Strengthening the Title V-Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V and Medicaid

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Overview

State Medicaid and Maternal and Child Health (MCH) Services Block Grant (Title V) programs share the common goal of improving the health status of the maternal and child health population in their state. A strong partnership and a robust written agreement between Title V and Medicaid can support both entities in their development and implementation of shared activities and provide specific information on the relationship between these two federal-state partnership programs. Various terms are used by states to describe the documents developed by the two entities. [1] For the purposes of this document, these agreements will be referred to as interagency agreements (IAAs). This document aims to provide state agencies with resources and strategies that may strengthen the collaboration and coordination across these two state entities and support the development or revision of the Title V – Medicaid interagency agreements. The recommendations provided here are based upon a review of the current agreements in all 50 states and the District of Columbia, a discussion with State Title V MCH and Children and Youth with Special Health Care Needs (CYSHCN) Directors, and a review of related resources and literature.

Purpose of IAAs

A formal, written agreement between Title V and Medicaid can provide detailed information on the cooperative and collaborative relationship and how joint activities will be managed by the two programs. Strong interagency coordination can help both state programs meet mutual goals, avoid duplication and inefficiencies, and ensure women and children receive needed preventive services, health examinations, treatments and follow-up care.

Section 509(a)(2) of Title V of the Social Security Act and Section 1902(a)(11) of Title XIX require that State Medicaid agencies enter into interagency agreements with their Title V agencies. [2] The Code of Federal Regulations (CFR) sets forth specific Medicaid State plan requirements for the content of the agreements between Medicaid and Title V grantees (see Box 1). [3] States have flexibility to include additional information beyond these statutory requirements.

In addition to meeting federal requirements, a robust IAA can help support a statewide system of care and hold agencies accountable for their individual roles and responsibilities within the agreement. Clear and accessible IAAs can also ensure policy continuity over time as states experience staff changes due to attrition and new appointments. Strong agreements can also formalize and support an agreed-upon method for maintaining communication, exchanging information, and revising the content as needed. This latter expectation is particularly important in today's rapidly and ever evolving health care delivery environment.[4] [5] [6]

Box 1: Social Security Act, Code of Federal Regulations 42 CFR 431.61

Under 42 CFR 431.615, Medicaid State plans are required to describe their coordination with relevant agencies, including Title V, and include a description of specific items, as appropriate, within their interagency agreements including:

- Mutual objectives and responsibilities of each party to the arrangement
- Services offered by each party and in what circumstances
- The cooperative and collaborative relationships at the State level
- Kinds of services to be provided by local agencies
- Methods for
  - early identification of individuals under the age of 21 in need of medical or remedial services,
  - reciprocal referrals,
  - coordinating plans for health services provided or arranged for recipients,
  - payment or reimbursement,
  - exchange or reports of services furnished to recipients,
  - periodic review and joint planning for changes in the agreements,
  - continuous liaison between the parties, including designation of State and local liaison staff, and
  - joint evaluation of policies that affect the cooperative work of the parties.

Source: U.S. Government Publishing Office, "42 CFR 431.615 – Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees," 2009. https://www.gpo.gov/fdsys/granule/CFR-2009-title42-vol4/CFR-2009-title42-vol4-sec431-615

Status of Current State Maternal and Child Health Services Block Grant (Title V) – Medicaid Written Agreements

The National Academy for State Health Policy (NASHP) reviewed documents provided by 48 state Title V programs to the Maternal and Child Health Bureau (MCHB) as part of their fiscal year (FY) 2017 Application/FY 2015 Annual Report.[7] [8] Overall findings on the methodology for the IAAs are summarized in Box 2 and highlight the wide variation in age, format, length and scope of these documents. A brief summary of areas of collaboration described within reviewed IAAs is provided below.

Thirty states provide a list of their shared responsibilities within their IAAs. Common areas for collaboration addressed within the agreements include Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements, immunizations, and addressing the needs of high-risk pregnant and post-partum women. Areas for collaboration for EPSDT, for example, include descriptions of activities to ensure continued communication and collaboration to identify and address gaps in EPSDT

services. In one state, the support for immunizations includes a state Immunization Action Plan describing how both entities would support the use of data to identify children within a vaccine registry who may be eligible for Medicaid benefits.

