

## **HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING**

### **Building Blocks for Promising Practice Models**

October 14 - 17, 2007

### **Examples of Collaboration between MCH and Medicaid programs in Improving Early Prevention, Screening, Detection, and Treatment (EPSDT)**

#### **Rates**

JAMES RESNICK: All right. Let's get started. For those of you who don't know me, my name is James Resnick. I work in the Maternal and Child Health Bureau Office of Data and Program Development. One of the things that I always say when I go to a meeting is that I've been with HRSA for eight and a half years, and the reason I say that is many people mistaken me for an intern just out of college. So, it's always a nice compliment.

So, I want to take you back a little bit as to what this session is about. This session today is really to highlight a set of workshops that we have been doing in the last two or three years. And when I started in the bureau about five years ago, I've had a passion about ways that we can improve collaboration between Medicaid and Title V MCH. And the reason I'm--what really got me into this was is that when I first started at the bureau, the first thing I did was I sat down and I read the Title V law. And I looked at the law and I said, "Wow. There are real things in this law that say Title V and MCH are supposed to work together, they're supposed to have inter-agency agreement, supposed to work together on

coordination, they're supposed to work together on EPSDT." And I look back, because in my previous position, I had been involved in the review of Medicaid waivers. And I looked at these waivers and what I was seeing was is that this relationship, depending on what state you're in, either existed and was well and alive or it was non-existent. And I've--have been very passionate about this.

This--the way that we have really done this is that there's been two, kind of, sets of workshops, just to take you back a little bit. The first set of workshops that we had done was around the pediatric purchasing specifications, which is Model Medicaid Managed Care Contract Language. And we know in the early '90s, or actually in the middle of the late '90s, we know that Medicaid agencies were, kind of, trying something new and innovative, which was kind of contracting with Managed Care Organizations on a capitated risk basis to provide the coverage, the Medicaid benefit, and that was an experiment, and now, it's common practice across the states and we don't even think twice about it.

But one of the things that also came up in my review of waivers is that when--no matter what the state was, we know that the EPSDT rates are low. And we know that that--there are a lot of reasons for that and some of it has to do with reporting, some of it has to do with providers. But I felt that it was important that we do something about this. And one of the ways is that we wanted to look at ways that, kind of, into this because a lot of people say to me, "Well, why is MCH involved in Medicaid EPSDT?" And I take myself back to the law. But the real

reason is that there was a real opportunity and the way the opportunity is getting people to the table. And what our workshops have been about is bringing Medicaid, bringing Title V, bringing mental health, bringing early intervention, bringing education, bringing welfare to the table. Because what we realized was it's not just the screening but if something is identified in that screening and you need to treat it, it's a huge system that it takes to deliver the appropriate care for that child. And so, really, we have been very successful in these workshops. And just to give you an idea of where we have traveled, we have been to Connecticut, Wisconsin, Pennsylvania, Kansas, Ohio, Nevada, Colorado, Iowa, Washington State, Alaska Maine and Wyoming. And we just got back from Wyoming. I see the Children Special Healthcare Needs Director Paul Ramirez there, and we just came off a really great workshop.

So, what this workshop here--what we're doing today is that we're going to talk a little bit about what we did in our states. And I wanted to profile two really wonderful states where we made huge successes and where I really felt we had a very successful meeting, Nevada and Iowa. The one thing I did learn is that it's not Nevada, it's Nevada. So, let me talk a little about our speakers. Our first speaker is Kay Johnson from the Johnson Consultant Group. She's under contract with the Maternal and Child Health Bureau. And I should say that during the last 25 years, Ms. Johnson has become recognized nationally for her work on MCH and Medicaid policy development issues. Her expertise on policy and finance encompasses a wide range of maternal and child health topics such as

perinatal, prenatal, preconception care and infant mortality reduction, childhood immunization, dental care and oral health, genetic and newborn screening, home visiting, early childhood development, adolescent health and risk reduction, and services for children with disabilities and other special needs. Really, it's incredible that I enjoy working with Kay, and I say this when I go to the states is that Kay is one of the few people that I have met that understands the Medicaid lingo and understands the public health lingo. Because when we've gone to states, I have realized one thing, they speak very different languages, they use different acronyms, and really Kay has been able to bridge that gap. And so, really, I appreciate having Kay on the project. She's really been instrumental in the success of the project.

She has a huge resume, 25 years of experience just to say she's been a Senior Research Staff Assistant at George Washington University Center for Health Policy Research, she's worked as the National Policy Director for the March of Dimes, where she co-chaired with Family Voices, a coalition to shore our comprehensive child healthcare coverage in the Clinton health reform plan, she's worked in the Children's Defense Fund. So, and she's also been the past Chair of the MCH section for the American Public Health Association. Really, she's served on numerous boards and so, she has a long resume.

I also want to introduce Judith Wright. She's a graduate of the University of Chicago. She's also done her graduate work at Vanderbilt University. She began

her public health career with the Montana Department of Public Health in 1978. Her last position at Montana was Children with Special Healthcare Needs Director, and in 1994, she was selected to be the Chief of the Bureau of Family Health Services for the Nevada State Health Division. There she serves as the state's Maternal and Child Health Director.

Also, I wanted to introduce Gretchen Hageman, graduated from the University of Northern Iowa with a Bachelor of Arts, and also Masters of Arts. She's worked for the IDPH of Public Health for nine years as a Community Health Consultant. She has also served as the Coordinator for the Title V and the Project Director of the Iowa Early Childhood Comprehensive Systems Project.

I both--I want to say one thing is that the success of this project is the role that Title V plays, it is staff, it is directors from Title V that really are instrumental in the planning, reaching out to Medicaid, getting the key people that need to be at the meeting, and I want to personally thank you because if it's not for the two of you and both of your respective states, the workshops would not have been as such as successes they were. So, thank you, and I'm really excited, and we'll start with Kay Johnson.