



Learn More About Title V's Role in EPSDT

TITLE V/MEDICAID PARTNERSHIP AND EPSDT

Statutory Requirements

Interagency coordination is a statutory requirement for both Title V and Medicaid programs. This collaboration can take different forms in different states, and is described in each state's interagency agreement. Title V expertise working with CYSHCN and their families and focus on direct, enabling, and public health services are assets for informing the content of effective interagency agreements. Statutory requirements for collaboration as described by the Maternal and Child Health Bureau include:⁸⁸

- Assist with coordination of EPSDT to ensure programs are carried out without duplication of effort. (Section 505 [42 U.S.C. 705] (a)(5)(F)(i) and Section 509 [42 U.S.C. 709] (a)(2))
- Assist in coordination with other federal programs, including supplement food programs, related education programs, and other health and developmental disability programs. (Section 505 [42 U.S.C. 705] (a)(5)(F)(iii))
- Provide, directly or through contracts, outreach, and assistance with applications and enrollment of Medicaid-eligible children and pregnant women. (Section 505 [42 U.S.C. 705] (a)(5)(F)(iv))
- Share data collection responsibilities, particularly related to services provided for pregnant women and infants eligible for Medicaid or CHIP. (Section 505 [42 U.S.C. 705] (a)(3)(D))”

Opportunities for Partnership

As stated above, state Medicaid agencies are required to ensure that children receive the services that they are entitled to under EPSDT. Evidence suggests that children do not always receive these services.^{89, 90} In particular, families face barriers to accessing treatment services including: low provider participation in Medicaid, lack of coordinated support to follow up on specialty referrals, gaps in Medicaid coverage, difficulty scheduling follow up appointments due to limited availability, and challenges posed by the location of specialty providers.⁹¹

⁸⁸ Content in this list adapted from: Rosenthal, J., Henderson, M., Dolatshahi, J., Hess, C., Tobias, C., Bachman, S., Comeau, M., Dworetzky, B., & Wilson, K. (2017). *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)*. <http://ciswh.org/resources/Medicaid-CHIP-tutorial>; and United States Health Resources and Services Administration. (n.d.-a). *Early Periodic Screening, Diagnosis, and Treatment*. Retrieved August 2, 2022, from <https://mchb.hrsa.gov/programs-impact/programs/early-periodic-screening-diagnosis-treatment>

⁸⁹ United States Government Accountability Office. (2019). *Additional CMS Data and Oversight Needed to Help Ensure Children Receive Recommended Screenings*. <https://www.gao.gov/assets/gao-19-481.pdf>

⁹⁰ Johnson, K. (2010). *Managing the “T” in EPSDT services*. <https://www.nashp.org/wp-content/uploads/sites/default/files/ManagingTheTinEPSDT.pdf>

⁹¹ Ibid.



STATE SPOTLIGHT:

The Virginia Medicaid program has a Memorandum of Agreement (MOA) with their state health department, which manages the Title V program. These two state agencies have a long history of working together to address different aspects of care for CYSHCN. As an example, in an effort to increase the rate of developmental screenings, Medicaid has collaborated with the Title V program to promote Bright Futures (child health guidelines developed by the American Academy of Pediatrics) along with the EPSDT benefit. They are working to update their business-associated agreement with the state health department, which includes a variety of services in addition to the CYSHCN program.

(Excerpted from EPSDT section of the Catalyst Center website)



Collaborations between Title V and Medicaid around EPSDT can lead to improvements in the system of care for CYSHCN by facilitating access to crucial screening and treatment services. Such opportunities for Title V and Medicaid partnership include:

