Title XIX and Title V

Understanding the Relationship

Updated: July 2025

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Section 501 of Title V Legislation

- The purpose of the MCH Services Block Grant Program is to enable each state to:
  - Promote the health of mothers, infants, children and adolescents by ensuring access to quality MH and CAH preventive health services, especially for low-income families or families with limited access to health services.
  - Reduce infant mortality and the incidence of preventable diseases and disabling conditions.
  - Increase the number of children and adolescents appropriately immunized against disease.
  - Increase the number of low-income children receiving health assessments and follow-up diagnostic and treatment services.

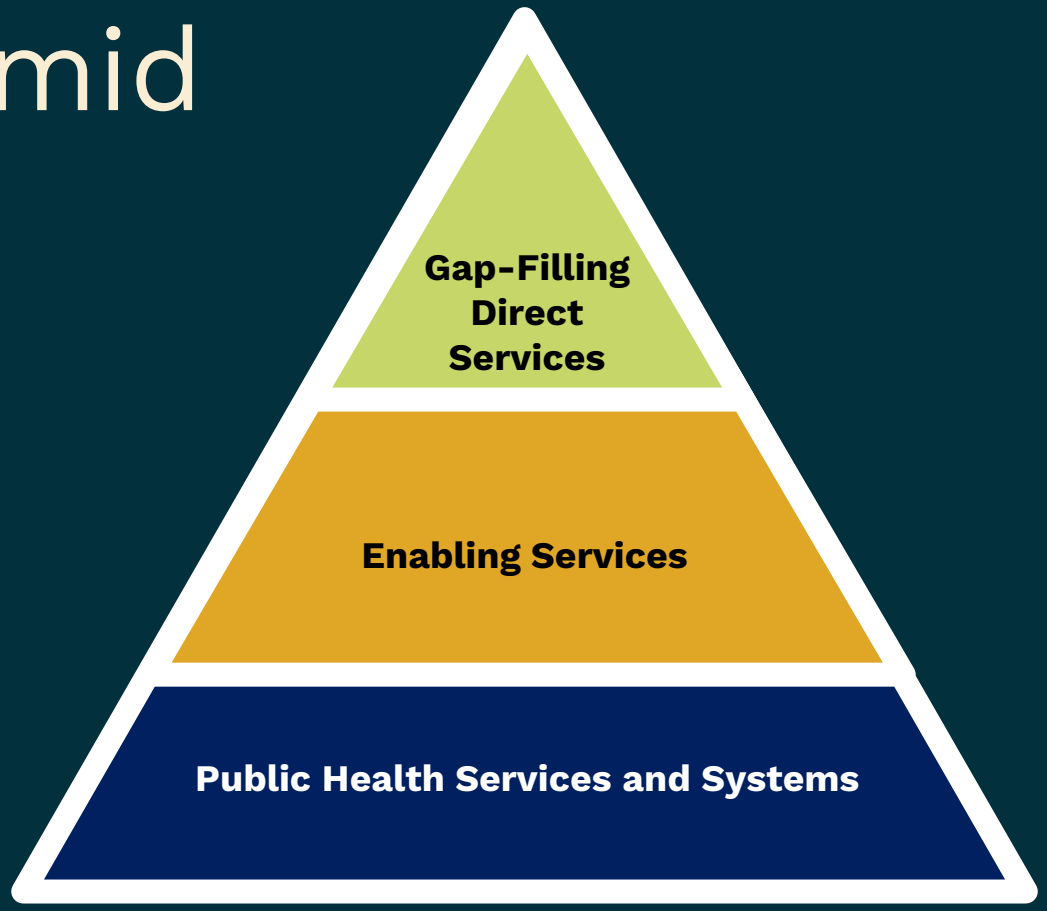
Iowa's Title V Block Grant

- Title V funds are granted to state health departments:
  - States receive funding through a formula-based block grant
  - States match $3 for every $4 in federal funds.
  - A minimum of 30% funds are for children and youth with special health care needs (in Iowa 37%)
    - Child Health Specialty Clinics at the University of Iowa
  - Focus on resource development, capacity building, education and outreach
  - Infrastructure building - integrate public & private sector
  - Offer care coordination and health screenings
  - Low-income families or limited access to health care
  - No citizenship requirement