Multiple other priorities were cited by several or, at times, by an individual state. Additional specific joint activities include addressing the needs of children and youth with special needs or developmental disabilities, lead screening, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), sexually transmitted diseases (STDs), and oral health. Details on the roles and responsibilities for each agency and specific plans to address these areas were provided in a limited number of state documents. Less than half describe their individual activities to support outreach and the identification and referral of individuals who would benefit from the reciprocal agency's services. Specific references to jointly working on Medicaid managed care issues, including membership on Medicaid advisory boards, are cited in several state IAAs.

A majority of IAAs include information on how data would be exchanged to meet reporting and billing requirements. A number of state IAAs are more comprehensive with regard to data sharing agreements, citing the use of shared data for other purposes including evaluation and program improvements. A minority of states include a requirement for both entities to convene at regular intervals for the purpose of evaluating and revising the IAA if necessary.

IAAs dated within the last few years are more likely to include details aligning with the requirements in the Code of Federal Regulations (CRF), possibly as a result of access to MCHB resources and recommendations.[9] IAAs between state Title V programs and Medicaid agencies are available on Title V Information System website (TVIS) [10] and can serve as important resources for states to further understand the format, scope and content that should be considered when developing their IAAs.

Box 2: Format and Scope of Interagency Agreements

The format and scope of the reviewed IAAs highlights the wide variation in the approaches used to document cross-agency collaboration with Medicaid. With few exceptions, all states used a unique approach in organizing their material and in the content they choose to include. Several findings are described below.

- Number of documents submitted: Several states submitted a single comprehensive agreement covering multiple joint activities. Others submitted documents ranging from a single-page brief IAA to multiple program-specific IAAs which were provided as either individual documents or as attachments and addendums in various formats.
- Date: Dates on the agreements spanned from 1987 to 2016 with more recent documents providing a range for the effective date of the IAA (e.g., 7/1/2015 – 6/30/17).
- Length of document: Documents submitted ranged in length from one to up to 124 pages.
- Scope: The subject matter covered varied widely from only one IAA for a specific issue such as immunization or management of head trauma to more comprehensive documents addressing multiple programs involving Title V, Medicaid and other state agencies.
- Format: The majority of IAAs—at times from within the same state submissions—varied considerably in how the information provided was organized, the level of detail provided, and the use of clear, accessible language. A minority of states used standardized layouts with appropriate section headings and bulleted lists for their various IAAs; many others provided lengthy and legal narratives less accessible to review.

Strategies

States Title V programs can explore a number of strategies to improve and strengthen their partnership with Medicaid and develop more robust and useful IAAs. The strategies presented here are based on a review of the current IAAs, a call with Title V Directors and CYSHCN Directors, and a review of the literature.

Strategies one through three serve to support the process of better understanding the current health care system within the state and building a strong partnership with Medicaid. To be effective and relevant, the IAAs should reflect the needs and resources of both entities and consider current health care delivery and payment programs and reforms in the state. The fourth strategy addresses the specific content to include in the IAA to help formalize the collaboration and hold both entities accountable for their specific roles and responsibilities. These strategies to strengthen the collaborative

process and the content of the document itself are equally important to create a robust and effective IAA.

1. ***Complete an Assessment of Current Health Care and MCH Activities in the State.*** States will benefit from completing a comprehensive assessment of current state health care activities within Medicaid and MCH programs to identify existing or new opportunities for coordination and collaboration.
2. ***Strengthen the Partnership and Culture of Collaboration*.** Title V programs can examine the status of their partnership with Medicaid and explore how both may enhance the partnership and promote a culture of collaboration within and across both programs.
3. ***Monitor Emerging Opportunities for Potential Title V - Medicaid Collaboration***. Remaining well informed of emerging state health care delivery and payment reforms within the state may unveil new opportunities for Title V and Medicaid collaboration to support the maternal and child health population.
4. ***Consider 10 Elements When Writing the Agreement***. Title V programs may consider the inclusion of specific content within the IAA to formalize and strengthen their plans to coordinate and collaborate on shared priorities.

1. Complete an Assessment of Current Health Care and MCH Activities in the State

To assist in the assessment of current health care reform taking place within their state, Title V programs are encouraged to review the resources presented in the Appendix, particularly the State Assessment Tool (SAT) developed by the National MCH Workforce Development Center.[11] SAT material provides support to complete an environmental scan of the landscape of state health reform including addressing the status of partnerships between Title V, Medicaid, CHIP, Marketplaces, and other key stakeholders.

