

**State Title V Roles in Health Reforms including the Affordable Care Act:**

**A Title V State Access to Care Assessment Tool**

**OVERVIEW**

**Purpose of the State Assessment Tool**

The Affordable Care Act (ACA) and other health reforms in states transform the health system landscape by expanding insurance coverage, streamlining enrollment processes, and providing tools to improve access, organization, delivery, and quality of care, and address population health. As some states embrace the ACA and others move forward with their own reforms to transform the health system, it is important that State Title V Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) programs identify and address the implications, challenges, and opportunities that health reforms present to achieve the mission and goals of Title V.

This state assessment tool is designed to help state Title V MCH and CYSHCN programs assess state capacity to influence some key areas affecting MCH and CYSHCN populations and services. The tool was developed recognizing that state Title V programs, including MCH and CYSHCN programs, typically work in partnership with key stakeholders to advance common goals. The tool asks Title V staff to consider knowledge and capacity within the Title V program. When considering capacity, there is also space in the tool for Title V programs to document their formal partnerships with other agencies that assist in health transformation activities. We encourage Title V to complete the tool with these partners.

The tool includes key questions to assess capacity and offers resources in five areas:

1. Eligibility and Enrollment
2. Coverage and Insurance Benefits
3. Provider Networks and Network Adequacy
4. Continuity of Care, and
5. Partnerships between Title V, Medicaid, CHIP, Marketplaces and other key stakeholders.

**How to complete the tool**

Each section of the tool asks two types of questions:

1. The first set of questions is designed to assess a Title V program’s awareness of contemporary health reform activities. This section will help Title V map the landscape of health transformation in the state. A list of resource links at the end of each section may help you find the answers to these questions if you do not already know them.
2. The second set of questions assesses a Title V program’s capacity to influence health reform activities, explain health reforms to families, and link identified family needs and state policy solutions. This section will help Title V identify strengths and priorities. This section includes a space to note Title V partnerships with other entities—such as Medicaid, CHIP, education, mental health, child welfare including foster care or juvenile justice programs, provider groups, families, and family partner organizations—that help extend Title V’s capacity.

Fill out each section as completely as you can. After each question and section there is space to make notes. Please use this space to elaborate on answer choices, describe state-specific nuances or provide context, note follow-up questions, or list specific resources or individuals to consult. Feel free to consult resources or additional colleagues to answer some questions.

**Ways to use the tool**

Your answers to the tool provide a snapshot of your Title V program’s capacity to address and influence key areas affecting MCH and CYSHCN populations in your state—individually and in partnership with other key stakeholders. The state assessment tool can be used in multiple ways, including to:

* Identify strengths within your Title V MCH and CYSHCN programs
* Recognize partners with strengths your Title V MCH and CYSHCN programs can leverage
* Prioritize areas where your Title V MCH and CYSHCN programs need to learn more
* List areas where your Title V MCH and CYSHCN programs can engage with ongoing health transformation efforts
* Discover potential new partners
* Identify potential strategies and/or aims for consideration as part of your team’s work with the Workforce Development Center

State team members and partners participating in the National Workforce Development Center’s Cohort 1 piloted this tool at a June 2014 Workforce Development Center meeting and identified additional potential uses for this tool, including to:

* Use as an orientation tool describing program landscape for new employees
* Use language from the tool to include in inter-governmental agreements and memorandums of understanding
* Use for planning purposes when working with stakeholders and partners
* Adapt for use by local agencies and partners

The state assessment tool is meant to help start conversations among Title V MCH, CYSHCN staff, and key partners to guide selection of priority areas for staff development, partnership enhancement, and family outreach. We hope you will find it useful.

**About the National MCH Workforce Development Center**

The National MCH Workforce Development Center at UNC Chapel Hill, in cooperation with the Maternal and Child Health Bureau and in partnership with the Association of Maternal and Child Health Programs and national experts in maternal and child health innovation and quality improvement, offers state and territorial Title V leaders training, collaborative learning, coaching and consultation in implementing health reform using a variety of learning platforms.

Major transformations in the US health system, driven since 2010 by the Patient Protection and Affordable Care Act (ACA), offer opportunities for improving public health systems, the health care delivery system, and ultimately health outcomes for MCH populations. These transformations provide a critical opportunity for Title V programs to help lead efforts to implement the ACA and other major health system reforms.

