

# **MISSION AND FUNCTIONS OF STATE CSHCN PROGRAMS: LEGISLATIVE MANDATES**

## **Title V of the Social Security Act, the MCH Block Grant, and the State CSHCN Programs**

Title V of the Social Security Act, enacted in 1935, authorized Federal financial assistance to states for services for children with special health care needs (CSHCN) (formally referred to as crippled children in the legislation). The state programs receiving federal financial assistance for services to CSHCN became known as the State Programs for Children with Special Health Care Needs (State CSHCN Programs).

In 1981, Title V of the Social Security Act was amended so as to create the Maternal and Child Health Services Block Grant (MCH Block Grant). However, the legislation, as amended, retained authorization for federal financial assistance to the states for the State CSHCN Programs.

In 1989, Title V was amended so as to redefine and expand upon the mission and functions of the state CSHCN Programs. Title V sets forth three distinct but related purposes for which federal financial assistance received by the State CSHCN Programs is to be used.

### **Providing and Promoting Family-Centered, Community-Based, Coordinated Care**

Title V specifically mandates the State CSHCN Programs:

*to provide and promote family-centered, community-based, coordinated care [including care coordination services...] for children with special health needs...*

42 U.S.C. §701(b)(3)

The term “*care coordination services*” referred to above is defined as:

*services to promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families.*

42 U.S.C. §701(b)(3)

From the enactment of Title V in 1939 to its amendment in 1989, the mission and functions of the State CSHCN Programs was defined as “*to extend and improve*” comprehensive health and health-related care services for CSHCN. Pursuant to this mandate, the State CSHCN Programs traditionally have provided services and financed the provision of services for CSHCN, and they have collaborated with other service providers and payers to extend and improve services for CSHCN. The 1989 amendment to Title V restated this traditional role of the State CSHCN Programs in terms of provision and promotion of care and services that are family-centered, community-based and coordinated.

### **Developing Community-Based Systems of Services**

Title V specifically mandates the State CSHCN Programs:

*to facilitate the development of community-based systems of services for such children [children with special health care needs] and their families...*

42 U.S.C. 701(a)(1)(D)

It should also be noted that Title V incorporates by reference the National Health Promotion and Disease Prevention Objectives for the Year 2000 issued by the U.S. Department of Health and Human Services. Objective 17.20 calls for all states to establish and maintain systems of services for children with or at risk of chronic or disabling conditions, and the Commentary to Objective 17.20 defines such service systems as “*organized networks of comprehensive, community-based, coordinated, and family-centered services.*” Title V calls for the State CSHCN Programs to play a leadership role in the development of such systems of services involving a number of other programs, agencies, institutions, organizations, and individuals in both the public and private sectors, and at both the community and state levels.

### **Providing Rehabilitation Services to SSI Child Beneficiaries**

Title V specifically mandates the State CSHCN Programs:

*to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX...*

42 U.S.C. 701(a)(1)(C)

This mandate has its origins in the fact that when Title V was amended 1981 so as to create the MCH Block Grant, the Supplemental Security Income Disabled Children’s Program was consolidated with the State CSHCN Programs. The mandate is also the outgrowth of the long-standing collaboration between the State CSHCN Programs and

the Title IV Supplemental Security Income Program and the Title XIX Medical Assistance (Medicaid) Program.