CMMP

Center for Maternal and Child Health Medicaid Partnerships

STRENGTHENING PARTNERSHIPS BETWEEN MEDICAID, CHIP, AND TITLE V PROGRAMS

Maximizing Impact for Maternal and Child Health: Alignment between Medicaid and Title V Programs Framework

Introduction

State Medicaid agencies and Title V programs are natural partners. Both share a commitment to improving the health of mothers, children, and families. Both serve overlapping populations. And both face pressure to do more with limited resources. Yet too often, these programs operate in parallel, developing separate priorities, running separate processes, and missing opportunities to strengthen each other's work.

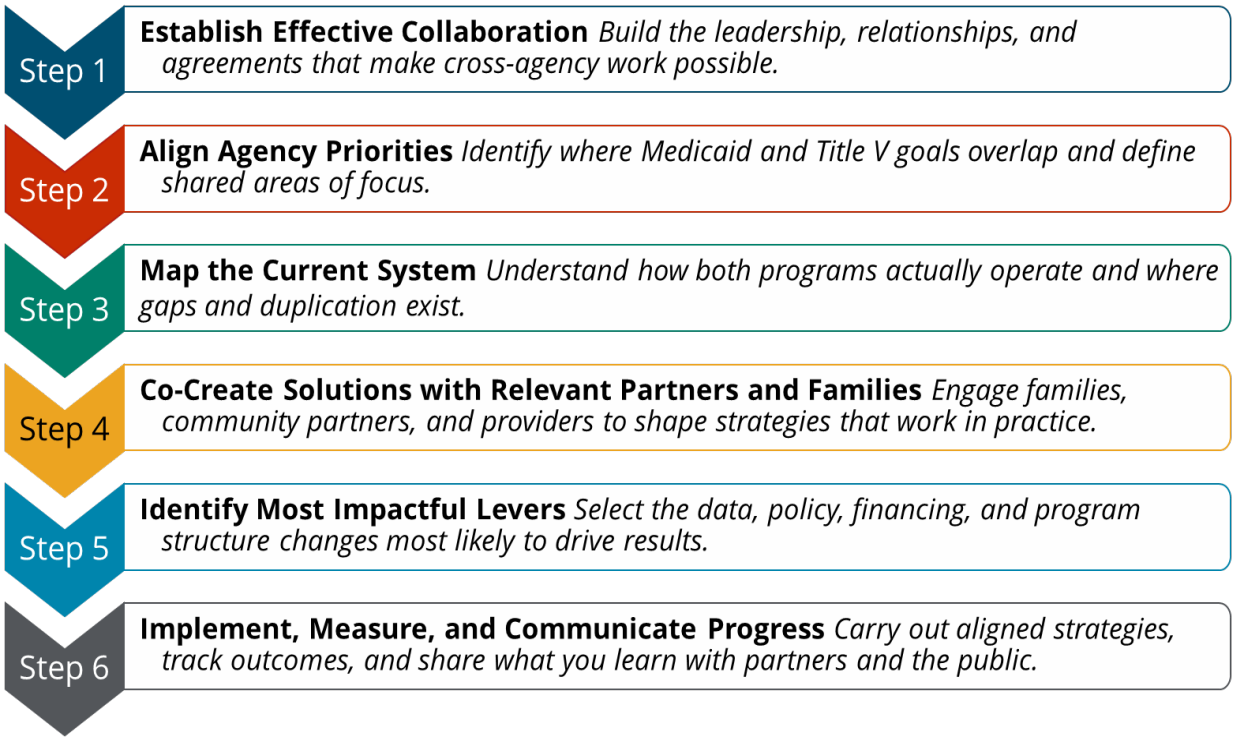
Alignment between these programs doesn't happen on its own. Agencies must first build the right foundation: establishing trust, defining shared goals, and understanding how each program operates before deciding where and how to act together. Done well, alignment allows Medicaid and Title V programs to reduce duplication, fill gaps in care, and leverage each program's distinct strengths—Medicaid's financing and coverage reach and Title V's community relationships and population health expertise.