Building on the central role of Title V programs in assuring the health of the MCH population, the Center focuses on four key themes of the ACA and health system transformation:

1. **Improving access to care**;
2. **Using quality improvement tools** to drive transformation;
3. Fostering **integration within public health and across organizational boundaries** including primary care, mental health, early intervention and community-based service delivery systems;
4. Furthering **population health management, including effective change management and other leadership** skills to ensure health improvement for MCH populations.

*The National MCH Workforce Development Center is funded by a cooperative agreement (#UE7MC26282)*

*with the Health Resources & Services Administration Maternal & Child Health Bureau.*

**About the Access to Care Core**

The central role of the National MCH Workforce Development Center’s Access to Care Core is to provide technical assistance for MCH leaders to enhance their understanding of national health reform and the implications for MCH populations. With this knowledge, MCH leaders can provide leadership for their Title V programs in concert with their counterparts in state Medicaid, CHIP and insurance agencies and the insurance marketplaces, to help assure that changes to the health care delivery system meet the unique needs of women, children and youth, CYSHCN, and their families. The Access to Care Core includes experts from the [Association of Maternal and Child Health Programs](http://www.amchp.org/Pages/default.aspx) (AMCHP), the [National Academy for State Healthy Policy (NASHP)](http://www.nashp.org/) and the [Catalyst Center](http://www.hdwg.org/catalyst/), who stand ready to assist you with any questions or technical assistance as you complete the tool. For additional information and questions about this tool, please contact Kathy Witgert at [kwitgert@nashp.org](mailto:kwitgert@nashp.org).



**State Title V Roles in Health Reforms including the Affordable Care Act**

**TITLE V STATE ACCESS TO CARE ASSESSMENT TOOL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  |  | | |
| **State:** |  |  | | |
| **Agency:** |  |  | | |
|  |  |  | | |
| **Name(s) of Individuals and Affiliations Completing This Tool:** | | | | | |
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**1. Eligibility and Enrollment**

While adults, including women of reproductive age and parents, are a major focus of the ACA, other Title V populations will also be affected by changes to Medicaid and Children’s Health Insurance Program (CHIP) eligibility, the introduction of federal subsidies through health insurance marketplaces, the availability of new consumer assistance resources, and new state enrollment systems, policies, and procedures. This section is intended to help Title V MCH and CYSHCN programs assess their capacity to influence key eligibility and enrollment aspects of health reform in their state and implications for MCH/CYSHCN populations and services.

**Medicaid Expansion and Enrollment**

1. What is the status of the Affordable Care Act’s (ACA) Medicaid expansion provision in your state?

Implementing

Debating

Not Moving Forward (skip to Q3)

Unsure

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| --- |
| Notes: |

1. If your state is implementing Medicaid expansion or debating implementation, what model is it using?

Expanding eligibility of current program to 138% FPL

Using federal funds for premium assistance for marketplace coverage

Unsure

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| --- |
| Notes: |

1. Is your state pursuing other options, such as a waiver, to expand coverage for adults, particularly women of childbearing age?

Yes

No

Unsure

|  |
| --- |
| Notes: |

1. Has your state adopted any of the strategies below to facilitate Medicaid and CHIP enrollment? (Select all that apply.)

Express Lane Enrollment

Extending presumptive eligibility authority to entities beyond hospitals, such as FQHCs, community-based organizations, or schools

Enrolling Supplemental Nutrition Assistance Program (SNAP) participants in Medicaid (time-limited option)

Enrolling parents of Medicaid-enrolled children (time-limited option)

Unsure

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| --- |
| Notes: |

**Consumer Assistance**

1. Are any Title V local health departments or partners in your state recognized as Navigators, Certified Application Counselors, or In-Person assisters?

Yes

No

Unsure

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| --- |
| If yes, please list specific partners: |

|  |
| --- |
| Notes: |

1. Does your state require additional training, certification, or licensure for Navigators or Certified Application Counselors that goes beyond federal training requirements?

