



Workbook Content and Title V Topics Index

WORKBOOK CONTENT AND TITLE V TOPICS

The work of Title V intersects with Medicaid in many ways. The table below lists topics that may be of interest to state Title V programs, and identifies sections of this workbook that are particularly relevant to that topic. If you are already doing work in any of these areas or considering work related to these topics, accessing the related section may help inform your strategic planning.

Topic	Related Workbook Section
Behavioral/ Mental Health	<ul style="list-style-type: none"> • Chapter 2: Overview of the State Medicaid Program <ul style="list-style-type: none"> ◦ Section 5: Medicaid Eligibility <ul style="list-style-type: none"> ▪ “Children with mental health conditions are more likely to have other chronic health conditions... than children without mental health conditions.”⁶ ▪ No matter how a child qualifies for Medicaid, they are entitled to Medicaid’s robust benefits, including coverage for behavioral health care. ◦ Section 7: State Plan Options under Medicaid <ul style="list-style-type: none"> ▪ While all of these options have potential to increase the number of children eligible for Medicaid, and therefore increase their access to mental health services, Reimbursement for Expanded School-Based Health Services represents an opportunity to ensure sustainable financing for school-based mental health services in particular. • Chapter 3: Medicaid Managed Care <ul style="list-style-type: none"> ◦ States use different approaches to provide behavioral health services in Medicaid. State Medicaid agencies can contract with Managed Care Organizations to provide both physical and behavioral health services. After you learn about Medicaid Managed Care in Chapter 3, check out this fact sheet from the National Academy for State Health Policy to learn more about managed care and behavioral health. • Chapter 4: EPSDT <ul style="list-style-type: none"> ◦ The EPSDT benefit requires that medically necessary services, including behavioral health services, be covered regardless of whether they are included in the Medicaid State Plan. Understanding EPSDT will help you consider ways to leverage this benefit to promote access to behavioral health services. • Chapter 5: TEFRA and HCBS Waivers <ul style="list-style-type: none"> ◦ States can design an HCBS waiver specifically for children with behavioral needs such as Serious Emotional Disturbance (SED). As you learn about all of the HCBS waiver programs in your state, this resource from the Medicaid and CHIP Payment and Access Commission (MACPAC) may also be useful.
Care Coordination	<ul style="list-style-type: none"> • Chapter 2: Overview of the State Medicaid Program <ul style="list-style-type: none"> ◦ Section 7: State Plan Options Under Medicaid <ul style="list-style-type: none"> ▪ States may use multiple state plan options to implement Health Homes, a model of care that provides a system of comprehensive care coordination to Medicaid beneficiaries who have chronic conditions. • Chapter 5: Pathways to Medicaid Coverage for Children who Require an Institutional Level of Care: TEFRA/Katie Beckett and Home- and Community-Based Services Waivers <ul style="list-style-type: none"> ◦ Section 4: 1915(c) Home- and Community-Based Services Waivers <ul style="list-style-type: none"> ▪ Under 1915(c) Home- and Community-Based Services Waivers, states may provide services such as Care Coordination to specific populations.

⁶National Academy for State Health Policy. (July 2017). Providing behavioral health treatment for children through Medicaid delivery systems. <https://www.nashp.org/wp-content/uploads/2018/07/Behavioral-Health-Fact-Sheet-w-links.pdf>

Topic	Related Workbook Section
Care Coordination (continued)	<ul style="list-style-type: none"> Once you have read the chapters and are familiar with EPSDT, Medicaid Managed Care, and Waiver Programs, read this brief about how states have used Medicaid delivery systems to reimburse for Title V-administered care coordination.
Developmental Screening	<ul style="list-style-type: none"> Chapter 4: EPSDT <ul style="list-style-type: none"> Screening is a key component of the Medicaid EPSDT benefit for children—it’s the “S”!
Medical Home	<ul style="list-style-type: none"> Chapter 3: Medicaid Managed Care (MMC) <ul style="list-style-type: none"> Principles of the Patient-Family-Centered Medical Home can be promoted throughout the Medicaid Managed Care procurement process. Medical Home elements, for example, can be integrated Medicaid managed care contracts to ensure that providers in the MMC are implementing Medical Home models in their practices.
Health Equity	<ul style="list-style-type: none"> Inequities in health are perpetuated by systems of oppression including racism, poverty, ableism, and others.⁷ Public health can promote equity by supporting and implementing “policies, systems, and overall community conditions that enable optimal health for all.”⁸ <ul style="list-style-type: none"> Throughout this workbook, you will find “Focus on Equity” call-out boxes in yellow, which highlight opportunities to apply an equity lens to your work. Chapter 1: Introduction <ul style="list-style-type: none"> Section 1: Financing and the System of Services for CYSHCN <ul style="list-style-type: none"> This section includes an examination of how financing intersects with the Critical Areas of MCHB’s <i>Blueprint for Change</i>, one of which is Health Equity.
Health Care Transition	<ul style="list-style-type: none"> Chapter 3: Medicaid Managed Care (MMC) <ul style="list-style-type: none"> Core principles and elements of health care transition (HCT) can be promoted throughout the Medicaid Managed Care procurement process. The Six Core Elements of HCT,⁹ for example, can be integrated Medicaid managed care contracts to ensure that providers in the MMC are implementing them in their practices. MMC contracts can also specify that data be collected to measure youth experience with HCT.
Children with Medical Complexity (CMC)	<ul style="list-style-type: none"> This workbook in general focuses on children and youth with special health care needs (CYSHCN). Some state work may focus on children with medical complexity (CMC), a sub-group of CYSHCN. Chapter 2: Overview of the State Medicaid Program <ul style="list-style-type: none"> Section 7: State Plan Options Under Medicaid <ul style="list-style-type: none"> A new state plan option enacted through the ACE Kids Act of 2017 allows states to establish health homes specifically for CMC. Chapter 5: Pathways to Medicaid Coverage for Children who Require an Institutional Level of Care: TEFRA/Katie Beckett and Home- and Community-Based Services Waivers This chapter describes options that states have to create a pathway to Medicaid coverage for children who require an institutional level of care.

⁷Centers for Disease Control and Prevention. (2021, March 18). *10 Essential Public Health Services*. <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

⁸Ibid.

⁹Got Transition. (n.d.). *Six Core Elements of Health Care Transition*. <https://www.gottransition.org/six-core-elements/>.