Title V programs may benefit from having a process in place to remain knowledgeable of ongoing Medicaid health reform activities or those being considered by their state Medicaid agency, particularly those activities that may impact Title V priorities. Examples of information sources include the establishment of direct and regular communications with state Medicaid staff beyond solely project-driven discussions, documents summarizing activities across states, [12] and subscriptions to online newsletters to receive up-to-date information on both state and federal Medicaid activities. [13] [14]

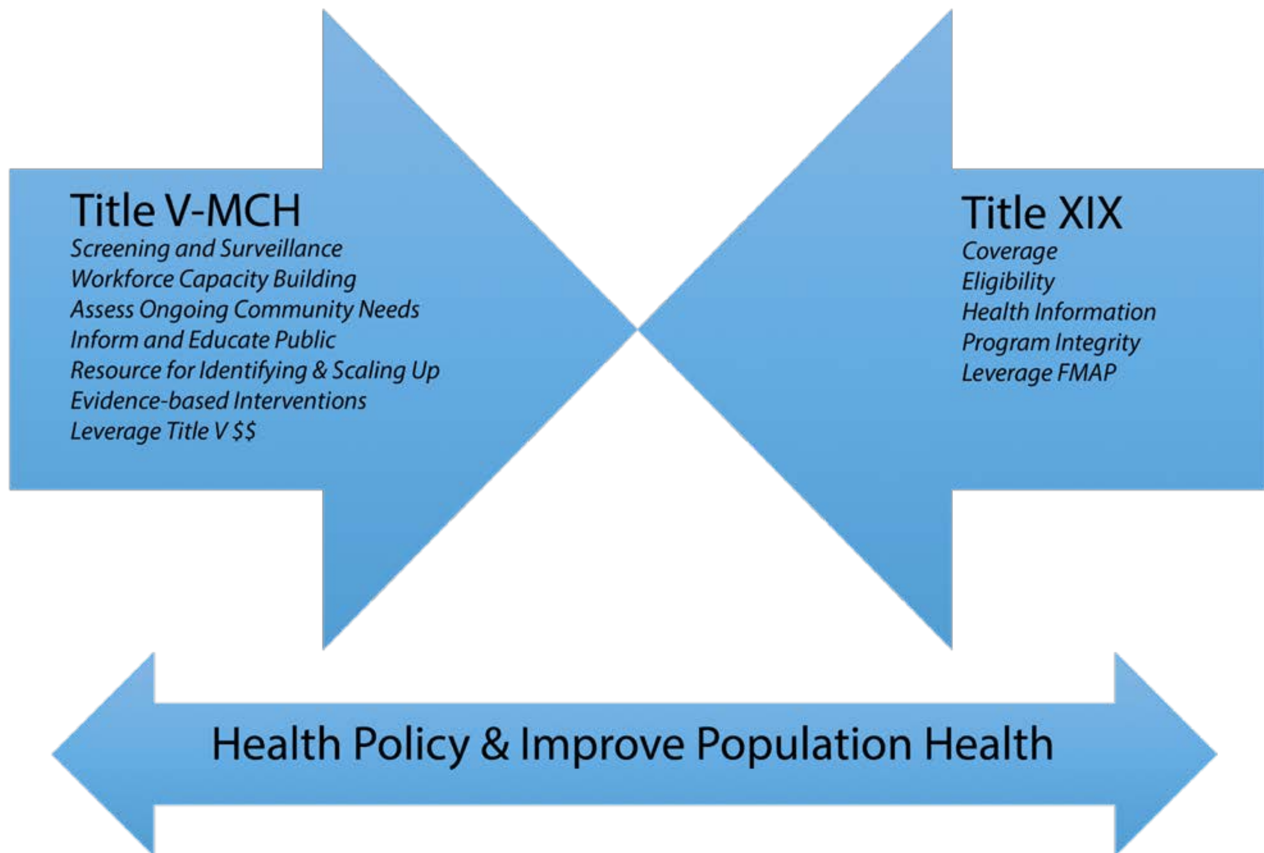
Title V programs would also benefit from mapping the delivery system for public programs serving the MCH population in their state. Resources to support programs in systems mapping are available through the MCH Navigator and other websites.[15] Systems mapping may help identify additional resources as well as potential gaps in services and supports that could be addressed by engaging with Medicaid and other

state programs. An in-depth understanding and identification of available resources could also strengthen the Title V program's ability to leverage those assets when working on health care activities with Medicaid.