Yes

No

Unsure

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| --- |
| Notes: |

**State Title V Capacity to Address Eligibility and Enrollment**

*For the following questions, please use the scales, below, to consider and then rate the capacity and level of activity of your Title V MCH and CYSHCN programs to address eligibility and enrollment issues for MCH and CYSHCN populations. After each question, there is space to note formal partnerships that help extend Title V capacity to engage in health transformation activities. Use the notes section to describe any limits on capacity, barriers to engagement, or follow-up questions.*

**Capacity**

1 – Not applicable

2 – No capacity

3 – Low capacity

4 – Moderate capacity

5 – Strong capacity

**Level of Activity**

1 – Not applicable

2 – No activity

3 – Low activity

4 – Moderate activity

5 – Strong activity

1. State Title V MCH/CYSHCN program influences the state’s health coverage options and eligibility and enrollment mechanisms.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List key partners who augment Title V capacity in this area and briefly describe their role: |

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| --- |
| Notes: |

1. State Title V MCH/CYSHCN program helps women, children and youth, including CYSHCN, and their families enroll in coverage for which they are eligible.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

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| --- |
| List key partners who augment Title V capacity in this area and briefly describe their role: |

|  |
| --- |
| Notes: |

1. State Title V MCH/CYSHCN program shares information and flags eligibility and enrollment problems for Medicaid, CHIP, and marketplace leadership.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List key partners who augment Title V capacity in this area and briefly describe their role: |

|  |
| --- |
| Notes: |

1. State Title V MCH/CYSHCN program has regular meetings with sub-grantees and contractors to identify gaps in coverage and ways to adjust services to meet identified needs.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| Notes: |

1. Regarding Medicaid, CHIP, and marketplace eligibility and enrollment, my state’s Title V MCH/CYSHCN program is:

A leader

A participant

An observer

Not involved

Not Title V’s role

|  |
| --- |
| Notes: |

**Resources**

* [State Medicaid expansion decisions](https://www.statereforum.org/Medicaid-Expansion-Decisions-Map) (State Refor(u)m)
* [Overview of coverage options for MCH populations](http://www.amchp.org/Policy-Advocacy/health-reform/resources/Documents/MCHCoverageandBenefitsFINAL.pdf) (AMCHP)
* [State decisions on time-limited enrollment strategies](http://kff.org/health-reform/state-indicator/adoption-of-strategies-to-streamline-enrollment-of-eligible-individuals-as-of-november-15-2013/) (Kaiser)
* [State decisions on Medicaid and CHIP renewal practices](http://kff.org/state-category/medicaid-chip/) (Kaiser)

**Follow-Up, Action Steps, To-Dos:**

*Review your answers and your notes from this section and note necessary follow-up steps, resources or individuals to consult, or other action items.*

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| Notes: |
| Notes: |

**2. Coverage and Insurance Benefits**

The ACA expands public and private insurance coverage to populations that previously lacked affordable options. Additionally, the ACA defines a minimum set of essential benefits that must be provided in new individual and small group health plans as well as in Medicaid plans for newly eligible populations. It will be important to ensure that health benefits in Medicaid, CHIP, and private plans sold inside and outside of marketplaces are designed and delivered to meet the needs of women, children and youth including those with special health care needs, and their families. This section is intended to help Title V MCH and CYSHCN programs assess their capacity to influence health care benefit design in their states and the implications for MCH/CYSHCN populations and services.

**Essential Health Benefits**

1. What is your state’s Essential Health Benefits (EHB) benchmark plan?

Small Group Plan

Largest HMO Plan

State Employee Plan

National Federal Employees Health Benefit Plan

Unsure

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| Notes: |

1. What supplemental benchmark plan has your state chosen for:
   1. Pediatric vision?

Included in EHB benchmark plan

CHIP

Federal Employee Dental and Vision Insurance Program

Unsure

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| Notes: |

* 1. Pediatric dental?

Included in EHB benchmark plan

CHIP

Federal Employee Dental and Vision Insurance Program

Unsure

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| Notes: |

1. How are pediatric dental benefits sold on your state’s marketplace?

Stand-alone dental plans only

Embedded plans only

Both stand-alone and embedded plans

Unsure

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| --- |
| Notes: |

1. Has your state adopted any strategies to ensure children receive dental benefits, such as:

Requiring purchase of stand-alone dental plans for children

Encouraging issuers to embed dental benefits in medical health plans

Making dental coverage more affordable

No

Unsure

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| --- |
| Other: |
| Notes: |

1. Which of the following steps is your state taking to define the habilitative services EHB category?

Defined in the state’s selected benchmark plan

Health plan issuers will provide in parity with rehabilitative services

Health plan submitted a list of covered services to HHS

Unsure

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| Other state definition: |

|  |
| --- |
| Notes: |

**Benefits for Specific Populations**

1. If your state is expanding Medicaid for adults, what benefit package is it offering this newly eligible group?

Traditional Medicaid

Another Alternative Benefit Plan

Not Applicable

Unsure

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| Notes: |

1. Does your state have a waiver or state plan amendment (SPA) to expand eligibility for Medicaid family planning services?