This brief introduces the ***Alignment between Medicaid and Title V Programs Framework***—a practical, six-step approach adapted from *Aligning Early Childhood and Medicaid*[1], developed by the Center for Health Care Strategies (CHCS) and the National Association of Medicaid Directors (NAMD). The framework helps states move from parallel workstreams to coordinated action, at a pace that reflects each state's starting point.

The six steps follow a deliberate progression. The first three build the foundation: establishing collaboration structures, aligning priorities, and mapping how current systems operate. The final three steps translate that foundation into action: co-creating solutions with relevant partners, selecting the most impactful levers to accomplish shared goals, and implementing with ongoing measurement for continuous improvement and accountability. **Exhibit 1** illustrates this pathway, followed by a detailed description of each step.

[1] Center for Health Care Strategies. *Aligning Early Childhood and Medicaid*. https://www.chcs.org/project/aligning-early-childhood-and-medicaid/. Accessed 2026.

Exhibit 1. Alignment Between Medicaid and Title V Programs Framework Steps



1. Establish the Key Elements of Effective Collaboration

Alignment between Medicaid and Title V begins with relationships. Before agencies can align priorities or coordinate programs, they need trust, shared understanding, and decision-making structures that allow them to work across institutional boundaries. This step focuses on building that foundation through leadership commitment, ongoing relationship-building, and the formal agreements and governance structures that sustain collaboration over time.

Where to Start: Collaboration looks different across states depending on agency structure, resources, and history of partnership. Before diving in, states and territories should assess where they are and identify which elements of this framework will have the most impact given their starting point.

Leadership Commitment and Champions

When agency directors and commissioners visibly prioritize alignment, they signal that cross-agency work matters and give staff the authority and resources to act on it. But champions can and should come from any level of the organization. Program staff, policy analysts, and frontline coordinators who care about maternal and child health (MCH) outcomes can drive meaningful progress even when executive engagement is still developing.

Informal Connection in Practice: One state hosts monthly informal drop-in meetings where Medicaid and Title V staff come together to discuss pregnancy, infancy, and early childhood programs and policies – sharing information, working through challenges, and building relationships across agencies over time.

Informal Relationship Building

Leadership commitment creates the conditions for collaboration, but relationships between staff at all levels are what make it real. Strong working relationships don't develop through formal agreements alone. They grow through regular, low-stakes interaction across team members. For Medicaid and Title V staff, this can mean scheduled check-ins between commissioners and directors, joint staff meetings on shared topics, or standing forums where teams across agencies can exchange information and surface challenges together.

Informal connection is often undervalued, but it is foundational. When staff know and trust their counterparts at a partner agency, they are more likely to reach out when problems arise – and more likely to find workable solutions when priorities don't perfectly align.

Formal Relationship Building

Informal relationships build trust and momentum, but they benefit from formal structures that give collaboration staying power. Two categories of formal agreements are worth distinguishing:

A Structural Solution: Some states have established staff positions formally shared between Medicaid and Title V, creating built-in liaisons who understand both programs and can facilitate coordination across agencies day to day.

- **Required agreements.** Federal statute requires Medicaid agencies and Title V programs to maintain Interagency Agreements (IAAs) to support cross-system collaboration. States should treat these as more than a compliance requirement; IAAs offer a concrete opportunity to define roles, align administrative processes, and establish a shared framework for how the two programs will work together. States can use IAA renewal as a natural moment to revisit and strengthen those commitments.
- **Optional but high-value agreements.** States may also establish data sharing agreements, either standalone or embedded within IAAs, to enable joint analysis and more informed decision-making.

For more information on IAAs and how strengthening these agreements can support MCH programs and outcomes, see the CMMP Resource Repository.

Shared Governance Structures

Agreements establish the framework, but ongoing governance structures are what keep Medicaid and Title V working together consistently over time. Standing forums and workgroups give agencies a regular venue to advance shared priorities, surface emerging challenges, and maintain alignment as programs and leadership change. Before building something new, states should ask: what structures do both agencies already participate in, and how can they work within them together?

