of Colorado SB 07-130, which defined a medical home and the roles of key state agencies in integrating health care systems and sharing resources to provide care. Since then, the state's Title V MCH program along with Medicaid have developed comprehensive standards for the creation of medical homes and an implementation process to assure that families of children with certain medical conditions (e.g., Down syndrome) have a list of community-based resources. A toll-free help line—funded by the state Medicaid agency and foundations—has been provided to help primary care providers refer families to community-based services for follow-up care. In addition, Family Voices Colorado now certifies local medical, dental, and mental health care practices, with assistance from medical home navigators to become medical homes.¹⁹

Minnesota Medical Homes

Minnesota enacted legislation in 2007 requiring medical homes for patients in fee-for-service Medicaid who had complex conditions. In 2008 the legislature expanded health home program to include all privately insured patients, Medicaid enrollees, and state employees. As of July 6, 2010, the state amended its Medicaid State Plan to officially designate "health care homes," using a broad set of criteria for patient-centeredness and quality improvement, including care coordination, access and communication standards, and practice based quality improvement.²⁰

¹⁹VanLandeghem, K. & Schor, E.L. (2012). *New Opportunities for Integrating and Improving Health Care for Women, Children, and Their Families*. Retrieved from [www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2012/Feb/1580 VanLandeghem new opportunities integrating hlt care 02.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2012/Feb/1580%20VanLandeghem%20new%20opportunities%20integrating%20hlt%20care%2002.pdf)

²⁰Commonwealth Fund (December 2010/January 2011). *Minnesota: Health Homes Tie Together State, National Health Reform Concepts*. States in Action. Washington DC: Commonwealth Fund.

Resources:

- National Academy of State Health Policy (2013) maintains a map of medical home and patient-centered care initiatives in all the states. Available at www.nashp.org/med-home-map
- For general information of medical homes, see National Center for Medical Home Implementation, funded by MCHB and maintained by the American Academy of Pediatrics, see <http://www.medicalhomeinfo.org/>
- For information on Medicaid health homes, see materials on the CMS site: <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Health-Home-Information-Resource-Center.html>
- NASHP. (September 2010). *Making Connections. Medicaid, CHIP and Title V Working Together on State Medical Home Initiatives*. Retrieved from www.nashp.org/publication/making-connections-medicaid-chip-and-title-v-working-together-state-medical-home-initiatives
- Kaye, N., Buxbaum, J., & Takach, M. (December 2011). *Building medical homes: lessons from eight states with emerging programs*. National Academy for State Health Policy. Retrieved from www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2011/Dec/1569_Kaye_buildingmedical_homes_v2.pdf
- The Wisconsin Department of Health Services in collaboration with the Wisconsin Chapter of the American Academy of Pediatrics, the Wisconsin Academy of Family Physicians, and Family Voices of Wisconsin created *The Wisconsin Medical Home Toolkit* (2013) with support from a Maternal and Child Health Bureau grant #D70MC04467. Available at: <http://www.wimedicalhometoolkit.aap.org/toolkit/index.cfm>
- For information re: medical homes and Title V, see: <http://mchb.hrsa.gov/programs/medicalhome/index.html>
- For information on the Safety Net Medical Home Initiative funded by the Commonwealth Fund, see: <http://www.commonwealthfund.org/Resources/2010/The-Safety-Net-Medical-Home-Initiative.aspx>

Issue #2: Accountable Care Organizations

Potential Roles for Title V Program and Staff:

Title V program leaders can provide direction and expertise for developing comprehensive and coordinated systems of care for the MCH population by linking up with ACOs forming in the state. The best first step is to work collaboratively with Medicaid as it implements the various parts of the Affordable Care Act. It is especially important for the Title V agency to work with Medicaid on the implementation of any grants, such as the State Innovation Model (SIM) grant, that the state may have. Title V should work with their local public health departments to facilitate their partnerships with ACOs in their geographic areas. Title V can act as a leader, facilitator and convener of clinical groups and systems interested in forming ACOs. Title V can use all their expertise in implementing the three core

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functions of public health (assessment, policy development and assurance) in partnering with public and private health care systems as they develop ACOs and link with public health and community organizations to improve population health. Title V can provide community level population data to identify key areas that the clinical system and MCH public health system can work on together, as well as ongoing data to monitor the success of the collaborations on population health.

Context Questions:

- Are there efforts by the health delivery systems in your state to form ACOs for the pediatric population? Are these efforts statewide or in local areas (e.g., counties, cities)?
- Did your state or health delivery systems applied for and obtained funding from CMS to develop State Innovation Plans? Does your state have another CMS demonstration grant for initiatives to accelerate the development and testing of new payment and service delivery models? ²¹
- Has the Medicaid agency taken states to develop Medicaid ACOs through grants, waivers or state plan changes?
- How are the payment models for your state determined? Is there policy interest in moving from fee-for-service models for Medicaid and other payers in the state?
- Is there a governance structure in your state that will review ACOs as they develop?

