

**From:** NASHP News <Newsletter@nashp.org>  
**To:** Kester, Tonykester@aging.sc.gov  
**Date:** 6/28/2016 10:03:30 AM  
**Subject:** NASHP News: New CHIP Timeline, Pooling and Braiding in VA, Health HIV briefs, and more

---

## Newsletter

June 28, 2016

### [Planning Now: State Policy and Operational Considerations if Federal CHIP Funding Ends](#)

If Congress does not extend federal funding for the Children's Health Insurance Program (CHIP) beyond September 2017, states with separate CHIP programs will need to begin planning many months ahead to close their separate CHIP programs and begin to transition enrollees to other sources of coverage. This [blog](#) and [timeline](#) outline some of the main budgetary, statutory, and operational issues and changes that states would need to consider and/or implement.

The [timeline](#) and [blog](#) are intended to highlight for federal and state policymakers and other stakeholders the main policy and programmatic issues and critical decision points that states would confront if federal CHIP funding remains uncertain.

---

### [Pooling and Braiding Funds for Health-Related Social Needs: Lessons from Virginia's Children's Services Act](#)

Low-income and at-risk populations often need services and supports outside the scope of a single state agency in order to live productive, healthy lives. State health policymakers seeking to combine funding streams to meet health-related social needs could benefit from learning about Virginia's long-term experience pooling funds to meet the needs of at-risk youth and families through its Children's Services Act. Building on NASHP's [previous work](#) exploring the braiding and blending of funding streams as a means of meeting health-related

social needs, this [brief](#) and [infographic](#) examine lessons from Virginia about the promise and pitfalls of braiding and blending funding across agencies, and explores whether the state's model could serve as a roadmap for other states seeking to coordinate funding and services for other populations. [Read the full brief.](#)

---

## Enhancing Care Quality for Medicaid Beneficiaries Living with HIV/AIDS: New NASHP Case Studies

NASHP has written two case studies for HealthHIV's [Three D HIV Prevention Program](#) , which is supported by [the Centers for Disease Control and Prevention \(CDC\)](#) , and provides technical assistance to better inform programmatic decisions impacting the delivery of quality HIV prevention and treatment services:

- New York's experience implementing performance metrics for the HIV/AIDS population in its Medicaid managed care program may offer lessons for other states considering how to implement metrics to help ensure quality care for people living with HIV/AIDS or other populations with complex needs. [Read the case study here](#) .
- Wisconsin operates the country's first and only health home program for Medicaid beneficiaries living with HIV/AIDS. Wisconsin's experience operating the HIV/AIDS health home program may provide insight to other states considering the health home state plan option as a strategy to support integrated care for Medicaid beneficiaries living with HIV/AIDS, or for states considering a health home program for patients with other complex, chronic conditions. [Read the case study here](#) .

---

## Healthy Child Development State Resource Center's 'Resource of the Month'!

Each month, NASHP's new [Healthy Child Development State Resource Center](#) will feature a resource highlighting the role of screening, referral and care coordination for healthy child development. This month's feature is the Minnesota Department of Health's website, [Developmental and Social-emotional Screening of Young Children \(0-5 of age\) in Minnesota](#).

The Minnesota Department of Health's website devotes several pages of information to developmental and social-emotional screening, including recommended instruments, resources to make referrals, and training. The website provides providers who conduct screening with the tools needed ensure children in Minnesota are screened for developmental delays and receive appropriate referrals. Minnesota's website may help other states in disseminating and organizing valuable screening resources on their sites.

If you have a resource you'd like NASHP to post in the Resource Center or feature in the future, please email [nmention@nashp.org](mailto:nmention@nashp.org). The Healthy Child Development State Resource Center is supported by the David and Lucile Packard Foundation.

---

## Webinar: Advancing Health through Accountable Communities: A Conversation with States

Accountable Communities for Health (ACHs) are surfacing as a promising state strategy to integrate and align state health care delivery system transformation with community-based interventions. This webinar will feature speakers from California, Minnesota, Vermont, and Washington State, who will share their states' experiences developing and implementing ACHs as a key strategy for advancing population health within broader delivery system reforms. More information

on state ACH programs and a cross-state analysis of core state ACH components are available in NASHP's recent report, [State Levers to Advance Accountable Communities for Health](#) . July 14th from 12:30-2:00pm .

Register Now

---

### **Open Position: Project Director - Chronic & Vulnerable Populations Team**

The National Academy for State Health Policy is seeking an individual to join our growing Chronic and Vulnerable Populations (CVP) policy team as a Project Director. The Project Director will lead day-to-day operations for at least one major initiative for NASHP, and will join additional project teams as a senior team member. The primary focus of this work will be on state healthcare delivery system reforms that improve care delivery for chronically ill and vulnerable populations. [For more information or to see more health policy jobs](#)

---

### **Open Position: Policy Associate - Child & Family Health Policy Team**

NASHP is looking for a Policy Associate to join the Child and Family Policy Team. The Policy Associate will work on a range of policy issues particularly in the areas of women's health, infant mortality reduction, and adolescent health. The Policy Associate is an integral member of the policy team, assisting with projects relevant to state government officials, conducting policy research and analysis, and assisting with project development and management. [For more information or to see more health policy jobs](#)

---

## National Academy for State Health Policy

*The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers who are dedicated to helping states achieve excellence in health policy and practice. A non-profit and non-partisan organization, NASHP provides a forum for constructive work across branches and agencies of state government on critical health policy issues. For more information visit [www.nashp.org](http://www.nashp.org).*

[Newsletter Archives](#)

[Webinar Archives](#)

---

[www.nashp.org](http://www.nashp.org)

207-874-6524

[info@nashp.org](mailto:info@nashp.org)

Portland Office	Washington, DC Office
10 Free Street, 2nd Fl	1233 20th Street, NW Suite 303
Portland, ME 04101	Washington, DC 20036
(207)874-6524	(202)903-0101

Share this email:

[Manage](#) your preferences | [Opt out](#) using TrueRemove™

Got this as a forward? [Sign up](#) to receive our future emails.

View this email [online](#).

1233 20th St., N.W., Suite 303  
Washington, DC | 20036 US

This email was sent to [kester@aging.sc.gov](mailto:kester@aging.sc.gov).

*To continue receiving our emails, add us to your address book.*