The Center for Medicare & Medicaid Services (CMS) requires states to facilitate advisory bodies, including both Medicaid Advisory Committees (MACs) and Beneficiary Advisory Councils (BACs). These offer additional structures for centering family and community voices in alignment work. Peer-support networks like Family to Family (F2F) chapters can also connect families navigating complex systems, complementing the formal coordination happening at the agency level.

Shared Governance in Practice: Iowa Medicaid leads the Maternal Health Task Force, a quarterly forum that brings together Medicaid, Title V, MCH leaders, and other stakeholders to address maternal health challenges and advance policy improvements – demonstrating how a standing interagency structure can drive sustained collaboration across programs.

2. Understand and Align Agency Priorities

With a foundation for collaboration in place, Medicaid and Title V agencies can turn to the substance of alignment—understanding what each program is already working toward and where those priorities intersect. This step involves reviewing existing planning documents, identifying shared priorities, and using data to surface common needs. The goal is not to create new planning processes but to find the connective tissue between work that is already underway.

Review Existing Plans and Assessments

The most efficient starting point is what already exists. Title V programs conduct a comprehensive Needs Assessment every five years, identifying priority needs and associated National and State Performance Measures. These assessments, along with Title V state action plans, offer a detailed picture of population needs and program priorities. Medicaid brings its own planning documents to the table, including strategic plans, waivers, and quality strategies. These planning documents reflect Medicaid priorities around coverage, access, and outcomes. Reviewing these documents side by side gives both agencies a concrete basis for a conversation about where their work overlaps and where gaps exist.

This supports the strategic approach of when Title V conducts its Needs Assessment, Medicaid staff should be at the table. Including Medicaid agency staff in Title V planning, implementation, and performance measurement activities creates a natural opportunity to identify partnership opportunities before priorities are finalized.

Leveraging Reports and Data in Action: In Alaska, the Title V and Pediatric Medicaid team meet monthly to focus on MCH population needs related to Medicaid and Title V programs. Their recent meetings, per their 2025 Title V Application, focused on reviewing Core Set Measures, school-based services, the CHIP annual report, Medicaid reimbursement, and potential impact of legislation. Reviewing these reports, measures, and discussing upcoming changes and impacts provided a structured mechanism for sharing information back and forth between Medicaid and Title V.

Identify Overlapping Priorities

In many states, reviewing existing plans reveals clear overlap in areas, such as maternal health, postpartum care, early childhood development, or access to preventive services. When agencies find that overlap, they can move from parallel planning toward complementary strategies, with each program contributing based on its distinct roles, authorities, and strengths. These conversations matter because overlap does not automatically produce coordination. Agencies may be working on the same priority in ways that duplicate effort or leave gaps unaddressed. Naming the overlap explicitly and discussing how each program can contribute is what moves agencies from awareness to alignment.

Use Data to Surface Shared Needs

Not all shared priorities are immediately obvious from planning documents alone. Data can surface common challenges across MCH populations that may not be fully reflected in existing plans or priority statements and can sharpen the focus of alignment efforts even when overlap is already clear.

Both agencies bring valuable data to this work. Title V Needs Assessment findings and the underlying data sources illuminate population-level needs and service gaps. Medicaid data on coverage, utilization, quality, and outcomes adds a different lens, revealing where eligible populations are not accessing care, where quality falls short, and where costs signal unmet need. Reviewing and interpreting these data sources together allows agencies to build a shared picture of where

coordinated action would have the greatest impact. States may choose to leverage a formal workgroup structure, a strategy of effective collaboration mentioned above, to bring together agency data and program infrastructure to work toward initiatives to improve MCH. For instance, in Kansas, the Department of Health & Environment (KDHE) formed an internal state Maternal and Infant Health Workgroup to identify the cross-sectoral efforts and objectives that the Division of Public Health and Division of Health Care Finance pursue and created a Maternal and Infant Health Roadmap, which leveraged Medicaid data and Title V program infrastructure to develop a set of recommendations.