Potential Action Steps:

- Work with Medicaid to support any plans they have for the development of ACOs, including patient-centered medical homes. Include key action steps in the joint Title V Medicaid MOU.
- Convene stakeholder meetings with provider groups to build support for ACOs in local communities and regional areas of the state.
- Conduct education for providers who serve Title V populations on the ACO model and how it affects women, children, and youth, including CYSHCN.
- Study the ramifications on Title V agency revenues of participating in evolving ACO payment models.
- Collect data for the development of joint initiatives with ACOs and for monitoring for quality improvement; e.g., coordinate needs assessment with ACOs to collect data and identify priority issues at the community/population level and identify potential risk groups within the ACO community population.

²¹ <http://innovation.cms.gov/initiatives/State-Innovations-Model-Design/index.html>

State Examples:

Minnesota's Accountable Communities for Health

Minnesota is using its State Innovation Model (SIM) grant to build Accountable Communities for Health that integrate a range of services, including public health, across the state. The state has passed legislation that supports quality measurement; the State Quality Improvement Institute engages stakeholders in developing ACOs and cost-of-care payment methodologies. The vision of the Minnesota Accountable Health Model is that every patient receive coordinated, patient-centered primary care. Statewide investments in data analytics, health information technology, practice facilitation and quality improvement are being made to accelerate adoption of ACO models and remove barriers to care (including behavioral health, public health and social services), especially among rural and safety net providers.²² The SIM is also piloting the use of Community Care Teams that were initially funded through the Health Care Homes program. These multidisciplinary care teams (including clinics, hospitals, community and social services) focus on coordinating care for the whole patient in the community setting, engaging all sectors. One of the three pilots focuses on pediatric mental health care. The Title V program has been included in the planning and implementation of the SIM grant and its components.

Oregon's Coordinated Care Organizations

Oregon is using the triple aim framework²³ to improve population health outcomes through transforming the health system to coordinate and integrate primary care, public health and community prevention efforts. The five components of the transformation include: integrated and coordinated benefits and services, one global budget that grows at a fixed rate, standard metrics for safe and effective care, local accountability for health and budgets, and local flexibility. In addition, the state is implementing patient-centered medical homes, an all-payer health care claims data reporting system, and electronic medical records. The Coordinated Care Organizations that serve Medicaid members in their geographic area, must have a consumer and community advisory board, have a global budget, focus on social determinants of health to encourage wellness and not only treat illness, and monitor progress in health outcomes. Multnomah County is focusing on integration and funding of public health and clinical interventions in three areas: diabetes care, medically high risk children, and liver disease.

²² Rydrych, D. (2013, September 17). The Minnesota Accountable Health Model: State Innovation Model (SIM) Grant Overview, Goals and Activities. Webinar presentation for an American Public Health Association ACA Policy Series http://www.apha.org/NR/rdonlyres/7559361A-DD94-41E1-A359-961A3299D521/0/APHA_delivery_reforms_webinar_Sept2013_final.pdf

²³ Berwick, D.M., Nolan, T.W., & Whittington J. (2008). The triple aim: care, health, and cost. *Health Affairs*, 27(3),759-69.

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The Title V program has been included in the planning and implementation of the SIM grant and its components.²⁴

Resources:

- State accountable care activities are maintained by the National Academy for State Health Policy at: <http://www.nashp.org/state-accountable-care-activity-map>
- Many ACO examples from the private sector are documented at: www.accountablecarefacts.org
- The Commonwealth Fund maintains information on ACOs at: <http://www.commonwealthfund.org/Topics/SubTopics/Accountable-Care-Organizations.aspx>
- Centers for Medicare & Medicaid Services has information on all the ACO models related to Medicare on its website at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index.html>
- State roles in developing ACOs are documented in the NASHP publication *On the Road to Better Value: State Roles in Promoting Accountable Care Organizations* by K. Purlington, A. Gauthier, S. Patel and C. Miller (2011). http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2011/Feb/On%20the%20Road%20to%20Better%20Value/1479_Purlington_on_the_road_to_better_value_ACOs_FIN_AL.pdf

Issue #3: Primary Care Workforce/ Safety Net Providers

Potential Roles for Title V Program and Staff:

Title V programs can work with essential service providers in the state to provide data for planning for an adequate primary care workforce to serve MCH populations in the future as insurance coverage expands. Title V can facilitate the development and implementation of a plan and ongoing monitoring of pediatric workforce. In addition, Title V could apply for workforce grants and pilot options within the state. Working with others in the health department and Medicaid, Title V can lead innovative approaches (e.g., telemedicine, texting, website access, etc.) to solve potential primary care shortage challenges, especially in rural, tribal and hard-to-reach areas of the state.