Yes

No

Unsure

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| Notes: |

**State Title V Capacity to Address Coverage and Insurance Benefits**

*For the following questions, please use the scales, below, to consider and then rate the capacity and level of activity of your Title V MCH and CYSHCN programs to address coverage and insurance benefits issues for MCH and CYSHCN populations. After each question, there is space to note partnerships that help extend Title V capacity to engage in health transformation activities. Use the notes section to describe any limits on capacity, barriers to engagement, or follow-up questions.*

**Capacity**

1 – Not applicable

2 – No capacity

3 – Low capacity

4 – Moderate capacity

5 – Strong capacity

**Level of Activity**

1 – Not applicable

2 – No activity

3 – Low activity

4 – Moderate activity

5 – Strong activity

1. State Title V MCH/CYSHCN program influences the state’s health coverage options and benefit structures.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |

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| --- |
| Notes: |

1. State Title V MCH/CYSHCN program helps women, children and youth including CYSHCN, and their families enroll in coverage that offers benefits structured to best meet their needs.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |

|  |
| --- |
| Notes:  k |

1. State Title V MCH/CYSHCN program shares information with and flags benefit design problems with Medicaid, CHIP, and marketplace leadership.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |

|  |
| --- |
| Notes: |

1. State Title V MCH/CYSHCN program has regular meetings with sub-grantees and contractors to identify gaps in benefits and ways to adjust services to meet identified needs.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| Notes: |

1. Regarding Medicaid, CHIP, and marketplace coverage and benefits, my state’s Title V program is:

A leader

A participant

An observer

Not involved

Not Title V’s role

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| Notes: |

**Resources**

* [State Benchmark plan selections](https://www.statereforum.org/analyses/state-progress-on-essential-health-benefits) (State Refor(u)m)
* [State pediatric dental decisions](http://www.nashp.org/publication/improving-integration-dental-health-benefits-health-insurance-marketplaces) (NASHP)
* [Policy options for improving the provision of dental benefits](http://www.nashp.org/sites/default/files/improving.integration.of_.dental.health.benefits.in_.health.insurance.marketplaces_0.pdf) (NASHP)
* [Overview of Alternative Benefit Plan design](http://familiesusa.org/product/everything-you-need-know-about-understanding-and-designing-medicaid-alternative-benefit) (Families USA)
* [State family planning expansion decisions](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf) (Guttmacher)
* [Overview of habilitative services options](https://www.statereforum.org/weekly-insight/defining-habilitative-benefits) (State Refor(u)m)

**Follow-Up, Action Steps, To-Dos:**

*Review your answers and your notes from this section and note necessary follow-up steps, resources or individuals to consult, or other action items.*

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| Notes: |
| Notes: |

**3. Provider Networks and Network Adequacy**

The ACA sets network adequacy standards for qualified health plans (QHP) sold in marketplaces in order to provide reasonable access to primary care and specialty physicians. QHP issuers must maintain provider networks that are “sufficient in number and type of providers” and include essential community providers (ECPs), such as Federally Qualified Health Centers (FQHC), family planning providers, and school-based health centers, which serve substantial proportions of women, children and youth, including those with special health care needs, and their families in many communities. It will be important to ensure that MCH and CYSHCN populations, regardless of their source of health coverage, have access to providers who can meet their needs. This section is intended to help Title V MCH and CYSHCN programs assess their capacity to influence key provider and network adequacy problems and implications for MCH/CYSHCN populations and services.

1. Are any Title V providers participating as essential community providers with Qualified Health Plans (QHP) in your state?