State Title V Role in Monitoring

- RFP/RFA
- Administrative On-Site Review (Site Visit)
- Cost Analysis - updated once per project period
- Service Note Review & Medical Record Audit
- Training, Technical Assistance, Reports
- Administrative Manual, Required Policies & Procedures
- Required Staff

Title V MCAH Pyramid



Public Health Services & Systems

- Activities that support the development and maintenance of comprehensive health systems
  - Needs assessment, data collection, and analysis
  - Program planning
  - Coalition and collaboration building
  - Quality assurance and quality improvement
  - Population-based services that provide preventive health services for groups of individuals
  - Child Care Nurse Consultation
  - Community health education & health promotion
  - Health equity lens

Enabling Services

- Non-clinical services that enable individuals to access health care and improve health outcomes.
  - Medicaid and Hawki Outreach
  - Presumptive Eligibility
  - Informing and care coordination services
  - Assisting with transportation
  - Interpreter services
  - Health literacy

Gap-Filling Direct Care Services

- Provided to high-risk, low-income individuals based on individual and/or population identified needs
  - Includes gap-filling routine preventive medical and oral health care
  - Billed to Medicaid/MCOs under the Screening Center provider type 30 status
  - Medicaid standards of care for all clients served, regardless of payment source
  - Title V is required to be payment of last resort

Performance Measures

National & State Performance Measures

Child Health

- NPM 6: Percent of children, ages 9-35 months, receiving a developmental screening using a parent-completed screening tool
- SPM 2: Percent of children ages 1 through 2 years, with a blood lead test in the past year
- SPM 3: Percent of early care and education programs that receive Child Care Nurse Consultant services

Adolescent Health

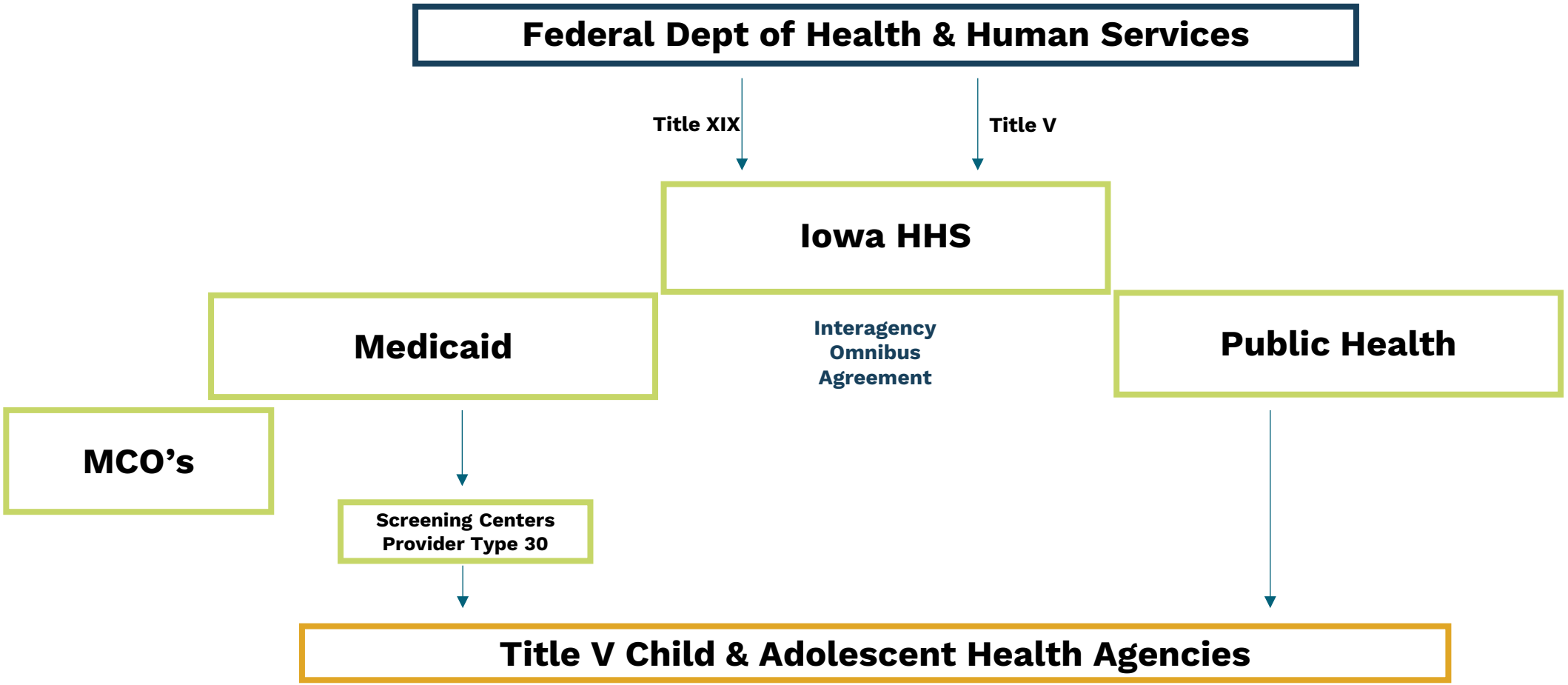
- NPM 10: Percent of adolescents with a preventive visit in the last year
- SPM 4: Percent of adolescents who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities

Health Equity

- SPM 6: Percent of Title V contractors with a plan to identify and address health equity in the populations they serve

Organizational Relationships

State and Federal Relationships



Summary of Requirements for Title V & Title XIX Coordination

Federal Legislation: the Social Security Act *(http://www.ssa.gov/OP_Home/ssact/)*	
Title XIX	**Requires Medicaid agencies to:** • Enter into IAAs [§1902(a)(11)(B)]. • Use Title V programs to provide services [§1902(a)(11)(B)(i)]. • Reimburse Title V agencies for services [§1902(a)(11)(B)(ii)]. • Coordinate information on immunizations [§1902(a)(11)(B)(iii)].
Title V	**Requires Title V agencies to:** • Enter into IAAs [§505(a)(5)(F)(ii)]. • Coordinate EPSDT services [§505(a)(5)(F)(i)]. • Provide information to beneficiaries about services & providers [§505(a)(5)(E)]. • Identify, help enroll, and provide services to beneficiaries [§505(a)(5)(F)(iv)].

CMS's *State Medicaid Manual* *(http://www.cms.hhs.gov/manuals/pub45/pub_45.asp)*	

	• Issues mandatory, advisory, and optional Medicaid policies and procedures to State agencies for use in administering their Medicaid programs.
	• Serves as guidance to overarching coordination with Title V programs and with Title V grantees, with special emphasis on EPSDT coordination.
	• Requires that each State have in effect an IAA that:
	  ○ Provides for care and services available under MCH programs.
	  ○ Utilizes MCH grantees to develop more effective uses of Medicaid resources.
	• States that Medicaid agencies are responsible for reimbursing Title V providers for services provided to Medicaid beneficiaries even if these services are provided free of charge to low-income uninsured families.
	• Stresses the importance of including a detailed description of payment arrangements in the IAA.

Omnibus Agreement

Federally Required Interagency Agreement between HHS & Medicaid

- EPSDT, Child & Adolescent Health, Maternal Health, Oral Health and 1st Five Healthy Mental Development

Contract for Services

- Informing and Care Engagement Administrative Services
- Medicaid and Hawki Outreach