Kansas' Maternal and Infant Health Roadmap Approach: Through their formally established workgroup, Kansas developed recommendations for maternal and infant health initiatives that would require Medicaid support and Public Health infrastructure to implement. Their objectives include utilizing data transparently on a continuous basis to drive policy and public health programming that improves health outcomes for maternal and infant populations strategically and with cost savings.

Translate Shared Priorities into Action

Once agencies identify shared priorities, the natural next question is: who does what? Medicaid and Title V each bring distinct levers to this work. Medicaid can contribute through coverage decisions, financing strategies, care coordination, and quality improvement initiatives. Title V can support implementation through community partnerships, outreach, and systems-level coordination.

Clarifying these roles early prevents duplication, reduces confusion, and ensures that each agency's efforts reinforce rather than replicates the other's. This role clarity also sets the stage for the systems mapping work in Step 3, where agencies will examine in greater detail how their programs currently operate and where change is needed most.

3. Map the Current Systems

With shared priorities identified and roles clarified, agencies are ready to examine how their programs actually operate—not as they appear on paper, but as families, providers, and administrators experience them. Systems mapping gives Medicaid and Title V a structured way to surface duplication, identify gaps neither program is addressing, and find opportunities where closer coordination would improve outcomes. The goal is to develop a shared, ground-level understanding of both systems before moving into implementation.

What Systems Mapping Reveals

Reviewing planning documents tells agencies what each program intends to do. Systems mapping tells them what is actually happening, including where services overlap, where people fall through the cracks, and where handoffs between programs break down. For states focused on maternal health, this might mean tracing how women access care from early pregnancy through the postpartum period, revealing where coverage gaps, referral failures, or administrative barriers interrupt the continuum of care. For states focused on early childhood, it might mean examining how Medicaid and Title V funded services interact, or fail to, across home visiting, developmental screening, and primary care.

Fiscal Mapping in Practice: The Office of Innovation, Research and Development within Maryland's Office of Health Care Financing used a fiscal mapping process to examine investment for Medicaid-eligible children ages 0-5, with the goal of informing future policy decisions related to health-related social needs.

Mapping Approaches

States have used several approaches to map their systems, often in combination:

- **Fiscal mapping** examines how funding flows across programs and identifies where Medicaid and Title V dollars overlap, where they leave gaps, and where realignment could reduce duplication and improve efficiency.
- **Journey mapping** follows an individual—a pregnant woman, a child with special health care needs—through the systems they interact with, from the patient's perspective. This approach is particularly effective at revealing where transitions between programs are confusing, inconsistent, or fail entirely.
- **Actor mapping** helps visually depict the agencies, organizations, and individuals that make up a system, including those who are affected by a system and those who influence it. Actor maps help identify key individuals and groups, explain the relationships between them, and understand what people or perspectives might be missing.
- **Data sharing and joint analysis** allows agencies to compare program data side by side, surfacing patterns in utilization, access, and outcomes that neither agency could see alone.

Learn more about **fiscal mapping**. The Children's Funding Project on Understanding Fiscal Maps: https://childrensfundingproject.org/resource/understanding-fiscal-maps/ and CHCS' Fiscal Mapping for Early Childhood Services: How-To Guide and Data Collection Tool: https://www.chcs.org/resource/fiscal-mapping-for-early-childhood-services-how-to-guide-and-data-collection-tool/

Learn more about **journey mapping**. CHCS on Mapping Members' Experience of Early Childhood Systems: https://www.chcs.org/resource/mapping-early-childhood-systems/

Learn more about **actor mapping**. FSG's Guide to Actor Mapping from FSG: https://www.fsg.org/wp-content/uploads/2021/08/Guide-to-Actor-Mapping.pdf

Who Should Be in the Room

Systems mapping is only as accurate as the perspectives it incorporates. Medicaid and Title V staff bring essential knowledge of program structure and policy, but providers, families, and community partners bring knowledge of how those programs function in practice. Engaging the right people early prevents agencies from mapping a system that looks coherent on paper but misses the friction points that matter most. For partners in Alaska who were looking to address obstacles in care, key state agencies, providers, and parents with lived experience all participated in a journey mapping exercise.[2] For fiscal mapping, having key policy and program staff across Medicaid and Title V agencies who work with a common population or issue allows for a shared view of how resources are currently allocated – revealing where funding overlaps, where gaps exist, and where realignment could reduce duplication or unlock new strategies. Finance staff from each agency bring critical understanding of how services are funded and how administrative structures shape spending decisions, making it possible to move from a map of what exists to an actionable plan for what could change.