Yes

No

Unsure

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| --- |
| Notes: |

1. To what degree are children’s hospitals in your state included in QHP networks?

All children’s hospitals are included

Some are included

None are included

Unsure

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| Notes: |

1. Have entities in your state been awarded a HRSA State Health Care Workforce Development Grant to support workforce needs in areas such as nursing, public health, behavioral health, or dentistry?

Yes

No

Unsure

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| Notes: |

1. Do network standards in your state address pediatric subspecialists?

Yes

No

Unsure

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| --- |
| Notes: |

**State Title V Capacity to Address Network Adequacy**

*For the following questions, please use the scales, below, to consider and then rate the capacity and level of activity of your Title V MCH and CYSHCN programs to address network adequacy implications for MCH and CYSHCN populations. After each question, there is space to note partnerships that help extend Title V capacity to engage in health transformation activities. Use the notes section to describe any limits on capacity, barriers to engagement, or follow-up questions.*

**Capacity**

1 – Not applicable

2 – No capacity

3 – Low capacity

4 – Moderate capacity

5 – Strong capacity

**Level of Activity**

1 – Not applicable

2 – No activity

3 – Low activity

4 – Moderate activity

5 – Strong activity

1. State Title V MCH/CYSHCN program influences the state’s health coverage plans and provider networks.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |
| Notes: |

1. State Title V MCH/CYSHCN program helps women, children and youth including CYSHCN, and their families understand health plan provider networks.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |
| Notes: |

1. State Title V MCH/CYSHCN program helps women, children and youth including CYSHCN, and their families access appropriate providers including specialists when necessary.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

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| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |
| Notes: |

1. State Title V MCH/CYSHCN program shares information with and flags provider network adequacy issues for Medicaid, CHIP, and marketplace leadership.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |
| Notes: |

1. State Title V MCH/CYSHCN program has regular meetings with sub-grantees and contractors to identify emerging trends in access to providers and ways to adjust services to meet identified needs.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| Notes: |

1. Regarding Medicaid, CHIP, and marketplace provider networks and network adequacy, my state’s Title V program is:

A leader

A participant

An observer

Not involved

Not Title V’s role

|  |
| --- |
| Notes: |

**Resources**

* [Overview of ACA Network Adequacy Standards](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407486) (State Health Reform Assistance Network)
* [FAQ on Essential Community Providers](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/ecp-faq-20130513.pdf) (CMS)
* [Essential Community Providers Fact Sheet](http://www.nashp.org/sites/default/files/ecp.tips.connect.marketplace.plans.pdf) (NASHP)
* [2013 Workforce Development Grantees](http://www.hrsa.gov/about/news/2013tables/healthprofessions/) (HRSA)

**Follow-Up, Action Steps, To-Dos:**

*Review your answers and your notes from this section and note necessary follow-up steps, resources or individuals to consult, or other action items.*

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| --- |
| Notes: |
| Notes: |

**4. Continuity of Care**

As individuals’ life circumstances, including income and family composition, change over time, their eligibility for various health coverage programs can shift. Individuals with incomes close to the poverty line are particularly susceptible to changes that may affect their eligibility for Medicaid, CHIP, or marketplace subsidies. This movement, or “churn,” could cause disruptions in care that could be costly and even harmful for women, children and youth, including and especially for those with special health care needs, and their families. To minimize the impact of churn, it is important that strategies are in place to improve coordination across programs around continuity of plans and providers and to streamline and simplify renewal processes for families. This section is intended to help Title V MCH and CYSHCN programs assess their capacity to influence strategies to promote continuity of care for MCH/CYSHCN populations and services.

**Renewal Strategies**

1. Has your state adopted any of the strategies below to facilitate continuity of Medicaid and CHIP coverage?

Administrative renewal processes for groups unlikely to change eligibility (children in foster care, TEFRA programs, etc.)

12-month continuous eligibility for adults

Unsure

|  |
| --- |
| Other: |

|  |
| --- |
| Notes: |

1. Is your state engaging stakeholders to help consumers renew their coverage in Medicaid, CHIP, and the marketplace?

Yes

No

Unsure

|  |
| --- |
| If yes, please list major stakeholder groups: |
| Notes: |

1. Has your state developed training for state agency staff to help consumers retain their coverage in Medicaid, CHIP, and the marketplace?

Yes

No

Unsure

|  |
| --- |
| Notes: |

**Coordination Across Programs**

1. Is your state planning for or considering a Basic Health Program as a way to bridge Medicaid and the marketplace for low-income families?