2. Strengthen the Partnership and Culture of Collaboration

A second strategy to support the development of strong IAAs is to strengthen the partnership with Medicaid and promote a culture of collaboration within and across the two programs. [16] With similar populations and overlapping goals, both Title V and Medicaid agencies can expand their reach and effectiveness through partnership. State Title V programs have access to the SAT to evaluate their current partnerships with Medicaid and CHIP and identify the strengths that can be built upon and where there may be a need for improvement. The MCH Navigator website also provides multiple trainings and information on MCH-Medicaid coordination, including a webinar on Medicaid-public health collaboration, as well as information on Medicaid and CHIP fundamentals.[17]

Efforts can be made to raise awareness of each partner's value and what each can separately bring to table to support shared priorities and goals (see Figure 1). Programs can expand communication and shift their contact from purely project driven to include more discussion of common issues and available resources. To be most effective, efforts to foster partnership and collaboration should take place at all levels including state, community, and local programs. Jointly setting a priority for collaboration at multiple levels of program management and supervision increases the potential for the collaborative process to be firmly embedded in shared activities and reflects the expectation that staff are supported in their work across the programs.



Source: Medicaid Inter-Agency Agreements, Amy Zapata, State/Federal MCH Partnership Technical Assistance Meeting, 12/14/2016

3. Monitor Emerging Opportunities for Potential Title V-Medicaid Collaboration

Title V programs benefit from remaining knowledgeable of new health care payment and delivery reforms and their potential for additional cross-agency collaborations. Two specific reforms hold promise for how Title V expertise and resources may be of further assistance to state Medicaid agencies – 1) value-based purchasing and 2) a shift to Medicaid Managed Care. In addition, multiple federally funded, state-based initiatives may provide Title V programs with additional opportunities to become involved and support their development and implementation. Information is provided here and in Box 3 to raise awareness of the ongoing reforms and of the potential value Title V programs can bring to these activities - whether asked to participate or inviting themselves to the planning and implementation process.

Movement from Volume to Value The shift in payment models from paying for volume to paying for value requires Medicaid programs to increasingly hold providers and plans accountable for their performance on quality of care, patient

satisfaction, and cost. [18] [19] Strong quality metrics and an effective use of data will be required to implement value-based models within state programs. Medicaid agencies, plans, and providers will need access to data from various sources including the individual, patient or family, and provider or at the organization and population level. The movement may provide Title V programs with new opportunities to share their expertise and influence the design and implementation of these programs and policies.

Shift to Medicaid Managed Care States are increasingly enrolling Medicaid beneficiaries into Medicaid managed care plans, particularly CYSHCN.[20] Both challenges and opportunities exist when providing health care through a managed care plan.[21] Title V programs are encouraged to remain up-to-date on this issue within their state and any federal updates to Medicaid and CHIP managed care regulations that may impact their maternal and child health population. The inclusion of Title V program discussions on managed care would provide multiple opportunities for these programs to share their expertise with specific populations, quality metrics and data collection, and family and community engagement, for example.

Current Federally Funded State Initiatives State Medicaid programs participate in a multiple and diverse federally funded initiatives impacting the maternal and child population. As states explore additional opportunities for collaboration a review of federal initiatives both within their state and in others may highlight additional areas to partner with the state Medicaid agencies. Resources to review such initiatives and specific examples of major activities are provided in Box 2.

Box 3: Additional Information on Emerging Health Care Delivery and Payment Reforms

MOVEMENT FROM VOLUME TO VALUE Many states are working to more effectively link provider payments to evidence of improved health care quality and to reward – or penalize - providers for the services and procedures given to a patient. A continuum of accountability and risk exists ranging from basic performance-based programs and incentives, episodes of care programs and bundled payments to more comprehensive accountable care models. This shift requires state Medicaid programs to focus on several key areas in which Title V programs may have specific experience and expertise. For example, accountability requires effective use of data use and quality metrics to hold providers accountable, develop effective programs, and provide standardized performance measures to consumers to support their informed decision-making.