Journey Mapping in Practice: The 2025 New Mexico Title V MCH Needs Assessment integrated quantitative data analysis into journey mapping which involved review of data, conversation about what people need in their life course domain for a healthy experience and follow up conversations about challenges and solutions. The exercise resulted in a selection of priority areas.

[2]Center for Health Care Strategies. Aligning State Agencies to Support Better Health and Well-Being in Early Childhood and Across the Lifespan. https://www.chcs.org/media/AECM-Alignment-Framework-Brief_041624.pdf. Accessed 2026.

From Mapping to Action

Systems mapping is not an end in itself. The insights it produces (where duplication exists, where gaps persist, where coordination could make the biggest difference) directly inform the partner engagement and the strategy selection work that follows in Steps 4 and 5. Agencies should document what they find and use it as a shared reference point as alignment efforts move into implementation.

4. Co-Create Solutions with Relevant Partners and Families

Systems mapping reveals where gaps and opportunities exist. Partner engagement reveals whether proposed solutions will actually work. Alignment between Medicaid and Title V is most effective when the people closest to MCH systems—families, community partners, and providers—help shape the strategies the agencies pursue. This step focuses on bringing those voices in deliberately, not as an afterthought, but as a core part of how agencies move from shared priorities to actionable solutions.

Partner with Families and Medicaid Members to Center Lived Experience

Families offer insight that no planning document or data set can fully capture, e.g., how programs feel to navigate, where bureaucratic barriers appear in practice, and what kinds of support actually make a difference. Title V programs have a long history of working closely with families and community organizations so that services reflect real-world needs, making them natural leads on family engagement within a joint alignment effort. Medicaid agencies can build on Title V's existing relationships and expertise to strengthen family engagement in program and policy design. As we noted in Step 1, both MACs and BACs offer standing structures for elevating family and caregiver voices; Title V can support outreach and recruitment for those bodies and promote alignment with the communities both programs serve. Together, agencies can ground proposed solutions in lived experience rather than assumptions about what families need.

Engage Community Partners to Ground Solutions Locally

Community-based organizations, MCH advocates, and local service providers understand how state policies play out at the local level in ways that agency staff often cannot see from inside Medicaid and Title V programs. They know where referrals break down, where services don't reach certain communities, and where existing resources go untapped. Engaging these partners helps agencies design strategies that are culturally aware, locally appropriate, and connected to the infrastructure that already exists in communities. Community partners also serve as trusted messengers. When families and providers see that community organizations they know and trust have shaped a program or policy, it builds credibility and supports uptake in ways that top-down implementation rarely achieves.

Provider Voices in Priority Setting: In both Maine and Nevada, obstetricians, high-risk maternal-fetal medicine specialists, pediatricians, social workers, family navigators, and other providers participated in Title V Needs Assessment key informant interviews, community input sessions, and priority-setting meetings. They bring firsthand knowledge of the issues affecting MCH populations and helping Title V teams identify state priorities grounded in clinical reality.

Collaborate with Providers to Connect Policy to Practice

Providers sit at the intersection of policy and practice; they see firsthand how coverage decisions, care coordination requirements, and administrative processes affect patients and families. Medicaid and Title V agencies can engage obstetricians, pediatricians, maternal-fetal medicine specialists,

social workers, family navigators, and other care team members to inform alignment work at multiple stages. Provider input is especially valuable in three areas:

- **Care delivery design**, where providers can explain how services are delivered during pregnancy, postpartum, and early childhood;
- **Payment and financing**, where they can identify barriers that affect access or quality; and
- **Implementation feasibility**, where they can flag what is and isn't workable within real clinical workflows.

