



# Priority Needs Template

## Example Priority Need

<b>Need identified from needs assessment</b>	<b>Topic from this workbook</b> <i>Check boxes for topics relevant in your state that relate to the need. Revisit your responses to questions throughout previous chapters to remind yourself of ways that your work may intersect with these elements of Medicaid, and include notes about the links between the topics and the priority need.</i>
<i>Sample Response: Increase access to treatment following a positive developmental screening result</i>	<input type="checkbox"/> State Plan Amendments <i>Notes:</i> <input type="checkbox"/> Waivers (including HCBS Waivers) <i>Notes:</i> <input type="checkbox"/> Medicaid Eligibility <i>Notes:</i> <input type="checkbox"/> Medicaid Enrollment <i>Notes:</i> <input type="checkbox"/> TEFRA <i>Notes:</i> <input type="checkbox"/> Health Homes <i>Notes:</i> <input type="checkbox"/> Medicaid Managed Care <i>Notes:</i> <input checked="" type="checkbox"/> Medical Necessity/Prior Authorizations <i>Notes: Title V CYSHCN staff hear feedback from family leaders that prior authorizations for certain services are frequently denied, suggesting an opportunity to provide education to providers and for communication with Medicaid colleagues.</i> <input checked="" type="checkbox"/> EPSDT <i>Notes: Title V CYSHCN staff recently collaborated with the state's EPSDT coordinator, a relationship that could be built on to address treatment access issues</i>

Go to the next page to fill this out for your own state.

**Your Turn: Use the next four pages to examine your state's priority needs**

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<i>Need 1:</i>	<input type="checkbox"/> State Plan Amendments <i>Notes:</i>  <input type="checkbox"/> Waivers (including HCBS Waivers) <i>Notes:</i>  <input type="checkbox"/> Medicaid Eligibility <i>Notes:</i>  <input type="checkbox"/> Medicaid Enrollment <i>Notes:</i>  <input type="checkbox"/> TEFRA <i>Notes:</i>  <input type="checkbox"/> Health Homes <i>Notes:</i>  <input type="checkbox"/> Medicaid Managed Care <i>Notes:</i>  <input type="checkbox"/> Medical Necessity/Prior Authorizations <i>Notes:</i>  <input type="checkbox"/> EPSDT <i>Notes:</i>

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<i>Need 2:</i>	<input type="checkbox"/> State Plan Amendments <i>Notes:</i>  <input type="checkbox"/> Waivers (including HCBS Waivers) <i>Notes:</i>  <input type="checkbox"/> Medicaid Eligibility <i>Notes:</i>  <input type="checkbox"/> Medicaid Enrollment <i>Notes:</i>  <input type="checkbox"/> TEFRA <i>Notes:</i>  <input type="checkbox"/> Health Homes <i>Notes:</i>  <input type="checkbox"/> Medicaid Managed Care <i>Notes:</i>  <input type="checkbox"/> Medical Necessity/Prior Authorizations <i>Notes:</i>  <input type="checkbox"/> EPSDT <i>Notes:</i>

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<i>Need 3:</i>	<input type="checkbox"/> State Plan Amendments <i>Notes:</i>  <input type="checkbox"/> Waivers (including HCBS Waivers) <i>Notes:</i>  <input type="checkbox"/> Medicaid Eligibility <i>Notes:</i>  <input type="checkbox"/> Medicaid Enrollment <i>Notes:</i>  <input type="checkbox"/> TEFRA <i>Notes:</i>  <input type="checkbox"/> Health Homes <i>Notes:</i>  <input type="checkbox"/> Medicaid Managed Care <i>Notes:</i>  <input type="checkbox"/> Medical Necessity/Prior Authorizations <i>Notes:</i>  <input type="checkbox"/> EPSDT <i>Notes:</i>

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<i>Need 4:</i>	<input type="checkbox"/> State Plan Amendments <i>Notes:</i>  <input type="checkbox"/> Waivers (including HCBS Waivers) <i>Notes:</i>  <input type="checkbox"/> Medicaid Eligibility <i>Notes:</i>  <input type="checkbox"/> Medicaid Enrollment <i>Notes:</i>  <input type="checkbox"/> TEFRA <i>Notes:</i>  <input type="checkbox"/> Health Homes <i>Notes:</i>  <input type="checkbox"/> Medicaid Managed Care <i>Notes:</i>  <input type="checkbox"/> Medical Necessity/Prior Authorizations <i>Notes:</i>  <input type="checkbox"/> EPSDT <i>Notes:</i>

**Reflection Questions:**

What do you notice about the financing topics that the needs of CYSHCN in your state align with? Are they clustered around a few topics or related to completely different topics?