- Aligning and streamlining data systems to monitor children’s insurance status, other needed resources and referrals, and health outcomes.⁹²
- Conducting quality assurance/improvement.⁹³
- Providing outreach and enrollment activities to make families aware of Medicaid eligibility, screening children for eligibility, or referring them to Medicaid⁹⁴
- Collaborating to identify CYSHCN.⁹⁵ Tailoring programs to CYSHCN can help ensure they receive appropriate care. However, doing so first requires identifying them.⁹⁶ Title V CYSHCN programs are familiar with the CAHMI screener and have experience implementing eligibility criteria for their own programs that they can bring to a collaborative effort to identify CYSHCN in Medicaid.⁹⁷
 - *Tip: Title V and Medicaid typically use different terms to describe CYSHCN as a population. For more information about defining CYSHCN, please see the issue brief The Role of State Medicaid and Title V Program Definitions of Children and Youth with Special Health Care Needs in the Provision of Services and Supports, available here: <https://ciswh.org/resources/the-role-of-state-medicaid-and-title-v-program-definitions-of-cyshcn-in-the-provision-of-services-and-supports/>*
- Partnering to create new billing codes to streamline the prior approval process to facilitate access to services and prescriptions⁹⁸
- Conducting parent education regarding the EPSDT benefit through Title V programs such as home visiting programs, newborn screening, and early intervention⁹⁹
 - *Tip: Check out the Catalyst Center’s website for additional resources to help inform education and outreach activities. <https://ciswh.org/project/the-catalyst-center/>*
- Educating and providing information to family leadership organizations such as Family Voices, providers, and other stakeholders to support understanding of medical necessity and the EPSDT benefit. Providers in particular may be unfamiliar with the process of effectively documenting medical necessity for Medicaid prior authorizations.¹⁰⁰ Increasing provider capacity can help ensure that prior authorizations are approved.
 - *Tip: The Catalyst Center and the National Coordinating Center for the Regional Genetics Network hosted a series of webinars about medical necessity in the summer of 2022. These webinars incorporate both the provider and family perspective. Access the webinars here: <https://ciswh.org/resources/medical-necessity-webinar-series/>*



⁹² Rosenthal, J., Henderson, M., Dolatshahi, J., Hess, C., Tobias, C., Bachman, S., Comeau, M., Dworetzky, B., & Wilson, K. (2017). *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)*. <http://ciswh.org/resources/Medicaid-CHIP-tutorial>

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ Johnson, K. (2010). *Managing the “T” in EPSDT services*. <https://www.nashp.org/wp-content/uploads/sites/default/files/ManagingTheTinEPSDT.pdf>

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ Rosenthal, J., Henderson, M., Dolatshahi, J., Hess, C., Tobias, C., Bachman, S., Comeau, M., Dworetzky, B., & Wilson, K. (2017). *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)*. <http://ciswh.org/resources/Medicaid-CHIP-tutorial>

⁹⁹ Ibid

¹⁰⁰ Johnson, K. (2010). *Managing the “T” in EPSDT services*. <https://www.nashp.org/wp-content/uploads/sites/default/files/ManagingTheTinEPSDT.pdf>

- Writing medical necessity policy review into Interagency Agreements/Memoranda of Understanding
- Drawing on Title V’s expertise developed through relationships with CYSHCN and families to elevate the experiences of Medicaid enrollees. For example, many state Title V programs have done work to promote and implement the medical home model, or have delivered care coordination services.¹⁰¹ The medical home model positions a provider or practice in the role of monitoring care plans and following up to ensure that families access referral services.¹⁰² Title V CYSCHN programs can share the skills and knowledge developed through this work to inform efforts to ensure Medicaid-enrolled children’s access to treatment services.

Public Health Essential Services— Policy Development #6	Review your state Title V/Medicaid interagency agreement. What does it include explicitly about EPSDT? (Interagency agreements available here: https://mchb.tvisdata.hrsa.gov/Home/IAAMOU)	
	List any additional roles and responsibilities of Title V related to EPSDT in your state:	
Public Health Essential Services— Policy Development #3	What is the mechanism in your Title V program for educating families about EPSDT?	

¹⁰¹ Ibid.

¹⁰² Ibid.

Reflection questions:

Drawing on what you have learned throughout this chapter, consider the following.

What are some ideas for opportunities to deepen existing partnerships with Medicaid around EPSDT?

What are some ideas for opportunities to expand to new areas of focus within your partnership with Medicaid?

Based on what you have learned from completing this section, describe the Title V role in the system of services for CYSHCN related to EPSDT.

Indicate where you fall on this scale:

- I have a clearly defined role in relation to EPSDT.
- I have a clearly defined role in relation to an aspect of EPSDT.
- Some of my work involves collaboration with colleagues whose work focuses on EPSDT.
- I do not do work that relates directly to EPSDT.
- Not sure

Describe the Title V role

What is your team's role in relation to EPSDT?

What would you like your team's role to be?

What capacity does your team have to move toward that role?

As described in the introduction, the 10 Essential Public Health Services are a key framework underpinning this workbook. Complete the table below to assess your state Title V program's level of activity related to the Medicaid EPSDT benefit and level of capacity to participate in work related to ESPDT.