Context Questions:

- Is there a workgroup in the state addressing primary care and safety net workforce issues?

²⁴ Shirley, L. (2013, September 17). Oregon's whole system change: Opportunities to integrate a population health approach in transformation and ACA implementation. Webinar presentation for an American Public Health Association ACA Policy Series http://www.apha.org/NR/rdonlyres/7559361A-DD94-41E1-A359-961A3299D521/0/APHA_delivery_reforms_webinar_Sept2013_final.pdf

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- Is there a Primary Care Association or office in the health department that focuses on workforce issues?
- Have entities in the state applied for the workforce grants available through the Affordable Care Act and other programs?
- Is the health department involved in determining underserved workforce areas in the state? Is Title V involved in these efforts?
- Are non-physician primary care practitioners (e.g., Physician Assistants, Nurse Practitioners, Nurse Midwives, etc.) able to independently practice under the state's scope of practice laws to expand the primary care workforce?
- Who is included in the definition and plan requirements for inclusion of “essential providers” in your state or federally facilitated Marketplace? What are the requirements for network adequacy?

Potential Action Steps:

- Convene or join stakeholder meetings to assess pediatric workforce needs.
- Serves as test/pilot sites for workforce enhancements (e.g., telemedicine, etc.).
- Work with essential safety net providers (e.g., community health centers, school-based health centers, etc.) to develop a plan to meet primary care workforce needs with Affordable Care Act expanded insurance coverage.
- Collect data to assist with applications for workforce grants.
- Work with primary care associations and offices that address workforce issues in the health department.

State Examples:

Maryland Consumer-Operated and Oriented Plan (CO-OP)

The Evergreen Project in Maryland relies on medical homes, payment reform, and the use of evidence-based protocols to make insurance more affordable for working class families. At the foundation of the CO-OP are networks of salaried providers or “teamlets,” made up of a primary care doctor, family nurse practitioner, care coordinator, health coach, mental health/substance abuse social worker, and local office staff person situated in storefronts in moderate-income neighborhoods. In addition, salaried high-volume specialists and contracted low-volume “Super Specialists” will be available at regional specialist

centers. Although the CO-OP is currently only underway in Baltimore, officials hope to slowly expand the initiative statewide within the next five years.²⁵

Prescription for Pennsylvania

Pennsylvania for Pennsylvania (Rx for PA), an initiative that is administered through the Governor's Office of Health Care Reform, widened the scope of practice of nurse practitioners, physician assistants, nurse midwives, physical therapists, and dental hygienists in order to address access, affordability, and quality of health care in the commonwealth. Rx for PA is a set of integrated strategies to eliminate inefficiencies in the health care system, better manage chronic conditions, eliminate health facility acquired infections, enact common sense insurance reforms, and offer access to affordable health care insurance for the uninsured. State officials are working through Rx for PA to ensure that every Pennsylvanian has access to quality health care by aligning the quality initiatives of various state agencies (e.g., the Pennsylvania Health Care Cost Containment Council (PHC4); the Health, Public Welfare, and Insurance agencies; and an independent state agency, the Patient Safety Authority).²⁶

Resources:

- HHS database of essential community providers by state. <https://data.cms.gov/dataset/Non-Exhaustive-List-of-Essential-Community-Provide/ibqy-mswg>
- Association of American Medical Colleges reported that HHS released database in March 2013. <https://www.aamc.org/advocacy/washhigh/highlights2013/332338/032913hhsreleasesdatabaseofessentialcommunityproviders.html>
- For list of primary care associations by state, see: <http://bphc.hrsa.gov/technicalassistance/partnerlinks/associations.html>
- For information on community health centers across the country, see website of the National Association of Community Health Centers at: <http://www.nachc.com/nachc-pca-listing.cfm>
- America's Essential Hospitals (formerly National Association of Public Hospitals and Health Systems – NAPH) lists members at its website: <http://essentialhospitals.org/about-americas-essential-hospitals/listing-of-americas-essential-hospitals-members/>
- Witgert, K.E., & Hess, C. (2012). Issues and policy options in sustaining a safety net infrastructure to meet the health care needs of vulnerable populations. National Academy of State Health Policy, Washington, DC. Available at: http://www.nashp.org/sites/default/files/sustaining.SN_infrastructure.pdf