The accountable care model also heightens the need for quality care coordination across the continuum of care to positively impact a patient's health care needs. An MCH webinar, *The ABCs of ACOs for MCH*, provides information on the key considerations for the maternal and child populations, the role of public health in

Accountable Care Organizations (ACOs), and several specific efforts related to the pediatric populations, particularly CYSHCN. Title V has significant resources on family engagement and strong connections to entities at the community, local, and state level to support this intensity of care coordination. Title V also has access to multiple venues to provide providers and patients with information that may positively impact both care delivery and patient behaviors to achieve the best possible health outcomes.

SHIFT TO MEDICAID MANAGED CARE Another major trend is the enrollment of Medicaid beneficiaries into Medicaid managed care, particularly enrollment of CYSHCN. Title V programs are encouraged to become knowledgeable of their state Medicaid managed care activities and, in particular, the Medicaid and CHIP Medicaid Final Rule. The recent federal rule provides multiple examples of where state MCH programs could provide much needed expertise and skill. Title V would bring an in-depth understanding of the needs of the maternal and child population, raise awareness of any potential unintended negative consequences, and ensure plans are held accountable for the quality of care delivered, particularly to CYSHCN. Title V would bring an in-depth understanding of the needs of the maternal and child population, raise awareness of any potential unintended negative consequences, and ensure plans are held accountable for the quality of care delivered, particularly to CYSHCN.

CURRENT FEDERALLY FUNDED STATE INITIATIVES Multiple state Medicaid programs are engaged in federally funded initiatives which have the potential to impact the maternal and child population. Several examples of summary documents providing an overview of these activities include a State At-a-Glance table providing information related to state initiatives specifically impacting pediatric medical homes and a Discourse Initiative Chart summarizing selected reform activities by state. [22] [23] The Centers for Medicaid and Medicare Services (CMS) also provides an overview of active payment and service delivery models underway in states in their summary CMS Innovation Center Models and Demonstrations.[24] As states explore opportunities for collaboration, a review of federal initiatives both within their state and in others, may highlight additional areas to engage with Medicaid. Several examples of active initiatives with the potential to impact a participating state's MCH population are provided below.

- **State Innovation Models (SIM**). Thirty-eight state-led models are under development to advance multi-payer health care payment and delivery system reform, many advancing the medical home model.[25]
- **Delivery System Reform Incentive Payment (DSRIP) Programs**. Authorized under Section 115 of the Social Security Act, these funds support states in reforming their payment and delivery models and integrating care across providers and settings. [26]
- **Health Home Medicaid State Plan Amendments**. Multiple states have amended their Medicaid state plans through Section 2703 Health Home State Plan Amendments to provide services to vulnerable populations. [27]
- **Health Care innovation Awards**. These initiatives are designed to develop and test new payment and service delivery models.[28]
- **Medicaid Innovation Accelerator Program (IAP)**. IAP provides states with federal

tools and resources to support the advancement of Medicaid-specific delivery system reforms, including value-based payment models, and the sharing of lessons learned and best practices. [29]

- **Strong Start for Mothers and Newborns Initiative**. This joint federal initiative aims to reduce preterm births and improve outcomes for newborns and pregnant women.[30]

4. Consider 10 Elements When Writing the Agreement

Title V programs may consider the 10 items recommended below as they undertake the IAA development or revision with their Medicaid partners. Ideally, completion of the process described above has provided both entities with knowledge of ongoing or potential state activities and helped raise the value of supporting the coordination and collaboration across agencies to address specific health care issues. Several of the items below are based on recommendations within the *2008 State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements (2nd Ed)* and in the resources provided in Appendix.

#1: Envision the IAA as a tool to support cross-agency coordination and collaboration as well as the priorities of both agencies.

Throughout the IAA development process Title V and Medicaid benefit from considering what information needs to be included and how it should be presented to result in a robust, accessible and useful tool for both entities to support their shared priorities. The process itself of preparing for and developing the agreement may uncover significant opportunities for both agencies as well challenges and gaps in communication that need to be addressed. When approaching the writing of the agreement, both entities benefit from a shared vision for an easily accessed and understood document that can be used by all involved and readily bring new Title V and Medicaid staff rapidly up to speed on the roles, responsibilities, and activities outlined in the written agreement.