Data Sharing to improve health outcomes

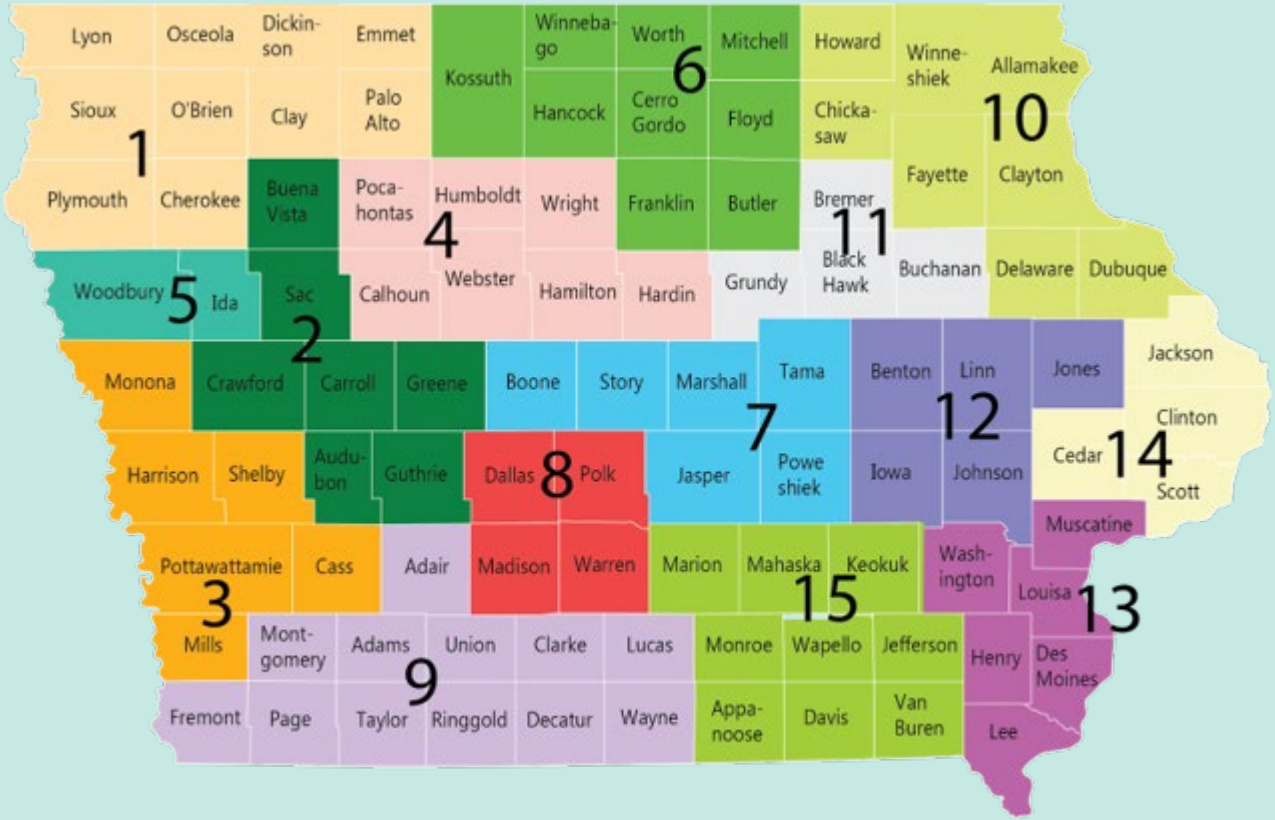
- Linking Medicaid and Vital Records Data
- Eligibility File
- Paid Claims

Local Title V Contractors

Local Title V Contractors

- Title V Contract certifies local agencies as Screening Centers
- Mix of local public health agencies, health systems, community action agencies and other non-profits
- 15 Collaborative Service Areas
- Child Health, including EPSDT, Early ACCESS, Hawki Outreach, I-Smile and Healthy Child Care Iowa
- Covers all 99 counties, not all counties or service areas provide all the same services

Title V Service Area Map



How Did We Get Where We Are?

- Title V of the Social Security Act Of 1935
- 1965 - Title XIX - Social Security Amendments
- Medicaid began in Iowa July,1967
- 1992 - CMS 416 screening rate 11%
- 1994 - Pilot Project with IDPH
- 1995 - 55%
  - DHS subcontracts Informing and Care Coordination to IDPH
- 1996 - 2013 Exceeded 80% target

How Did We Get Where We Are? (Cont.)