²⁵ Hill, I. (November 2012). *Will There Be Enough Providers to Meet the Need? Provider Capacity and the ACA*. Washington, DC: The Urban Institute. Retrieved from www.urban.org/UploadedPDF/412699-Will-There-Be-Enough-Providers-to-Meet-the-Need.pdf

²⁶ NASHP. *Pennsylvania*. Retrieved from <http://www.nashp.org/sqipt-states/1081#>

- A variety of implementation briefs on workforce and access on website of HealthReformGPS at: <http://www.healthreformgps.org/topics/workforce-and-access/>
- Teitelbaum, J. (2011). Public and Allied Health Workforce. Implementation Brief, HealthReformGPS. Available at: <http://www.healthreformgps.org/resources/public-and-allied-health-workforce/>
- For information on school based health centers see the Center for Health and Health Care in Schools at George Washington University at: <http://www.healthinschools.org/en/School-Based-Health-Centers/School-Based%20Health%20Center%20Growth.aspx>
- For HRSA HHS funding of school based health centers, see: <http://bphc.hrsa.gov/about/schoolbased/>

Issue #4: Nonprofit Hospital Community Benefits Provision

Potential Roles for Title V Program and Staff:

Title V agencies can play a major role in collaborating with non-profit hospitals to do community needs assessments and select priority community interventions. Title V can assist with the provision of data and identification of key stakeholders that should be involved in the process. These community needs assessments can also be timed with the Title V block grant requirements for needs assessments. Title V can assist with all steps in the required community benefits process: convening community organizations to assist the hospital in conducting needs assessment, serve as a key stakeholder on the committee (s) developing CHNS and implementation strategies, provide community population level data for assessment, identify community needs for collaborative projects with hospital and other safety need providers, provide data and assistance on monitoring the implementation of the community projects.

Context Questions:

- Does your state require hospitals to publicly report the results of their needs assessments?
- Is the state health department in your state involved in approving the community benefit plans of the hospitals?
- Do you have a plan at the local and/or state level for working with hospitals in the conduct of their community needs assessments?
- Is Title V represented on the committee advisory board to advise on the community needs assessment and implementation strategy for addressing the community's priority needs?
- Do you have a plan at the local and state level for working with hospitals in the conduct of their community needs assessments, including identification of community projects?

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- Do you have population data that can be shared easily with non-profit hospitals for their community needs assessment?

Potential Action Steps:

- Convene or join community meetings to advise on needs assessment and community benefits.
- Provide community level and other data for the hospital needs assessment.
- Participate in review of results of CHNA and process to prioritize and address community needs.
- Promote health/prevention activities within the community, (e.g. identify, recommend and promote prevention strategies for implementation at the community/population level).
- Develop and maintain relationships with community benefits coordinators at local hospitals.
- Develop a strategy to monitor and track non-profit hospital community benefit assessments and projects in the state.

State Example:

Hawaii

The Hawaii Department of Health, including the MCH Title V program, is collaborating with all the non-profit hospitals in the state to do community needs assessments and select community-level interventions in the various hospitals' communities. The state health department has convened a state-wide work group to plan and conduct the assessments, using state and community level data on health outcomes and social determinants of health.

Resources:

- Rosenbaum, S., & Margulies, R. (2011). Tax exempt hospitals and the Patient Protection and Affordable Care Act: Implications for public health policy and practice. *Public Health Reports*, 126 (2), 283–286. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3056045/#_sec1title
- IRS requirements for 501©(3) hospitals at: [http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501\(c\)\(3\)-Hospitals-Under-the-Affordable-Care-Act](http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act)
- A variety of materials are maintained by the National Association for County and City Health Officials are available at: <http://www.naccho.org/topics/infrastructure/mapp/chahealthreform.cfm>
 - Statement of Policy: Role of local health departments in community health needs assessments (2012). Available at: <http://www.naccho.org/advocacy/positions/upload/12-05-Role-of-LHDs-in-CHNA.pdf>
 - Collaborating through community health assessment to improve the public's health. (2011). Issue Brief. Available at: <http://www.naccho.org/topics/infrastructure/mapp/loader.cfm?csModule=security/getfile&pageID=228716>

- A variety of resources on the Hospital Community Benefit Program maintained by The Hilltop Institute at the University of Maryland, Baltimore, MD are available at:
<http://www.hilltopinstitute.org/hcbp.cfm>
- Somerville, M.H., Nelson, G.D., Mueller, C.H., & Boddie-Willis, C.L. (2013). Hospital community benefits after the ACA: Present posture, future challenges. Issue Brief, Hospital Community Benefit Program, The Hilltop Institute, University of Maryland, Baltimore County, Baltimore, MD.
<http://www.hilltopinstitute.org/publications/HospitalCommunityBenefitsAfterTheACA-PresentFutureIssueBrief8-October2013.pdf>