#2: Document the roles and responsibilities for each of the agencies.

A clear description of the roles and responsibilities for each of the individual agencies engaged in joint activities is an integral component of any agreement across entities. The agreement can include a statement on the lead entity and detailed descriptions of each participating agency's agreed upon roles and responsibilities. Such descriptions provide a clear understanding of the expectations, support accountability, and provide a framework for the coordination and management of the activities.

#3. Describe how joint activities will be planned and implemented.

Title V programs may consider including details on how each agency will contribute to the planning and implementation of the joint efforts within the IAA. Examples would include a description of steps that will take place to promote data sharing or a

description of how each agency will support the training for staff across both agencies. For the administration of an EPSDT program, for example, agreements may include a plan for collaboration in developing the standards and guidelines for EPSDT providers. The inclusion of such information describing the process to complete specific activities will help avoid duplication or miscommunication.

#4. Establish ongoing activities to maintain strong cross-agency communication.

IAAs provide an opportunity to formalize plans supporting and enhancing continuous communication across the agencies. For example, IAAs may include the requirement for periodic exchange of reports or the regular convening of meetings with representatives from both agencies to share and discuss specifically the joint activities described in the IAA. An IAA can also designate staff to participate in agency meetings related to the overarching goals of the two agencies, such as Title V representation on a Medicaid Managed Care contracting committee or on significant state initiatives impacting the maternal and child health population. Formalizing the expectation for cross-agency communication beyond an informal "as needed" basis or solely for the purpose of completing the specific tasks also strengthens the relationship and increases the likelihood of identifying opportunities for additional coordination and collaboration across the two agencies.

#5. Designate individuals responsible for maintaining communication across the agencies.

Within the IAA, specific staff members from both agencies may be identified as designated liaisons responsible for maintaining communication across Title V and Medicaid for activities listed in the agreement. These individuals or staff positions would serve as the point of contact for each agency to ensure information is exchanged and questions related to the roles and responsibilities of each agency are addressed. These individuals would also be held responsible to ensure the IAA is accessible to all staff engaged in the work with particular attention paid to sharing and communicating with new staff members unfamiliar with the interagency agreement content.

#6. Select individuals responsible to ensure the tasks requiring collaboration and coordination take place and the terms of the agreement are met.

Referred to in some states as 'agreement managers', a staff member or group of individuals from each agency may be designated within the agreement as responsible for providing oversight and ensuring the terms of the interagency agreement are being met. These individuals may, for example, convene as a joint advisory committee separate from other activity planning committees with the sole purpose of evaluating the implementation of the IAA and the status of the policies, duties and responsibilities of each agency. To do so effectively,

agreement managers would benefit from clearly defined agreed upon outcomes in the IAA and a method in place to track and monitor progress for both agencies involved.

#7. Describe how each agency will identify potential eligible individuals and support cross-agency referrals.

Federal regulations require that an agreement with Medicaid describe how individuals under the age of 21 in need of medical or supportive services will be identified. To support this process, IAAs can include details on the process for identifying and referring those eligible for services across agencies. Such activities may include the exchange of program literature, coordinating hotline activities to share information and refer callers, or hosting reciprocal trainings to support the referral process. Several specific examples include the joint development of tools and processes to support the identification of high-risk pregnant women or the establishment of quarterly joint meetings to assess outreach and case management efforts for EPSDT.

#8. Include information on the use of and exchange of data to support both agencies.

Both Title V and Medicaid must adhere to multiple reporting requirements involving the exchange of data on services furnished to recipients. Much of the data required is for securing funding for services provided or for the annual MCH Block Grant Application or MCH Report. IAAs provide states the opportunity to also agree on exchanging data for the express purpose of assessing and evaluating specific IAA activities and conducting broader surveillance of health indicators or outcomes. The agreed upon exchange of such data may support each entity to better understand and address community maternal, child, and adolescent health needs. A written agreement, for example, may include plans for Title V to have access to Medicaid information systems, managed care encounter data, and performance outcome measures.

#9. Include a plan for the periodic joint review of the agreement.