- 2014 - National reclassification
  - 70% (By 2017 back up to 82%)
- 2018 - 59%
- 2019 - 59%
  - After adopting annual well visits in EPSDT Periodicity Schedule
- 2020 - 53%
- 2021 - 55%
- 2022 - 53%
- 2023 - 43%

CAH Program Core Services

EPSDT

E = Identifying problems **early**, starting at birth

P = Checking children's health status at **periodic** age-appropriate intervals

S = Providing physical, mental, developmental, dental, hearing, vision and other **screening** tests to detect potential problems

D = Determining a **diagnosis** when a condition is identified

T = Providing **treatment** for problems identified

Iowa's EPSDT Periodicity Schedule

IOWA MEDICAID EPSDT Care FOR Kids

PERIODICITY SCHEDULE

Iowa Department of Health and Human Services

		Infancy								Early Childhood						Mid. Childhood						Adolescence										
		New born	2-5 days	by1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	21 yr
History Initial/Interval		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical Exam Well Visit		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements	Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Weight for Length	●	●	●	●	●	●	●	●	●	●																					
	Body Mass Index											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference	●	●	●	●	●	●	●	●	●	●	●																				
	Blood Pressure	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sensory Screening	Vision	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	○	●	○	●	○	●	○	○	●	○	○	○	○	○	○
	Hearing	●	●→	→	→	○	○	○	○	○	○	○	○	○	●	●	●	○	●	○	●	←●	●	●	→	←●	●	●	→	←●	●	● →
Oral Health	Screening and Risk Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Fluoride Varnish Applications						●	●	●	●	●	●	●	●	●	●																
	Fluoride Supplementation						○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○					
Developmental, Psychosocial, and Behavioral Health	Caregiver Depression Screening	○	○	●	●	●	●																									
	Developmental Surveillance	●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Developmental Screening							●			●		●																			
	Autism Screening										●	●																				
	Behavioral/Social/Emotional Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Tobacco, Alcohol and Drug Use Assessment																					○	○	○	○	○	○	○	○	○	○	○
	Depression and Suicide Risk Screening																						●	●	●	●	●	●	●	●	●	●
	Anxiety Screening																		○	○	○	○	○	○	○	○	○	○	○	○	○	○
Anticipatory Guidance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Nutrition/Obesity Prevention Assess/Educate		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Screening/ Procedures	Newborn - Blood Screening	●	●→	→	→																											
	Newborn Bilirubin Screening	●																														
	Newborn Critical Congenital Heart disease	●																														
	Immunization	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Hemoglobin/Anemia					○			●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Lead Testing						○	○	●	○	○	●	○	○	○	○	○															
	Lipid Screening											○			○		○		○	←●	→	○	○	○	○	○		←●	→			
	STI Screening																					○	○	○	○	○	○	○	○	○	○	○
	HIV Screening																					○	○	○	○	●	→	→	→	→	→	→
	Hepatitis B Virus Infection	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Hepatitis C Virus Infection																												●→	→	→	→
	Sudden Cardiac Arrest/Death																					○→	→	→	→	→	→	→	→	→	→	→
	Tuberculosis			○			○		○			○		○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Cervical Dysplasia Screening																															●

(Rev. 6/24)

KEY: ● To be performed ○ Assess risk ←●→ Screen at least once during time period indicated

1. Recommendations for Preventive Pediatric Health Care Bright Futures /American Academy of Pediatrics. Available at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.
2. Viswanathan M, Wallace I, Middleton JC, et al. Screening for Depression, Anxiety, and Suicide Risk in Children and Adolescents: An Evidence Review for the U.S. Preventive Services task force [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2022 Oct. (Evidence Synthesis, No. 221.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK585407/.

IOWA Health and Human Services

Iowa's CAH/EPSDT Program

- Medicaid's EPSDT *Care for Kids* program provides the best practice model of health care for all enrolled children & adolescents.

- The same model of services is provided for ALL CHILDREN served through Child & Adolescent Health programs.