Yes, has begun planning

Yes, is considering

No

Unsure

|  |
| --- |
| Notes: |

1. Has your state eliminated or reduced the waiting period required before a child can enroll in CHIP?

Yes, eliminated

Yes, reduced

No

Unsure

|  |
| --- |
| Notes: |

1. Does your state allow CYSHCN to use the same providers, even temporarily, if their eligibility changes from Medicaid or CHIP to private coverage in the marketplace?

Yes

No

Unsure

|  |
| --- |
| Notes: |

**State Title V Capacity to Address Continuity of Care**

*For the following questions, please use the scales, below, to consider and then rate the capacity and level of activity of your Title V MCH and CYSHCN programs to address continuity of care for MCH and CYSHCN populations. After each question, there is space to note partnerships that help extend Title V capacity to engage in health transformation activities. Use the notes section to describe any limits on capacity, barriers to engagement, or follow-up questions.*

**Capacity**

1 – Not applicable

2 – No capacity

3 – Low capacity

4 – Moderate capacity

5 – Strong capacity

**Level of Activity**

1 – Not applicable

2 – No activity

3 – Low activity

4 – Moderate activity

5 – Strong activity

1. State Title V MCH/CYSHCN program influences the state’s health coverage renewal and transition processes.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |

|  |
| --- |
| Notes: |

1. State Title V MCH/CYSHCN program helps women, children and youth including CYSHCN, and their families understand and make smooth transitions between coverage options.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |

|  |
| --- |
| Notes: |

1. Title V care coordinators in your state are trained specifically to work with families on maintaining continuity of care for CYSHCN.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |

|  |
| --- |
| Notes: |

1. State Title V MCH/CYSHCN program shares information with and flags continuity of care issues for Medicaid, CHIP, and marketplace leadership.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |

|  |
| --- |
| Notes: |

1. State Title V MCH/CYSHCN program has regular meetings with sub-grantees and contractors to identify emerging trends in movement between coverage options and ways to adjust services to meet identified needs.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| Notes: |

1. Regarding Medicaid, CHIP, and marketplace coverage renewal and transition processes, my state’s Title V program is:

A leader

A participant

An observer

Not involved

Not Title V’s role

|  |
| --- |
| Notes: |

**Resources**

* [Overview of coverage transitions for pregnant women](https://www.statereforum.org/weekly-insight/coverage-for-pregnant-women-aca) (State Refor(u)m)
* [Basic Health Program Toolbox](http://www.medicaid.gov/State-Resource-Center/MAC-Learning-Collaboratives/Learning-Collaborative-State-Toolbox/State-Toolbox-Basic-Health-Program.html) (CMS)
* [Brief examining complex coverage scenarios for children](http://www.urban.org/uploadedpdf/412341-Affordable-Care-Act.pdf) (Urban Institute)
* [Network adequacy standards in select states](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407486) (State Health Reform Assistance Network)

**Follow-Up, Action Steps, To-Dos:**

*Review your answers and your notes from this section and note necessary follow-up steps, resources or individuals to consult, or other action items.*

|  |
| --- |
| Notes: |
| Notes: |

**5. Partnerships between Title V, Medicaid, CHIP, and other Key Stakeholders**

Public health entities—such as state and local government agencies and non-profit and community-based organizations—can be important and effective partners in facilitating individuals’ access to appropriate coverage and care in the new health care landscape. As Medicaid and CHIP cover a large percentage of low-income women, children and youth including those with special health care needs, and their families, partnering with these programs is essential to improve the coverage and care of MCH and CYSHCN populations. In addition, it is important for Title V MCH and CYSHCN programs to be knowledgeable about and engage with marketplaces, insurance agencies, and hospitals in order to facilitate access to appropriate coverage and quality care that meets women’s and children’s needs. Partnerships with professional organizations, advocates, and universities can help with efforts around monitoring data and training the Title V MCH and CYSHCN workforce. This section is intended to help Title V MCH/CYSHCN programs assess their capacity in the area of existing partnership structures in their states and implications for MCH and CYSHCN populations and services.

1. Does your Title V program know and have established working relationships with your state’s:
   1. Medicaid director and staff responsible for EPSDT, eligibility, and managed care in Medicaid? (Select all that apply.)