State Medicaid agencies are required to describe the methods for periodic review of their agreements with Title V. IAAs can include a schedule for review and a list of those individuals who will participate in the review process. Agencies may choose to establish quarterly, annual, or biennial joint and comprehensive reviews of the IAA and may also establish review schedules for specific portions of the IAA (e.g., EPSDT, data exchange agreements). Given the rapidly changing health care environment, standing reviews serve as valuable opportunities to re-evaluate and amend the IAA, if needed, and also to discuss ongoing state health care issues and potential new opportunities for additional collaboration.

#10. Ensure the final document is readily accessible and clear to all involved.

The IAA is most effective when it serves as a resource providing clear information on roles, responsibilities and the plans for the development and implementation

of shared priorities. To do so, states may consider the use of a standardized format for agreements between agencies with adequate headings, bulleted lists, and a clear and well-organized narrative. Lengthy, legal narratives with out-of-date references are less likely to be readily accessed and referenced by staff nor as useful as a tool to support the planning and implementation of joint activities.

Box 4: Louisiana Case Study

Louisiana's Process for Re-developing Title V –

Title XIX Interagency Agreements

Louisiana's most recent Title V – Title XIX interagency agreement dated back to 1990, demonstrating the need for revision and updates given the major transformations that have occurred in health care services and delivery over the past two decades. The first step taken by Title V was to use the State Assessment Tool (SAT) developed by the MCH Workforce Center to assess Title V's engagement around state health reform activities. This tool focused on Title V intersections with Medicaid and assessed Title V program capacity to influence the health reform activities taking place. Using this information, Title V developed an action plan outlining gaps and opportunities for both agencies. Some examples of the opportunities identified included addressing problems with enrollment and coverage and designating a point person to relay feedback regarding proposed rule changes effecting the MCH and CYSHCN populations.

Using the above information, Title V then utilized existing MCHB resources to support the drafting of a new IAA. The tools and resources used included the *State MCH-Medicaid Coordination Toolkit: A Review of Title V and Title XIX Interagency Agreements*, best practices from other state IAAs, and advice from project officers. To ensure a strong working foundation with Medicaid, Title V also reflected on past successful and unsuccessful work, intentionally seeking out opportunities to work more collaboratively with Medicaid.

The Louisiana Title V MCH program then prepared for a meeting with the Medicaid Director and other agency officials to outline an updated IAA. In order to accomplish this, both agencies had to have an understanding of the parameters of Title V/Title XIX requirements and their common goals and objectives including improving the health of women, infants, children, adolescents, and CYSHCN, and developing and implementing initiatives that address the underlying causes of preventable diseases. Most importantly, Title V MCH had to prepare their "value proposition", a statement on what Title V can bring to the table that Medicaid would be interested in utilizing.

Source: State/Federal MCH Partnership Technical Assistance Meeting, 12/14/2016.

Box 5: Brief Summary of Strategies

- Complete an assessment of current state health care activities and MCH programs to identify areas for coordination and collaboration.
- Examine the status of the partnership and possible strategies to enhance a culture of collaboration within and across both programs if needed.
- Monitor state health care delivery and payment reforms for potential new and emerging opportunities for Title V and Medicaid collaboration.
- Consider the inclusion of specific content within the IAA to formalize and strengthen descriptions and plans for coordination and collaboration on shared priorities:
    - Envision the IAA as a tool to support cross-agency coordination and collaboration and the priorities of both agencies.
    - Document the roles and responsibilities for each of the agencies.
    - Describe how joint activities will be planned and implemented.
    - Put in place ongoing activities to maintain strong cross-agency communication.
    - Designate individuals responsible for maintaining communication across the agencies.
    - Select individuals responsible to ensure the tasks requiring collaboration and coordination take place and the terms of the agreement are met.
    - Describe how each agency will identify potential eligible individuals and support cross-agency referrals.
    - Include information on the use of and exchange of data to support both agencies.
    - Include a plan for the periodic joint review of the agreement.
    - Ensure document is readily accessible and clear to all involved.

Conclusion

Title V and Medicaid share the common goal of improving the health of women, pregnant women, children and youth, children and youth with special health care needs, and their families. To help meet this goal, State Title V and Medicaid programs may consider strengthening their partnership and exploring additional opportunities to collaborate and coordinate their work to support their shared priorities. When built on strong partnerships, a robust and up-to-date interagency written agreement can serve as an important vehicle to further strengthen and support the collaboration and coordination across the two entities.