- Guidance is based upon ***Bright Futures***, 4th Edition (AAP).

Informing & Care Coordination

- **Informing** - Title V Contractors make multiple attempts to contact all newly eligible Medicaid families to:
  - Explain Medicaid and EPSDT benefits
  - Assist with finding medical and dental homes
  - Discuss importance of preventive care
  - Care Coordination for social determinants of health
  - May discuss MCO options if the family has questions

- **Care Coordination -** Linking families to medical and dental care or other Medicaid covered services
  - Medical care coordination for those not enrolled in an MCO, families presenting to the contractor with need, and as part of gap-filling direct care services
  - Dental care coordination for all Medicaid enrolled children and pregnant women

Informing Services

What is Informing?

- Informing is the act of advising families of newly enrolled Medicaid-eligible children about the services available within the EPSDT *Care for Kids* program.

How Informing Helps Families

- Explains the benefits of preventive medical and oral health care
- Explains the services available under EPSDT *Care for Kids* including care coordination services and screening services
- Explains components of the EPSDT screen according to the Periodicity Schedule and ACIP Childhood Immunization Schedule
- Identifies where screening services are available and how to obtain them (medical and dental homes)
- Describes support services available such as transportation and interpretation services
- Provides information on other resources available in the community
- Explains freedom of choice of health care providers

Informing Reminders

- The informing service does not end with the mailing of an initial inform letter.
  - *There must be either completion or attempts to reach the family by phone or face-to-face to establish verbal contact.*
- The entirety of the inform completion contact is part of the informing service.
  - *Do not bill care coordination for any portion of the inform completion contact with the family.*
- Contact with family within 12 mo. of initial inform provides opportunity to complete informing.
  - *You must complete the informing service before moving on to care coordination. Keep the inform completion 'open' in Iowa Connected for the 12 months. Do not mark 'unsuccessful'.*

Care Coordination Services

What is Care Coordination?

- Care coordination is the process of helping the client to access the health care system.

Care Coordination Reminders

- Any care coordination in conjunction with direct service is part of the direct care service. Do not bill or document these activities as care coordination.
  - Example: A referral for medical or dental treatment services following a screening would be part of the direct care service.
  - However, follow-up in subsequent days/weeks to monitor care would be care coordination.

- Exceptions – These care coordinations can be billed on same date as direct care:
  - Care coordination on the same day as a PE service.
  - Arranging for transportation services.
  - Medical direct care by RN and dental care coordination by RDH (with no oral health direct care).
  - Dental direct care by RDH and medical care coordination by other staff (with no medical direct care).

Presumptive Eligibility

- For children who may be Medicaid or Hawki eligible. Citizenship for the child is required.
- Allows children to obtain Medicaid-covered services during the presumptive period (while Medicaid or Hawki eligibility is being determined by DHS).
- Health Services Application is entered into the Medicaid Presumptive Eligibility Portal (MPEP) by Qualified Entity (QE agency).
  - Hawki Outreach Coordinator
  - Other staff with training

Presumptive Eligibility (Cont.)

- Claims are paid by IDPH**.** Payment is for the **Family Unit** (one per family per year).
- Document in Iowa Connected for each child in the family. Maintain copy of Application and NOA in clinical record. Provide the NOA to family.
- Coordination on the same day. This is payable with MAF or Hawki

Screening Centers (Provider Type 30)

- Blood draw & Lead analysis
- Evaluation and management for blood lead
- Emotional/behavioral assessment
- Interpretation services
- Oral health services
- Immunization administration and counseling
- Developmental testing
- Nutrition counseling
- Counseling for obesity
- Nursing assessment and evaluation
- Home visit by a nurse or social worker
- Depression screening – for adolescents or caregivers of a child
- Domestic violence screening - for adolescents or caregivers of a child
- Alcohol and/or substance abuse screening - for adolescents or caregivers of children
- Vision screening
- Hearing screening
- Lab tests
- Mental health assessments
- Mental health services / psychosocial counseling
- Counseling for alcohol misuse
- Initial or periodic well child screens

Questions

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