Yes, Medicaid Director

Yes, Medicaid EPSDT staff

Yes, Medicaid eligibility staff

Yes, Medicaid managed care staff

No

Unsure

|  |
| --- |
| Describe working relationship with Medicaid: (For example, which of these individuals have you met in person? How frequent are ongoing interactions with these individuals? Are you or your colleagues comfortable calling these individuals with ad hoc questions? Do these individuals contact you or your colleagues with ad hoc questions?) |

* 1. CHIP director and/or staff? (Select all that apply.)

Yes, CHIP director

Yes, CHIP staff

No

Unsure

|  |
| --- |
| Describe working relationship with CHIP: |

* 1. Marketplace director and outreach and enrollment contacts? (Select all that apply.)

Yes, Marketplace director

Yes, Marketplace outreach and enrollment contact

No

Unsure

|  |
| --- |
| Describe working relationship with the Marketplace: |

* 1. Health insurance division commissioner and Ombudsman or person in charge of grievances/appeals? (Select all that apply.)

Yes, Health insurance commissioner

Yes, Ombudsman

No

Unsure

|  |
| --- |
| Describe working relationship with the insurance division: |

1. Are there regular interagency or advisory group meetings related to the ACA and/or to state driven health reform efforts in your state in which Title V MCH or CYSHCN staff participate?

Yes

No

Unsure

|  |
| --- |
| Notes: |

1. Since the passage of the ACA, does your Title V agency have an updated Memorandum of Understanding (MOU) with Medicaid that specifies areas of coordinated work related to implementation of the ACA for MCH/CYSHCN populations?

Yes

No

Unsure

|  |
| --- |
| Notes: |

**State Title V Capacity to Form Partnerships with Medicaid, CHIP, and the Marketplace**

*For the following questions, please use the scales, below, to consider and then rate the capacity and level of activity of your Title V MCH and CYSHCN programs to assess partnerships with Medicaid, CHIP, and the Marketplace for MCH and CYSHCN populations. After each question, there is space to note partnerships that help extend Title V capacity to engage in health transformation activities. Use the notes section to describe any limits on capacity, barriers to engagement, or follow-up questions.*

**Capacity**

1 – Not applicable

2 – No capacity

3 – Low capacity

4 – Moderate capacity

5 – Strong capacity

**Level of Activity**

1 – Not applicable

2 – No activity

3 – Low activity

4 – Moderate activity

5 – Strong activity

1. State Title V MCH/CYSHCN program influences the state’s ACA and/or state-driven health reform implementation efforts.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |
| Notes: |

1. State Title V MCH/CYSHCN program shares information with and flags access to care issues for Medicaid, CHIP, marketplace, and insurance leadership?

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List partners who augment Title V capacity in this area and briefly describe their role: |

|  |
| --- |
| Notes: |

1. State Title V MCH/CYSHCN program partners with advocacy, provider, and professional groups to monitor key issues for Title V populations and make appropriate policy and programmatic changes?

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| List specific partners: |

|  |
| --- |
| Notes: |

1. State Title V MCH/CYSHCN program has regular meetings with sub-grantees and contractors to identify emerging trends and issues related to access to care and ways to adjust services to meet identified needs.

Capacity:

1  2  3  4  5

Level of Activity: (skip if answered 1 or 2 for capacity)

1  2  3  4  5

|  |
| --- |
| Notes: |

1. In terms of forming partnerships with the state Medicaid agency, my state’s Title V program is:

A leader

A participant

An observer

Not involved

Not Title V’s role

|  |
| --- |
| Notes: |

1. In terms of forming partnerships with the state CHIP program, my state’s Title V program is:

A leader

A participant

An observer

Not involved

Not Title V’s role

|  |
| --- |
| Notes: |

1. In terms of forming partnerships with marketplace coverage and benefit entities, my state’s Title V program is:

A leader

A participant

An observer

Not involved

Not Title V’s role

|  |
| --- |
| Notes: |

**Resources**

* [List of state Medicaid Directors](http://medicaiddirectors.org/about/state-directors) (NAMD)

**Follow-Up, Action Steps, To-Dos:**

*Review your answers and your notes from this section and note necessary follow-up steps, resources or individuals to consult, or other action items.*

|  |
| --- |
| Notes: |
| Notes: |