Recent health care payment and delivery reforms and initiatives as described above may provide additional opportunities for strengthening collaboration and coordination and the potential for new items to be addressed within IAAs. Several examples include:

- Bringing expertise to Medicaid Managed Care advisory boards or other reform initiatives (Patient/Family Centered Medical Homes or Health Homes). Inclusion in decisions on Medicaid Managed Care contracting and monitoring of contractors is of particular importance given the move of large numbers of CYSHCN into managed care plans.
- Supporting the development of effective incentive programs for both providers and patients as states increasingly pursue accountability.
- Educating communities, families and patients on changes in the health care system and communicating potential impacts of those changes back to Medicaid and other state partners.
- Collaborating with Medicaid to provide technical assistance to Medicaid providers on multiple issues impacting the MCH population, including changes in the health care system, EPSDT, the needs of CYSHCN and their families, medical homes, family engagement, and issues related to Medicaid Managed Care.
- Sharing Title V expertise in data collection and measurement to support Medicaid in the use of or development of measures and in the design, implementation and evaluation of various state programs.

Once in place, a clear, formal written agreement may benefit both programs by supporting transparency and accountability and encouraging both sides to maintain communication and effectively share resources to meet agreed upon goals.

Appendix

Additional Resources on Interagency Written Agreements

- State Assessment Tool (SAT). **Developed by the National Maternal and Child Workforce Development Center, this tool is designed to help Title V programs complete environmental scans on the health care reforms in their state. To support the use of the tool, the Center includes a webinar to introduce to Title V agencies.**
- State MCH-Medicaid Coordination Toolkit: Title V and Title XIX Interagency Agreements**. The National Center for Education in Maternal and Child Health has multiple resources for writing and revising an IAA, including a model IAA, based on research completed in 2008.**
- MCH-Medicaid Coordination Training Brief**. Resources include online trainings and resources for use by the Title V workforce in approaching coordination between Title V and Medicaid.**
- Implementing Cross-Agency Collaboration: A Guide for Federal Managers**. The IBM Center for The Business of Government developed this document as a resource to help federal managers streamline interagency collaboration through people and processes in order to meet goals such as saving money and increasing productivity.**
- Developing Interagency Agreements: Four Questions to Consider**. The Institute for Community Inclusion developed a brief on key questions to consider when writing an IAA in order to meet the shared goals of the collaborative effort.**
- Key Considerations for Implementing Interagency Collaborative Mechanisms**. The Government Accountability Office (GAO) studied mechanisms that the federal government uses to lead and implement interagency collaboration and issues to consider when implementing these mechanisms.**
- **Making Connections: Medicaid, CHIP, and Title V Working Together on State Medical Home Initiatives. The National Academy for State Health Policy (NASHP) developed this document to understand interagency collaboration around medical homes in several states and provides tips for state agencies to collaborate around this issue.**

Endnotes

[1] "Memorandum of Understanding," "Memorandum of Agreement," "Intra-Agency Agreements," "Interagency Agreements," "Cooperative Agreement," "Action Plan," or "Contract Request"

[2] U.S. Department of Health and Human Services. 2008. *State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements (2nd Ed).*

[3] U.S. Government Publishing Office, "42 CFR 431.615 – Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees," 2009. https://www.gpo.gov/fdsys/granule/CFR-2009-title42-vol4/CFR-2009-title42-vol4-sec431-615

[4] Jane Fountain, “Implementing Cross Agency Collaboration: A Guide for Federal Managers,” IBM Center for the Business of Government, 2013. http://www.businessofgovernment.org/sites/default/files/Implementing%20Cross%20Agency%20Collaboration.pdf

[5] U.S. Department of Health and Human Services. 2008. *State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements (2nd Ed).*

[6] Child Welfare Information Gateway, “A Closer Look: Interagency Collaboration,” The National Technical Assistance and Evaluation Center, September 2008. https://www.childwelfare.gov/pubPDFs/interagency.pdf

[7] Documents reviewed are available on https://mchb.tvisdata.hrsa.gov/.

[8] Two states did not submit IAAs: one stated the agencies were in the drafting process and another cited the inability to meet the requirement due to Medicaid serving as the lead agency for Title V in the state.

[9] U.S. Department of Health and Human Services. 2008. *State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements (2nd Ed).*

[10] See https://mchb.tvisdata.hrsa.gov/

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