Consolidating provider engagement across these areas, rather than consulting providers in isolation at each stage, produces richer insight and stronger relationships over time.

5. Determine the Most Impactful Levers

With shared priorities defined, systems mapped, and partners engaged, agencies face a pivotal question: where should they act first, and how? Not every lever will be equally relevant or feasible in every state. The goal of this step is to help Medicaid and Title V agencies move from a broad commitment to alignment toward specific, high-impact actions that are chosen deliberately based on what the data, partner input, and systems mapping have revealed.

Understanding the Lever Toolkit

Medicaid and Title V each bring distinct tools to alignment work. To drive change, these programs can pull on four categories of levers: data, policy, financing, and program structure. States rarely use just one. The most effective alignment efforts combine levers strategically, with each reinforcing the others.

Data is often both a lever and a prerequisite for using the others effectively. When Medicaid and Title V share data and align measurement approaches—through joint dashboards, linked data systems, or shared performance measures—they build a common picture of where need is greatest and where current efforts fall short. This shared evidence base strengthens the case for policy and financing changes and helps agencies track whether aligned strategies produce anticipated results. States can start by identifying which data each agency already collects, where those data sets overlap, and what joint analysis would reveal that neither agency could see alone.

Policy levers allow agencies to update the rules, benefits, and guidance that shape what services are available, who can access them, and how they are delivered. This can mean aligning eligibility policies across programs, clarifying covered benefits, or revising guidance to support evidence-based MCH interventions. Policy changes are often the most visible form of alignment, and the most durable, because they embed coordination into program structure rather than relying on individual relationships or informal agreements.

Using Multiple Levers Together: Many states, such as Arkansas, Maine, Montana, Nebraska, New Hampshire, Tennessee, and Vermont are actively implementing processes to expand access to doula services for Medicaid-eligible populations. This effort requires pulling on several levers simultaneously. Medicaid and Title V programs are sharing data to document the need for and impact of doula support, using that evidence to build the policy case for Medicaid reimbursement, and working through financing structures to make reimbursement sustainable. This example illustrates how data, policy, and financing levers reinforce each other when agencies pursue them in coordination. More information about these efforts can be found through the National Health Law Program's Doula Medicaid Interactive Map.

Financing levers address how resources flow across programs and whether current funding structures support or impede coordination. States can explore braided or blended funding approaches, payment reforms, value-based payment models, or Medicaid reimbursement strategies that support services Title V prioritizes but cannot fund alone. Aligning financing creates accountability, reduces barriers to implementation, and builds a sustainable foundation for coordinated service delivery across agencies and managed care organizations. Check out CMMP's recorded overview of Aligning Medicaid and Title V Funding and resource brief on Considerations When Braiding Funds to learn more and see other state examples.

Program structure levers target the administrative and operational processes that shape how services are delivered. Coordinating provider standards, streamlining reporting requirements, and aligning care coordination and referral processes across programs reduces duplication and removes friction for both providers and families. These changes may be less visible than policy or financing shifts, but they often have the most direct impact on day-to-day service delivery and the experience of families navigating both systems.

Selecting the Most Impactful Levers

Knowing what levers exist is only half the work. The harder task is deciding which ones to pull, in what order, and with what resources. Structured tools can help agencies make those decisions transparently and build consensus around a shared action agenda. Impact-effort matrices help teams weigh the potential effect of a strategy against the resources and political will required to pursue it. Scoring rubrics allow agencies to evaluate options against agreed-upon criteria, such as reach, feasibility, cost, and political will to act. The *Feasibility and Impact Matrix*, developed by National Association of County and City Health Officials (NACCHO) and the Association of Maternal and Child Health Programs (AMCHP), offers one practical model that public health agencies have used to assess and build consensus around policy priorities in an MCH context.[3] Measurement plans clarify what success looks like before implementation begins, making it easier to assess progress and adjust course. These tools work best when agencies use them together with the partners who helped surface the priorities in Step 4 at the table. Decisions made collaboratively with transparent criteria and shared ownership are more likely to hold up when implementation gets difficult.

