

Advancing Systems of Services Network Café Notes
Medicaid and CYSHCN Partnerships

June 19, 2020

Key Discussion Questions

1. Are there particular areas on which you have partnered with Medicaid during the COVID-19 public health emergency?
2. Do you have any advice for CYSHCN directors about partnering with Medicaid during this COVID-19 crisis and other emergencies?

Vermont Title V CYSHCN Efforts

- VT sought and quickly received Medicaid waiver flexibilities to compensate parents for providing personal care services to their CYSHCN, which will be available until the end of this emergency declaration. Payments were made retroactive from when schools were closed.
- The Title V CYSHCN director was deployed to lead contract tracing and, with assistance from Title V care coordination staff and cultural brokers, they have been reaching members of their refugee and undocumented immigrant community experiencing COVID outbreaks.
- Title V's role over the past year in overseeing EPSDT outreach and informing has helped further their ability to outreach into underserved communities.

Strategies for Partnering with Medicaid

Waiver Flexibilities

- Several states commented on seeking and use of new Medicaid waiver flexibilities to pay for parents providing personal care assistance.

Contact Tracing

- To address the challenges of people not answering the phone when a contact tracer calls, ideas included involving IT in making sure that the tracing phone number has the caller ID you want, putting information on the news (e.g., If you see the Dept. of Health coming up on your phone ...), developing culturally competent training for contact tracers, and using nurse case management phone lines.

Return to Care and Immunizations, Return to School, and Telehealth

- To respond to concerns over decreased visits to pediatricians and lower immunization rates, several examples were mentioned:
 - Convening a stakeholder group, including Medicaid managed care organizations, to develop consistent messaging about the importance of immunizations and going to see your pediatrician

- Leveraging additional opportunities for nurses to give vaccinations (e.g., as part of home visits)
- Regarding family's concerns about school re-opening, one state mentioned forming a pre-planning workgroup with their Department of Education and specialty MCO
- Telehealth has been very helpful, but states are concerned about the potential loss of telehealth reimbursement once states open back up

Emergency Preparedness

- September is emergency preparedness month and an important opportunity to encourage families to have an emergency care plan for their CYSHCN and to include relevant CYSHCN information on state websites and training. One state reported that they reached out to the state emergency preparedness agency in June, and they are now collaborating on planning activities for September.
- Critical to include the family voice in decisions made for emergency care plans. For example,
 - Involve families with CYSHCN in statewide emergency preparedness training and drills
 - Take into account what happens to children with medical complexities if their parents get sick and have to be hospitalized? Coaching/mentoring another? Rehab facility?
 - Take into account plans for transportation

Resources Shared

- Vermont: [Children's Personal Care Services: Program Changes in Response to COVID-19](#)
- Alaska: [Circle of Support](#) – resource to help families plan for who to help with children when caregivers get ill
- Catalyst Center: [Can Medicaid/CHIP Enrollees Lose Coverage During the Public Health Emergency?](#)
- Catalyst Center: [COVID-19 Resources for CYSHCN](#)
- AAP: [Guidance for School Re-entry](#), June 25, 2020