Implementation in Practice: Iowa's Title V and Medicaid partnership operates through a structured, multi-layered approach. The two programs convene monthly for core coordination, where they share updates, address emerging issues, and plan new initiatives. This is reinforced by quarterly forums, including an EPSDT workgroup focused on data review and program improvements and a Medicaid-led maternal health task force that brings together cross-agency leaders and relevant partners to address system-level challenges. Additional collaboration occurs through broader partner groups and ad hoc working sessions tied to specific initiatives such as interagency agreement updates. Together, this creates a model that combines regular, predictable touchpoints with more targeted forums for problem-solving and decision-making, rather than relying on a single standing meeting.

6. Implement, Measure, and Communicate Progress

The first five steps build toward this one. Agencies have established collaboration structures, aligned priorities, mapped systems, engaged partners, and selected their levers. Now the work becomes tangible: carrying out aligned strategies, tracking whether they are producing

[3] National Association of County and City Health Officials (NACCHO). Using the Feasibility and Impact Matrix for Policy Prioritization. https://www.naccho.org/blog/articles/using-the-feasibility-and-impact-matrix-for-policy-prioritization. Accessed 2026.

results, and keeping partners and the public informed along the way. Implementation is not the end of the alignment process; it is where alignment proves its value and generates the learning that sustains it.

Implement Aligned Strategies

Implementation requires Medicaid and Title V agencies to move from joint planning to joint action. As aligned strategies roll out, agencies need clear agreements about who is responsible for what, how coordination will happen day to day, and how they will respond when challenges arise. Clarifying short- and long-term outcomes at the outset gives agencies a shared definition of success and a basis for honest conversation when adjustments are needed.

Ongoing collaboration during implementation is what prevents alignment from becoming a one-time planning exercise. Regular check-ins, shared project management, and clear escalation paths help agencies stay coordinated as programs evolve, leadership changes, and unexpected obstacles emerge.

Measure Outcomes

Medicaid and Title V each bring established measurement frameworks to this work. Title V agencies identify National and State Performance Measures through the Needs Assessment process. Medicaid agencies routinely monitor and report on Core Set Measures. These measure sets serve different purposes and operate on different timelines, but they frequently address overlapping life course stages (prenatal and postpartum, infant, toddler, early childhood) and agencies can use them together to build a more complete picture of progress across the MCH system.

Reviewing outcomes jointly is where shared learning happens. When agencies examine performance data together—asking not just what the numbers show but why—they surface root causes, identify where strategies need adjustment, and build the shared understanding that makes continuous improvement possible. Measurement should not be treated as a reporting obligation; it is the mechanism through which alignment gets stronger over time.

Communicate Progress

Progress that goes uncommunicated does not sustain momentum. Medicaid and Title V agencies should regularly share data, outcomes, and implementation findings with the families, providers, and community partners who helped shape their alignment work. This closes the loop with partners, demonstrates that their input had impact, and builds the trust that sustains long-term collaboration.

Communicating progress also serves a strategic purpose. Clear, accessible reporting on outcomes and lessons learned builds the case for continued and future investment, supports scaling of successful initiatives, and demonstrates to policymakers and the public that cross-agency collaboration produces results. Agencies should think about communication not as a final step but as an ongoing practice that runs parallel to implementation from the start.

Conclusion

Medicaid and Title V programs have more in common than their separate administrative histories might suggest. They serve the same populations, pursue overlapping goals, and face many of the same constraints. This brief offers a structured framework to help states at every stage of collaboration turn that shared foundation into more coordinated, deliberate action.

Designed to meet states where they are, the six steps are not a checklist to complete once but a continuous practice that strengthens as agencies build trust, accumulate shared experience, and learn from implementation together.

Families navigating MCH systems benefit most when Medicaid and Title V work in concert—when referrals connect, services complement rather than duplicate, and programs reflect real needs and circumstances. The more deliberately agencies align their efforts, the more consistently families experience coherent, responsive support.

That is what this framework is designed to produce. Not alignment for its own sake, but alignment in service of better outcomes for mothers, children, and families, today and as their needs evolve.